



**AUSTRALIAN
PHYSIOTHERAPY
COUNCIL**



GUIDELINES FOR THE ACCREDITATION OF PHYSIOTHERAPY PRACTITIONER PROGRAMS LEADING TO SPECIALISATION

July 2024

Disclaimer: These guidelines provide general information in relation to the Accreditation of physiotherapy programs leading to specialisation. While care has been taken in the production of this guide, no legal liability is implied, warranted or accepted by the authors or the Australian Physiotherapy Council Limited and any liability is hereby expressly disclaimed.

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Guidelines for the Accreditation of Physiotherapy Practitioner Programs

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I. INTRODUCTION

At this point in time, specialist registration is not available to the physiotherapy profession with the Physiotherapy Board of Australia.

The Australian Physiotherapy Council (the Council) provides an independent quality assurance assessment process for the Accreditation of physiotherapy practitioner programs leading to a physiotherapy specialisation. The assessment is made against a set of Quality Principles, these are not approved standards under the National Registration and Accreditation Scheme (NRAS) and graduates from Accredited programs will not be recognised as 'specialist' under the current Health Practitioner Regulation National Law.

2. ACCREDITATION OUTCOMES

All programs accredited by the Australian Physiotherapy Council (the Council) are assessed against the Quality Principles for the Accreditation of physiotherapy practitioner programs leading to a physiotherapy specialisation. The Quality Principles are included in Section 4 of this guide. Specialist training programs must address all the relevant attributes and competencies described in the competence framework for the area of specialisation as determined by the professional body.

The education provider is responsible for demonstrating how its program meets the Quality Principles. The Council does not prescribe program structures and curricula, or any other approach to educational delivery. In undertaking its quality assurance function the Council acknowledges the innovation and diversity of learning approaches of the various education providers within the continuum of Physiotherapy education and recognises that this diversity can strengthen the education system, provided that each education provider continually evaluates its program and methods of delivery.

2.1 Accreditation Decision

The decision to accredit a program in Physiotherapy will be made by the Board of Directors of the Council. Accreditation is valid for a period of up to seven years. A program may be accredited with conditions when the education provider has not met all the criteria, but there is evidence that the outstanding criteria will be met within a reasonable time. Accreditation may be withdrawn if the evaluation of a periodic self-audit report identifies that the education provider is no longer meeting or substantially meeting the quality principles and there is no evidence that the outstanding criteria will be met within a reasonable time.

2.2 Monitoring

Monitoring ensures that the Council remains informed of new developments and any issues that may affect the ability of the education provider to continue to meet or substantially meet the quality principles. Accreditation status will be monitored by evaluation of periodic self-audit reports submitted by the education provider to the Council. The timeframes for periodic reports will be set by the Council in consultation with the education provider.

3. ACCREDITATION PROCESS

For initial program Accreditation, the process begins with an education provider expressing an interest to the Council in having one or more programs assessed, which will be followed by a discussion with the Council to explore and clarify the provider's intentions, the nature of the process and indicative timelines.

The Council will establish an assessment panel to review the application and supporting evidence, conduct an audit which may be face-to-face or virtual, prepare a report and make a recommendation.

The panel will consist of:

Panel Chair: A senior physiotherapy academic.

3 x Panel Members: A senior physiotherapy academic who has undertaken specialisation, an experienced physiotherapy clinician and one panel member who identifies as Aboriginal and/or Torres Strait Islander. All members of the panel will have experience in the quality assurance of physiotherapy education programs.

Panel Administrator: An officer of the Australian Physiotherapy Council

The education provider will be invited to review the membership of the panel and may request a change if it perceives a conflict of interest.

An audit of the education provider is conducted as part of the assessment process or may be required as follow up on conditions of Accreditation. The duration of an audit is usually one day, but may vary according to the number of campuses, number of specialisations and complexity of matters to be addressed. The schedule will be developed with the education provider but would typically cover:

- Verification of evidence provided in the application.
- Evaluation of aspects of the program that are not able to be assessed adequately from the written application.
- Interviews with a sample of specialist facilitators to verify registrars' experiences.
- Interviews with senior staff to verify program design, delivery and resourcing.
- Interviews with registrars and /or graduates for the purpose of determining satisfaction with the educational program (not first visit).
- Meeting with members of the program advisory group to verify quality assurance, industry advice and advice from Aboriginal and Torres Strait Island peoples.

The following diagram summarises the Accreditation assessment process.

STEP 1

Initial discussions between education provider and Council
Education provider submits Expression of Interest
Review by Council and discussion with provider
Assessment Panel established; provider invited to review membership

STEP 2

Education provider submits Application

STEP 3

Assessment Panel independently review application
Panel agree on Initial Report
(6-8 weeks from receipt of application)

STEP 4

Initial Report released to education provider

STEP 5

Audit schedule negotiated with education provider
Audit visits
Panel Members' Report

STEP 6

Report released to education provider
Opportunity to correct errors or omission of facts

STEP 7

Decision Statement and Final Panel Report prepared
Reviewed by Accreditation Committee

STEP 8

Decision by Council Board of Directors
Education provider notified of outcome

4. ACCREDITATION REQUIREMENTS

The Accreditation requirements address the following quality principles:

1. Educational Philosophy and Strategic Direction
2. Compliance
3. Governance and Quality Assurance
4. Design and Improvement
5. Program of Study and Assessment
6. Research
7. Interprofessional Learning
8. Cultural Safety
9. Clinical Education
10. Staffing
11. Learning Environment and Facilities
12. Registrar Experience

Each quality principle is expanded by criteria and evidence indicators that set out what is expected of an accredited program.

The application requires education providers to include a short statement addressing each criterion and an explanation of the evidence submitted to demonstrate the criterion is met. Education providers should include any further evidence and information they deem appropriate to support their submission. The Council relies on both documentary evidence submitted by the education provider and experiential evidence obtained by the Assessment Panel during the audit, to make its decision. Applications will be received via an online portal.

The following table provides a list of indicative evidence items which may be included in the application to demonstrate meeting the criteria. Note that some items of evidence are repeated as they are relevant to more than one criterion.

Table 1 Accreditation Quality Principles

Quality Principle	Criteria	Indicative Evidence
1. Educational Philosophy and Strategic Direction	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program and registrar learning outcomes.	<ul style="list-style-type: none"> • Brief statement of the overall education philosophy, curriculum design and learning outcomes for the program of study, clearly indicating how the care of patients and protection of the public is key. • Brief outline of the strategic direction for the program of study. • Audit visit – meeting with senior management to verify commitment of support for the program of study, meeting with program leaders to discuss educational philosophy.
2. Compliance	<p>2.1 Registrar impairment screening and management processes are effective.</p> <p>2.2 All registrars are registered with the relevant regulatory authority/ies.</p> <p>2.3 The Education Provider holds registrars and staff to high levels of ethical and professional conduct.</p> <p>2.4 The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, or equivalent national framework</p>	<ul style="list-style-type: none"> • Brief description and examples of the mechanisms in place to manage impairments. • Policies and procedures on ethical and professional behaviour (links to the website are acceptable). • Brief description of mechanisms in place to deal with mandatory notifications by education providers to the National Agency (SI43 National Law).

<p>3. Governance and Quality Assurance</p>	<p>3.1 The provider has robust academic governance arrangements in place for the program of study that includes systematic monitoring, review and improvement.</p> <p>3.2 Quality improvement processes use registrar, health consumer, and other evaluations, internal and external academic and professional peer review to improve the program.</p>	<ul style="list-style-type: none"> • Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement, including a flow chart or diagram of the process. • Example of a report from internal reviews and evaluations and actions taken in response to feedback received. • Audit visit – meeting with specialist facilitators and registrars.
<p>4. Design and Improvement</p>	<p>4.1 There is relevant external input to the design and management of the program, including from representatives of the physiotherapy profession, including Aboriginal and Torres Strait Islander Peoples.</p> <p>4.2 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p>	<ul style="list-style-type: none"> • External stakeholder input to quality assurance and benchmarking activities e.g. Terms of Reference and minutes from external course advisory group. • Evidence of participation of Aboriginal and Torres Strait Islander Peoples in governance and decision-making bodies and processes which influence the program. • Evidence of culturally responsive consultation with Aboriginal and Torres Strait Islander People to inform curriculum design. • Examples of updating curriculum to contemporary development. • Audit visit – meeting with the external program advisory group, meeting with program staff and specialist facilitators.
<p>5. Program of Study and Assessment</p>	<p>5.1 A coherent educational philosophy informs the program of study design and delivery.</p> <p>5.2 Program learning outcomes address all the relevant attributes and competencies.</p> <p>5.3 Learning and teaching methods are intentionally designed and used to ensure registrars achieve the required learning outcomes.</p> <p>5.4 There is a clear relationship between learning outcomes and assessment strategies.</p> <p>5.5 Scope of assessment covers all learning outcomes relevant to attributes and competencies.</p> <p>5.6 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting.</p> <p>5.7 Program management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to registrars.</p>	<ul style="list-style-type: none"> • Statement of overall education philosophy, curriculum design and learning outcomes for the program of study. • Curriculum and assessment mapping including alignment of unit of instruction learning outcomes to the recognised specialist practice. (<i>Refer to current recognised competency framework for the area of specialisation and the Ahpra Code of Conduct for registered health professionals.</i>) • Unit of instruction outlines that are made available to registrars and detail how the unit is structured and enacted at each stage. <i>Please collate into one pdf file with contents table at the front and page numbers. Do not upload multiple files of unit outlines.</i> • Examples of how topics within the curriculum are integrated both horizontally and vertically. Assessment policies and procedures including moderation. (Links to website are acceptable). • Evidence of the education provider’s internal course approval processes for this program. • Discussion to show that the volume of learning is appropriate for the level of the program of study. • Audit visit – interviews with specialist facilitators and registrars.
<p>6. Research</p>	<p>6.1 Registrars are competent in research literacy for the level and type of the program.</p>	<ul style="list-style-type: none"> • Examples of where research literacy is covered in the program of study.

7. Inter-professional Learning	7.1 Principles of inter-professional learning and practice are embedded in the curriculum.	<ul style="list-style-type: none"> • Examples of how registrars interact with other health professionals through the program of study.
8. Cultural Safety	8.1 Cultural safety is integrated within the program and clearly articulated as required disciplinary learning outcomes, this includes Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> • Brief description of how cultural safety is integrated into the curriculum. • Examples of learning and assessment, and teaching materials from across the program of study demonstrating the integration of cultural safety.
9. Clinical Education	<p>9.1 Registrars achieve the relevant competencies before providing specialised patient care as part of the program.</p> <p>9.2 Registrars are supervised/facilitated by suitably qualified and registered physiotherapy and health practitioners during clinical education.</p> <p>9.3 Specialist facilitators supervising registrars have robust quality and safety policies and processes and meet all relevant regulations and standards.</p> <p>9.4 The quality and quantity of clinical education is sufficient to produce a graduate competent to practice at the specialist level.</p>	<ul style="list-style-type: none"> • Policies and procedures for the endorsement of specialist facilitators. • Examples of quality assurance processes to evaluate specialist facilitators. • Example of handbook for specialist facilitators. • Examples of mechanisms the registrars use to record their experience. • Audit visit – interviews with a cross section of specialist facilitators.
10. Staffing	<p>10.1 Specialist facilitators are suitably qualified and experienced to deliver the units that they teach.</p> <p>10.2 Specialist facilitators are suitably qualified and experienced to undertake assessment of specialist physiotherapy competence.</p> <p>10.3 Appropriately qualified professionals and support staff support program delivery.</p>	<ul style="list-style-type: none"> • Specialist facilitator staffing profile – summary table of all program staff. • Professional and support staffing profile • Curriculum Vitae of program leaders and specialist facilitators. • Audit visit – interviews with specialist facilitators and support staff.
11. Learning Environment and Facilities	<p>11.1 Learning environments support the achievement of the required learning outcomes.</p> <p>11.2 The physiotherapy program has the resources to sustain the quality of education that is required to ensure the achievement of the necessary attributes and competencies.</p>	<ul style="list-style-type: none"> • Brief description of the learning environments, facilities, equipment and resources available to deliver the program of study. • Documented processes for assuring a safe practice/learning environment. • Examples of how a culturally safe learning environment is achieved. • Audit visit – interviews with program leadership, specialist facilitators and registrars.
12. Registrar Experience	<p>12.1 Program information is clear and accessible.</p> <p>12.2 Admission and progression requirements and processes are fair and transparent.</p> <p>12.3 Registrars have access to effective grievance and appeals</p>	<ul style="list-style-type: none"> • Program of study information provided to prospective and enrolled registrars, (link to website). • Admission and progression policies and procedures. • Grievance and appeals policy and procedures (links to the website acceptable). • Brief description of the academic learning needs support services available to registrars.

	<p>12.4 The provider identifies and provides support to meet the academic learning needs of Registrars.</p> <p>12.5 Registrars are informed of and have access to personal support services provided by qualified personnel.</p> <p>12.6 Registrars are represented within the deliberative and decision-making processes for the program.</p> <p>12.7 Equity and diversity principles are observed and promoted in the registrar experience.</p> <p>12.8 There is specific consideration given to the recruitment, admission, participation and the completion of program of study by Aboriginal and Torres Strait Islander peoples.</p>	<ul style="list-style-type: none"> • Brief description of the personal support services available to registrars. • Evidence of registrar representation within the management of the program of study. • Policies and procedures on equity and diversity. (Links to website acceptable). • Brief description of the program of study's recruitment, admission, participation, and completion of Aboriginal and Torres Strait Islander peoples. • Provide evidence of specific initiatives taken by the program of study regarding recruitment, admission, participation, and completion of Aboriginal and Torres Strait Islander peoples. • Audit visit - interviews with registrars.
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5. CONFLICT OF INTEREST

The education provider is given an opportunity to comment on the proposed membership of an assessment panel and may query the composition where the provider believes a proposed member has a bias or conflict of interest that could cast doubt on their capacity to objectively evaluate a program. The Council will revise the composition of a panel where such claims are substantiated. Actual or potential conflicts of interest that may arise for members of the Council Board during the process are managed according to the Council's Conflict of Interest Policy.

6. CONFIDENTIALITY

The process is confidential to the participants. In order to undertake their assessment role, the Council requires detailed information from education providers. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. The Council requires members of assessment panels, members of the Committees, Council members and staff to keep confidential all material provided to the Council by education providers for the purpose of assessment of their programs. Information collected is used only for the purpose for which it is obtained.

7. ACCREDITATION FEES

Fees are set by the Council Board of Directors and include the review and evaluation of application submissions, the writing of reports, meetings, operational activities associated with the implementation of the assessment process. The cost of the audit process travel and accommodation is charged on a cost recovery basis.

8. COMPLAINTS AND APPEALS

8.1 Policy

An education provider has thirty (30) days to seek a review of an accreditation decision, including the outcome from a periodic Monitoring Report.

There are two grounds for an application to review a decision:

- The manner in which the process was conducted was procedurally unfair. This may include, but is not limited to, matters such as the sequence and timing of the process, the process of review and evaluation of documentation and the conduct of the audit visit.

Or

- The decision of the Council was unjustified or patently unreasonable in the circumstances i.e. that the decision was not supported by substantial evidence on the record or that the decision was made on capricious or arbitrary grounds and not the application of objective principles.

8.2 Procedure

The education provider is required to:

- Lodge the appeal with the CEO of the Australian Physiotherapy Council Limited (the Council) in writing within thirty (30) days of the date of the Council letter advising the education provider of the Accreditation decision; and
- Clearly state the grounds for seeking a review of the decision supported by evidence. The onus is on the education provider to provide such evidence.

Upon receipt of an application for a review of the decision, the Council CEO will acknowledge receipt of the application and establish an independent Review Panel comprising of three members who are experienced with education quality evaluation processes and must not have been involved in the assessment of the program that is the subject of the review, nor have any perceived or actual conflict with the education provider or its personnel, in accordance with procedural fairness. This panel must be convened within thirty (30) days of the receipt of the appeal and will limit its scope to the grounds stated by the education provider in the application for review of the decision.

The Review Panel shall be provided with the documentation lodged by the education provider, a copy of the Accreditation decision, the Assessment Report, and any other documentation from the record of the assessment process, as requested. Although the Review Panel will predominantly make its decision based on documentary material, it has the discretion to make any such inquiries as it deems necessary to inform deliberations before coming to its conclusion.

The Review Panel is entitled to obtain independent legal advice if a question of law arises during the review. The Council is responsible for the cost of its independent legal advice.

The outcome of the review should be notified to the education provider no later than ninety (90) days from date of lodgment of the appeal with the Council. A statement clearly outlining the reason for the decision of the Review Panel will be provided. The decision of the Review Panel is taken to be the decision of the Board of Directors and supersedes any prior decision made by the Board of Directors. The decision by the Review Panel is final.