

# **ACHSM ACCREDITATION PROGRAM**

**Developed in partnership with the Society for Health Administration  
Programs in Education (SHAPE)**



## **HANDBOOK FOR ACHSM ACCREDITATION SURVEYORS**

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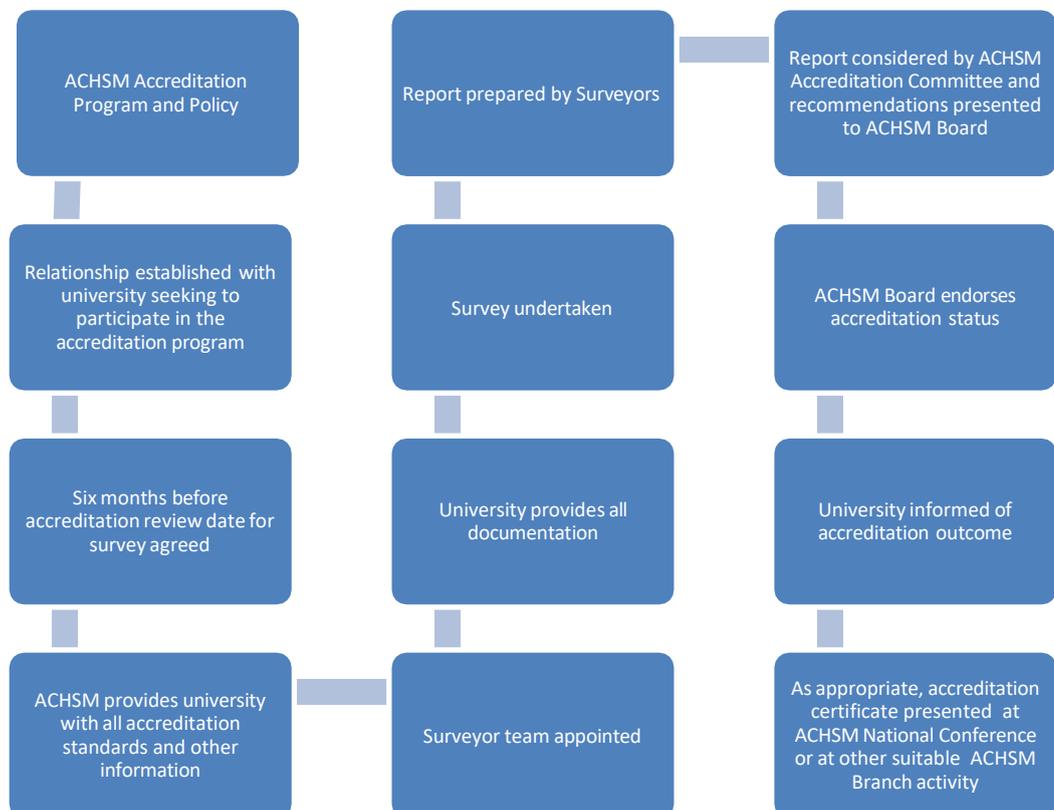
## 1. Introduction

The process of ACHSM accreditation is to ensure an acceptable minimum standard of health management programs offered by Australian universities so that the graduates are seen to meet the educational requirements for admission to or advancement within the College.

Additionally, the accreditation process is designed to ensure graduates are prepared with a skill set that will make them readily employable within the health care sector.

This Handbook for ACHSM Accreditation Surveyors is provided as a guide to assist Surveyors in undertaking their role as part of the ACHSM's accreditation program. The Handbook is provided as part of initial Surveyor training and should be used in conjunction with the ACHSM Accreditation Program and Policy Manual.

The overall process for the accreditation process is outlined in a figure below:



## 2. 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 program 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 within its inaugural two years of offering.

### 3. Pre-Accreditation Survey Preparation

#### Accreditation program

The model for the program involves assessment of evidence against a set of agreed standards. The survey is predominantly online and electronic.

However it is recognised that from time to time, and particularly with new courses, it will be beneficial for universities and Surveyors alike to engage in a face to face assessment.

Otherwise, the survey team will meet with university staff and students via videoconference, webinar or other media.

#### Survey team

The survey team is arranged at least two months prior to the scheduled accreditation survey. The members of the survey team usually comprise:

- a team of two trained Surveyors from the ACHSM Register of Surveyors
- a representative of the Society of Health Administration Programs in Education (SHAPE), who is not employed by the relevant university

An observer, usually a Surveyor-in-training, may also participate in the team.

Accreditation Surveyors will be members of the College and preferably with experience with tertiary programs, curriculum development and health or aged sector management experience and/or experienced Surveyors in the health sector eg ACHS Surveyors or equivalents.

Potential Surveyors will be nominated by State Branch Councils or the National Board to the Secretariat for endorsement by the Accreditation Committee.

The skills and attributes of the members of the survey team should include:

- Relevant background and experience in Health Services Management
- Experience in training / education / research ( senior academic and/or educational management experience)
- Senior experience within ACHSM

#### Contact with University

The ACHSM Accreditation Secretariat will liaise with the university to confirm the survey dates and provide all relevant documentation.

The Secretariat will confirm acceptance by the university of the composition of the survey team and make arrangements for the submission of all relevant documents and evidence against the standards.

The Accreditation Request Form and Guide, at *Appendix 1*, outlines the standards and the range of evidence that may be submitted by the university for assessment by the Surveyors.

## 4. Conduct by Surveyors

Surveyors must comply with all relevant College policies such as Conflict of Interest and Confidentiality. The ACHSM Accreditation Secretariat will provide copies of relevant documents for completion by the survey team. (See *Appendices 2 and 3*).

The Secretariat will confirm if the Surveyors are required to sign a Confidentiality Agreement with the university on receipt of specific course information and will coordinate this.

It would be normal for each member of the survey team to have a copy of all of the documentation. At the end of the survey, all information and documents should be returned to the university, except for one copy. This will be retained by the survey team leader so that the final report can be completed and sent to National Office and be available in the event that any dispute or appeal occurs. Once the report is sent, the remaining copy should be returned to the university. In addition to any hard copies being returned to the university, soft copies provided by the university should be removed from storage devices after the completion of the accreditation survey.

### Minimum knowledge set for survey team

Prior to the survey taking place, each member of the survey team must:

- Be familiar with the current ACHSM Accreditation Procedures Policy and Manual, which sets out the objectives of the program
- Be able to establish the parameters of the survey process with the university and the applicant's expectations of accreditation
- Be able to negotiate the meeting times with the faculty
- Be able to complete the Accreditation Report requirements and options
- Safeguard the applicant's commercial-in-confidence information, and privacy requirements

## 5. Accreditation survey with university staff and students

### **Prior to the survey**

Prior to the survey, the survey team should meet via teleconference/ videoconference to:

- Review the documentation provided by the university
- Discuss any likely issues with the accreditation process
- Discuss the questions to be asked of the Head of School, academic members, students and other stakeholders to be consulted
- Identify information that might be most effectively gathered by online methods such as **Survey Monkey**
- Review the evidence provided by the university against the Accreditation Standards
- Document any gaps between the standards and what has been provided by the university

The Accreditation Report should begin to be prepared awaiting final discussions with the university.

### **Meeting with the university representatives**

Regardless of the assessment format (face to face or virtual), the process of conducting the interviews is to verify the evidence provided by university and seek any further information. Interviews should be conducted with:

- Head of School
- Academic representatives of the department
- Interviewing a sample of students and graduates where appropriate

In the event that the assessment is undertaken virtually, it is anticipated that interviewing the Head of School and the departmental staff be done via videoconference; whereas interviewing the students may be done via videoconference and /or teleconference. Where most useful, information may be gathered by the use of online methods such as **Survey Monkey**.

During the survey and deliberation period, the survey team could also refer to the 'Example of a framework of an academic program in health services management' at *Appendix 4* to consider the critical elements of the programs being appraised.

Some information to assist with the interview and where used, the online survey process is described below.

The types of questions asked during the interviews by the accreditation team will vary from survey to survey. The questions will be dependent upon a range of issues including:

- Clarification on written material provided by the department prior to the survey
- Findings from last accreditation survey
- Major changes to the higher education system, health care environment or other system impact on health services management education.

More specific lines of questioning could include:

#### For the Head of School

- Major achievements in the department since the last survey
- Major challenges for the department currently and in the future
- Approaches to ensuring programs are contemporary
- Industry / professional input into program development and updates
- Resources for staff and students
- Research and its application to learning
- Potential changes to programs
- Staff development

#### For Academic Representatives

- Resources available for departmental staff
- Training and development opportunities
- Strengths of the department in terms of delivering programs
- Weaknesses of the department in terms of delivering programs
- Approaches to teaching and learning
- Areas for development and improvement within the department.

### For Students

- Applicability of program to current or future employment
- Access to resources – library, ICT, lecturers, residentials (if appropriate)
- Timely access and support by academic and administrative staff
- Approaches to learning and assessment items
- Adequacy of course notes
- Ascertain whether students are full-time or part time
- Reasons for choosing this course and university
- Involvement with course evaluation
- Adequacy of feedback to assignments from staff
- Rating of the course out of 10 and suggestions for improvements

### Reviewing Resources for Staff and Students

As part of the accreditation survey, the survey team should review the resources available to staff and students. This review may include:

- Current library resources
- Process of obtaining new/additional resources
- Office / study space for academics / students
- Electronic resources for staff / students
- Computer access / availability
- Support for research activities (methodological, statistical etc)
- Resources and support for external and international students

### **Post Survey**

Following the review of the supplied documentation and the interviews the survey team will have to assess whether the programs that have been reviewed meet the accreditation standards.

An electronic survey report template will be provided by the Secretariat for the survey leader to complete. The survey team will collate a report that outlines the key findings of the accreditation process. A Survey Report Templates at *Appendix 5*. *It is important to note that the actual report was based on the previous accreditation program and standards and, as such, is only provided to assist with language and style.*

The survey team may recommend a range of outcomes, such as:

- Full accreditation with no recommendations
- Full accreditation with recommendation
- Qualified accreditation, requiring conditional improvements within a specified time
- Withholding or refusing accreditation

The report should use a balanced approach, referencing both positives/strengths and deficiencies/weaknesses. The report should list specific findings, based on evidence / reports / observations.

The graduated sequence of adverse findings will be considered in line with the above range of accreditation outcomes. In addition to the adverse findings, the panel should include suggestions for improvement.

Where deemed appropriate, the survey team may confer with the university to highlight the recommendations in the report before submitting it to the Secretariat and from there to the Accreditation Committee. The university then has the right to respond with any additional comments (within 10 working days of such a discussion).

#### Accreditation Report

The Accreditation report is to be submitted to the Accreditation Secretariat within four weeks of completion of the survey. The Secretariat will follow established processes to forward the report to the Accreditation Committee for consideration.

Where deemed appropriate, the survey team may confer with the university to highlight the recommendations in the report before submitting it to the Secretariat and from there to the Accreditation Committee. The university then has the right to respond with any additional comments (within 10 working days of such a discussion).

#### Feedback on the accreditation program

The survey team should also provide feedback to the Accreditation Committee, via the Secretariat, on the accreditation process. Areas for improving the quality of the process could include:

- The accreditation guidelines and criteria
- The accreditation process and/or its resourcing
- How the College can improve its relationship/support/influence with the applicant university.

#### Accreditation Committee Responsibilities

Following the production of the survey report, the Accreditation Committee will consider the report findings and make a recommendation to the College Board.

#### ACHSM Board Responsibilities

The College Board will consider the recommendation of the Accreditation Committee to approve or deny accreditation on the program/s. The Board will advise the university of the final outcome and provide a certificate of accreditation.

## APPENDICES

## APPENDIX 1 - ACHSM Accreditation Request Form and Guide

### Accreditation Guide

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

(Please insert signature block and contact data of university authorised point of contact)

The following document lists the accreditation standards and provides examples of evidence to be provided by the University. This evidence will be provided online 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	<p><b>Accreditation Standard: Governance structures</b>  <i>The program has governance structures and functions which are defined, including:</i></p> <ul style="list-style-type: none"> <li>• <i>documentation of the composition,</i></li> <li>• <i>terms of reference,</i></li> <li>• <i>powers and</i></li> <li>• <i>reporting relationships of relevant committees and</i></li> <li>• <i>representation from all relevant groups in decision-making including</i></li> <li>• <i>a course advisory committee.</i></li> </ul> <p><i>The school/department consults on key issues relating to its:</i></p> <ul style="list-style-type: none"> <li>• <i>mission,</i></li> <li>• <i>the curriculum,</i></li> <li>• <i>graduate outcomes and</i></li> <li>• <i>governance</i></li> </ul> <p><i>with those groups that have a legitimate interest in the program including</i></p> <ul style="list-style-type: none"> <li>• <i>students,</i></li> <li>• <i>graduates and</i></li> <li>• <i>the industry.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of governance processes as specified in standard</li> <li>• Evidence of Course Advisory Committee – TOR’s, representatives, representative sample of meeting agendas, minutes etc</li> <li>• Evidence of consultation on elements in standard with relevant people and units</li> </ul>		

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
1.2	<p><b>Accreditation Standard: Academic Unit</b>  <i>The program is located in an appropriate academic unit</i></p>	<ul style="list-style-type: none"> <li>• Documentation regarding structural arrangements</li> </ul>		
1.3	<p><b>Accreditation Standard: Management and Leadership</b>  <i>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.</i></p> <p><i>The responsibilities of the academic head for the educational program are clearly stated.</i></p>	<ul style="list-style-type: none"> <li>• Evidence of the nature and extent of the contribution of program leaders to the development and delivery of the curriculum</li> <li>• Position description, KPIs and any other relevant documentation</li> </ul>		
1.4	<p><b>Accreditation Standard: Performance evaluation</b>  <i>A program review policy exists and</i></p> <ul style="list-style-type: none"> <li>• <i>a mechanism for undertaking regular reviews is articulated and implemented.</i></li> </ul> <p><i>There is evidence that formal major reviews are:</i></p> <ul style="list-style-type: none"> <li>• <i>undertaken by an appropriate mix of program staff, broader University contributions and health management expertise.</i></li> <li>• <i>An appropriate time frame for curriculum review, such as every five years, is documented and followed.</i></li> </ul> <p><i>Evidence is provided that recommendations for program changes are actively considered and the response explained in light of the guiding educational</i></p>	<ul style="list-style-type: none"> <li>• Review Policy</li> <li>• Evidence of active review of programs and mechanisms</li> <li>• Personnel involved</li> <li>• Timeframe</li> <li>• Evidence of follow-through (or plans for) of recommendations in curriculum objectives, materials and teaching and learning practices</li> </ul>		

	<i>philosophy and methodology and the core capabilities the program is required to address.</i>			
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## 2. Curriculum

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
2.1	<p><b>Accreditation Standard: Degree status</b></p> <p><i>The program:</i></p> <ul style="list-style-type: none"> <li>• <i>is offered by an Australian or New Zealand University and</i></li> <li>• <i>leads to a recognised award</i></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation</li> </ul>		
2.2	<p><b>Accreditation Standard: Teaching and Learning Framework</b></p> <p><i>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.</i></p> <p><i>Demonstration of an understanding of current Australian and international best practice teaching and learning approaches.</i></p> <p><i>Evidence of a commitment to the development of graduates who have the capacity to continue to learn throughout their careers.</i></p> <p><i>The use of teaching and learning approaches which promote the development of evidence based practice, stimulate deep learning, ensure the</i></p>	<ul style="list-style-type: none"> <li>• Documentation of the learning framework in program set-up and review documents</li> <li>• Evidence through documentation and supported by applied examples of:                             <ul style="list-style-type: none"> <li>○ the link between framework and actual teaching and learning strategies – examples</li> <li>○ that assessment design enables attention to capabilities</li> <li>○ some key features of current Australian and international best practice teaching and learning approaches</li> </ul> </li> </ul>		

	<p><i>development of required capabilities and accommodate a variety of learning styles</i></p> <p><i>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 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.</i></p>	<ul style="list-style-type: none"> <li>○ an assessment strategy supporting program and unit objectives and desired outcomes</li> <li>○ an assessment policy and process that demonstrates transparency and procedural fairness</li> </ul>		
2.3	<p><b>Accreditation Standard: Program objectives</b>  <i>A clear statement of:</i></p> <ul style="list-style-type: none"> <li>● <i>overall objectives for the Program as a whole and for each major component of the course,</i></li> <li>● <i>the substantive content and learning methodology and objectives has been documented.</i></li> </ul> <p><i>In addition, the relationship between the components and the whole is articulated.</i></p>	<ul style="list-style-type: none"> <li>● Program / course objectives, plans and curriculum are provided</li> </ul>		
2.4	<p><b>Accreditation Standard: Course content</b>  <i>Course materials, resources and supporting services provided to students</i></p> <ul style="list-style-type: none"> <li>● <i>are specified together with</i></li> <li>● <i>information relating to their rights and responsibilities, plagiarism and appeal processes.</i></li> </ul> <p><i>References are up to date and relevant to the course</i></p>	<p>Documentation of Course materials, resources and supporting services and references</p>		

	<i>of study.</i>			
2.5	<p><b>Accreditation Standard: Interaction with Health Sector</b>  <i>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.</i></p> <p><i>The program has links with key professional partners in the field of health management such as ACHSM and SHAPE.</i></p> <p><i>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.</i></p>	<p>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</p> <p>Evidence of support for participation in activities with key partners including ACHSM and SHAPE</p> <p>Documentation of policies and practices to support such links</p>		
2.6	<p><b>Accreditation Standard: Research</b>  <i>A recognised research policy and program in health services management and related areas including the establishment of a research committee and supporting infrastructure.</i></p> <p><i>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.</i></p> <p><i>Program objectives and activities that require</i></p>	<p>Evidence of an active health management research policy and program</p> <p>A demonstrable publication record in relevant areas</p> <p>An active program of dissemination at conferences and professional development and educational forums</p>	<p>Review of documentation</p> <p>Data gathered from and where appropriate, discussions with staff, students and graduates</p>	As above

	<p><i>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</i></p>	<p>Examples in program/unit content and materials of:</p> <ul style="list-style-type: none"> <li>○ attention to the research process relevant to the focus and level of the program</li> <li>○ the application of current research to understanding the theory and practice of health management</li> </ul> <p>Evidence of support for research opportunities for students to contribute to health management research activities</p>		
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### 3. Delivery

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
3.1	<p><b>Accreditation Standard: Enrolment processes</b>  <i>Requirements for:</i></p> <ul style="list-style-type: none"> <li>• <i>entry to the program,</i></li> <li>• <i>arrangements for advanced standing and</i></li> <li>• <i>for normal and accelerated progression</i></li> </ul> <p><i>are documented and applied.</i></p> <p><i>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.</i></p> <p><i>Arrangements for recruiting students from:</i></p> <ul style="list-style-type: none"> <li>• <i>disadvantaged backgrounds,</i></li> <li>• <i>overseas countries, for whom English is a second language and</i></li> <li>• <i>those with disabilities,</i></li> </ul> <p><i>are documented and applied.</i></p>	<p>Evidence of recruitment, selection and enrolment policies and procedures which meet all components of the standard</p> <p>Examples of the application of the policies and procedures</p> <p>Evidence of efforts to review the student experience, including performance to assess the efficacy of recruitment, selection and enrolment policies and practices</p>		

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
3.2	<p><b>Accreditation standard: Students</b>  <i>There is a policy and supporting processes to strengthen diversity through the participation of groups typically underrepresented in the profession especially those:</i></p> <ul style="list-style-type: none"> <li>• <i>from culturally and linguistically diverse groups,</i></li> <li>• <i>women,</i></li> <li>• <i>Indigenous Australians and</i></li> <li>• <i>students with diverse academic, work and life experiences.</i></li> </ul> <p><i>Provision is made for the support needs for such students and students with special equity and access needs are provided for.</i></p> <p><i>Students have equal opportunity to gain all graduate competency outcomes regardless of the mode of program delivery.</i></p> <p><i>Policies and systems are in place and activated:</i></p> <ul style="list-style-type: none"> <li>• <i>to seek feedback on program and course experiences, including lecturer evaluations and</i></li> <li>• <i>the responses to that feedback are evident.</i></li> </ul> <p><i>Opportunities are provided for student involvement in program evaluation and reviews.</i></p>	<p>Evidence of policy and supporting processes to strengthen diversity and support students</p> <p>Evidence of systematic efforts to obtain feedback from students in regard to all aspects of the standard</p> <p>Evidence of opportunities for student involvement in program evaluation and reviews.</p>		

**4. Resources**

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
4.1	<p><b>Accreditation Standard: Staffing</b>  <i>Staff leading and teaching on the program have:</i></p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>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.</i></li> </ul> <p><i>Staffing arrangements concerning course delivery are aligned with course outcomes including:</i></p> <ul style="list-style-type: none"> <li>• <i>appropriate student to staff ratios and</i></li> <li>• <i>an appropriate balance of full and part-time staff.</i></li> </ul> <p><i>Staff are able to access appropriate human resource support such as:</i></p> <ul style="list-style-type: none"> <li>• <i>induction activities, professional development, including teaching skills and performance review and planning.</i></li> </ul> <p><i>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.</i></p>	<p>Evidence of policies that demonstrate consistency with all elements of the standard</p> <p>Human Resources Management systems and processes that support the elements in the standard</p> <p>Evidence of practices that provide access to professional development in areas that support and develop staff in their roles</p> <p>Evidence of efforts to maintain appropriate levels of academic and administrative staffing to support the delivery of programs</p> <p>Evidence of a systematic approach to staff performance review and feedback and the provision of supporting strategies to promote learning and improvement</p>		

	<p><i>Teacher effectiveness is:</i></p> <ul style="list-style-type: none"> <li>• <i>regularly evaluated using feedback from students and other sources and</i></li> <li>• <i>guidance is offered in developing and improving their teaching skills.</i></li> </ul> <p><i>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.</i></p> <p><i>Academic staff are able to access the level and type of administrative staff needed to run the program effectively and efficiently.</i></p>			
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No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
4.2	<p><b>Accreditation Standard: Infrastructure</b>  <i>The program is able to demonstrate that it has adequate financial resources to provide, maintain and develop the program.</i></p> <p><i>The program is able to access adequate physical resources for face-to-face and online modes of learning. These include:</i></p> <ul style="list-style-type: none"> <li>• <i>lecture theatres, classrooms, audio-visual aids for staff and students,</i></li> <li>• <i>ICT technology appropriate to the learning strategies,</i></li> <li>• <i>access to library and information resources on site and remotely and</i></li> <li>• <i>a solid web platform for student learning and management.</i></li> </ul>	<p>Evidence of the provision and adequacy of the range of resources required to provide, maintain and develop the program as detailed in the standard</p>		

## Appendix 2- ACHSM Conflict of Interest Policy

### Purpose

The purpose of this policy is to protect the integrity of ACHSM (the College) by setting ethical standards for the actions, decisions and behaviours of college officials who may have a conflict of interest. The College is committed to the highest levels of integrity, and by involving many in its mission and objectives, wants to provide a sound professional operating environment based on honesty, objectivity, transparency and ethical behaviour.

### Scope

All ACHSM officials.

### Definitions

#### Conflict of Interest

A conflict of interest is an actual, perceived or potential situation in which a College official has a private or personal interest sufficient to appear to influence their objective ability to carry out their duty to the College.

#### College Officials

Includes all ACHSM Board Directors, staff, branch council members, committee members, volunteers, and members working on College business.

#### Material Personal Interests

A material personal interest is a personal, professional or business interest of yours, or someone with whom you are closely associated, that:

- i. are real and substantial, not theoretical, remote, contingent or otherwise insubstantial; and
- ii. have, or appear to have, the capacity to influence the conduct of a College official.

A conflict of interest is considered to be *material* if a reasonable disinterested person would take it into account in exercising the same judgment or decision.

Material personal interests may include:

- *Financial interests*: those that involve an actual, perceived or potential financial loss or gain.
- *Non-financial interests*: those that could, or reasonably be perceived to, adversely affect the impartiality of the person having the interest, and includes;
  - I. interests arising from a personal or family relationship, or involvement in social, cultural or sporting activities; and
  - II. other interests that may include a tendency toward favour, bias or prejudice resulting from personal involvement with any other person or group.

#### Perceived Conflict of Interest

Where a third party could reasonably form the view that a material personal interest could conflict with the duties or powers of a College official, whether or not this is in fact the case.

### **Potential Conflict of Interest**

Where material personal interests could reasonably be perceived to conflict with the duties or powers of a College official.

### **Policy Statement**

1. All College officials will strive to avoid any conflict of interest arising between their duty to the College on the one hand, and personal, professional, and business interests on the other. This includes avoiding actual conflicts of interest, perceived conflicts of interest, or potential conflicts of interest.
2. Upon appointment, all officials will make a full, written disclosure of interests, such as relationships, shareholdings and posts held that could potentially result in a conflict of interest. This written disclosure will be kept on file and will be updated annually or as appropriate.
3. In the course of meetings, activities, transactions or representations, it is expected that any conflicts of interest be disclosed at the soonest appropriate time. If in doubt, the potential conflict must be declared, and clarification sought.
4. It is incumbent on College officials to identify and disclose conflicts of interests, not on the organisation to detect them.

### **Objectives**

That the College builds and maintains a culture of integrity by:

1. Taking steps to ensure that, as far as reasonably possible, conflicts of interest are avoided; and
2. Where potential conflicts do or may arise, these conflicts are managed effectively, fairly and transparently through disclosure.

### **Procedures and Guidelines**

#### **Identifying Conflicts of Interest**

All College officials are responsible for carefully considering their material personal interests and determining whether or not any such interests create an actual, perceived or potential conflict.

Circumstances which could result in an actual, perceived or potential conflict of interest include, but are not limited to;

- Financial interests
- Personal and family relationships
- Outside employment
- Multiple roles
- Acceptance of gifts and benefits
- Use of official or confidential information
- Personal beliefs
- Political participation
- Shareholdings
- Enmity (feelings of ill will against another)

### Examples of conflicts of interest

Examples of conflicts of interest include:

- An official is faced with a decision about funding a project which has been clearly deemed to be in the best interest of the College as a whole, but may disadvantage another interest group or organisation they are involved with.
- An official who is related to a member of staff, and are required to vote on a decision related to staff pay and/or conditions.
- An official holds a fiduciary or advisory position in the college and holds a position with another organisation that is competing for the same funding.
- An official who is involved in determining a standard or policy such as university accreditation, who also is employed within an entity that will directly benefit from, or be required to comply with, the same standard.
- An official who has shares in a business that is competing for a contract to provide services for the College, or is a director, partner or employee or relative to someone who is.

### Disclosing conflicts of interest

Upon appointment, all officials will make a full, written disclosure of interests, such as relationships, shareholdings and posts held that could potentially result in a conflict of interest. This written disclosure will be kept on file and will be updated annually or as appropriate.

Where a College official, throughout the course of their duty, considers that they have a material personal interest that may represent a conflict of interest, they must immediately disclose the details of the conflict of interest to their manager, or in the case of a committee or board, to the other directors/ committee members and the Chair.

The party to whom the conflict of interest has been raised are responsible for maintaining the confidentiality of the disclosed information. A manager or Chair may disclose matters relating to a disclosed conflict of interest to others only:

- I. in order to assess whether a conflict of interest exists
- II. where that disclosure is necessary or appropriate to properly manage the conflict of interest
- III. to comply with a lawful obligation to disclose those matters; or
- IV. to report the conflict of interest to the central register of disclosed conflicts of interest (administered by the company secretary)

### Assessing disclosed conflicts of interest

Once disclosed, the party to whom the conflict of interest is disclosed, is responsible for conducting an assessment to determine whether it represents a conflict of interest, as defined by this policy.

The party may seek to obtain reasonable additional information to inform their assessment, in consultation with the official.

### Managing a conflict of interest

Where the assessment confirms the existence of a conflict of interest, a strategy for managing the conflict of interest must be developed promptly. Details of the existence of

the conflict of interest are to be formally advised and noted on the Conflict of Interest Register.

An official with an identified conflict of interest may still act only when they have the fully informed consent of the party to whom the duty is owed (eg. for a Director, it would be the Board). Consent may also be provided through the constitution or by a vote at a General Meeting (however the related official cannot vote). The party may decide on an appropriate strategy to manage the conflict of interest.

Development of a management strategy should occur in consultation with the staff member and other relevant stakeholders.

There are five key strategies for managing a conflict of interest, these include:

1. *Restrict* - restrictions are placed on the official's involvement in the matters associated with the conflict of interest (for example a director may not be able to participate in a decision at a Board meeting).
2. *Recruit* - a disinterested third party is appointed to oversee part or all of the process that deals with matters associated with the conflict of interest.
3. *Remove* - the official does not participate at all in matters associated with the conflict of interest (for example a director may be asked to leave the meeting during the discussion and decision of a matter, and/or they may also be restricted from receiving a specific section of the Board papers)
4. *Relinquish* - the material personal interest concerned is relinquished.
5. *Resign* - the official steps down from the position they hold on a temporary or ongoing basis.

The chosen management strategy must take into account a number of factors, including:

- I. the nature of the conflict of interest;
- II. the operating environment;
- III. legal requirements; and
- IV. general practicality.

The management strategy must articulate:

- I. The nature of the staff member's material personal interest;
- II. The interest/s of the College with which the staff member's material personal interest conflict, could potentially conflict, or could reasonably be perceived to conflict;
- III. The actions the official agrees to take to manage the conflict of interest.

The existence and detail of the management strategy must be recorded on the Conflict of Interest Register and minuted at meetings.

### **Ethical and reputational considerations**

Despite conflicts of interest being managed appropriately according to law, decisions that meet all legal obligations may still result in poor outcomes for the College and/or College official if the ethical or reputational implications are not also considered. It is incumbent on the parties involved to take into account not only legal obligations, but also the interests of stakeholders in determining the most appropriate management strategy.

### Disciplinary Proceedings

In the event that a College official is found to be acting contrary to the conditions of this policy, the official may face disciplinary measures including removal from their position or having their membership status revoked.

### Implementation of Policy

The Company Secretary (CEO ACHSM) is responsible for developing, implementing and reviewing this policy.

### Monitoring

The Company Secretary is responsible for monitoring the implementation of this policy to ensure that the objectives of the strategy are being achieved.

### Other Policies

This policy should be read in conjunction with other related policies and documents including the Code of Conduct, ACHSM constitution, employment contracts, director responsibilities, and APJHM journal submission guidelines.

### Effective Date

TBC

### Review

This policy is to be reviewed on an annual basis.

### Policy Modification History

<b>Date:</b>	<b>Details:</b>
15/12/2012	Policy implemented

## Appendix 3- ACHSM Confidentiality Statement

### Schedule A Confidentiality Undertaking

This Deed is made on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

I, \_\_\_\_\_, am an employee, agent or contractor of Australasian College of Health Service Management (ACHSM)

I have been engaged by the ACHSM to perform services ("**Services**") in relation to the ACHSM Accreditation Program and the university named

\_\_\_\_\_

**I agree** that I will not communicate, publish or release any Confidential Information, as part of the ACHSM Accreditation Program, except as directed by the ACHSM, as required by law, or for the purpose of the Contractor's performance of the Project.

**I irrevocably authorise** the ACHSM to enforce this undertaking and **I acknowledge** that the ACHSM is entitled (in addition to any entitlement to damages) to seek an injunction or other equitable relief for any actual or threatened breach by me of this Deed:

- (a) without the need for the ACHSM to prove any special damage; and
- (b) the ACHSM need not provide any security in respect of any damages that I or anyone else might incur as a result of an injunction being granted.

Executed as a deed on the date set out at the commencement of this Deed.

**SIGNED SEALED AND DELIVERED**

in the presence of:

)))

.....  
Sign here

.....  
Signature of witness

.....  
Name of witness (block letters)

**[INSTRUCTION:**

**TO BE SIGNED BY THE CONTRACTOR'S EMPLOYEE OR AGENT (not to be signed by the Contractor)**

### Appendix 4: Example of a framework of an academic program in Health Services Management

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	RESEARCH AND EVALUATION	LEADERSHIP
<b>Problem solving</b>	<ul style="list-style-type: none"> <li>Nature of problems in health systems</li> <li>Models and tools for essential issues identification, explorations and prioritising</li> </ul>	<ul style="list-style-type: none"> <li>Leading and managing in complex systems</li> <li>Leading and managing in health</li> <li>Change management models and tools</li> </ul>	<ul style="list-style-type: none"> <li>Interpretation of financial and other data</li> </ul>	<ul style="list-style-type: none"> <li>Understanding the general legal framework, issues of human rights, consent and assault</li> </ul>	<ul style="list-style-type: none"> <li>Identifying need for relevant information and data organisation and retrieval</li> </ul>	<ul style="list-style-type: none"> <li>Organisational evaluation</li> <li>Identification of improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Strategies for dealing with complex issues and making decisions</li> <li>Approaches to engaging others and encouraging contributions</li> </ul>
<b>Analytical skills</b>	<ul style="list-style-type: none"> <li>Social analysis of public policy trends and development</li> <li>Epidemiological analysis</li> <li>Economic framework and health</li> <li>Australian &amp; International health systems</li> </ul>	<ul style="list-style-type: none"> <li>Organisational theory</li> <li>Health care delivery mechanisms</li> <li>Critical learning</li> </ul>	<ul style="list-style-type: none"> <li>Assembling information from data</li> <li>Formal accounting requirements</li> <li>Analysis of reporting systems</li> </ul>	<ul style="list-style-type: none"> <li>Examining the management of core concepts such as; universality, equity, social contract, entitlement and competition</li> </ul>	<ul style="list-style-type: none"> <li>Information system integrity</li> <li>Reliability and validity issues</li> <li>Development of indicators</li> </ul>	<ul style="list-style-type: none"> <li>Quantitative and qualitative research design and methods of data collection</li> <li>QI statistics</li> <li>Epidemiology</li> </ul>	<ul style="list-style-type: none"> <li>Systems and methods to understand and find pathways through complexity</li> <li>How to engage others in the analytical process</li> </ul>

CONTENT / SKILLS / KNOWLEDGE	HEALTH CARE SYSTEMS / POLICY	HEALTH SERVICES MANAGEMENT	FINANCIAL MANAGEMENT	LAW / ETHICS	INFORMATION MANAGEMENT	RESEARCH AND EVALUATION	LEADERSHIP
<b>Managing others</b>	<ul style="list-style-type: none"> <li>workforce planning and policy development</li> </ul>	<ul style="list-style-type: none"> <li>Human Resources Management &amp; Development</li> <li>Industrial Relations</li> <li>organisational behaviour</li> <li>negotiation</li> <li>influencing</li> <li>dealing with difference</li> </ul>	<ul style="list-style-type: none"> <li>presentation of financial information</li> <li>communicating to achieve understanding of information</li> <li>skilling others to manage financial information</li> </ul>	<ul style="list-style-type: none"> <li>knowledge of occupational legislation and regulation</li> <li>ability to develop a legal argument with advice from legal experts</li> <li>ethical issues management</li> </ul>	<ul style="list-style-type: none"> <li>Presentation of information</li> <li>Developing understanding and action from information</li> <li>Skilling others to manage information resources</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and formal assessment of performance</li> </ul>	<ul style="list-style-type: none"> <li>Establishing &amp; maintaining sound internal and external stakeholder relationships</li> <li>Frameworks and tools to lead change and transition</li> <li>Strategies to lead teams &amp; empower others</li> </ul>
<b>Managing Self</b>	<ul style="list-style-type: none"> <li>Nature of health workforce structures and roles</li> <li>Impact of policy and systems on organisational roles &amp; responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Self-awareness</li> <li>Emotional intelligence</li> <li>Personal ethics and values</li> <li>Fostering intra-personal learning</li> <li>Developing resilience</li> </ul>	<ul style="list-style-type: none"> <li>Application of personal, professional and organisational ethics and values to use of financial systems</li> </ul>	<ul style="list-style-type: none"> <li>Legal and ethical frameworks and systems</li> <li>Professional ethics and values</li> </ul>	<ul style="list-style-type: none"> <li>Application of personal, professional &amp; organisational ethics and values to use of information systems</li> </ul>	<ul style="list-style-type: none"> <li>Use of reflective practice tools and frameworks</li> <li>Application of insights and learnings into practice</li> </ul>	<ul style="list-style-type: none"> <li>Strategies to demonstrate and foster resilience</li> <li>How to model ethical behaviour</li> </ul>
<b>Strategic and systems thinking</b>	<ul style="list-style-type: none"> <li>Priority planning</li> <li>System design and operational implications</li> <li>Whole of system thinking</li> <li>Governance principles and systems</li> <li>Service planning and development</li> </ul>	<ul style="list-style-type: none"> <li>Strategic thinking theory and practice in complex systems</li> <li>Strategic organisational systems – eg clinical governance</li> <li>Models of care</li> <li>Strategic decision making</li> </ul>	<ul style="list-style-type: none"> <li>Developing financial systems</li> <li>Relating financial and other data</li> </ul>	<ul style="list-style-type: none"> <li>Legal responsibilities of providers, corporations and governments</li> <li>Risk management</li> </ul>	<ul style="list-style-type: none"> <li>Development of performance criteria from information</li> <li>Knowledge of and use of new forms of information and media</li> </ul>	<ul style="list-style-type: none"> <li>Evaluating systems – models and tools</li> <li>Organisational effectiveness and improvement</li> </ul>	<ul style="list-style-type: none"> <li>Engaging others in development of a shared vision and directions to achieve this</li> <li>Strategies to Identify and explain contexts for change</li> </ul>

CONTENT / SKILLS / KNOWLEDGE	HEALTH CARE SYSTEMS / POLICY	HEALTH SERVICES MANAGEMENT	FINANCIAL MANAGEMENT	LAW / ETHICS	INFORMATION MANAGEMENT	RESEARCH AND EVALUATION	LEADERSHIP
<b>Continuous learning</b>	<ul style="list-style-type: none"> <li>Health systems evaluation and improvement</li> </ul>	<ul style="list-style-type: none"> <li>Continuous quality and safety improvement</li> </ul>	<ul style="list-style-type: none"> <li>Trend analysis of financial reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>Understanding the change processes in law and ethics</li> <li>Current thinking in law and ethics – implications for health organisations</li> </ul>	<ul style="list-style-type: none"> <li>Identifying trends and indicators for new information requirements and systems</li> </ul>	<ul style="list-style-type: none"> <li>Program evaluation and improvement</li> </ul>	<ul style="list-style-type: none"> <li>Ways to establish and maintain personal support networks</li> <li>Strategies for ongoing professional development</li> </ul>
<b>Inter-professional practice</b>	<ul style="list-style-type: none"> <li>System and structural design facilitators and barriers to inter-professional practice</li> </ul>	<ul style="list-style-type: none"> <li>Frameworks and models for managing integrated approaches to practice</li> </ul>	<ul style="list-style-type: none"> <li>The role of financial systems in enabling or constraining inter-professional practice</li> </ul>	<ul style="list-style-type: none"> <li>Legal issues and ethical frameworks in inter-professional practice</li> </ul>	<ul style="list-style-type: none"> <li>The role of information systems in enabling or constraining inter-professional practice</li> </ul>	<ul style="list-style-type: none"> <li>Reviewing and evaluating the effectiveness of structures and strategies for inter-professional practice</li> <li>Identifying improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Engaging in system, cultural and structural change efforts to foster inter-professional practice</li> </ul>

## Appendix 5 – Survey Report Template



### REPORT FROM THE ACHSM ACCREDITATION TEAM SURVEY OF [INSERT NAME] UNIVERSITY REGARDING COURSES IN HEALTH SERVICE MANAGEMENT

[Date]

#### ACHSM ACCREDITATION SURVEY TEAM

[INSERT NAMES AND POSITIONS]

#### 1. COURSES TO BE ACCREDITED

[List courses below:]

Course	Course semesters	Credit points

#### 2. PRE-SURVEY DOCUMENTATION

Prior to the survey interviews all relevant documentation from the university was received by the survey team. The documentation was in accordance with the ACHSM Accreditation Guidelines for Universities.

The following information was noted:

**Number of students enrolled in [insert names of courses]**

Course	Year	New	Continuing	Total	Graduates

#### Faculty

[insert name]

**Head of School**

[insert name]

**Head of Program**

[insert name]

**Lecturers**

[insert some information about lecturing staff]

**Administrative staff**

[insert some information about admin staff]

**3. ACCREDITATION SURVEY**

[Insert some information about the Surveyors' assessment of the documentation received]

[Insert information about the interviews undertaken with representatives of the university and students – including key messages and areas for improvement raised by the staff and students]

**4. DETAILED RESPONSES TO ACCREDITATION CRITERIA**

**3. Governance**

No.	Standard	Evidence	Comments
1.1	<p><b>Accreditation Standard: Governance structures</b>                      The program has governance structures and functions which are defined, including:</p> <ul style="list-style-type: none"> <li>• documentation of the composition,</li> <li>• terms of reference,</li> <li>• powers and</li> <li>• reporting relationships of relevant committees and</li> <li>• representation from all relevant groups in decision-making including</li> <li>• a course advisory committee.</li> </ul> <p>The school/department consults on key issues relating to its:</p> <ul style="list-style-type: none"> <li>• mission,</li> <li>• the curriculum,</li> <li>• graduate outcomes and</li> <li>• governance</li> </ul> <p>with those groups that have a legitimate interest in the program including</p> <ul style="list-style-type: none"> <li>• students,</li> <li>• graduates and</li> <li>• the industry.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	

No.	Standard	Evidence	Comments
1.2	<p><b>Accreditation Standard: Academic Unit</b> The program is located in an appropriate academic unit</p>	<ul style="list-style-type: none"> <li>•</li> </ul>	
1.3	<p><b>Accreditation Standard: Management and Leadership</b> 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.</p> <p>The responsibilities of the academic head for the educational program are clearly stated.</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	
1.4	<p><b>Accreditation Standard: Performance evaluation</b> A program review policy exists and</p> <ul style="list-style-type: none"> <li>• a mechanism for undertaking regular reviews is articulated and implemented.</li> </ul> <p>There is evidence that formal major reviews are:</p> <ul style="list-style-type: none"> <li>• undertaken by an appropriate mix of program staff, broader University contributions and health management expertise.</li> <li>• An appropriate time frame for curriculum review, such as every five years, is documented and followed.</li> </ul> <p>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.</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	

#### 4. Curriculum

No.	Standard	Evidence	Comments
2.1	<p><b>Accreditation Standard: Degree status</b>                      The program:</p> <ul style="list-style-type: none"> <li>• is offered by an Australian or New Zealand University and</li> <li>• leads to a recognised award</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
2.2	<p><b>Accreditation Standard: Teaching and Learning Framework</b>                      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.</p> <p>Demonstration of an understanding of current Australian and international best practice teaching and learning approaches.</p> <p>Evidence of a commitment to the development of graduates who have the capacity to continue to learn throughout their careers.</p> <p>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</p> <p>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 component objectives, consistent with the learning methodology and rigorous but not onerous in the</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	

	context of the size, scope and level of the study unit. The assessment process demonstrates transparency and procedural fairness.		
2.3	<p><b>Accreditation Standard: Program objectives</b>  A clear statement of:</p> <ul style="list-style-type: none"> <li>• overall objectives for the Program as a whole and for each major component of the course,</li> <li>• the substantive content and learning methodology and objectives has been documented.</li> </ul> <p>In addition, the relationship between the components and the whole is articulated.</p>	•	
2.4	<p><b>Accreditation Standard: Course content</b>  Course materials, resources and supporting services provided to students</p> <ul style="list-style-type: none"> <li>• are specified together with</li> <li>• information relating to their rights and responsibilities, plagiarism and appeal processes.</li> </ul> <p>References are up to date and relevant to the course of study.</p>	•	
2.5	<p><b>Accreditation Standard: Interaction with Health Sector</b>  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.</p> <p>The program has links with key professional partners in the field of health management such as ACHSM and SHAPE.</p> <p>There is evidence of a policy that encourages and enables staff to engage with the health and related sectors so that</p>	•	

	<p>programs benefit from the exchange of knowledge between researchers, educators and practitioners.</p>		
<p>2.6</p>	<p><b>Accreditation Standard: Research</b>                  A recognised research policy and program in health services management and related areas including the establishment of a research committee and supporting infrastructure.</p> <p>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.</p> <p>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</p>		

### 3. Delivery

No.	Standard	Evidence	Comments
3.1	<p><b>Accreditation Standard: Enrolment processes</b>                      Requirements for:</p> <ul style="list-style-type: none"> <li>• entry to the program,</li> <li>• arrangements for advanced standing and</li> <li>• for normal and accelerated progression</li> </ul> <p><i>are documented and applied.</i></p> <p>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.</p> <p>Arrangements for recruiting students from:</p> <ul style="list-style-type: none"> <li>• disadvantaged backgrounds,</li> <li>• overseas countries, for whom English is a second language and</li> <li>• those with disabilities,</li> </ul> <p>are documented and applied.</p>	<ul style="list-style-type: none"> <li>•</li> </ul>	
3.2	<p><b>Accreditation standard: Students</b>                      There is a policy and supporting processes to strengthen diversity through the participation of groups typically underrepresented in the profession especially those:</p> <ul style="list-style-type: none"> <li>• from culturally and linguistically diverse groups,</li> <li>• women,</li> <li>• Indigenous Australians and</li> <li>• students with diverse academic, work and life experiences.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

	<p>Provision is made for the support needs for such students and students with special equity and access needs are provided for.</p> <p>Students have equal opportunity to gain all graduate competency outcomes regardless of the mode of program delivery.</p> <p>Policies and systems are in place and activated:</p> <ul style="list-style-type: none"><li>• to seek feedback on program and course experiences, including lecturer evaluations and</li><li>• the responses to that feedback are evident.</li></ul> <p>Opportunities are provided for student involvement in program evaluation and reviews.</p>		
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**4. Resources**

No.	Standard	Evidence	Comments
4.1	<p><b>Accreditation Standard: Staffing</b>                      Staff leading and teaching on the program have:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p>Staffing arrangements concerning course delivery are aligned with course outcomes including:</p> <ul style="list-style-type: none"> <li>• appropriate student to staff ratios and</li> <li>• an appropriate balance of full and part-time staff.</li> </ul> <p>Staff are able to access appropriate human resource support such as:</p> <ul style="list-style-type: none"> <li>• induction activities, professional development, including teaching skills and performance review and planning.</li> </ul> <p>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.</p> <p>Teacher effectiveness is:</p> <ul style="list-style-type: none"> <li>• regularly evaluated using feedback from students and</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

	<p>other sources and</p> <ul style="list-style-type: none"> <li>• guidance is offered in developing and improving their teaching skills.</li> </ul> <p>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.</p> <p>Academic staff are able to access the level and type of administrative support needed to run the program effectively and efficiently.</p>		
4.2	<p><b>Accreditation Standard: Infrastructure</b></p> <p>The program is able to demonstrate that it has adequate financial resources to provide, maintain and develop the program.</p> <p>The program is able to access adequate physical resources for face-to-face and online modes of learning. These include:</p> <ul style="list-style-type: none"> <li>• lecture theatres, classrooms, audio-visual aids for staff and students,</li> <li>• ICT technology appropriate to the learning strategies,</li> <li>• access to library and information resources on site and remotely and</li> <li>• a solid web platform for student learning and management.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

**5. SPECIAL RECOGNITION OR POSSIBLE AREAS FOR FUTURE IMPROVEMENT**

[Insert comments]

**6. RECOMMENDATIONS**

[Insert comments]

**Team Members**

\_\_\_\_\_

[SIGN]

**Date:** [insert]