ACHSM ACCREDITATION PROGRAM

ACHSM ACCREDITATION GUIDELINES FOR UNIVERSITIES

This document was endorsed by the Board of ACHSM at its meeting held on 28 March 2017.

It will be known as Issue 2 and due for revision by the Board as required and at least before 1 April 2019 (two years after the last review date). Feedback and experiences from the surveys undertaken under this new accreditation model will inform any further reiterations.

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1.   Introduction

Accreditation is a well-established process in the health and aged care industry for the purpose of encouraging continuous quality improvement and, in some cases, for the registration of health professionals. Through the ACHSM Accreditation Program the College accredits individual courses and programs of study or research within an individual university.

The ACHSM Accreditation Program is essentially a process of external review of programs and services against a set of criteria established by the College.

The Accreditation Program is also intended to build the relationship between the health sector and universities and relevant tertiary-delivered programs through other recognised providers by facilitating ongoing dialogue and partnership.

This document is provided to assist universities with their participation in the ACHSM Accreditation Program.

This document:
- Describes the Accreditation Program
- Describes the accreditation standards
- Outlines the processes for accreditation
- Documents the governance arrangements for the program
- Outlines the fees and benefits of the program

2.   ACHSM Accreditation Program

The ACHSM Accreditation Program has the following objectives:
- To encourage excellence in the education of health services managers and leaders
- To establish standards for the delivery of formal university programs in health and aged care services management
- To encourage a process of continuous quality improvement within these academic programs through participation in an ongoing accreditation program
- To recognise academic programs that meet these standards through a transparent and objective process
- To recognise graduates from these accredited universities as meeting the educational requirements for admission to or advancement within the College
- To build the relationship between the health sector and universities to ensure that graduates meet the needs of the health and aged care industries
- To facilitate and influence the development of a sound foundation for ongoing professional development and learning in the health management field and the pathways that support this.

The following principles guide the policy and process of accreditation:
- Accreditation is assessed through a set of College-endorsed, evidence-based criteria underpinned by the College's competency framework for health services managers and leaders
- The process is sufficiently flexible to recognise the range of academic programs across universities while ensuring that the criteria are consistent with the College's competency framework
- Surveyors will demonstrate that they meet the selection criteria established by the College and will be committed to continuing professional development. The College's process will ensure the transparency of the Accreditation Program, in particular that no conflicts of interest exist between the Surveyors and the universities; and that dispute resolution processes are established for the program

- Accreditation is a process of continuous improvement rather than a 'one off' critical review
- Accreditation is intended to be of benefit to universities, their students, the health sector and health services leaders and managers and not impose unwarranted burdens on any of these groups
- The cost of the accreditation process should be met from the subscriptions and the subscriptions should be used solely to meet the cost of the program

2.1 Competency Framework Guiding the Curriculum Accreditation Standard
PLEASE USE THE COLLEGE'S NEW COMPETENCY FRAMEWORK TEMPLATE

2.4.2 ACHSM
Competency Alignme

Or clink on the link below to view the NEW COMPETENCY FRAMEWORK

The ACHSM Accreditation Program utilises a set of agreed standards which have been established to assess the major capabilities health management programs would need to address in their course content. These are grouped into the following categories:

- Core knowledge and skills required of all managers eg financial and HR management, strategic thinking and planning, basic organisational management/behaviour and organisational change

- Core knowledge skills and attitudes required of health service managers eg understanding the design and workings of the health system, clinical governance, quality, safety, health policy and reform, the roles of institutional players, laws and regulations Specific technical health management skills eg service planning and evaluation, managing casemix, infrastructure management

- Core work competencies for leadership and management eg working with others, building and negotiating stakeholder relationships, influencing and facilitating, interpersonal communication skills

- Core personal attributes eg self-awareness and self-management

Based on these categories, *Table One* provides an overview of competencies required of health service managers and details the knowledge, skills and attributes expected of graduates of health services management programs, in the context of the focus, level and objectives of the particular educational program under consideration. *Table Two* provides an overview of the range of teaching and learning strategies likely to be employed in different ways by program staff to enable the capabilities to be developed.

Appendix 1 is an example of how the curriculum of an academic program may be structured to develop the knowledge, skills and attributes outlined in *Table One* and through the combination of strategies employed from *Table Two*.

3.   Accreditation Standards for Academic Programs

The ACHSM Accreditation Program is based on an assessment against the agreed set of accreditation standards.

The standards are applicable to university programs which have a health service and/or aged care management focus and will be at any of the following levels:
- Undergraduate degree (including honours programs, and if offered, Associate degrees))
- Graduate Certificate (which articulates into Graduate Diploma)
- Graduate Diploma
- Masters degree (completed by both coursework and research)
- Doctorate (including professional doctorates and PhD programs)

The College has developed a set of accreditation standards which underpin the accreditation program. The standards have been reviewed and revised in 2017 by an Accreditation Working Party comprising members of the College.

The accreditation standards for the ACHSM Accreditation Program are organised into four domains:
- *Governance*
- *Curriculum*
- *Delivery*
- *Resourcing*

Each standard is supported by a rationale. The complete set of standards is provided at *Appendix 2.*

3.1 ACHSM Master Health Service Management Competency Framework

Link to the ACHSM website where the full version of the Master Health Service Management Competency Framework can be located.

2022_Competency_Framework_online.pdf (achsm.org.au)

Table Two: Teaching and Learning Strategies

| Teaching and Learning Strategies	
Focus	Examples
Content-based and Teacher - Directed	The distillation and delivery of content derived from theory, research and practice – concepts, ideas, frameworks, data, tools eg lecture input using a variety of media from academic staff and industry professionals
Content - focussed and Student - Directed	The contribution of students experience and thinking to the content and process of teaching and learning – eg action learning and research, problem-based learning
Experiential and Process-Based	The engagement with students in exploring, debating and applying the content (theirs' and the lecturers') eg inquiry processes and dialogue
Experiential - Application and Skill Development	The application of ideas in the learning environment - eg skill practice, exercises, application activities, role- plays, simulations, reflective practice
Experiential - Application and Skill Development	The application in the workplace – eg action learning and research, reflective practice, case studies
Demonstration of learning	The assessment of student understanding and application of both formative and summative eg assignments (individual and group), learning contracts, research projects, examination

4.   Accreditation cycle

The ACHSM Accreditation Program is based on a quality improvement model which has a rolling four year cycle for existing courses and two years for new courses. The accreditation cycle involves a process of accreditation, mid-way review of recommendations and then re- accreditation.

Existing courses are accredited or re-accredited for a period of up to four years. In the case of new courses, which are submitted for accreditation prior to the enrolment of students, the courses should be accredited for two years, with a further two years if they complete a successful review process.

5.   Governance and Administration of the Accreditation Program

The governance and administration of the ACHSM Accreditation Program is described in the flow chart of the process shown in the figure below:
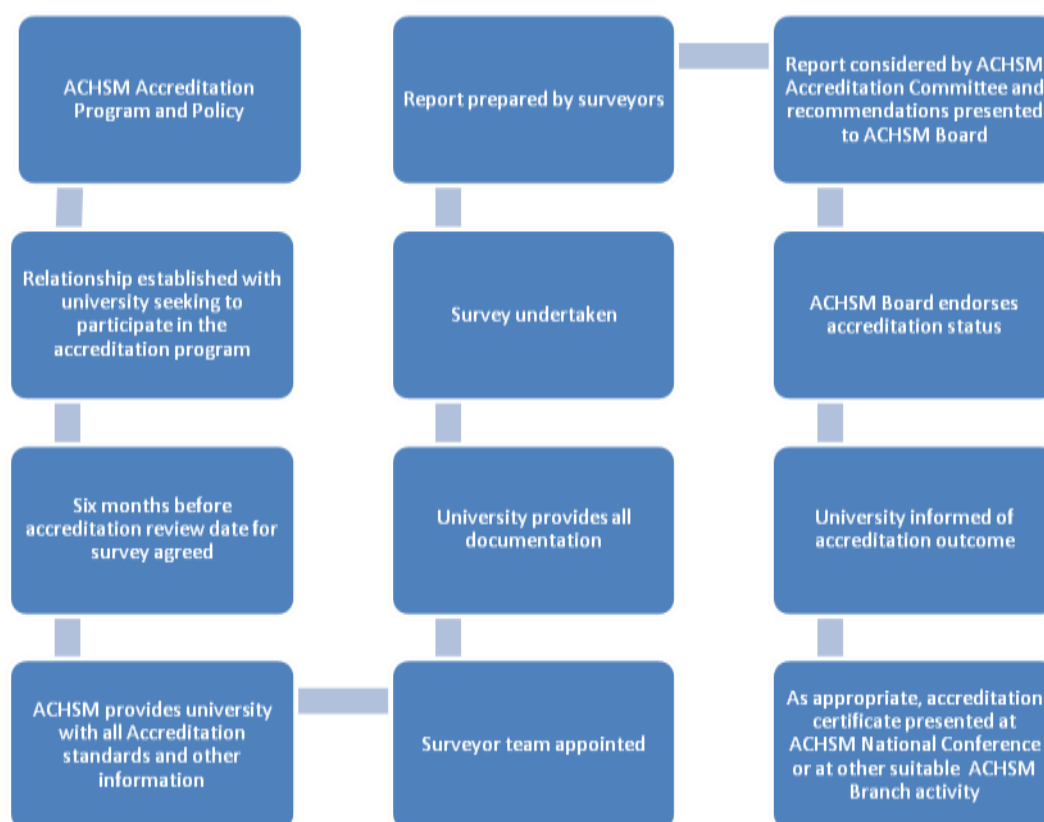
5.1   Accreditation processes

Specific elements of the processes are described below.

Accreditation register

The ACHSM Accreditation Secretariat will establish and maintain a register on the accreditation status of universities.

Applications for accreditation

Universities will be asked to complete the appropriate form when making an application for accreditation. Refer to *Appendix 3 – ACHSM Accreditation Request and Guide Form.*

The Secretariat will liaise with the university and provide the application form at least six months prior to their accreditation survey. Completed application forms will be submitted to the ACHSM Accreditation Committee.

Communication protocols

All communication between the universities and the College will be through the ACHSM Secretariat within the National Office. A nominated contact person at each university will be identified by that university as the key person for communication.

Accreditation surveys

The ACHSM Secretariat will liaise with the university to agree a time for the survey. The university will be provided with a copy of the Accreditation Guidelines for Universities which outlines the accreditation standards and methods for provision of materials to support the accreditation survey.

The ACHSM Secretariat will assemble the survey team, including a designated team leader, and confirm acceptance from the university of the composition of the survey team.

Where it is appropriate, surveys will ideally be conducted virtually. However, it is recognised that from time to time (and particularly for new courses), it will be beneficial for universities and surveyors alike to conduct a face to face assessment.

The university or the College may request a face to face survey, recognising that all associated costs with a face to face survey are borne as an additional cost by the university.

The survey will involve a number of steps:

- Online review, by each Surveyor, of the evidence provided by the university against each standard
- A teleconference between Surveyors to discuss evidence and areas where further clarification and/or discussion is required
- Online surveys to gather input and feedback from stakeholders as required

- A videoconference with the university to discuss evidence and seek additional information. Or, in the event that a face to face survey is deemed appropriate, a half-day (typically 10.00 am to 3.00pm) site visit will be arranged

- Teleconference between Surveyors to prepare the report and agree the recommendations
- Report submitted to the ACHSM Secretariat for review by the ACHSM Accreditation Committee
- Recommendations of the Accreditation Committee submitted to the ACHSM Board for consideration

Preparation of the accreditation report

The survey team will prepare a report within four weeks of the survey and may make recommendations based on their findings as part of that survey. The survey team can recommend that:

- A course is accredited for a defined period without limitations or recommendations
- A course is accredited with limitations, such as for the distance program but not the face to face program
- A course is granted interim accreditation with recommendations, such as the need for course review of one subject, with or without limitations
- A course is not accredited

A time limit should apply to any recommendation. A time limit may apply to a limitation. Survey reports are to be completed and submitted to the ACHSM Secretariat within four weeks of the accreditation survey.

The draft report will be submitted to the University for its comments on matters of fact and emphasis before it is submitted to the ACHSM Accreditation Committee (within 10 working days of receiving the draft report). Where deemed appropriate, the survey team may confer with the university to highlight the recommendations in the report before submitting it to the ACHSM Secretariat and from there to the ACHSM Accreditation Committee. The university then has the right to respond with any additional comments (within 10 working days of such a discussion).

Review of accreditation report by Accreditation Committee
The ACHSM Accreditation Committee will review the survey report and decide on the accreditation status.

The ACHSM Accreditation Committee will submit their recommendation for accreditation, along with the rationale, to the ACHSM Board for consideration and endorsement.

The ACHSM Board can confer full accreditation, which is for three years, or interim accreditation which is for up to two years.

Notification of accreditation outcome to Universities
Following the decision by the ACHSM Board, the ACHSM CEO will inform the university, in writing, of the outcomes of their accreditation review and the reasons for them. The university will be provided with a copy of the accreditation report and invited to indicate its concurrence with the report and indicate any areas of disagreement. Feedback will also be sought regarding the accreditation program and the survey process.

The University will be presented with their accreditation certificate at the next ACHSM National Conference.

Follow-up of review recommendations
As the ACHSM Accreditation Program has a continuous improvement focus the universities will be asked to provide an update of performance against the standards, and specifically any recommendations, at the midway point between the surveys.

The mid-term report will be considered by the ACHSM Accreditation Committee. If it considers that any recommendations are not being addressed satisfactorily, the committee may recommend further steps to the ACHSM Board.

If there is no significant variation to the program content and the recommendations have been largely upheld, then the program will be renewed for the final two years.

It is recommended that the university provide details of the makeup of their Advisory Committees and copies of their meeting minutes as part of the midpoint review.

Dispute resolution

All grievances and complaints by universities should be addressed to the ACHSM. Accreditation Secretariat in writing in the first place. The Secretariat will determine one of the following:

- That the matter can be dealt with administratively by the National Office and puts in place a remedial action plan
- That the matter should be dealt with by the ACHSM Accreditation Committee and is referred to the Chair for attention
- That the matter should be dealt with by the ACHSM Board and is referred to that Board for action.

The ACHSM Board and Accreditation Committee are informed of all grievances and complaints including those that are resolved by administrative action by the National office.

All grievances and complaints are recorded by the ACHSM Secretariat and a report is provided annually to the ACHSM Board on the performance of the accreditation process.

A university has the right to appeal the accreditation outcome on one or more of the following grounds:

- an error occurred in the making of the accreditation decision or the process leading to that decision;
- relevant and significant evidence:
    - was not properly considered; or
    - was incorrectly interpreted,
  in the making of the original accreditation decision or the process leading to that decision; or
- inappropriate weighting was given to evidence used in the making of the original accreditation decision or in the process leading to that decision;
- the reasons provided for the accreditation decision are inconsistent with the evidence upon which that decision was made.

Any costs of the appeal process shall be borne by the university unless otherwise determined by the ACHSM Board. The original accreditation status awarded to the university shall remain in force until the appeal is finalised.

If the university is seeking to appeal the accreditation outcome the following process is to be followed:

- The university is to provide the grounds for appeal, in writing, to the ACHSM Accreditation Secretariat within 28 days of receiving accreditation decision
- The ACHSM Secretariat will formally acknowledge the application for appeal in writing.

- The ACHSM CEO and Chair, ACHSM Accreditation Committee review the application and agree options for action which may include:
  - Follow-up with the Lead Surveyor
  - Discussion with whole survey team
  - Seek the view of independent surveyor/s to review the report and recommendations
  - Convene an Appeals Committee, established by the ACHSM Board
  - Seek an ACHSM Board final decision.
- Outcome of the appeal is communicated in writing to the university.

Throughout the review process, the ACHSM Board commits to natural justice and due process and will take care to avoid conflicts of interest. The ACHSM Board shall have sole discretion to determine the method of hearing any appeal. The appeal decisions of the ACHSM Board shall be final.

6. Fees and Benefits of the ACHSM Accreditation Program

Fees

The fee for accreditation is set by the ACHSM Board. These costs are calculated by identifying the costs of maintaining the accreditation program (staff and resourcing) and ensuring the ongoing review and improvement of the Program. There is clear commitment on the part of the College and the Board that all monies collected are for the sole purpose of managing the Program and not cross-subsidising any other operations of the College.

The underlying philosophy for these revised accreditation guidelines is that the surveys are streamlined to make them manageable and virtual wherever possible to reduce any duplication across other information gathering exercises. By moving away from face to face surveys, there are obvious benefits of reducing the time and travel involved.

Surveyors demonstrate their commitment to the industry sector by not charging their time. Direct expenses will be passed on where these occur; particularly in relation to a face-to-face survey if that is what is specifically requested by the university. In the event of a Face to Face survey, those direct costs will be reimbursable by the university on presentation of an invoice with detailed expenses.

The accreditation fee will be levied as a flat fee to Universities at the time of the accreditation, or re-accreditation (ie once every four years) to minimise any administrative burden of an annual fee.

The level of the fee will be reviewed annually by the Board. The fee will include indexation consistent with CPI and provide a buffer of 5-10% for flexibility.

Fee - $10,000.00 + GST

Plus $1,000.00 + GST for up to 2 additional courses at Masters level.

Benefits of the ACHSM Accreditation Program

There are a number of benefits for both the universities and the College through participation in the ACHSM Accreditation Program. The National Office is responsible for managing the benefits of the program.

These benefits include:

- Provision of a certificate of accreditation and 'logo' for use by the university
- A link from the College website to the university website where further information can be obtained regarding the accredited courses
- In recognition of their annual subscription each accredited university will be provided with:
    - two free registrations to the College's Asia-Pacific Annual Congress
    - copies of the College's Journal – the *Australasian Journal of Health Services Management*
    - an invitation for the accredited university to work more closely with the College on potentially suitable professional development programs organised by the applicable Branch in which that university resides.

In addition, Universities will or should be:

- Involving industry advisory boards (or similarly named industry representatives) in the management and planning of courses

- Complying with the Australian Qualifications Framework (AQF), and

- Any other mechanisms that individual universities rely upon to ensure the delivery of quality education.

APPENDICES

Appendix 1: Example of a framework of an academic program in Health Services Management

Appendix 1 is an example of a framework for academic programs that identifies the broad areas of the curriculum that will develop the knowledge, skills and attributes identified in *Table One*

CONTENT / SKILLS / KNOWLEDGE	HEALTH CARE SYSTEMS / POLICY	HEALTH SERVICES MANAGEMENT	FINANCIAL MANAGEMENT	LAW / ETHICS	INFORMATION MANAGEMENT	QUALITY IMPROVEMENT	LEADERSHIP
Problem solving	• Nature of problems in health systems • Models and tools for essential health issues identification, explorations and prioritisation	• Leading and managing in complex systems • Leading and managing in health • Change management models and tools • Facility management • Managing conflict through mediation, negotiation & dispute resolution techniques	• Interpretation of financial and other data	• Understanding the general legal framework, issues of human rights, consent and assault • Managing conflict of interest situations by application of bylaws, policies & procedures	• Identifying need for relevant information and data sets • Applying privacy & security requirements to protect patient data	• Determining data needed to undertake quality improvement • Identification of improvement opportunities • Partnering with consumers in the planning, designing & monitoring of care to achieve quality improvement	• Strategies for dealing with complex issues and making decisions • Approaches to engaging others • Encouraging contributions & decision-making through consultation • Encouraging engagement & networks to enable participation in the health U/O/S • Promoting cultural safety & indigenous rights with respect to all treaty & partnership arrangements • Strategies for improving the health of the community by demonstrating an understanding of the social determinants of health

Analytical skills	• Social analysis of public policy trends and development • Interpreting public policy, legislation & advocacy processes within the organisation • Epidemiological analysis • Economic framework and health • Australian & International health systems • Assessing impact of wider health system structure, funding & organisation on the U/O/S	• Organisational theory • Health care delivery mechanisms • Critical learning • Evidence informed decision-making sourced both internally & externally	• Effectively use of financial data, statements & reports • Effective use of accounting principles & financial management tools	• Examining the management of core concepts such as; universality, equity, social contract, entitlement and competition	• Information system integrity • Reliability and validity issues • Development of indicators • Using data sets to assess performance & determining if deliverables are met • Using monitoring systems that incorporate quality indicators	• Quantitative and qualitative research design and methods of data collection • QI statistics • Tools for measuring consumer experience • Developing & evaluating U/O QI programs according to national standards	• Systems and methods to understand and find pathways through complexity • How to engage others in the analytical process • Encouraging diversity of thought to support innovation, creativity & improvement • Using organisational, national & global public health data for surveillance & control of threats to the health of the community

CONTENT / SKILLS / KNOWLEDGE	HEALTH CARE SYSTEMS / POLICY	HEALTH SERVICES MANAGEMENT	FINANCIAL MANAGEMENT	LAW / ETHICS	INFORMATION MANAGEMENT	QUALITY IMPROVEMENT	LEADERSHIP
Managing others	• Health workforce planning and policy development • Corporate risk management systems • Corporate governance structure & processes • Workplace risk management • Ensuring business continuity	• Human Resources Management • Techniques for the development of self, the health management profession and of others • Industrial Relations • Organisational theories and behaviour • negotiation • influencing • encouraging diversity • Managing resources, projects, contracts & supply chain • Manage staff wellbeing & performance to prevent inappropriate behaviours	• Presentation of financial information • Communicating to gain understanding of information • Skilling others to manage financial information and to manage using financial information	• Knowledge of occupational legislation and regulation • Ability to develop legal argument with advice from legal experts • Ethical issues management	• Presentation of information • Developing understanding and action from information • Skilling others to manage information resources	• Strategies to engage clinicians in quality improvement processes • Monitoring & benchmarking of safety & quality indicators • Team based care • Clinical risk management principles • Clinical governance	• Establishing & maintaining sound internal and external stakeholder relationships • Frameworks and tools, using evidence-based methods, to lead change & transition • Strategies to lead teams & empower others • Accountability • Role of leadership within the organisation's governance structure • Creating organisational cultures built on respect, mutual trust & transparency • Holding self & others accountable to achieve & surpass goals

Managing Self	• Nature of health workforce structures and roles • Impact of policy and systems on organisational roles & responsibilities	• Self-awareness • Emotional intelligence • Personal ethics and values • Fostering intra-personal learning • Developing resilience	• Application of personal, professional and organisational ethics and values to use of financial systems	• Legal & ethical frameworks & systems • Professional ethics & values • Transparency and accountability for personal actions	• Application of personal, professional & organisational ethics and values to use of information systems	• Use of reflective practice tools and frameworks • Application of self-assessment & feedback to understanding self	• Strategies to demonstrate and foster resilience • How to model ethical behaviour • Adaptive leadership style to suit context • Exhibiting leadership qualities • Valuing diversity • Competence, integrity, altruism & promotion of the public good • Using self-assessment & feedback techniques to raise self-awareness
Strategic and systems thinking	• Priority planning • System design and operational implications • Whole of system thinking • Regulatory, social & political environment • Governance principles and systems • Service planning and development • Social responsibility & impact of U/O/S on wider community & environment	• Strategic thinking theory and practice in complex systems • Strategic organisational systems like clinical governance • Models of care • Strategic decision- making	• Developing financial systems • Relating financial and other data • Creating & controlling operational & capital budgets to meet organisational goals • Practicing due diligence to meet fiduciary responsibilities	• Legal responsibilities of providers, corporations and governments • Risk management	• Development of performance criteria from information • Knowledge of and use of new forms of information and media	• Taking a systems approach to addressing quality issues • Evaluating systems – models and tools • Organisational effectiveness • Promoting the preferences of both majority & minority communities, particularly indigenous groups, in relation to health practices & priorities	• Leading strategic, business & service planning • Engaging others in development of a shared vision and objectives • Evaluating actions against plans • Strategies to Identify and explain contexts for change • Balancing competing values & priorities • Applying marketing tools & principles

CONTENT / SKILLS / KNOWLEDGE	HEALTH CARE SYSTEMS / POLICY	HEALTH SERVICES MANAGEMENT	FINANCIAL MANAGEMENT	LAW / ETHICS	INFORMATION MANAGEMENT	QUALITY IMPROVEMENT	LEADERSHIP
Continuous learning	• Health systems evaluation and improvement	• Promoting ongoing improvement in the unit or organisation • Influencing organisational culture	• Trend analysis of financial reporting requirements	• Understanding the change processes in law and ethics • Current thinking in law and ethics – implications for health organisations	• Identifying trends and indicators for new information requirements and systems	• Continuous quality and safety improvement • Patient-centred approaches • Creating initiatives & approaches that appropriately reflect the diverse health needs of the community	• Ways to establish and maintain personal support networks • Strategies for promoting ongoing learning & professional development
Communication and Influencing Skills	• System and structural design facilitators and barriers to inter-professional practice • Advocating for policy changes at government, professional & organisational level	• Team building skills with a wide range of professionals and people with varying social backgrounds • Leading change using evidence-based methods • Delegation & empowerment of others • Listening with empathy	• The role of financial systems in enabling or constraining inter-professional practice • Effective communication financial data, statements & reports	• Legal issues and ethical frameworks in inter-professional practice	• Effective management, analysis & communication of health information	• Maintaining effective stakeholders relationships • Identifying improvement opportunities	• Communication skills in conveying ideas and information through reports and presentations. • Frameworks for influencing strategically • Favourably influencing decision-makers • Public relations & communicating with the media

Appendix 2: Accreditation standards for academic courses

The accreditation standards for the ACHSM Accreditation Program are outlined below. They are organised into four domains:

- *Governance*
- *Curriculum*
- *Delivery*
- *Resourcing*

1. Governance

1.1 Accreditation Standard: Governance Structures

The program has governance structures and functions which are defined, including documentation of the composition, terms of reference, powers and reporting relationships of relevant committees and representation from all relevant groups in decision-making including a course advisory committee.

The school/department consults on key issues relating to its mission, the curriculum, graduate outcomes and governance with those groups that have a legitimate interest in the program including students, graduates and the industry.

Rationale

There is an expectation that the program has developed a governance structure and supporting systems that enables a range of key stakeholders to have input into program and course development, review and renewal, including participation of stakeholders on r e s e a r c h investigations, currency of programs and teaching and learning. This ensures accountability, clarity of roles and responsibilities and a diversity of input that helps maintain program quality and relevance.

The program has established a course advisory committee with the responsibility, authority and capacity to participate in and advise on the planning, implementation and review of the curriculum.

The course advisory committee includes representatives from the university, the College, industry, students and graduates.

1.2 Accreditation Standard: Academic Unit

The program is located in an appropriate academic unit

Rationale

The program is provided or coordinated by an appropriate academic unit such as a school or department organisationally located in a relevant discipline area such Health Services Management, Business, Health Sciences, Medicine, Nursing or a health focussed stream of

study in a non-health discipline area.

This ensures the program is offered at the appropriate level and is located in an area relevant to the field of health management. This also helps maintain credibility, quality and rigour through the involvement of staff knowledgeable and skilled in the health sector and in the field of health service management.

1.3 Accreditation Standard: Management and Leadership

Operating within the university's academic governance principles, systems and processes, the program leadership and management have sufficient authority to design and develop the program.

The responsibilities of the academic head for the educational program are clearly stated.

Rationale

The academic head of program in the context of the university's academic governance systems and processes, is able to ensure the curriculum is developed to achieve the stated learning objectives.

1.4 Accreditation Standard: Performance Evaluation

A clear program review policy exists and a mechanism for undertaking regular reviews is articulated and implemented.
There is evidence that formal major reviews are undertaken by an appropriate mix of program staff, broader university contribution and health management expertise. There is evidence of close consideration of student feedback. An appropriate time frame for curriculum review, such as every five years, is documented and followed.

Evidence is provided that recommendations for program changes are actively considered and the response explained in light of the guiding educational philosophy and methodology and the core capabilities the program is required to address.

Rationale

As a matter of ongoing, sound quality improvement practice, both ongoing reviews and periodic major reviews enable the program to take account of and benchmark itself against good educational practice, and respond to health service changes and developments. It is understood that universities generally have a system of academic program reviews so it would be expected that the programs under accreditation review are able to demonstrate active engagement with and follow through of such processes.

2. Curriculum

2.1　　　Accreditation Standard: Degree Status

The program is offered by an Australian or New Zealand university and leads to a recognised award.

Rationale

Accreditation by the ACHSM is only granted to formal degrees.

2.2　　　Accreditation Standard: Teaching and Learning Framework

A clear statement of the learning framework explaining the relationship between curriculum content, knowledge acquisition and practical application, expected learning outcomes and the teaching and learning strategies employed.

Demonstration of an understanding of current Australian and international best practice teaching and learning approaches.

Evidence of a commitment to the development of graduates who have the capacity to continue to learn throughout their careers.

The use of teaching and learning approaches which promote the development of evidence based practice, stimulate deep learning, ensure the development of required capabilities and accommodate a variety of learning styles.

The assessment strategy for the program and specific methods, procedures and standards for its components are clearly stated. The assessment requirements are clearly linked to the program and component objectives, consistent with the learning methodology and rigorous, but not onerous in the context of the size, scope and level of the study unit. The assessment process demonstrates transparency and procedural fairness.

Rationale

The specific teaching and learning approaches or assessment strategies will vary greatly depending on the focus and content of the program, the components being assessed and the overall learning methodology guiding the program. It is therefore not appropriate to specify particular approaches. However the expectation is that there is evidence in the program design and implementation that program leaders and staff have considered, articulated and tailored their teaching and learning approach to the skill and knowledge development requirements of the different components of the program. Such an approach is in contrast to the routine application of a limited range of strategies.

In addition the baseline knowledge and skill requirements for health service managers would suggest that assessment needs to move well beyond the acquisition of theory and ideas and include significant opportunities for contextualizing and applying. A good assessment design

would also offer opportunities to develop a range of skills needed by health service managers throughout the program.

2.3 Accreditation Standard: Program Objectives

A clear statement of overall objectives for the program as a whole and for each major component of the course, the substantive content and learning methodology and objectives has been documented. In addition, the relationship between the components and the whole is articulated.

Rationale

It is not possible to specify the mix of knowledge, skills and attributes required by those in health management roles, particularly given the variety of educational programs and levels of study in the health management field. The capabilities outlined in *Table 1* reflect the basic set of skill, knowledge and attributes that educational programs in health management need to address that are widely seen to be relevant and supported by recent research and reflected in recent capability frameworks. What is possible is to ensure that programs have a clearly articulated educational framework, a clear progression in terms of knowledge and skill building and have addressed the basic requirements outlined to a reasonable degree in the particular context of their program focus and level – see also *Table 2.*

2.4 Accreditation Standard: Course Content

Course materials, resources and supporting services provided to students are be specified together with information relating to their rights and responsibilities, plagiarism and appeal processes.

References are up to date and relevant to the course of study.

Rationale

The relationship between core subjects, electives and project work in addressing content areas and the critical role of assessment are ways in which coverage can be demonstrated. Evidence of appropriate educational resourcing, materials and support for students in progressing through the program is also important. This includes references that keep students up to date with issues and developments in the field.

2.5 Accreditation Standard: Interaction with Health Sector

The program and school/department has constructive partnerships with a relevant mix of health departments and government, non-government and community health agencies to promote mutual interests in the education and training of graduates skilled in professional health management practice.

The program has links with key professional partners in the field of health management such as ACHSM and SHAPE.

There is evidence of a policy that encourages and enables staff to engage with the health and related sectors so that programs benefit from the exchange of knowledge between researchers, educators and practitioners.

Rationale

Engagements with professional bodies such as ACHSM and SHAPE strengthen the links with and inputs from health management practitioners, researchers and educators thereby enabling students to engage directly with the broader field and set up pathways for their ongoing professional development. This, together with the resultant exposure to the diversity of settings and practices in health organizations, ensures that programs remain relevant and mindful of the contextual factors that have been identified as a core capability for health service managers. In addition such links improves the capacity of programs to innovate and potentially constructively challenge the profession through robust engagement.
Consultancies, collaborative research projects, contributions to seminars, courses and conferences are some the ways in which such engagements can be demonstrated.

2.6 Accreditation Standard: Research

A recognised research policy and program in health services management and related areas including the establishment of a research committee and supporting infrastructure.

Evidence that academic staff are actively engaged in research and use current research in teaching and learning. Included is a demonstrable publication record in relevant areas.

Program objectives and activities that require students to develop an understanding of the research process, provide exposure to key skills and the opportunity to apply these in investigating health management issues.

Rationale

An active research program enables academics to engage in the key issues and developments affecting health management and with the industry settings in which these are played out. It also increases the capacity of the program to develop the ability of graduates to critically appraise and evaluate existing knowledge and contribute to the advancement of new knowledge.

The depth, breadth and nature of research related activities and assessment tasks evident in the curriculum would necessarily vary according to the level and focus of the program and to what extent the program and unit objectives are research oriented. It is expected that programs at a Graduate Diploma or Masters level will equip students at least a basic level of understanding and skill in this area.

Additional indicators of research focus and activities would include the opportunities provided for students to participate in research focused student seminars, staff-student forums and research grants and activities.

3. Delivery

3.1 Accreditation Standard: Enrolment processes

Requirements for entry to the program, arrangements for advanced standing and for normal and accelerated progression are documented and applied.

While paying attention to equity and access, entry criteria and processes should ensure that students who are admitted have the ability to meet course requirements.

Arrangements for recruiting students from disadvantaged backgrounds, overseas countries, for whom English is a second language and those with disabilities, are documented and applied.

Rationale

Clearly stated entry requirements, progression arrangements and mechanisms for special arrangements to vary these are important to ensure quality processes and outcomes and to identify where students may need different levels of support. Such transparency also ensures that the process has integrity, students are dealt with fairly and standards are maintained.

3.2 Accreditation standard: Students

There is a policy and supporting processes to strengthen diversity through the participation of groups typically underrepresented in the profession especially those from culturally and linguistically diverse groups, women, Indigenous Australians and students with diverse academic, work and life experiences. Provision is made for a range of support needs for such students and that students with special equity and access needs are provided for.

Students have equal opportunity to gain all graduate competency outcomes regardless of the mode of program delivery.

Policies and systems are in place and activated to seek feedback on program and course experiences, including lecturer evaluations and the responses to that feedback are evident. Opportunities are provided for student involvement in program evaluation and reviews.

Rationale

Most universities have policies in place in regard to strengthening the diversity of their offerings and improving the participation of disadvantaged and underrepresented groups. Programs will vary greatly in their current student profile or starting point so whilst explicit recognition of this and evidence of strategies to action such policies is expected of health management programs, it is not appropriate to specify targets or particular actions.

The student experience of the program, academically and administratively, is central to the effectiveness of the program. Clear strategies to capture this data and demonstration of its serious consideration are necessary including, where appropriate, adjustments to the program.

4. Resourcing

4.1 Accreditation Standard: Staffing

Staff leading and teaching on the program have the level and type of qualifications and, where possible, experience that is relevant and appropriate to their organisational roles (such as management and administration), teaching and research responsibilities. This would include an appropriate mix of qualifications, knowledge and experience relevant to health generally and the specific management and specialist fields covered by the program.

Staffing arrangements concerning course delivery are aligned with course outcomes including appropriate student to staff ratios and an appropriate balance of full and part-time staff.

Staff are able to access human resource support such as induction activities, professional development, including teaching skills and performance review and planning.

There is evidence of adequate continuing support for the training and development of staff particularly in respect to curriculum development and in the use of new technologies in delivery and teaching.

Teacher effectiveness is evaluated regularly using feedback from students and other sources and guidance is offered in developing and improving their teaching skills.

Staffing practices in the program are consistent with the institution's employment policies in regard to EEO and Occupational Health and Safety and compliant with all relevant laws and regulations.

Academic staff are able to access the level and type of administrative support needed to run the program effectively and efficiently.

Rationale

Access to the staffing needed to properly design, deliver and manage the program, academically and administratively, will be characterized by a mix of full and part-time and generalist and specialist teaching staff. This mix will include staff located within the department or school in which the program is offered, in other parts of the university, adjunct staff and practising health mangers from outside the university. The adequacy of the numbers and balance in this mix will depend on a range of factors including the focus and objectives of the program, the level at which it is offered and the educational methodology employed. Generally however having a good mix of such staff will better enable the program to meet the health management capability requirements outlined at the beginning of this document particularly the ability of graduates to develop their knowledge and skills with a strong understanding of the health context in which they perform their roles in all of its diversity.

The opportunity for staff to receive feedback on their teaching and assessment practices and be supported to identify improvements is a key factor in quality of teaching and learning and the achievement of program outcomes.

4.2   Accreditation Standard: Infrastructure

The program is able to demonstrate that it has adequate financial resources to provide, maintain and develop the program.

The program is able to access adequate physical resources for face-to-face and online modes of learning. These include lecture theatres, classrooms, audio-visual aids for staff and students, ICT technology appropriate to the learning strategies, access to library and information resources on site and remotely, and a solid web-enabled platform for student learning and management.

Rationale

It is understood that some health management programs have separate budgets and others are contained within school or faculty budgets. The intention is to ensure that the program has adequate financial resourcing whatever the system in operation and a clear process for identifying and managing against the resources allocated.

APPENDIX 3 – ACHSM Accreditation Request and Guide Form

ACHSM ACCREDITATION PROGRAM

Name of University	
School or Faculty	
Courses to be accredited (list the courses and the subjects)	
Number of academic staff (fulltime and part-time)	
Number of administrative staff	
Names and qualifications of academic staff involved with the courses	
Number of students enrolled in the courses	

The following document lists the accreditation standards and provides examples of evidence to be provided by the university. This evidence will be provided on-line as instructed by the ACHSM Accreditation Secretariat.

The range of documentation requested to be provided as part of the accreditation process also includes:

- Recommendations from the previous accreditation report (if applicable) and description of any action taken

- Minutes of the Course Advisory Committee (or however named) meetings with advice on the actions taken to implement any recommendations

- Department, School and Faculty Handbooks

- Course handbooks

- Subject descriptions

- Reading and/or AV lists

- Annual report

- Documents to show future planning directions

- Examples of course materials provided to students for each subject

- Any other evidence to support compliance with the Accreditation Standards as described below.

1. Governance

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
1.1	Accreditation Standard: Governance structures *The program has governance structures and functions which are defined, including:* *documentation of the composition,* *terms of reference,* *powers and* *reporting relationships of relevant committees and* *representation from all relevant groups in decision-making including* *a course advisory committee.* *The school/department consults on key issues relating to its:* *mission,* *the curriculum,* *graduate outcomes and* *governance* *with those groups that have a legitimate interest in the program including* *students,* *graduates and* *the industry.*	• Documentation of governance processes as specified in standard • Evidence of Course Advisory Committee – TORs, representatives, representative sample of meeting agendas, minutes etc • Evidence of consultation on elements in standard with relevant people and units		

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
1.2	Accreditation Standard: Academic Unit *The program is located in an appropriate academic unit*	• Documentation regarding structural arrangements		
1.3	Accreditation Standard: Management and Leadership *Operating within the University's academic governance principle, systems and processes, the program leadership and management have sufficient authority to design and develop the program.* *The responsibilities of the academic head for the educational program are clearly stated.*	• Evidence of the nature and extent of the contribution of program leaders to the development and delivery of the curriculum • Position description, KPIs and any other relevant documentation		

1.4	Accreditation Standard: Performance evaluation
	A program review policy exists and
	   • *a mechanism for undertaking regular reviews is articulated and implemented.*
	
	There is evidence that formal major reviews are:
	   • *undertaken by an appropriate mix of program staff, broader University contributions and health management expertise.*
	   • *An appropriate time frame for curriculum review, such as every five years, is documented and followed.*
	
	Evidence is provided that recommendations for program changes are actively considered and the response explained in light of the guiding educational philosophy and methodology and the core capabilities the program is required to address.
		• Review Policy
		• Evidence of active review of programs and mechanisms
		• Personnel involved
		• Timeframe
		• Evidence of follow-through (or plans for) of recommendations in curriculum objectives, materials and teaching and learning practices		

2. Curriculum

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
2.1	Accreditation Standard: Degree status *The program:* • *is offered by an Australian or New Zealand University and* • *leads to a recognised award*	• Documentation		
2.2	Accreditation Standard: Teaching and Learning Framework *A clear statement of the learning framework explaining the relationship between curriculum content, knowledge acquisition and practical application, expected learning outcomes and the teaching and learning strategies employed.* *Demonstration of an understanding of current Australian and international best practice teaching and learning approaches.* *Evidence of a commitment to the development of graduates who have the capacity to continue to learn throughout their careers.* *The use of teaching and learning approaches which promote the development of evidence based practice, stimulate deep learning, ensure the development of required capabilities and accommodate a variety of learning styles* *The assessment strategy for the program and specific methods, procedures and standards for the components are clearly stated. The assessment requirements are clearly linked to the program and*	• Documentation of the learning framework in program set-up and review documents • Evidence through documentation and supported by applied examples of: – the link between framework and actual teaching and learning strategies – examples – that assessment design enables attention to capabilities – some key features of current Australian and international best practice teaching and learning approaches – an assessment strategy supporting program and unit objectives and desired outcomes – an assessment policy and process that demonstrates		

	component objectives, consistent with the learning methodology and rigorous but not onerous in the context of the size, scope and level of the study unit. The assessment process demonstrates transparency and procedural fairness.	transparency and procedural fairness		
2.3	Accreditation Standard: Program objectives *A clear statement of:* • *overall objectives for the Program as a whole and for each major component of the course,* • *the substantive content and learning methodology and objectives* *has been documented.* *In addition, the relationship between the components and the whole is articulated.*	• Program / course objectives, plans and curriculum are provided		
2.4	Accreditation Standard: Course content *Course materials, resources and supporting services provided to students* ▪ *are specified together with* ▪ *information relating to their rights and responsibilities, plagiarism and appeal processes.* *References are up to date and relevant to the course of study.*	Documentation of Course materials, resources and supporting services and references		

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
2.5	Accreditation Standard: Interaction with Health Sector *The program and school/department has constructive partnerships with a relevant mix of health departments and government, non-government and community health agencies to promote mutual interests in the education and training of graduates skilled in professional health management practice.* *The program has links with key professional partners in the field of health management such as ACHSM and SHAPE.* *There is evidence of a policy that encourages and enables staff to engage with the health and related sectors so that programs benefit from the exchange of knowledge between researchers, educators and practitioners.*	Evidence of interaction with health sector through formal links and regular involvements with organizations including participation in conferences, forums, working parties, research and professional development activities and consultancies Evidence of support for participation in activities with key partners. Documentation of policies and practices to support such links		
2.6	Accreditation Standard: Research *A recognised research policy and program in health services management and related areas including the establishment of a research committee and supporting infrastructure.* *Evidence that academic staff are actively engaged in research and use current research in teaching and learning. Included is a demonstrable publication record in relevant areas.*	Evidence of an active health management research policy and program A demonstrable publication record in relevant areas An active program of dissemination at conferences and professional development and educational forums.		

Program objectives and activities that require students to develop an understanding of the research process, provide exposure to key skills and the opportunity to apply these in investigating health management issues	Examples in program/unit content and materials of: • attention to the research process relevant to the focus and level of the program • the application of current research to understanding the theory and practice of health management Evidence of support for research opportunities for students to contribute to health management research activities	

3. Delivery

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
3.1	Accreditation Standard: Enrolment processes *Requirements for:* • *entry to the program,* • *arrangements for advanced standing and* • *for normal and accelerated progression are documented and applied.* *While paying attention to equity and access, entry criteria and processes should ensure that students who are admitted have the ability to meet course requirements.* *Arrangements for recruiting students from:* • *disadvantaged backgrounds,* • *overseas countries, for whom English is a second language and* • *those with disabilities, are documented and applied.*	Evidence of recruitment, selection and enrolment policies and procedures which meet all components of the standard Examples of the application of the policies and procedures Evidence of efforts to review the student experience, including performance to assess the efficacy of recruitment, selection and enrolment policies and practices		

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
3.2	Accreditation standard: Students *There is a policy and supporting processes to strengthen diversity through the participation of groups typically underrepresented in the profession especially those:* • *from culturally and linguistically diverse groups,* • *women,* • *Indigenous Australians and* • *students with diverse academic, work and life experiences.* *Provision is made for the support needs for such students and students with special equity and access needs are provided for.* *Students have equal opportunity to gain all graduate competency outcomes regardless of the mode of program delivery.* *Policies and systems are in place and activated:* • *to seek feedback on program and course experiences, including lecturer evaluations and* • *the responses to that feedback are evident.* *Opportunities are provided for student involvement in program evaluation and reviews.*	Evidence of policy and supporting processes to strengthen diversity and support students Evidence of systematic efforts to obtain feedback from students in regard to all aspects of the standard Evidence of opportunities for student involvement in program evaluation and reviews.		

4. Resources

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
4.1	Accreditation Standard: Staffing *Staff leading and teaching on the program have:* • *the level and type of qualifications and, where possible, experience that is relevant and appropriate to their organisational roles (such as management and administration), teaching and research responsibilities.* • *This would include an appropriate mix of qualifications, knowledge and experience relevant to health generally and the specific management and specialist fields covered by the program.* *Staffing arrangements concerning course delivery are aligned with course outcomes including:* • *student to staff ratios and* • *the mix of full and part-time staff.* *Staff are able to access human resource support such as:* • *induction activities, professional development, including teaching skills and performance review and planning.* *There is evidence of continuing support for the training and development of staff particularly in respect to curriculum development and in the use of new technologies in delivery and teaching.* *Teacher effectiveness is:*	Evidence of policies that demonstrate consistency with all elements of the standard Human Resources Management systems and processes that support the elements in the standard Evidence of practices that provide access to professional development in areas that support and develop staff in their roles Evidence of efforts to set and maintain levels of academic and administrative staffing to support the delivery of programs Evidence of a systematic approach to staff performance review and feedback and the provision of supporting strategies to promote learning and improvement		

	• *regularly evaluated using feedback from students and other sources and* • *guidance is offered in developing and improving their teaching skills.* *Staffing practices in the program are consistent with the Institution's employment policies in regard to EEO and Occupational Health and Safety and compliant will all relevant laws and regulations.* *Academic staff are able to access the level and type of administrative support needed to run the program effectively and efficiently.*			

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
4.2	Accreditation Standard: Infrastructure *The program is able to demonstrate that it has adequate financial resources to provide, maintain and develop the program.* *The program is able to access adequate physical resources for face-to-face and online modes of learning. These include:* • *lecture theatres, classrooms, audio-visual aids for staff and students,* • *ICT technology appropriate to the learning strategies,* • *access to library and information resources on site and remotely and* • *a solid web platform for student learning and management.*	Evidence of the provision and adequacy of the range of resources required to provide, maintain and develop the program as detailed in the standard		