

ACHSM ACCREDITATION PROGRAM POLICY AND MANUAL

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



Issue 1

This document was endorsed by the Board of ACHSM at its meeting held on 26 September 2012 and by the SHAPE Executive on 4 December 2012.

It will be known as Issue 1 and due for revision by the Board as required and at least before 1 December 2014 (two years following initial approval). Feedback and experiences from the surveys undertaken under this new accreditation model will inform any further reiterations.

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1. Introduction

The Australasian College of Health Service Management (ACHSM), in close partnership with the Society of Health Administration Programs in Education (SHAPE) has been managing an accreditation program for over 20 years.

Membership of the College is primarily contingent upon demonstration of appropriate educational qualifications. The College accredits university courses in Australia to enable assessment of members' qualifications. University courses operating regionally (Hong Kong, New Zealand, Thailand, for example) are also being considered for inclusion in this accreditation process.

It is the role of the College to demonstrate leadership in health services management and professional development. Accreditation plays an integral part of facilitating and influencing the formal professional development pathways of the health management workforce of the future. It sets the groundwork for the ongoing role of the College to provide lifelong learning opportunities for its members through its Continuing Professional Development (CPD) program.

As part of this role the College is committed to ensuring that graduates from health services management programs at participating universities have the recognised attributes to meet the challenges of leading and managing within the health sector.

This document outlines the policies and processes that support the ACHSM Accreditation Program. This document should be read in conjunction with the ACHSM Accreditation Guidelines for Universities which assists with preparing for and achieving accreditation.

This document has been prepared in association with SHAPE.

It has been designed for internal use (ACHSM Board, Office Holders, ACHSM staff, ACHSM branches).

2. The ACHSM Accreditation Program

Accreditation is a well established process in the health 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 by facilitating ongoing dialogue and partnership. In this it is supported by SHAPE.

2.1 Objectives and Principles of accreditation

The ACHSM Accreditation Program has the following **objectives**:

- To recognise excellence in the education of health services managers and leaders
- To establish standards for the delivery of formal universities programs in health and aged care services management
- To encourage a process of continuous quality improvement within these academic programs through participation in a continuing 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
- Accreditation Surveyors will meet selection criteria established by the College, and will be committed to continuing professional development

- The College’s process will ensure transparency of the accreditation program, in particular that no conflict 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, the health sector and health services leaders and managers
- The cost of the accreditation process should be met from subscriptions and those subscriptions should be used solely to meet the cost of the program

2.2 Frameworks Guiding the Accreditation process

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 Human Resource (HR) management, strategic thinking and planning, basic organisational management/behaviour, and organisational change
- Core knowledge, skills required of **health managers** eg understanding the design and workings of the health system, clinical governance, quality, safety, health policy and reform, the roles of institutional players
- Specific **technical** health management skills eg service planning, casemix management, infrastructure management
- Core **relationship** skills eg working with others, building and negotiating stakeholder relationships, influencing and facilitating, interpersonal communication skills, having difficult conversations
- Core personal **attributes** eg self-awareness and self-management

Based on these categories, *Table One* provides an overview of capabilities required of health service managers and fleshes out 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*.

Table 1: Overview of capabilities required of Health Service Managers

Identifies the broad knowledge, skills and attributes expected of graduates of health services management programs²

<p>Leading and Managing Systems/Services</p>	<p>The overarching focus here is the development of a thorough awareness of the health context both in terms of its intentions, how this plays out in practice and what this means for the work of managers</p> <ul style="list-style-type: none"> ➤ awareness of the structure and purposes of the health system in the context of public policy – understanding the bigger picture ➤ exposure to the variety of system and organisational arrangements ➤ exposure to the workings of the systems and a critical appreciation of both theory and what happens in practice ➤ the formal and informal side of organisations – their dynamic and complex nature, the nature of the management role and how it is different to clinical/technical roles - above the line (systems, processes, plans, projects and strategy) and below the line (relationships, identity, information) ➤ the transition to the management role from clinical/technical roles and the demands of dual clinical/management roles ➤ the role of the professions, their multiplicity and contested nature, how this plays out and impacts upon the management and leadership task ➤ a situational understanding of systems and strategies ➤ different logics and their contribution ➤ different approaches to change in complex systems
<p>Leading and Managing People</p>	<p>Overall health managers must be able to develop capabilities and the strategies needed to manage in the complex systems that characterise health organisations. These include:</p> <ul style="list-style-type: none"> ➤ how to appreciate, work actively with and mediate differences of the professions and their logics - allowing alternative ways of making sense and enabling movement between differing views, juggling competing interests

¹This overview of capabilities is taken from *The Description of a Health Service Manager* provided to support the development of the accreditation process. It is based on the research by Dr David Briggs (2008) that articulates the lived experience of health managers in Australia and the existing ACHSM Accreditation Guidelines (2006). It aligns with the Capability Frameworks outlined in The Description which included current ACHSM Competencies, UK NHS Leadership Framework, 2011 and the NSW Public Sector Capability Framework. These have been further substantiated by emerging data from the outcomes of Zhanming Liang et al's *Managerial Competency study* (2012).

	<p>and where possible and appropriate, reconciling them</p> <ul style="list-style-type: none">➤ how to influence and persuade within and across discipline, team, organisational and system boundaries – developing a repertoire of influencing skills beyond traditional top down approaches➤ what it takes to collaborate and work in an integrated manner➤ building and negotiating relationships – how to work with staff, colleagues, senior managers, partners and funders➤ managing and working in and with teams – discipline based and multi-disciplinary➤ teaching, coaching, facilitating and having difficult conversations➤ strategic thinking and planning➤ performance management➤ setting of vision and direction and its implementation➤ leading and managing change➤ understanding and managing organisational resourcing and risk issues – human, financial technical and information➤ shaping culture
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Managing Self	<p>These require some direct attention and the links between knowledge development and skill development activities with these attributes should be evident. The intention is to promote a recognition that effective managers and leaders draw upon their values, strengths and abilities in everything they do:</p> <ul style="list-style-type: none">➤ Personal insight – self-awareness➤ Emotional resilience➤ Awareness of own values and beliefs and those of others➤ Self-belief and confidence➤ Setting and negotiating boundaries – personal, across and within professional groupings, the organisation and beyond➤ Developing personal support structures➤ Acting with integrity➤ Reflective practice capability, learning skills➤ Commitment to ongoing personal and professional development
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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 classroom - 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

2.3 Accreditation Standards for academic programs

The ACHSM Accreditation Program involves a review by a group of suitably trained Surveyors of the university's academic programs 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)
- Graduate certificate (which articulates into post graduate diploma)
- Graduate diploma
- Masters degree (completed by both coursework and research)
- Doctorate (including both 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 2011 by an Accreditation Working Party comprising members of the College and SHAPE.

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*.

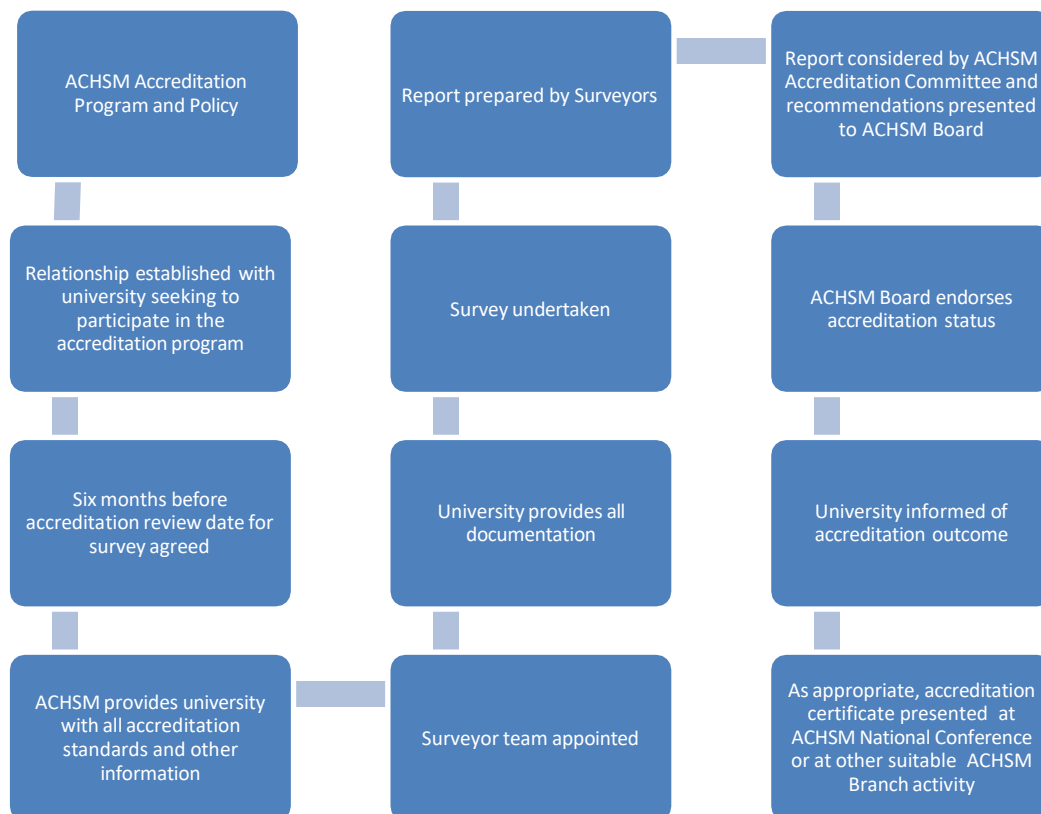
The ACHSM Accreditation Program is an ongoing program which involves an accreditation survey each four years for established programs and two years for new programs. There is also a mid-accreditation review by the university against any recommendations made during the survey.

3. Governance and Administration of the accreditation program

The governance and administration of the accreditation program involves a number of components:

- The ACHSM Board
- The ACHSM Accreditation Committee
- The National Office of the College and ACHSM Branches

A flow chart of the process is shown in the figure below:



3.1 Role of the Board

The Board is responsible for the following elements of the accreditation program:

- Approval of the ACHSM Accreditation Program which includes:
 - The purpose, objectives and principles
 - The accreditation standards and criteria
 - Timeframe for accreditation
 - Criteria for recommendation to accredit a course or not
 - Contents of survey reports
 - Classification of accreditation
- Establishing and supporting an Accreditation Committee and delegating to it the powers to administer the accreditation program on its behalf
- Establishing an Accreditation Secretariat within the National Office

- Reviewing and endorsing the recommendations from the Accreditation Committee for accreditation

3.2 Role of the Accreditation Committee

The role of the Accreditation Committee is to oversee the accreditation program on behalf of the Board and ensure that the program reflects the needs of the industry.

The terms of reference of the Accreditation Committee are attached as *Appendix 3*.

3.3 Accreditation Surveyors

Each accreditation survey is undertaken by 2-3 suitably trained Surveyors.

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

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 and SHAPE

Surveyor training and ongoing professional development

The Accreditation Committee, with the support of the National Office, is responsible for establishing and maintaining the training program for Surveyors with the objective of ensuring that there are sufficient numbers to meet annual survey requirements.

All Surveyors will be required to participate in initial training and then ongoing professional development. Specific details regarding the training programs are provided at *Appendix 4*.

The Secretariat will maintain a register of accredited Surveyors.

3.4 Role of the National Office and ACHSM Branches

The National Office is responsible for the overall administration of the accreditation program. The National Office will manage the day-to-day functioning of the Accreditation Program.

The National Office will manage the Accreditation Secretariat. The responsibilities of the Secretariat will include:

- Supporting the Accreditation Committee

- Maintaining links with the universities
- Providing information and support to Surveyors
- Maintaining the register of Surveyors
- Assisting with organising the Surveyor training programs
- Managing the list of accredited programs and timelines for surveys
- Organising surveys
- Managing the survey documentation
- Maintaining a record of grievances and complaints

The ACHSM National Office and in particular the Accreditation Secretariat will liaise regularly with the ACHSM Branches as part of the ongoing maintenance of the program. Recognition is made that the Branches have existing relationships with the universities in their respective jurisdictions and it is important to acknowledge the value of those relationships when managing all aspects of the program.

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
- Information about the university program on the College website which is sufficiently detailed to provide advice to prospective students
- A link from the College website to the university website where further information can be obtained regarding the accredited courses
- In recognition of their accreditation fee, each accredited university will be provided with:
 - two free registrations to the College's National Conference
 - access to the College's peer-reviewed (online) journal – the *Asia Pacific Journal of Health Service Management*
 - an invitation for the accredited university to work more closely with the College on potentially suitable professional development programs organised by the Branch.

3.5 Role of SHAPE

SHAPE supports the College with its Accreditation Program.

SHAPE will be asked, on a continuing and consultative basis, to provide professional advice and guidance concerning the criteria to be used as a basis for accreditation.

SHAPE will advise the College on the accreditation process and the 'reasonable' information needs that universities can be asked to provide.

The College will work with SHAPE to provide members to participate as part of survey teams to ensure the appropriateness of the survey process and information. The participation of SHAPE members will be consistent with the process of recruitment of all survey team members, particularly with respect to conflict of interest, confidentiality etc.

The College may ask SHAPE to assist with the Surveyor training program and participate in periodic reviews of the accreditation process itself in the spirit of ongoing improvement.

3.6 Accreditation processes

The Secretariat will maintain an up-to-date accreditation process for the ongoing management of the program. The policy and process will be reviewed at least every three years and revised as required.

Specific elements of the processes are described below.

Accreditation register

The Secretariat will establish and maintain a register on the accreditation status of programs at universities.

Applications for accreditation

Universities will be asked to complete the appropriate form when making an application for accreditation.

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 Accreditation Committee.

Organisation of surveys

The Secretariat will develop an annual plan of surveys for submission to the Accreditation Committee.

The plan will be based on the register of currently accredited courses whose accreditation is about to expire and new applications received from universities for courses that are not yet accredited.

The annual plan will be developed and approved six months prior to the scheduled date of the first survey.

Communication protocols

All communication between the universities and the College will be through the Secretariat within the National Office. Nominated contact people at each university will be identified as the key person for communication.

Accreditation surveys

The 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 which outlines the accreditation standards and methods for provision of materials to support the accreditation survey.

The Secretariat will assemble the survey team, including a designated team leader. The Secretariat will inform the university of the composition of the survey team.

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

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 report and agree the recommendations
- Report submitted to the Secretariat for review by Accreditation Committee
- Recommendations of the Accreditation Committee submitted to the Board for consideration

Preparation of the accreditation report

An accreditation survey guide and template for survey reports is attached at *Appendix 5*. The Accreditation Committee will review these documents as part of its ongoing review of the Accreditation Program.

The survey team may make recommendations based on their findings as part of the 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 Secretariat within four weeks of the accreditation survey.

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).

Review of accreditation report by Accreditation Committee

The Secretariat will provide a copy of the accreditation report to each member of the Accreditation Committee for review and decision regarding accreditation status.

The accreditation survey reports will be filed in accordance with the College policies on documentation.

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

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

Notification of accreditation outcome to universities

Following the decision by the Board the CEO of the College will inform the university, in writing, of the outcomes of their accreditation review. The university will be provided with a copy of the accreditation report. Feedback will 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.

This update will be reviewed by the Accreditation Committee.

Accreditation 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, and therefore the costs.

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.

4. Management of conflict of interest, confidentiality and dispute resolution

4.1 Conflict of interest

Any member of the Board, Accreditation Committee or survey team that has a formal association with a university should declare their interests to the Accreditation Committee.

The ACHSM Conflict of Interest policy applies to all components of the ACHSM Accreditation Program. The ACHSM Conflict of Interest policy is provided at *Appendix 6*.

4.2 Confidentiality

Due to the sensitive nature of the matters related to accreditation and the accreditation process confidentiality in relation to the findings of the survey team is paramount. The Secretariat, Accreditation Committee and members of the survey team must complete a confidentiality agreement.

A (draft) confidentiality agreement is provided at *Appendix 7*.

Completed confidentiality agreements will be maintained by the Secretariat in accordance with College documentation policies. Surveyors will respect the intellectual property rights of the university over the material that is made available during the survey.

4.3 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 Accreditation Committee and is referred to the Chair for attention
- That the matter should be dealt with by the Board and is referred to the Board for action

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

All grievances and complaints are recorded by the Secretariat and a report is provided annually to the 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
- 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 College 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 the accreditation decision
- The Secretariat will formally acknowledge the application for appeal in writing.
- The CEO, ACHSM and the Chair, 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 view of independent Surveyor to review the report and recommendations
 - Convene an Appeals Committee, established by the College Board
 - Seek College Board decision
- The outcome of the appeal is communicated in writing to the university.

The Board shall have sole discretion to determine the method of hearing any appeal. The appeal decisions of the Board shall be final.

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

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

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

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 research 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 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. 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 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 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 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 managers 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: Terms of Reference for the Accreditation Committee

ACHSM ACCREDITATION COMMITTEE Terms of Reference

1. PURPOSE

To oversee the accreditation program on behalf of the Board and ensure that the program reflects the needs of the College and the industry.

2. MEMBERSHIP

2.1 The Board will establish the Accreditation Committee and the Chair will be a Director of the Board. The Committee will comprise of four members, including the Chair. At least one member will be a representative of SHAPE. The Board will appoint the members of this Committee.

2.2 A quorum of members must be present before a meeting can proceed. At least three members must be present for the meeting to proceed.

2.3 Other people may be invited to attend the meetings at the request of the Chair on behalf of the committee to provide advice and assistance where necessary. They have no voting rights and may be requested to leave the meeting at any time by the Chair.

2.4 Decisions will be made by consensus. When consensus cannot be reached the Chair will have the right to determine the final decision.

3. TERM OF OFFICE

The members shall be appointed by the ACHSM Board of Directors for a period of up to three years. A member may be re-appointed for a second term of office.

Committee members will cease to be a member if they:

- resign from the Committee
- fail to attend three consecutive meetings without providing apologies to the Chair
- leave the industry
- breach confidentiality

4. VACANT POSITIONS

Any vacant positions will be filled on a casual basis until the term of office has expired.

5. SECRETARIAT

The role of the Secretariat is to:

5.1 Prepare agendas, issue notices for meetings, and ensure all necessary documents requiring discussion or comment are provided to support the agenda.

5.2 Distribute the agenda one week prior to the meeting.

5.3 Take notes of proceedings and preparing minutes of meeting.

5.4 Distribute the minutes to all committee members one week after the meeting, following review by the Chair.

5.5 The minutes shall be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting.

6. FREQUENCY OF MEETINGS

The Accreditation Committee will meet as frequently as required, and at least twice a year, for the timely administration of the program.

Matters that arise may be dealt with out-of-session by email or teleconference.

The Accreditation Committee is supported by the Secretariat.

7. FUNCTIONS

The Accreditation Committee is responsible for the ongoing development and management of the ACHSM Accreditation Program. Specific functions include:

- Management of the recruitment, appointment and training of Surveyors
- Provision of support to Surveyors as required
- Review of accreditation reports and recommendation of accreditation outcome to the ACHSM Board
- Review of midway reports from universities
- Participation, as required, in grievance management and dispute resolution
- Review of the ACHSM Accreditation Program at least every three years
- Making recommendations to the Board regarding changes to the ACHSM Accreditation Program

8. AMENDMENTS

The Terms of Reference shall be reviewed annually from the date of approval. They may be altered to meet the current needs of the ACHSM Accreditation Program.

The above Terms of Reference for ACHSM have been agreed to:

ACHSM Chair of the Board of Directors

Date: _____

Appendix 4: Surveyor Training Program

ACHSM ACCREDITATION PROGRAM

Surveyor Training Program

Background

The ACHSM Accreditation Program utilises the expertise of suitably trained Surveyors to undertake accreditation reviews.

The Accreditation Committee provides both initial and ongoing development training for all Surveyors.

The elements of the training program are outlined below.

Training program for new Surveyors

A training program will be run at least annually (possibly in conjunction with the ACHSM Annual Congress held typically in August), or more frequently as required, to train new Surveyors. This will be provided by the Accreditation Committee. The assistance of SHAPE should be obtained for the training programs.

The content of the training program will include:

- Philosophy for and background to the program
- Role of the ACHSM Board and the Accreditation Committee
- Capability frameworks, teaching and learning frameworks and framework of an academic program in health services management
- The Accreditation Standards:
 - Discussion of the standards
 - Examples of evidence
 - Assessing the evidence
- Accreditation survey procedures
- Accreditation report generation
- Accreditation outcomes

Following completion of the training program new Surveyors will be included as an observer/learner in a trained and experienced survey team prior to undertaking a survey in their own right.

Training program for all Surveyors

An ongoing development program will be held annually for all Surveyors.

The program will focus on issues such as:

- Interpretation of the standards
- Changes within the higher education sector
- Changes within the health industry as it impacts of universities and education

- Feedback from the Accreditation Committee, Board and National Office regarding accreditation issues

Delivery of the training programs

The training program for both new and current Surveyors will be provided using electronic media to enable Surveyors to join in from multiple locations.

Interactive media should be utilised to enable dialogue between participants.

Appendix 5: ACHSM Accreditation Request and Guide

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	

(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 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 audio-visual data 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>Accreditation Standard: Governance structures <i>The program has governance structures and functions which are defined, including:</i></p> <ul style="list-style-type: none"> • <i>documentation of the composition,</i> • <i>terms of reference,</i> • <i>powers and</i> • <i>reporting relationships of relevant committees and</i> • <i>representation from all relevant groups in decision-making including</i> • <i>a course advisory committee.</i> <p><i>The school/department consults on key issues relating to its:</i></p> <ul style="list-style-type: none"> • <i>mission,</i> • <i>the curriculum,</i> • <i>graduate outcomes and</i> • <i>governance</i> <p><i>with those groups that have a legitimate interest in the program including</i></p> <ul style="list-style-type: none"> • <i>students,</i> • <i>graduates and</i> • <i>industry.</i> 	<ul style="list-style-type: none"> • 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	<p>Accreditation Standard: Academic Unit <i>The program is located in an appropriate academic unit</i></p>	<ul style="list-style-type: none"> • Documentation regarding structural arrangements 		
1.3	<p>Accreditation Standard: Management and Leadership <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"> • 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	<p>Accreditation Standard: Performance Evaluation <i>A program review policy exists and a mechanism for undertaking regular reviews is articulated and implemented.</i></p> <p><i>There is evidence that formal major reviews are:</i></p> <ul style="list-style-type: none"> • <i>undertaken by an appropriate mix of program staff, broader university contributors and others with health management expertise.</i> • <i>An appropriate time frame for curriculum review, such as every five years, is documented and followed.</i> <p><i>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.</i></p>	<ul style="list-style-type: none"> • 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	<p>Accreditation Standard: Degree Status <i>The program:</i></p> <ul style="list-style-type: none"> • <i>is offered by an Australian or New Zealand University and</i> • <i>leads to a recognised award</i> 	<ul style="list-style-type: none"> • Documentation 		
2.2	<p>Accreditation Standard: Teaching and Learning Framework <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 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</i></p>	<ul style="list-style-type: none"> • Documentation of the learning framework in program set-up and review documents • Evidence through documentation and supported by applied examples of: <ul style="list-style-type: none"> ○ 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 		

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

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
2.5	<p>Accreditation Standard: Interaction with Health Sector <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>Accreditation Standard: Research <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 engaged actively 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 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>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>Examples in program/unit content and materials of:</p> <ul style="list-style-type: none"> ○ attention to the research process relevant to the focus 	<p>Review of documentation</p> <p>Data gathered from and where appropriate, discussions with staff, students and graduates</p>	<p>As above</p>

		<ul style="list-style-type: none">○ and level of the program○ the application of current research to understanding the theory and practice of health management <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>Accreditation Standard: Enrolment processes <i>Requirements for:</i></p> <ul style="list-style-type: none"> • <i>entry to the program,</i> • <i>arrangements for advanced standing and</i> • <i>for normal and accelerated progression</i> <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"> • <i>disadvantaged backgrounds,</i> • <i>overseas countries, for whom English is a second language and</i> • <i>those with disabilities,</i> <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>Accreditation standard: Students <i>There is a policy and supporting processes to strengthen diversity through the participation of groups typically under-represented in the profession especially those:</i></p> <ul style="list-style-type: none"> • <i>from culturally and linguistically diverse groups,</i> • <i>women,</i> • <i>Indigenous Australians and</i> • <i>students with diverse academic, work and life experiences.</i> <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"> • <i>to seek feedback on program and course experiences, including lecturer evaluations and</i> • <i>the responses to that feedback are evident.</i> <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. Resourcing

No.	Standard	Examples of Evidence	Comments from University	Surveyor Comments
4.1	<p>Accreditation Standard: Staffing <i>Staff leading and teaching on the program have:</i></p> <ul style="list-style-type: none"> • <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> • <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> <p><i>Staffing arrangements concerning course delivery are aligned with course outcomes including:</i></p> <ul style="list-style-type: none"> • <i>appropriate student to staff ratios and</i> • <i>an appropriate balance of full and part-time staff.</i> <p><i>Staff are able to access the level and type of human resource support necessary to support:</i></p> <ul style="list-style-type: none"> • <i>induction activities, professional development, including teaching skills and performance review and planning.</i> <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><i>Teacher effectiveness is:</i></p> <ul style="list-style-type: none"> • <i>regularly evaluated using feedback from</i> 	<p>Evidence of policies that demonstrate consistency with all elements of the standard</p> <p>HRM 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>students and other sources and</i></p> <ul style="list-style-type: none"> <i>guidance is offered in developing and improving their teaching skills.</i> <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 with 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>Accreditation Standard: Infrastructure <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"> • <i>lecture theatres, classrooms, audio-visual aids for staff and students,</i> • <i>ICT technology appropriate to the learning strategies,</i> • <i>access to library and information resources on site and remotely and</i> • <i>a solid web-enabled platform for student learning and management.</i> 	<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 6: ACHSM Conflict of Interest Policy

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

Date:	Details:
15/12/2012	Policy implemented

Appendix 7: (DRAFT) ACHSM Confidentiality Agreement

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)]**