

Occupational Therapy Council of Australia Ltd

Contributing to a flexible, innovative and safe occupational therapy workforce



GUIDELINES AND EVIDENCE GUIDE

for the accreditation of

Australian entry-level Occupational
Therapy programs

This is a companion document to the Occupational Therapy Council of Australia Ltd (OTC) *Accreditation Standards for Australian Entry-Level Occupational Therapy Education Programs* (December 2018) effective from January 2020.

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The Occupational Therapy Council of Australia Ltd acknowledges the traditional custodians of the lands where we work and live. We celebrate the diversity of Aboriginal and Torres Strait Islander Peoples and their ongoing cultures and connections to the lands and waters of Australia. We pay our respects to elders past, present and emerging.

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1. Introduction

This document provides guidance for education providers about the requirements for accreditation of new occupational therapy entry-level education programs, the reaccreditation of already accredited programs and the reports required for program monitoring. It is a companion document to the Occupational Therapy Council of Australia Ltd (OTC) *Accreditation Standards for Australian Entry-Level Occupational Therapy Education Programs* (December 2018) [effective from January 2020] and includes examples of evidence that may demonstrate the Accreditation Standards are being met.

1.1 Occupational Therapy Council of Australia Limited (OTC)

The OTC is the body appointed by the Occupational Therapy Board of Australia (OTBA) as the accreditation authority for occupational therapy under the Health Practitioner Regulation National Law Act 2009 (National Law).

The OTC is an independent organisation established to:

- assess whether a program of study, and the education provider delivering the program of study, provides people who complete the program with the knowledge, skills and professional attributes to practise the occupational therapy profession in Australia
- assess the suitability of internationally qualified occupational therapists to practise in Australia.

The OTC's program accreditation functions include:

- development and ongoing review of the Accreditation Standards for the purpose of accreditation of programs and providers under the National Law
- assessment of programs of study, and the education providers providing the programs of study leading to qualifications as an occupational therapist, to determine whether the programs meet approved Accreditation Standards
- monitoring programs of study and the education providers providing the programs of study to ensure they continue to meet the Accreditation Standards.

Entry-level occupational therapy education programs in Australia must be accredited by the OTC and subsequently approved by the OTBA for students and graduates of the program to be qualified for registration with the OTBA.

1.2 Accreditation Standards for occupational therapy

Australian entry-level occupational therapy programs and the education providers delivering those programs are assessed against *Accreditation Standards for Australian Entry-Level Occupational Therapy Education Programs* (December 2018) (Accreditation Standards). These standards have been approved by the OTBA.

The Accreditation Standards (available at: <https://www.otcouncil.com.au>) document the requirements for occupational therapy entry-level education programs to produce graduates who are safe, ethical and competent practitioners. The Accreditation Standards require programs to address the OTBA *Australian Occupational Therapy Competency Standards 2018*, which describe the standards expected for competent practice by occupational therapists (available at: [Occupational Therapy Board of Australia - Australian occupational therapy competency standards](#)).

The World Federation of Occupational Therapists (WFOT) *Minimum Standards for the Education of Occupational Therapists* (2016), which provide an international benchmark for occupational therapy education, have also been incorporated into the OTC's Accreditation Standards. The WFOT standards are available at: www.wfot.org/resources/new-minimum-standards-for-the-education-of-occupational-therapists-2016-e-copy.

The OTC and Occupational Therapy Australia (the occupational therapy professional association) have an agreement whereby the OTC provides accreditation reports to Occupational Therapy Australia to assist the association to determine if programs meet the WFOT Standards.

The Accreditation Standards (December 2018) comprise five domains and each domain includes a standard statement.

Domain	Standard statement
Public safety	Assuring public safety is paramount in program design and implementation.
Academic governance and quality assurance	Academic governance and quality improvement systems are effective in developing and delivering sustainable, high-quality occupational therapy education.
Program of study	Program design, delivery and resourcing enable students to achieve the required occupational therapy learning outcomes, attributes and competencies.
The student experience	Students are provided with equitable and timely access to information and support relevant to their occupational therapy program.
Assessment	Graduates have demonstrated achievement of all program learning outcomes, including the requirements for safe, ethical and competent occupational therapy practice.

Each standard statement is supported by a number of criteria. The criteria are indicators, which set out expectations of an accredited program to meet the standard. The criteria are not intended to be sub-standards, rather pointers to evidence of meeting the standard. Guidance on the types of evidence relevant to each criterion and the standards is outlined in [Section 3](#) on pages 13-27.

When assessing a program, the OTC will consider whether or not each criterion is met and will take an on-balance view of whether the evidence presented overall demonstrates the particular standard as a whole is met.

Both new and established programs will be assessed against the same Accreditation Standards (although the processes used for assessment and the evidence collected may vary according to context).

The OTC program accreditation process assumes ongoing compliance with the Higher Education Standards Framework (HESF, 2021) for the accreditation and delivery of programs of study, including meeting the requirements of the Australian Qualifications Framework (AQF). Education programs at all levels of the AQF accredited by the OTC, must demonstrate the breadth and depth of knowledge, skills and application, volume of learning and research as stipulated in the AQF.

2. The accreditation process

The accreditation process assesses the capacity of an entry-level occupational therapy program to produce graduates who have the knowledge, skills and professional attributes necessary to practise occupational therapy safely, ethically and competently in Australia.

The accreditation process also aims to support the continuous improvement of occupational therapy programs, so they are responsive to developments in occupational therapy research, practice, and the needs of the community. The accreditation process provides an opportunity for education providers to engage in benchmarking and an external review which contributes to the ongoing improvement of occupational therapy education.

2.1 The OTC Program Accreditation Committee

The Program Accreditation Committee (PAC) is the committee of the OTC responsible for advising the OTC on all aspects of accreditation for entry-level occupational therapy programs. The PAC has the delegated authority of the OTC to determine the accreditation status to be awarded to occupational therapy entry-level programs and reporting of these decisions to the directors of the OTC.

2.2 Program accreditation assessment teams

An accreditation assessment team is formed to undertake the assessment of each program against the Accreditation Standards. The OTC policies on the assessment process, including those for the selection, appointment, training and performance review of assessors, aim to ensure a fair, rigorous and consistent assessment process.

The assessment team usually comprises two or three assessors, one of whom is appointed as team leader, plus an OTC representative. The assessment team includes a minimum of one registered occupational therapist. All team members are senior practitioners, educators and professional experts with knowledge, skill and experience in accreditation processes. An observer may accompany the team.

Teams are responsible for:

- reviewing the self-assessment submission, assessing the program of study and the education provider against the approved Accreditation Standards
- inspecting resources and interviewing key stakeholders where a site/virtual site visit is included in the accreditation assessment
- preparing a report about the program and the education provider in relation to the Accreditation Standards
- making an overall recommendation to the PAC concerning accreditation of the program to:
 - (re)accredit without conditions up to the maximum accreditation period for the program being considered
 - re(accredit) with conditions up to the maximum accreditation period for the program being considered
 - refuse to accredit or revoke accreditation.

The assessment team does not make the final accreditation decision regarding a program's accreditation/reaccreditation. The PAC has decision-making authority and will do so with regard to ensuring fairness and parity with previous decisions in reaching a final decision.

The assessment team is supported in the delivery of its responsibilities by the OTC's Accreditation Manager and/or the Professional Adviser – Program Accreditation.

2.3 Accreditation of new occupational therapy programs

New programs of study undergo a three-stage assessment process which commences **prior to** the first intake of students.

Education providers planning new occupational therapy programs in Australia must:

Stage 1:

- At least **12-18 months ahead of planned commencement**, make direct contact with the OTC indicating the intention to commence a new program via the [Intent to Submit – application for new programs form](#).

Following submission, education providers will be contacted by the OTC and given guidance in the accreditation process to discuss whether the planned program is likely to comply with the OTC Accreditation Standards.

Stage 2:

- **9-12 months prior to the first student intake** apply for an initial assessment of the program and gain a successful accreditation outcome which, at this time, will be 'Accreditation with conditions'.
- provide periodic reports and demonstrate progress towards meeting the conditions outlined in the Stage 2 report.

Stage 3:

- undergo assessment, including a site visit **in the final year prior to the graduation of the first cohort** of students, where the assessment team will gather detailed feedback from internal and external stakeholders.

Programs are subsequently monitored annually and fully assessed every five years to retain their accreditation status.

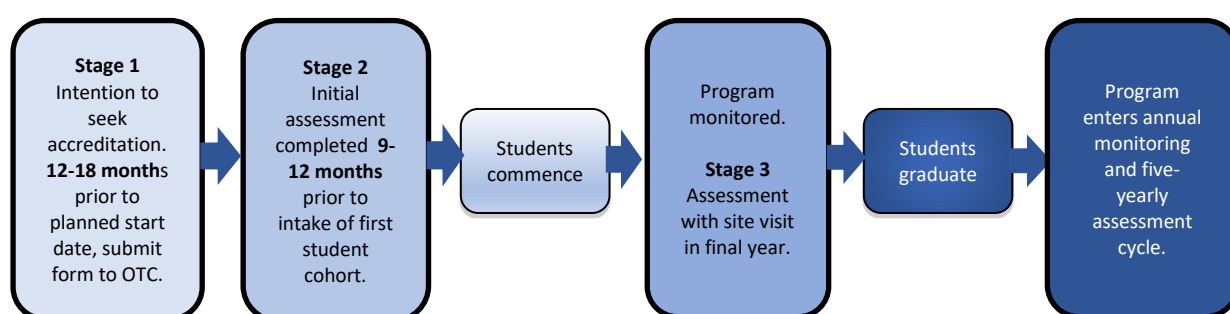


Figure 1: Stages of accreditation for new programs

2.3.1 Information required for Stage 1: Intention to seek accreditation for new programs

Education providers planning to commence entry-level education programs must provide the following information to the OTC on the [Intent to submit – application for new programs form](#), 12-18 months prior to planned commencement date:

- name and address of education provider (include mail and web address and relevant phone numbers)

- the title of the proposed award and course code of the planned program
- address of proposed program (campus name and location)
- name and contact details of occupational therapy program leader/program developer
- staff recruitment and appointment plan
- proposed commencement date
- planned student intake numbers.

Education providers should ensure they obtain information from the OTC about the Stage 2 and subsequent assessment processes, including the current Accreditation Standards and explanatory notes.

2.3.2 Information required for Stage 2: Initial assessment for new programs

Education providers are required to undertake a self-assessment and provide an accreditation submission to the OTC demonstrating the extent to which their program meets the Accreditation Standards.

This information must be provided to the OTC **9-12 months prior** to the commencement of the program to enable the program to be accredited before the first intake of students. Education providers should note the assessment process takes some time and the program must be accredited (with conditions) by the OTC **prior to students commencing**.

Detail of the information to be included in the accreditation submission is outlined further in this document.

An assessment team undertakes a detailed desktop assessment of the program's accreditation submission. Further information may be requested by the assessment team, or pertinent additional information (e.g. evidence of staffing appointments) can be provided by the education provider during the assessment process.

The Stage 2 assessment is to ensure the education provider intending to establish a new occupational therapy program has the capacity to achieve all Accreditation Standards and especially has evidence of:

- **adequate human (staff) resources:** CV of occupational therapy program leader; detail of current and planned staff arrangements, including clear outline of roles should some staff be working across both a new and an established program
- **a coherent curriculum structure:** a clear overview of the full curriculum, with a statement of program philosophy demonstrating consistency with occupational therapy international expectations documented by the WFOT 2016 and detailed unit outlines for at least the first two semesters of program delivery
- **adequate physical resources:** detail of current and planned teaching spaces and equipment, including program-specific and shared resources
- **consultation with the occupational therapy profession and service providers:** to inform the program content and to ensure the future practice education/fieldwork requirements of the new program can be met.

Evidence of support for practice education/fieldwork arrangements should include such documents as:

- letters/memoranda of understanding between the education provider and agencies agreeing to provide practice education, with specific evidence of support from the occupational therapy staff within the agency
- evidence of committee meetings/meetings with agencies planning to provide practice education experiences
- dates of consultations, emails from agencies agreeing to provide practice education.

Based on information from the self-assessment and any additional information obtained, the assessment team documents its findings and recommendations in a report to the OTC's PAC. This report includes information on the extent to which the program meets the required standards, recommendations, monitoring requirements and/or conditions.

The OTC's PAC determines whether or not the program substantially meets the Accreditation Standards. The OTC accreditation decision and the report are provided to the program leader, OTBA and Occupational Therapy Australia.

Students must be enrolled in a program which has been accredited by the OTC and approved by the OTBA so they can be registered prior to commencing their first practice education experience, or other learning experience with members of the public.

The Stage 2 accreditation report provided to the education provider by the OTC will outline the evidence to be provided sequentially as the program is rolled out to meet conditions, and the timelines for these to be met.

2.3.3 Information required for Stage 3: assessment with site/virtual site visit in final year of program for first cohort of students for new programs

Education providers undertake a further self-assessment of their programs in the final year prior to the graduation of the first student cohort and submit an accreditation submission demonstrating how the program meets the Accreditation Standards. A detailed accreditation submission is required **at least 10 weeks prior** to a scheduled site visit. Verification of the evidence provided in the accreditation submission is comprised of two key components:

- the assessment team's detailed assessment of the program's accreditation submission
- a site/virtual site visit.

The site/virtual site visit enables the assessment team to assess how the program functions, gain information from key stakeholders and to validate or refute the information presented in the accreditation submission.

Based on information from these two key components of the accreditation process, the assessment team documents its findings and recommendations in a report to the OTC's PAC. This report includes information on the extent to which the program meets the required standards, with recommendations of any conditions to be set, commendations, recommendations for quality improvement and monitoring requirements of activities which require ongoing tracking. The OTC's PAC determines whether or not the program meets or substantially meets the Accreditation Standards based on the accreditation report.

The OTC accreditation decision and the report are provided to the program leader, OTBA and Occupational Therapy Australia.

For programs accredited from 1 July 2024 a summary of the final report, including any conditions and monitoring requirements is published on the OTC website.

2.4 Accreditation of established occupational therapy programs

Programs are normally reaccredited every five years. Accredited programs of study will be scheduled into the OTC timetable for reaccreditation assessment.

Education providers undertake a self-assessment and provide an accreditation submission demonstrating how the program meets the Accreditation Standards. A detailed accreditation submission is required **at least 10 weeks** prior to a scheduled site/virtual site visit. Verification of the education provider's claims in the accreditation submission is comprised of two key components:

- the assessment team's detailed assessment of the program's accreditation submission
- a site/virtual site visit.

The site/virtual site visit enables the assessment team to assess how the program functions and to validate or refute the information presented in the accreditation submission.

Based on information from these two key components of the accreditation process, the assessment team documents its findings and recommendations in a report to the OTC's PAC. This report includes information on the extent to which the program meets the Accreditation Standards, with recommendations of any conditions to be set, commendations, recommendations for quality improvement and monitoring requirements for activities which require ongoing tracking.

The OTC's PAC determines whether the program meets, substantially meets, or does not meet the Accreditation Standards based on the accreditation report. The OTC's accreditation decision and the report is provided to the program leader, OTBA and Occupational Therapy Australia.

For programs accredited from 1 July 2024, a summary of the final report, including any conditions and monitoring requirements is published on the OTC website.

2.5 Outcome of accreditation assessment

In line with the National Law, the OTC may grant accreditation if it is satisfied a program of study in occupational therapy, and the education provider that provides this program, meet the approved Accreditation Standards. The OTC may also grant accreditation if it is reasonably satisfied the program of study and the education provider substantially meet approved Accreditation Standards, and the imposition of conditions on the approval will ensure the program meets the Accreditation Standards within a reasonable time.

For new programs applying for accreditation, the outcome of an accreditation assessment may be:

- accredited with conditions, or
- accreditation refused.

For accredited programs, the outcome of an accreditation assessment may be:

- accredited, or
- accredited with conditions, or
- accreditation revoked.

Monitoring requirements may also be imposed when the program meets an Accreditation Standard, but action is required to ensure it continues to meet the Standard. A monitoring requirement may be appropriate when there have been changes made to a program to address a shortfall, which have not been fully implemented, or a new program has plans that appear appropriate for students to achieve the required competencies, but this is yet to be confirmed.

The table below describes the types of outcomes:

Term	Definition
Accredited	Is the status granted to a program when that program meets the Accreditation Standards.
Accredited with Conditions	Status applied when a program of study, and the education provider that provides the program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the accreditation will ensure the program meets the standard within a reasonable time.
Accreditation revoked	The program of study, and the education provider that provides the program of study, no longer meet an approved accreditation standard for the profession and it is no longer accredited. The OTC will advise the education provider of the reasons for its decision to revoke accreditation of the program and require the provider to advise the OTC of the management of currently enrolled students. Refer to section 2.6 for further details regarding this process.
Accreditation refused	A proposed new program of study, and the education provider that intends to provide the program of study, have not met an approved accreditation standard for the profession. The program and provider will be informed of the evidence required prior to resubmission of an application for accreditation.

2.6 Revocation of accreditation

The OTC may revoke accreditation from a program of study, in accordance with National Law, if:

- a program is identified, at any time, as having serious deficiencies or weaknesses such that it no longer meets one or more Accreditation Standards.
- a provider fails to demonstrate that progress has been made towards meeting any conditions of accreditation within the prescribed period of time.

The OTC will advise the education provider that accreditation of the program is to be revoked and provide a rationale for the decision. The OTC will require the education provider to indicate how it will manage and support students who are enrolled in the program.

The education provider must undertake the following process for students who are currently enrolled:

- make arrangements with another suitable education provider to transfer students into an accredited program, and
- ensure the alternative provider is able to accommodate the students to enable them to graduate and be eligible to apply for registration with the Occupational Therapy Board of Australia, or
- allocate resources, engage contract staff, or do whatever else is necessary to enable a 'teach out' of the program within a short-term accreditation period agreed by the OTC, or
- take other steps as agreed by the OTC as necessary to protect the interests of students.

Where the OTC revokes accreditation, it will advise the OTBA and the Tertiary Education and Quality Standards Agency (TEQSA).

A process of appeal exists for education providers wanting to challenge a decision of the OTC. This is outlined in [Section 9](#) of this document or on the OTC website at: [Policy – Internal review of program accreditation decisions \(otcouncil.com.au\)](https://www.otcouncil.com.au/policy-internal-review-of-program-accreditation-decisions)

2.7 Program accreditation fee

Education providers are charged fees for the cost of the accreditation process. The fee schedule is available on the [OTC website](#).

2.8 Evaluation of the accreditation process

Following the completion of a Stage 3 or five-yearly accreditation assessment, the OTC will seek feedback from the education provider about the conduct of the site/virtual site visit and the process of accreditation assessment, to identify opportunities for improvement.

3. Guidance on the presentation of evidence for accreditation

The OTC relies on documentary evidence submitted by the education provider and experiential evidence obtained by the assessment team during the accreditation process including discussions with academic leaders, program leaders, students, staff, practice education supervisors, Aboriginal and Torres Strait Islander Peoples, consumers engaged in the program, graduates and employers.

Some core pieces of documentary evidence may be used to demonstrate adherence with more than one standard or criterion. While separate evidence need not always be submitted against each criterion, the purpose of presenting any document as evidence should be explained in the context of a particular standard and its criteria.

The OTC may also rely on evidence acquired elsewhere, for example TEQSA, other accrediting authorities and Occupational Therapy Australia. The OTC reserves the right to seek feedback from other relevant service providers and organisations.

The assessment team retains the right to request specific documents or evidence at any stage of the assessment process to help determine if a particular standard is met.

The following tables include examples of evidence relevant to each standard and criterion and are intended as a guide to education providers and assessment team members. Education providers may wish to provide alternative evidence to demonstrate achievement of standards and are encouraged to use material prepared for another purpose e.g. for TEQSA, for internal reviews. Guidance notes for each standard provide some additional comment on key aspects of the expectations of the standard.

Accreditation submissions should include a brief summary statement of evidence supporting each criterion, with supportive evidence provided in appendices.

3.1 Standards, criteria and guidance on evidence

3.1.1 Standard one – Domain: Public safety

This accreditation standard addresses public safety and client services as the prime considerations. The key focus is on ensuring all educational experiences, which involve some form of interaction with members of the public, including those internal and external to the education provider, are effectively scaffolded, sequenced, managed and supervised to ensure safety, quality and reliable outcomes for clients and students.

Domain: Public safety	
Standard one: Assuring public safety is paramount in program design and implementation.	
Criteria	Examples of evidence
1.1 Protection of the public and provision of safe, ethical and competent client-centred services are prominent amongst the guiding principles of the occupational therapy educational program, practice education and student learning outcomes.	<ul style="list-style-type: none">• Statement of education principles, curriculum design and learning outcomes for the program.• Outline of principles used to guide and assess culturally safe practice.

<p>1.2 Appraisal and management of students' fitness to practise during the program is effective.</p>	<ul style="list-style-type: none"> • Fitness to practise policy, procedures and guidelines. • Examples of implementation of mechanism used to identify, report and manage student fitness to practise issues, including those related to professional behaviours and culturally safe practices. • Example of strategies used to manage poorly performing and failing students.
<p>1.3 Students have achieved relevant pre-requisite occupational therapy professional knowledge, skills and behaviours before interacting with the public or providing client services as a component of the program.</p>	<ul style="list-style-type: none"> • Documents identifying the learning outcomes to be achieved prior to student contact with clients (including volunteers) at each stage throughout the program. • Learning and assessment activities used to determine foundational ethical and professional conduct, including cultural capability, communication skills, appropriate level of English language, work health and safety including infection control requirements. • Evidence students are informed of OTBA registration requirements to practise including English language requirements and declaring a criminal history.
<p>1.4 Competent and sufficient supervision is provided for students by occupational therapists and other suitably qualified supervisors to enable students to practise safely.</p>	<ul style="list-style-type: none"> • Policies and procedures for practice education including supervision standards and arrangements, example of supervisory models and how these are managed in practice. • Strategies used to provide support and development of supervisors.
<p>1.5 Robust quality and safety policies and processes consistent with relevant regulations and standards are in place for all practice education placements and experiences.</p>	<ul style="list-style-type: none"> • Example of practice education placement agreements. • Examples of formal mechanisms including professional indemnity insurance arrangements, health and safety requirements. • Evidence of policy and procedures used to manage voluntary community experiences.
<p>1.6 Systems are in place to ensure clients or substitute decision-makers give informed consent for services provided by students.</p>	<ul style="list-style-type: none"> • Mechanisms used to ensure client and volunteer consent for student services, including culturally appropriate consent with adults and children, and privacy procedures; example of media consent forms and processes.
<p>1.7 The education provider requires staff and students to demonstrate ethical and professional conduct.</p>	<ul style="list-style-type: none"> • Policies and procedures on ethical and professional behaviours for staff and students, consistent with the profession's Code of Conduct and Code of Ethics.

	<ul style="list-style-type: none"> • Examples of mandatory training for staff, including sessional staff. • Examples of assessment of students' ethical and professional conduct.
1.8 The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, or equivalent national framework.	<ul style="list-style-type: none"> • Evidence of systems in place to ensure student registration with the OTBA/Ahpra prior to initial client contact. • Mechanisms in place to comply with voluntary and mandatory notifications and evidence of their implementation.

Standard one: Guidance notes

Student fitness to practise processes

Fitness to practise includes ensuring students have the physical, sensory, mental, psychological and emotional attributes and professional behaviours and skills to undertake practice education experiences safely. Fitness to practise requirements are often outlined in an education provider's 'Student Code of Conduct' and 'Inherent Requirements' documents.

Supervision of student practice education experiences

- All practice education experiences should be guided by learning objectives and supervised and assessed directly or indirectly by a registered occupational therapist.
- Practice education in occupational therapy is diverse, hence direct supervision may be provided onsite by other suitably qualified service providers who contribute to the assessment of the student.
- The educational experience in practice education is always monitored and evaluated by the education provider's occupational therapy academic staff.
- Practice education supervisors must have the professional and supervisory skills to supervise students in the practice education setting.
- The amount and frequency of supervision will progress from close, onsite supervision to independent practice as students progress through the program.
- The level of supervision will also vary with students' knowledge base, familiarity with the practice setting and their learning needs, the contexts of practice, including the presence or absence of other health professionals, the complexity of the occupational therapy intervention to be provided and the level of proficiency required for it to be effective, and the safety risks for both students and recipients of occupational therapy.

Ethical and professional conduct

The requirements for the ethical and professional conduct of occupational therapists to assure safe practice/public safety in Australia are set out in the:

- *Australian Occupational Therapy Competency Standards 2018* (OTBA, 2018)
- *Code of Conduct* (OTBA, 2022)
- *Code of Ethics* (Occupational Therapy Australia, 2014).

It is expected students will be made aware of these standards and codes early in their studies and have developed detailed knowledge of these expectations at program completion.

3.1.2 Standard two – Domain: Academic governance and quality assurance

This accreditation standard is intended to address organisation and governance at program-level, rather than the education provider’s governance assessed by TEQSA. There is a focus on the organisational structures which support the program, the articulation of program management with education provider’s governance structures, and the degree of control and autonomy of the academic staff leading the program.

The standard requires evidence of effective collaboration and consultation with the occupational therapy profession and other internal and external stakeholders.

Domain: Academic governance and quality assurance	
Standard two: Academic governance and quality improvement systems are effective in developing and delivering sustainable, high-quality occupational therapy education.	
Criteria	Examples of evidence
2.1 Robust academic governance arrangements are in place for the occupational therapy program, are inclusive of Aboriginal and Torres Strait Islander Peoples and include processes for systematic monitoring, review and improvement.	<ul style="list-style-type: none"> • Overview of formal academic governance for program quality assurance, review and improvement. • Detail of the occupational therapy program leader/leadership team, including occupational therapy qualifications, educational expertise and academic leadership experience. • An overview of the activities undertaken by the occupational therapy program leadership team demonstrating their level of autonomy in managing resources and decisions about the program. • Membership and terms of reference for program governance committees/reviews. • Participation of Aboriginal and Torres Strait Islander Peoples in governance and decision-making bodies and processes which influence the program, and impact of this engagement. • Examples of implementation of decolonising structures and processes and culturally responsive governance arrangements.
2.2 Program design and implementation is informed through collaboration and consultation with key stakeholders including the occupational therapy profession, Aboriginal and Torres Strait Islander Peoples, consumers, employers and other health and human service experts.	<ul style="list-style-type: none"> • Evidence of strategies being used to collaborate and consult with each key stakeholder to inform program design and delivery e.g. minutes/records of meetings and consultation processes. • Evidence of culturally responsive consultation processes with Aboriginal and Torres Strait Islander Peoples.
2.3 Program quality improvement processes include student evaluations, internal and external	<ul style="list-style-type: none"> • Examples of the way student satisfaction data or other student feedback are used to improve the program.

<p>academic and professional peer review, feedback from Aboriginal and Torres Strait Islander Peoples, consumer feedback and outcome information from new graduates.</p>	<ul style="list-style-type: none"> • Reports from internal reviews and evaluations and action taken in response to feedback received. • Examples of processes to evaluate and improve practice education experiences. • Evidence of benchmarking the program internally and externally e.g. against national and international standards. • Examples of reports on graduate performance outcomes e.g. feedback from employers and graduates and how this feedback is used to improve the program.
<p>2.4 Contemporary and emerging developments in occupational therapy and broader health, disability and human service education and practice are incorporated into the curriculum in a timely manner.</p>	<ul style="list-style-type: none"> • Examples of updating curriculum to contemporary evidence-based practice standards and future oriented developments. • Examples of staff development activities to ensure staff have the required expertise for the delivery of contemporary, coherent curriculum.

Standard two: Guidance notes

Governance

The relationships between the governance structures at organisation and program level should be clarified.

Academic leadership of the program must be provided by a suitably qualified occupational therapist or a group of occupational therapists who are able to ensure the academic autonomy and integrity of the program content.

Quality improvement

Processes for continuous improvement of the program are expected to be in place, to be timely and rigorous, use multiple information sources, and the information gained used to inform the ongoing development of the program. All aspects of a program, including the philosophy and purpose, the curriculum, educational methods and assessments should be reviewed periodically and revised in response to local changes and development of national and international knowledge.

Education providers are encouraged to use documents produced for other purposes e.g. internal review, TEQSA reports, as evidence for this standard.

Contemporary and emerging developments

The program is required to have mechanisms that identify emerging developments and incorporate these into the curriculum in a timely manner to ensure it prepares graduates for current and future practice. This includes curriculum content on local, state/territory, national, and international developments in health, disability, human services and quality and safety standards. For example, the *National Safety and Quality Health Service Standards* (2021), the safe and effective use of medicines (HPACF, 2021).

Processes should be in place to ensure academic staff have the expertise required to deliver the updated curriculum.

3.1.3 Standard three – Domain: Program of study

This accreditation standard focuses on the way the design, implementation and resourcing of the program produces graduates who have demonstrated all the *Australian Occupational Therapy Competency Standards 2018*, developed by the Occupational Therapy Board of Australia.

Domain: Program of study	
Standard three: Program design, delivery and resourcing enable students to achieve the required occupational therapy learning outcomes, attributes and competencies.	
Criteria	Examples of evidence
3.1 A contemporary educational framework informs the design and delivery of the program.	<ul style="list-style-type: none"> • Statement of education frameworks used, relevance to occupational therapy and how this informs curriculum design and delivery. • Evidence and rationale for frameworks, including key references.
3.2 The program philosophy and design embed concepts of occupation and occupational therapy shared by the national and international community of occupational therapists.	<p>Program documents which demonstrate:</p> <ul style="list-style-type: none"> • how the occupational therapy philosophy is embedded throughout the curriculum and informs graduate outcomes. • the curriculum is informed by occupational therapy theory, research and practice. • the curriculum incorporates Aboriginal and Torres Strait Islander research, leadership, practices and lived experiences of occupation. • consistency with occupational therapy international expectations documented by the WFOT (2016).
3.3 The curriculum structure and content is coherent, informed by theory, research and practice relevant to occupational therapy.	<ul style="list-style-type: none"> • Detail of unit content, teaching/learning methods, assessments, unit sequencing, prerequisite requirements, and practice education experiences including simulation. • Examples of how topics are integrated both horizontally and vertically in the curriculum. • Evidence unit and topic sequencing supports progressive learning outcomes. • Examples of how advances in research and practice inform the program.
3.4 The program develops a commitment to lifelong learning and assesses students' skills in critical thinking, professional reasoning and self-reflection.	<ul style="list-style-type: none"> • Indication of how and where this is addressed in the program, with teaching and learning examples. • Examples of relevant student assessment.
3.5 The program and student learning outcomes address the occupational therapy competency standards	<ul style="list-style-type: none"> • Detailed curriculum mapping to indicate alignment of unit learning outcomes and OTBA (2018) competency standards.

<p>published by the Occupational Therapy Board of Australia.</p>	<ul style="list-style-type: none"> • Examples of how learning outcomes are scaffolded through the curriculum. • Detailed unit outlines.
<p>3.6 The quality, quantity, duration and diversity of practice education experiences are sufficient to ensure graduates are competent to practise across a range of client groups and environments reflective of current and emerging contexts.</p>	<ul style="list-style-type: none"> • Description of practice education experiences provided to students. • Evidence students' practice education is congruent with national and international comparators, particularly the standards set by the WFOT (2016). • Documents that identify the systems and administrative processes used to manage and monitor student practice education placements/experiences. • Examples of innovation/new practice education experiences introduced into the curriculum.
<p>3.7 Learning and teaching methods are informed by evidence and designed and delivered to ensure occupational therapy students achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> • Examples of learning and teaching methods used. • Outline of teaching and learning approaches and pedagogies used to teach Aboriginal and Torres Strait Islander specific content.
<p>3.8 Cultural capability is integrated within the program and clearly articulated in student learning outcomes, and consistent with the cultural diversity of Australian society.</p>	<ul style="list-style-type: none"> • Examples of learning and assessment, and teaching materials across the program demonstrating the integration of cultural capability, relevant to the diversity of Australian society and the local area. • Detail of education provided for staff to develop their cultural capability, both generally and with Aboriginal and Torres Strait Islander Peoples.
<p>3.9 The program and student learning outcomes are guided by agreed Aboriginal and Torres Strait Islander Peoples' health curriculum national principles and cultural capabilities.</p>	<ul style="list-style-type: none"> • Mapping of the curriculum and student learning outcomes against the National Aboriginal and Torres Strait Islander Health Curriculum Framework, or equivalent, and integration of this into the overall curriculum. • Description of the current and planned engagement strategies with Aboriginal and Torres Strait Islander Peoples to design, deliver and evaluate the curriculum, how these are implemented, and the current and anticipated impact on student learning outcomes.
<p>3.10 The perspectives of consumers/ service users/clients inform the design, delivery and evaluation of the program.</p>	<ul style="list-style-type: none"> • Examples of collaboration and consultation with consumers/service users/clients in the design, delivery and evaluation of the curriculum. • Examples of how consumer perspectives are integrated within the curriculum.
<p>3.11 Graduates are competent in research literacy for the level and type of program.</p>	<ul style="list-style-type: none"> • Examples of where research literacy is addressed and assessed in the program. • Evidence of content addressing ethical conduct, including in Aboriginal and Torres Strait Islander health research.

	<ul style="list-style-type: none"> Evidence the curriculum design and volume of learning complies with the AQF or equivalent national framework.
3.12 The application of principles of interprofessional learning for collaborative client-centred practice is a learning outcome of the program.	<ul style="list-style-type: none"> Description of the scaffolding or framework to support interprofessional learning throughout the program. Examples of deliberate interprofessional student learning activities, including with health and other relevant practitioners. Examples of assessment of interprofessional learning outcomes in each year of the program.
3.13 The academic team is suitably qualified and experienced to deliver the components of the program it teaches and assesses, and the staffing complement is sufficient to support the student cohort to achieve graduate competencies.	<ul style="list-style-type: none"> Academic staffing profile including appointment fraction, level and type, professional qualifications, registration status, engagement with the profession, research, teaching, administrative and supervision responsibilities. Include key sessional staff. Detail of staff suitability teaching Aboriginal and Torres Strait Islander content, including demonstration of cultural capability. Outline of practice educator qualifications and preparedness/education for their supervisory role.
3.14 Learning environments, facilities, resources and equipment support the effective delivery of the program and the achievement of the learning outcomes.	<ul style="list-style-type: none"> Description of learning environments, facilities, equipment and resources available to deliver the program and processes for ensuring these remain up to date. Outline of anticipated program changes/revisions.

Standard three: Guidance notes

International expectations documented by the WFOT (2016)

The WFOT Minimum Standards for the Education of Occupational Therapists (2016) provide a detailed outline of expectations relevant to program philosophy and content as well as detail of minimum standards which provide an international benchmark for the profession.

The WFOT expectations include:

- The philosophy addresses an occupational view of humans, the occupational challenges humans face, and how to enable occupation to promote change towards a more inclusive and participatory society.
- Programs are structured so that 60 percent is focused on occupation and occupational therapy; 10-30 percent on knowledge supporting an understanding of body structures and functions, biomedicine, psychological and sociological concepts, 10-30 percent on knowledge supporting an understanding of the human and social environment, and social perspectives of health – including practice placements where knowledge, related skills and attitudes are integrated with practice.
- The educational methods promote the development of competencies necessary to respond to social and health disparities, diversity, and human rights issues for local populations, communities, and individuals.
- Practice education experiences are diverse, but always include people of different age groups, people who have recently acquired and/or long-standing health needs, interventions that focus on the person, the occupation and the environment, current and emerging practice areas.

- Students will complete sufficient practice education experiences to ensure integration of theory with practice and achieve the required competencies. Given the diversity of occupational therapy practice, a minimum of 1,000 hours is expected, and has been set as an international benchmark.
- There is a policy of academic autonomy whereby the curriculum is designed and developed by occupational therapists.

Simulation

Simulation activities are an important part of student learning. The OTC supports the use of up to 200 hours of well-designed simulation activity, in line with the recommendations made by Rodger, Bennett, Fitzgerald and Neads (2010). More detail is available in the *Explanatory notes for simulation in practice education – July 2013* available at: <https://www.otcouncil.com.au>.

Occupational therapy competency standards

The OTBA Competency Standards are available at: [Occupational Therapy Board of Australia – Australian occupational therapy competency standards](#)

A template to map the curriculum to the *Occupational Therapy Competency Standards 2018* (OTBA, 2018) is available at: <https://www.otcouncil.com.au/accreditation-guidelines-for-education-providers/>. This template is also relevant to criteria for 5.2 and 5.3. Programs are encouraged to use similarly detailed mapping undertaken to meet internal review requirements rather than creating a new document.

Cultural capability and safety

The *Aboriginal and Torres Strait Islander Health Curriculum Framework* (2014) is a key resource to provide guidance for education providers. Available at: [Aboriginal and Torres Strait Islander Health Curriculum Framework | Australian Government Department of Health and Aged Care](#)

Section 2 of the Framework outlines principles, graduate capabilities and learning outcomes. Section 3 provides guidance on implementation. As a minimum, mapping of how and where the graduate capabilities outlined in Section 2 are being addressed and assessed in the curriculum is required.

Some education providers will be guided by alternate frameworks and similar mapping is expected if these frameworks are also evidence-based and accepted by Aboriginal and Torres Strait Islander Peoples as being equally culturally relevant.

Consumer input

People with a health and/or occupational issue, people who use occupational therapy services and their support persons/carers/families have a key role in providing advice to all aspects of occupational therapy education. It is expected consumer perspectives are integrated into the curriculum in a sustainable way.

Examples of consumer input include:

- consumer representatives as equal partners in the development, delivery and evaluation of curriculum content
- consumers in formal advisory roles e.g. membership of program advisory and steering committees; membership of unit review teams
- consumer co-design of units of study
- consumers as assessors e.g. providing verbal or written feedback to students
- critical appraisal of teaching practices by consumers

- resourcing and long-term plans to include consumers in program delivery i.e. beyond 'one-off' input
- policies and procedures to remunerate/reimburse/provide sitting fees for consumers, in line with usual sessional payments and/or as recommended by a consumer advocacy organisation
- staff interaction and liaison with consumer groups and disability representative organisations
- provision of training for consumers to prepare them to teach or participate in other roles.

Interprofessional learning

Interprofessional learning activities are those where students learn with, from and about other practitioners to develop capacity for interprofessional collaborative practice. This should include practitioners in health and other practice areas relevant to occupational therapy.

The OTC has endorsed a set of competencies to support interprofessional education and expects the provider to demonstrate how these competencies are embedded in the curriculum. Refer to the Health Professions Accreditation Collaborative Forum (HPACF) 2018 *Position Statement on Interprofessional Learning*, available at: <http://hpacf.org.au/publications/>.

The principles of interprofessional learning encompass understanding, valuing and respecting individual discipline roles in health care.

The interprofessional learning competency statements endorsed by the OTC indicate, on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- explain interprofessional practice to patients, clients, families and other professionals
- describe the areas of practice of other health professions
- express professional opinions competently, confidently, and respectfully, avoiding discipline specific language
- plan patient/client care goals and priorities with involvement of other health professionals
- identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- critically evaluate protocols and practices in relation to interprofessional practice
- give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues.

Staffing

Detail of program staff should include:

- name and position
- qualifications
- appointment fraction, level and type e.g. continuing, sessional, short term contract
- Ahpra registration status (for occupational therapy educators)
- key responsibilities in the program
- involvement in specific units/subjects e.g. teaching, coordination, supervision, examiner
- relevant professional activities e.g. professional memberships, community engagement roles
- key scholarship/research activities.

These details are also relevant to criterion 5.7 in [Standard 5](#).

3.1.4 Standard four - Domain: The student experience

This standard focuses on the program-level provision of a student experience that is supportive, equitable and respectful of students' academic development needs, personal wellbeing and rights.

Domain: The student experience	
Standard four: Students are provided with equitable and timely access to information and support relevant to their occupational therapy program.	
Criteria	Examples of evidence
4.1 Program information is accurate, clear and accessible.	<ul style="list-style-type: none"> • Program of study information provided to prospective and enrolled students (link to website) includes accreditation status of the program and registration requirements.
4.2 Admission and progression requirements and processes are fair, equitable and transparent.	<ul style="list-style-type: none"> • Policies and procedures relevant to the student experience including admission via detail of prerequisites for entry (especially to entry-level Master's degree programs) and progression (including grievance and appeals).
4.3 The academic learning needs of occupational therapy students at risk of unsatisfactory progress are identified and support provided.	<ul style="list-style-type: none"> • Description of academic, cultural and personal support services available to domestic and international students. • Examples of strategies used to develop student wellbeing and resilience. • Practices regarding English literacy and comprehension (including for international students and others who need literacy/language support).
4.4 Students are informed of and have access to personal support services provided by qualified personnel, including during practice education placements.	<ul style="list-style-type: none"> • Learning support for students including those from under-represented groups or admitted through schemes for increasing diversity.
4.5 Students have opportunities to be represented within the deliberative and decision-making processes of the program.	<ul style="list-style-type: none"> • Evidence of student representation within the governance and curriculum management processes of the program.
4.6 Equity and diversity principles are demonstrated and promoted in the student experience.	<ul style="list-style-type: none"> • Policies and procedures on equity and diversity, with examples of program implementation and monitoring.
4.7 Specific consideration is given to the recruitment, admission, participation and completion of the occupational therapy	<ul style="list-style-type: none"> • Report on the program's recruitment, admission, participation and completion by Aboriginal and Torres Strait Islander students and other under-represented student groups.

program to groups under-represented in the program, including Aboriginal and Torres Strait Islander Peoples.	<ul style="list-style-type: none"> • Program strategies to promote a profile which reflects the Australian community.
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Standard four: Guidance notes

Registration requirements

The OTC expects the program to inform students of the registration standards set by the National Board in relation to the:

- Criminal History Registration Standard
- English Language Skills Registration Standard
- Professional Indemnity Insurance Arrangements Registration Standard
- Recency of Practice Registration Standard
- Continuing Professional Development Registration Standard.

The Occupational Therapy Board of Australia's expectations are available at:

www.occupationaltherapyboard.gov.au/Registration-Standards.aspx.

Student support services and facilities

The OTC does not assess against the *Higher Education Standards Framework* (2021) but expects the education provider to provide clear evidence of the implementation of adequate student safety and well-being, including via support services and physical facilities for the program.

Evidence of support services can include how students are informed of and access services such as culturally safe spaces and supports, support for international students, disability support services, counselling services with trained staff, student health and financial services, student academic advisers, as well as more informal and accessible advice from individual academic staff.

The OTC will also review the formal mechanisms in place for feedback from and to students in the program including the strategies to assist underperforming students, the provision of effective remediation opportunities and responses to student feedback.

3.1.5 Standard five Domain: Assessment

This standard focuses on the assessment strategies and methods used in the program, the reliability and validity of the methods used and whether or not the assessment methods and assessment data analysed by the education provider give assurance that every student who passes the program has achieved all the OTBA competency standards.

Domain:	Assessment
Standard five:	Graduates have demonstrated achievement of all program learning outcomes, including the requirements for safe, ethical and competent occupational therapy practice.
Criteria	Examples of evidence
5.1 There is a clear relationship between learning outcomes and student assessment strategies.	<ul style="list-style-type: none"> • Assessment policies and procedures. • Unit outlines provided to students, including detail of how each unit is structured and assessed.

<p>5.2 The scope of assessment covers all learning outcomes required to ensure graduates are safe, ethical and competent to practise.</p>	<ul style="list-style-type: none"> • Assessment blueprint/matrix which details assessment methods and weightings and demonstrates alignment of assessment to unit learning outcomes and OTBA competencies. • Processes used to evaluate student performance on practice education. • Strategies used to respond to feedback about student performance from practice education supervisors.
<p>5.3 Learning outcomes are mapped to the required occupational therapy attributes and competency standards, and assessed.</p>	
<p>5.4 Assessment is fair, valid and reliable in measuring student achievement of learning outcomes.</p>	<ul style="list-style-type: none"> • Outline of evidence and processes that indicate assessments in academic and practice education environments are fair, valid and reliable. • Examples of assessment tools, including for simulation activities and practice education experiences. • Overview of evidence that informed the choice of authentic and contemporary assessments. <p>To be provided at site/virtual site visit:</p> <ul style="list-style-type: none"> • examples of de-identified marked student assessments with feedback provided to students. • examples of de-identified student portfolios.
<p>5.5 Contemporary, evidence-informed assessment tools are used including direct observation in academic and practice education settings.</p>	
<p>5.6 Program management and co-ordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.</p>	<ul style="list-style-type: none"> • Policies on and examples of program assessment moderation/benchmarking and feedback to students. • Processes for identifying, using and evaluating involvement from external experts in assessment.
<p>5.7 Staff who assess students in academic and practice education contexts are suitably qualified and experienced for their role.</p>	<ul style="list-style-type: none"> • Academic staffing profile including qualifications, professional and academic experience, teaching, research and supervision responsibilities, registration status, continuing professional education undertaken specific to teaching and learning including assessment, culturally safe practice and inclusive teaching. • Practice educator qualification, registration status and preparedness/education.

Standard five: Guidance notes

Assessment

Assessment matrix/blueprint: A template to map the curriculum to the *Australian Occupational Therapy Competency Standards 2018* (OTBA, 2018) is available at: www.otcouncil.com.au and can be used to provide assessment information (see also evidence example for [criterion 3.5](#)).

Practice education

Practice education assessment strategies are likely to be diverse and varied according to the practice experience and setting, for example:

- observation of student performance
- evaluation of student competency based on the SPEF-R2

- practice with simulated and standardised patients/clients to test specific skills
- detailed client scenarios assessing student abilities to take a complete history, conduct a full assessment, interpret the findings and develop a management plan
- student reflective diaries and assignments
- learning contracts
- individual and group project reports.

4. The site/virtual site visit

A site/virtual visit is undertaken for Stage 3 assessments and subsequently for each five yearly reaccreditation assessment. A site/virtual site visit may also be undertaken as part of an accreditation assessment triggered by a material change in a program. The purpose of the site/virtual site visit is to enable the assessors to verify information provided in the accreditation submission and gather first-hand feedback of the education provider and program through interviews with key stakeholders, and by reviewing resources and documents.

The Accreditation Manager or Professional Adviser – Program Accreditation will consult with the program leader and the assessors regarding dates for the site/virtual site visit. The site/virtual site visit date will be confirmed with the education provider no later than three months prior to the site/virtual site visit.

The Accreditation Manager or Professional Adviser – Program Accreditation will liaise with the academic leader to determine the scheduling of meetings during the site/virtual site visit and will provide guidance on what additional evidence will need to be available for the assessors to review. Examples of student work, detailed unit outlines and other teaching and learning materials are usually required. During the site/virtual site visit, the assessors will interview stakeholders including:

- academic staff including academic leaders (e.g. Dean, Head of Faculty), program leaders, casual and sessional academics, staff providing service teaching, Aboriginal and Torres Strait Islander staff and consumers teaching into the curriculum
- professional staff managing practice education/fieldwork
- students
- recent graduates
- members of advisory/consultative committees
- employers
- practice education/fieldwork supervisors.

The site/virtual site visit is usually conducted over two to three days, or longer on occasions, depending on the number of programs being accredited, the number of campuses, campus location and complexity of the program.

If more than one program is to be reviewed (e.g. entry-level Bachelor's and Master's), then the site/virtual site visit must accommodate separate consideration of both programs, for example via separate meetings of staff responsible for the delivery of each program.

Where an education provider offers the program at another campus either within Australia or off-shore, site/virtual site visits to these campuses are generally required in order to assess the Accreditation Standards are met at all campuses.

The education provider will be requested to provide a dedicated sound-proof, lockable room or similar space with access to power for use by the assessment team for the duration of an onsite

visit. Access to online teaching and learning materials is also requested by the assessors during the site/virtual site visit, and prior to the site/virtual site visit.

It is expected morning/afternoon tea and a light lunch will be provided for the assessors during an onsite visit. The onsite visit schedule may include opportunities for informal interaction with academic and professional staff e.g. during morning tea, however assessors are otherwise unable to socialise with program staff during the site visit. It is essential that assessors maintain a respectful distance during the accreditation process to allow for an objective assessment of the program.

At the conclusion of the site/virtual site visit, the assessment team will provide brief feedback to the program's leadership team on its findings, clarify any issues as required, and outline the final stages of the accreditation process. The assessors do not provide the accreditation decision at this meeting. Following the site/virtual site visit, a draft report will be prepared which will be sent to the academic leader for correction of factual error prior to its finalisation.

Example of site/virtual site visit timetable

Day 1	Activity
8.30-9.00	Arrival/Set Up/Team Prep/Review notes.
9.00 -10.00	Overview of program/s by academic leader/program leaders
10.00-10.15	<i>Break</i>
10.15-11.15	Meeting with occupational therapy academic staff
11.15 -11.45	<i>Break</i>
11.45–12.45	Meeting with Aboriginal and Torres Strait Islander Peoples involved with the program
12.45-1.15	<i>Lunch and panel discretionary time</i>
1.15-2.00	Meeting with consumers providing input to the program
2.00-2.15	<i>Break</i>
2.15-2.45	Meeting with staff delivering externally coordinated units: biomedical science staff
2.45-3.15	Meeting with staff delivering externally coordinated units behavioral health science and inter-professional education staff
3.15-3.30	<i>Afternoon tea and panel discretionary time</i>
3.30-4.15	Meet with students – Years 1 & 2
4.15-5	Meet with students – Years 3 & 4
5.00-6.30	Assessors review of examples of written work
Day 2	
9.00-10.00	Meet with education provider staff managing practice education
10.00-10.15	<i>Break</i>
10.15-11.15	Meet with external practice education supervisors
11.15-11.30	<i>Morning tea and panel discretionary time</i>
11.30-12.30	Meet with recent graduates
12.30-1.30	<i>Lunch and panel discretionary time</i>
1.30-2.30	Meet with managers/employers
2.30-2.45	<i>Break</i>

2.45-3.45	Meet with External Advisory Committee members
3.45-4.15	<i>Panel discretionary time</i>
4.15 – 5.00	Meeting with faculty head, dean
DAY 3	
9.00-10.00	Panel discretionary time
10.00-11.00	Tour of key occupational therapy teaching facilities
11.00-12.30	<i>Morning tea and panel discretionary time</i>
12.30-1.30	Final meeting with program leaders

Note: Meetings with key external stakeholders can be conducted face-to-face or via video/teleconference. The assessment team may also organise meetings with key stakeholders outside the times scheduled by the education provider.

5. Reporting the accreditation decision

The OTC reports its accreditation decision and provides the accreditation report to the OTBA. The OTBA makes the decision on the approval of the program of study for registration purposes. Programs must be approved to enable students to be registered with the OTBA. Students must be registered prior to commencing their first practice education or other learning experience with members of the public.

Graduates of approved programs of study are eligible to apply for general registration. To practise as an occupational therapist and use the title 'occupational therapist' in Australia, a person must be registered with the OTBA. The OTBA maintains a list of the approved programs of study which can be accessed via the Ahpra website.

The OTC also reports its accreditation decision and provides the accreditation report to the professional association, Occupational Therapy Australia. Occupational Therapy Australia, as a member of the WFOT, has an ongoing responsibility to ensure programs meet the WFOT Minimum Standards of Education, and to report this to the WFOT. Provision of the OTC accreditation reports to Occupational Therapy Australia enables the association to meet its reporting requirement without duplication of accreditation processes.

The WFOT (2016) *Minimum Standards for the Education of Occupational Therapists* provide an important international benchmark for occupational therapy education and encourage improvement beyond the minimum standard. In particular, they give education providers direction for core professional values, program philosophy, curriculum content and delivery, and instil a quality assurance approach. They expect the educational curricula in each country to be responsive to local needs and expectations, as well as international practice and perspectives of health. Graduation from a WFOT approved program supports international mobility of graduates.

From 1 July 2024, a summary of the accreditation report, including any conditions and monitoring requirements will be published on the OTC website.

6. Program monitoring

The OTC monitors approved programs of study and the education providers which offer approved programs of study, in accordance with the requirements of section 50 of the National Law. The OTC aims to undertake the monitoring process in the spirit of quality improvement. The OTC undertakes a range of routine, targeted or occasional monitoring activities.

6.1 Annual program monitoring report

All accredited occupational therapy programs (except those scheduled for reaccreditation in the current year), are required to complete and return an annual report of compliance with the Accreditation Standards. This may be in addition to any reports required as part of accreditation with conditions.

Annual monitoring reports are received and reviewed by the OTC, which determines if action is required.

The annual program monitoring report includes tracking of:

- program descriptors: course code, length, title
- number of students in each year
- number, full-time equivalence (FTE) and profile of staff
- the impact of change in student and/or staffing numbers
- progress/action on monitoring requirements
- progress/action on conditions
- major change made since the previous report or anticipated in the next 12 months.

The annual program monitoring report ensures the OTC can:

- track developments in accredited programs and adherence with the Accreditation Standards
- monitor progress on conditions and recommendations made in the previous accreditation assessment
- receive timely advice about program changes
- monitor programs being phased out.

Should there be concerns about the program's capacity to continue to meet the Accreditation Standards or progress being made on any conditions, the OTC may:

- reduce the current period of accreditation
- impose additional monitoring requirements
- impose new conditions
- revoke accreditation.

The OTC will inform the education provider of its concerns and the grounds on which they are based. The education provider will be given an opportunity to respond to the statement of concerns.

6.2 Additional monitoring activities

The OTC's monitoring activities also include, but are not limited to those below:

- Website and publication monitoring
- Thematic review of key areas of development
- Stakeholder engagement
- Review of data from external sources
- Reports of major change.

7. Report of material change

It is expected all programs will undergo ongoing change and development. Material change (previously known as 'major' change) in a program must be reported to the OTC, usually via the annual monitoring report. Academic leaders can also initiate reports of material change to the OTC when these are proposed, preferably well in advance of the change, to enable timely review of the change for accreditation purposes.

Material changes include:

- suspension or discontinuation of a program
- significant change to program objectives and philosophy
- major curriculum restructure
- significant change to teaching and learning approaches
- change to the name or code of the program
- change to AQF level
- change to name of qualification
- introduction of a new stream, e.g. honours
- change or addition of campus
- major increase or decrease in student intake relative to resources
- major change in resources, including staffing, that impact on the capacity of the program to meet its objectives
- change to program lead
- change to the length of program.

Reports of material change should provide:

- a description of each change
- the rationale and consultation undertaken with stakeholders
- a timeframe, likely impact, transition arrangements where change impacts on a student cohort
- follow-up action requested from the OTC.

Note: where a program is being discontinued, an education provider must indicate the:

- last year of delivery
- likely month/year when final students will complete
- anticipated last month/year when the award will be conferred.

The OTC will review the report of material change to determine if the change:

- will impact on the current accreditation status and therefore requires an additional accreditation assessment of the program
- has no impact on the current accreditation status and can be considered within the current period of accreditation.

In either case the OTC may seek additional detail from the education provider to assist the OTC decision.

8. Confidentiality and conflict of interest

8.1 Confidentiality

The accreditation process requires a substantial amount of information to be provided by education providers in accreditation submissions, annual monitoring reports and during site

visits. This may include information considered sensitive or commercial-in-confidence. Strict confidentiality is observed at all times by assessors, PAC members, directors of the OTC, and all OTC personnel.

Material provided by education providers for the accreditation of the programs will be used only for the purpose for which it was obtained. Aside from the provision of the accreditation report to the OTBA and Occupational Therapy Australia for their respective approval processes, no material gained from an accreditation assessment will be provided to any other party by the OTC without the written consent of the education provider, except where required by law.

On completion of the accreditation process, a copy of the accreditation submission and documents containing information pertaining to a specific review will be stored confidentially by the OTC for a minimum of seven years to ensure its availability as a comparison reference.

All assessors sign a confidentiality agreement with the OTC prior to commencement in their role. The confidentiality agreement covers all aspects related to the accreditation of a program, including not discussing any aspect of a program's accreditation outside of other members of the program assessment team, the OTC PAC, OTC staff, and not copying or keeping any materials obtained or provided as part of an accreditation process including the site/virtual site visit.

8.2 Conflict of Interest

Decisions made by the OTC are based on consistent application of rigorous processes.

The potential for conflict of interest exists in many OTC program accreditation activities. Conflict of interest refers to the conflict that may arise when an individual has duties, roles or relationships that may improperly influence their performance of their role in program accreditation. Conflicts may be actual (existing in fact), perceived (a conflict that could be inferred) or potential (a conflict that might arise in the future). Conflicts of interest may compromise the integrity of these decisions if a conflicted party can be perceived to have unduly influenced a decision.

Interests may be pecuniary or non-pecuniary:

Pecuniary conflicts of interest are those that involve an actual, potential or perceived financial gain or loss. A person has a pecuniary interest if they, or a relative or close associate, own property, hold shares, or receive benefits such as concessions or gifts from a particular source.

Non-pecuniary conflicts of interest do not involve a financial component. They may arise from personal or family relationships or involvement in social or cultural activities. Conflicts may also arise from other professional roles or affiliations held by an OTC director, committee member staff member or assessor.

All assessors, the PAC and OTC personnel must formally declare any issues that might influence or be perceived to influence their ability to serve effectively as an assessor, administrator or committee member for a specific accreditation. All meetings of the assessors, PAC and the OTC have 'Conflict of Interest' declarations as a standing agenda item. Directors, committee members and all employees are required to declare any actual, perceived or potential conflict of interest.

Assessors are not permitted to hold an appointment with the education provider or have a close connection to the program being reviewed. Members of assessment teams are drawn from states/territories outside the state/territory where the program is offered.

The academic leader of the occupational therapy program being assessed is provided the names and relevant professional background of proposed assessors and any other person involved in an accreditation assessment, prior to their appointment, to determine if there is an actual, perceived or potential conflict of interest, and if the academic leader objects to a specific person's involvement in the assessment team. If the latter, alternate assessors will be identified and the academic leader's agreement to their involvement as an assessor will be sought and obtained.

9. Internal review of a program accreditation decision

The OTC is required pursuant to section 48(4) of the National Law to have a process for internal review of certain accreditation decisions.

There are two grounds for an education provider to apply for a review of a decision:

- i The manner in which the accreditation process was conducted was procedurally unfair.

This may include, but is not limited to, the sequence and timing of the accreditation process, the process of assessment and evaluation of documentation, and the conduct of the site/virtual site visit.

or

- ii The decision of the OTC was unjustified or not reasonable i.e. the decision was not supported by substantial evidence or it was made on capricious or arbitrary grounds.

9.1 The internal review process

Refer to Policy: [Internal review of program accreditation decisions](#) for details.

10. Complaints about an accredited program

The OTC may receive complaints from students, employers, members of the public or other stakeholders about accredited occupational therapy programs.

The OTC does not have a role in resolving personal complaints where the complainant is seeking to have a matter investigated and addressed to bring about a change to their personal situation. For example, matters such as selection, recognition of prior learning/experience, assessment outcomes, or dismissal from the program. These concerns should be directed to the education provider.

Complaints which may evidence a systemic matter which could signify a failure to meet the Accreditation Standards will be investigated. In some instances, a personal complaint may indicate a systemic issue.

Refer to the OTC's Policy: [Complaints about Accredited Programs and Providers](#) on the OTC website.

11. Abbreviations

Ahpra	Australian Health Practitioner Regulation Agency
AQF	Australian Qualifications Framework
FTE	Full-time equivalent
HPACF	Health Professions Accreditation Collaborative Forum - the coalition of the accreditation authorities for the regulated health professions, each currently appointed for the profession by the National Board under the Health Practitioner Regulation National Law.
OTC	Occupational Therapy Council of Australia Ltd
OTBA	Occupational Therapy Board of Australia. The Australian registration authority for occupational therapists.
OTA	Occupational Therapy Australia – is the association of occupational therapists. The professional body representing occupational therapy in Australia and responsible for determining if a program of study meets the WFOT minimum standards and can be recognised by the WFOT. Sometimes referred to as OTA.
PAC	The Program Accreditation Committee is a committee of the OTC and has the role of advising the OTC on accreditation for entry-level occupational therapy programs.
SPEF-R2	Student Practice Evaluation Form – Revised. The assessment tool originally developed by The University of Queensland used to evaluate occupational therapy students undertaking professional practice placements across Australia.
TEQSA	Tertiary Education Quality and Standards Agency
WFOT	World Federation of Occupational Therapists. The professional body representing the occupational therapy profession internationally.

12. Glossary of terms

Academic leader	The person responsible for the overall development, leadership, management and evaluation of the entry-level and postgraduate occupational therapy programs delivered by the occupational therapy academic unit within an education provider. Sometimes called Head of Department, Discipline Lead, Head of School. In some academic units, academic leadership is provided by a team of senior staff.
Accredited program	Status applied when a program of study, and the education provider that provides the program of study, meet an approved accreditation standard for the profession.

Accredited with conditions	Status applied when a program of study, and the education provider that provides the program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the accreditation will ensure the program meets the standard within a reasonable time.
Accreditation assessment	The process undertaken to assess whether a program of study meets the Accreditation Standards. The education provider undertakes a period of self-evaluation followed by formal review and verification by a team of external assessors who evaluate the achievement or otherwise of the standards.
Accreditation refused	A proposed new program of study, and the education provider that intends to provide the program of study, has not met an approved accreditation standard for the profession. The program and provider will be informed of the evidence required prior to re-submission of an application for accreditation.
Accreditation revoked	The program of study, and the education provider that provides the program of study, no longer meet an approved accreditation standard for the profession and it is no longer accredited.
Accreditation Standard	A standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.
Accreditation submission	Evidence provided to the accreditation authority by the education provider to show how the program of study, and the education provider that provides the program of study, meets the Accreditation Standards. Formerly referred to 'self-study'.
Annual program monitoring report	Report completed by education providers to accreditation authorities to allow authorities to track whether accredited programs continue to meet the Accreditation Standards. Also known as Annual report/Annual monitoring report/Progress report/Annual declaration.
Approved program of study	An accredited program of study approved under section 49(1) of the National Law by the National Board established for the health profession; and included in the list published by the national agency under section 49(5).
Assessors	The people who undertake the process of external verification of a program(s). Assessors have completed training specific to their role in the program accreditation process.
Assessment Team	An assessment team is formed to undertake the review of an individual program. The team is usually made up of two or three members, one of whom is team leader. The team has experience and knowledge of the Accreditation Standards, the occupational therapy profession, educational matters and accreditation processes.
Benchmarking	A structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify

comparative strengths and weaknesses, as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality process used to evaluate performance by comparing institutional practices to sector good practice.

Commendation	A commendation is a significant achievement by the education provider with regard to the program in meeting the Accreditation Standards.
Competency Standards	The Australian Occupational Therapy Competency Standards (OTBA, 2018).
Condition	A condition is imposed when a program substantially meets an Accreditation Standard. The condition specifies the outcome required so the program can meet the Standard and the timeframe in which this action must occur.
Consumers	People with a health and/or occupational issue, people who use occupational therapy services and their support persons/carers/families.
Course	A term used differently by education providers, it sometimes refers to an individual subject and sometimes to a curriculum of study (program) that leads to the conferring of an approved award, for example a Bachelor's degree.
Cultural capability	As defined in the Aboriginal and Torres Strait Islander Health Curriculum Framework 2014, p2-22: "Cultural capability implies the demonstrated capacity to act on cultural knowledge and awareness through a suite of core attributes that are acquired through a dynamic lifelong learning process".
Cultural safety	<p>Ahpra definition (www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx):</p> <p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>To ensure culturally safe and respectful practice, health practitioners must:</p> <ul style="list-style-type: none">• Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.• Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.• Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.

- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Education provider	An institution providing a program of study in occupational therapy.
Explanatory notes	Guidance for education providers that clarifies and/or provides additional information about statements made within the Accreditation Standards. Also known as guidance notes.
Entry-level program	An undergraduate or postgraduate level program that prepares graduates to enter the workforce as beginning occupational therapy practitioners. A specific sequence of study/curriculum that leads to an initial qualification in occupational therapy.
Master's entry-level program	A program of study at Master's level that builds on a prior Bachelor-level qualification and leads to an initial qualification in occupational therapy. Sometimes referred to as a Graduate Entry Masters or GEM program.
Media consent	Consent for the use of written communication, photographs, digital images, audio, video footage.
Monitoring requirement	<p>A monitoring requirement is imposed when the program meets an Accreditation Standard, however the program is required to take action to ensure it continues to meet the Accreditation Standards. A monitoring requirement specifies the action the program must complete and report on in the program's annual monitoring report.</p> <p>A monitoring requirement may be appropriate when there have been changes made in a program to address a shortfall, which have not been fully implemented or a new program has plans that appear appropriate for students to achieve the required competencies, but this is yet to be confirmed.</p>
National Law	The Health Practitioner Regulation National Law Act (2009) as in force in each state and territory of Australia. The National Law provides for the establishment of national registration (of individual practitioners) and accreditation (of programs of study).
Postgraduate	A course or program of study that follows a first degree, leading to a formal qualification.
Program	A specific sequence of study/curriculum leading to an entry-level qualification/award/degree in occupational therapy (programs are also referred to as courses).
Program leader	The person providing leadership for a specific program of study. Sometimes referred to as program or course coordinator or convenor.
Re-accreditation	The term used to refer to the process of the accreditation assessment (usually 5 yearly) of a program which has previously been accredited.
Recommendation	A recommendation refers to an action or a course of action for consideration by the education provider to improve the delivery

and/outcomes of the program in meeting the Accreditation Standards. The focus of a recommendation is quality improvement.

Self-assessment	An element of the program accreditation review process in which the education provider formally assesses its entry-level programs and its achievements of the standards in an accreditation submission.
Site/virtual site visit	An element of the program accreditation assessment process by which the assessment team verifies the information in the accreditation submission through visiting the education provider and undertaking a range of consultations and interviews to gain first-hand information from key stakeholders. The site/virtual site visit is usually conducted over two to three days, depending on the number of programs being accredited and whether the programs are delivered from more than one site/campus.
Stage 1, 2, or 3 assessments	The sequential assessment process applied to new programs of study prior to the graduation of the first cohort of students. Stage 1: Notification of intention to seek accreditation. Stage 2: Initial desktop assessment prior to intake of students. Stage 3: Accreditation assessment with site/virtual site visit prior to graduation of first student cohort.
Substitute decision-maker	A person permitted under the law to make healthcare decisions on behalf of someone unable to do so for themselves.
Undergraduate program	A sequence of study leading to a first degree at tertiary level. It is usually a Bachelor's degree.
Unit	A separate unit of study within a program of study that has a syllabus, objectives, assessment, references and resources. A combination of units makes up a program of study. Also referred to by some education providers as subject, course, topic or paper.
Voluntary student experience	Experiences whereby students initiate interaction with members of the public as part of their required learning activities e.g. interviews with friends or relatives, visits or activities with community organisations.
WFOT Education Standards	World Federation of Occupational Therapists Minimum Standards for the Education of Occupational Therapists (2016).

13. Resources

Cultural capability and safety

AHMAC National Aboriginal and Torres Strait Islander Health Standing Committee. [Cultural respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026](#).

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Simulation

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Higher Education Standards Framework (Threshold Standards) 2021.

Available from: <https://www.teqsa.gov.au/higher-education-standards-framework-2021>

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