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Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health

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Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health

Final Report 2014

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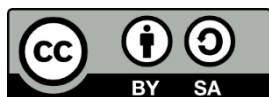
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List of acronyms used

ADC	Australian Dental Council
AEAP	Accreditation expert advisory panel
ALTC	Australian Learning and Teaching Council Ltd
ALTF	Australian Learning and Teaching Fellows
AMC	Australian Medical Council
AMEE	Association for Medical Education in Europe
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANZAHPE	Australian & New Zealand Association for Health Professional Educators
APC	Australian Physiotherapy Council
AQF	Australian Qualifications Framework
CPDANZ	Council of Physiotherapy Deans Australia and New Zealand
HERDSA	Higher Education Research and Development Society of Australasia
HESP	Higher Education Standards Panel
HWA	Health Workforce Australia
LTAS	Learning and Teaching Academic Standards
OLT	Australian Government Office for Learning and Teaching
TEQSA	Tertiary Education Quality and Standards Agency
TLO	Threshold learning outcomes
VET	Vocational education and training

Executive summary

The outcomes of the 2010 Learning and Teaching Academic Standards project of the Australian Learning and Teaching Council reinforced the importance of ensuring ongoing alignment between threshold learning outcomes and professional accreditation standards for healthcare disciplines.

The aim of the harmonising project team was to work with higher education institutions and healthcare professional accreditation agencies to identify and match the goals and expectations of education, professional and government institutions.

Within a framework that was organised around the threshold learning outcomes for health, information was captured about assessment approaches in Australian contemporary healthcare professional education.

The work of the project specifically focused on a subset of healthcare professions—dentistry, medicine, midwifery, nursing and physiotherapy—as ‘demonstration disciplines’.

Project outcomes

1. Establishment of dialogue

Project activities facilitated and sustained national dialogue on the importance of articulating and assessing learning outcomes. This outcome was achieved through the active engagement of a broad cross-section of healthcare disciplines and was a priority for all project activities with a particular focus on:

- meetings with national councils of deans, accreditation councils and other peak bodies
- a national forum
- national and international conference presentations.

2. Active disciplinary engagement

A series of discipline workshops culminated in the production of a draft statement of common assessment principles and issues that arise in implementation, together with the articulation of key questions in relation to learning outcomes and academic standards policy development within healthcare disciplines.

A series of individual discipline case studies subsequently delineated principles for assessment and assurance of graduate learning outcomes. Local institutional approaches to assessment and documentation of achievement of learning outcomes were reviewed.

3. A framework for incorporating professional accreditation and Australian Qualifications Framework standards into assessment blueprinting/mapping in healthcare disciplines

The threshold learning outcomes in health provided the basis for a unifying framework to facilitate a common approach across all healthcare disciplines for reporting the scope and level of student achievement across Australian Qualifications Framework dimensions and professional accreditation expectations.

4. A guide to support implementation of the framework

A guide was developed to accompany the framework. This guide provided information that would assist disciplines to embed the threshold learning outcomes into existing course and program organisation and documentation. More general information about Australia's new higher education regulatory and quality assurance environment is also included.

The framework and guide are available at the OLT website

<http://www.olt.gov.au/resource-harmonising-higher-education-professional-quality-assurance-assessment-health>

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Table 1.

Summary of workshop attendees and institutions represented.

Table 2.

Summary of case studies carried out in Phase 3 of the project.

1 Introduction

1.1 Background and context

In 2010, the Australian Learning and Teaching Council (ALTC) established the Learning and Teaching Academic Standards (LTAS) project (Australian Learning and Teaching Council 2011). The purpose of the LTAS project was to bring discipline communities together to define academic standards in line with the Australian government's new standards-based quality assurance framework (Australian Government Department of Industry, Innovation, Science and Tertiary Education 2009).

For the purposes of the LTAS project, academic standards were defined as encompassing discipline-specific knowledge, skills and capabilities. These standards were then expressed as the 'threshold learning outcomes' that a graduate of any given discipline (or program) must have achieved.

As discipline scholars conducting the LTAS project in health, Professors O'Keefe and Henderson worked with professional, academic and regulatory communities in identifying common themes around which healthcare discipline-based learning outcomes could be organised. The LTAS project also offered an ideal opportunity to explore the potential to improve alignment of professional accreditation and academic quality assurance processes.

To identify a common set of threshold learning outcomes for healthcare professional entry-level qualifications, a comprehensive stakeholder consultation and engagement plan was implemented. The discipline scholars worked closely with councils of deans, accreditation councils, professional bodies and government health agencies. A comprehensive list was developed of healthcare qualifications offered by Australian higher education providers, together with relevant professional accreditation and/or competency standards related documentation. If relevant, international accreditation standards for individual disciplines were also reviewed (O'Keefe, Henderson & Pitt 2011).

Grouping the existing professional standards for individual healthcare disciplines into common content domains led to the identification and articulation of the threshold learning outcomes. The potential for these threshold learning outcomes to act as a common 'yardstick' by which learning outcomes across disciplines could be defined and aligned was clearly apparent.

In addition to a benefit in relation to facilitating cross-disciplinary alignment, the threshold learning outcomes offered the possibility of facilitating greater linkages between the requirements of universities and accreditation bodies for student learning outcomes. To explore this further, the professional accreditation standards/competencies for 26 individual healthcare disciplines were mapped onto the threshold learning outcomes.

It was then apparent that, guided by these demonstrated commonalities, the expected learning outcomes of both universities and accreditation councils could be integrated into a single framework based on the threshold learning outcomes. The possibilities that this single framework could then be used for the purpose of demonstrating that accreditation, registration and Australian Qualifications Framework (AQF) compliance requirements had all been met was similarly recognised.

Given the link between the threshold learning outcomes and the discipline-specific

professional accreditation standards, this project was undertaken to explore the extent to which monitoring undertaken by healthcare professional accreditation agencies and the work of Tertiary Education Quality and Standards Agency (TEQSA) could be harmonised. The key objective was to facilitate processes so that institution providers, accrediting agencies and TEQSA are recognising and working towards the same goals.

2 Project outcomes and impacts

2.1 Intended outcomes

As described above, the aim of the harmonising project was to work across and with higher education institutions and healthcare professional accreditation agencies to identify and articulate the intersection of the threshold learning outcomes with professional accreditation agencies' standards and TEQSA expectations. The intention was to use this information to develop a framework of common assessment principles to document achievement of learning outcomes that would support university reporting requirements for professional accreditation and higher education quality assurance. Such a framework is valuable because it makes possible:

- a single point of documentation and record keeping where congruent information can be accessed for accreditation and TEQSA
- a visible and transparent examination of the curricula that exposes strengths and weaknesses, thereby directly informing curricula renewal
- a coherent and sustainable process that can be readily shared across healthcare disciplines.

A further anticipated outcome of this project was to facilitate a shared understanding of the threshold learning outcomes, their assessment and promotion across the full spectrum of healthcare disciplines. The harmonising process would emphasise commonalities and contribute directly to an improved understanding and working relationships across the tertiary education system and healthcare professional regulation authorities.

The process of identifying and matching the goals and expectations of education, professional and government institutions could also highlight any gaps or mismatches related to teaching, learning and/or assessment in such a complex context. Practical advice could then be provided to disciplines in relation to embedding the threshold learning outcomes and their assessment into existing course and program organisation and documentation.

2.2 Approach and methodology

This project focused on a subset of healthcare professions—dentistry, medicine, midwifery, nursing and physiotherapy—as 'demonstration disciplines'. This allowed a thorough exploration of the practicalities, synergies and differences in the requirements of higher education and accreditation agencies in respect of each individual discipline.

The harmonising project was carried out as a series of phased activities, each of which extended and built on the outcomes of previous phases.

Phase 1: Engagement and dialogue

The project leaders met with the councils of deans and accreditation councils of each of the demonstration disciplines early in the project (see Appendix 1). In addition to promoting the aims of the harmonising project, these meetings assisted the project team to gain a deeper understanding of particular disciplinary contexts and professional relationships, accreditation procedures and individual university academic quality assurance procedures. Meetings were also held with program representatives from individual universities, and disciplinary assessment experts and project team representatives attended the TEQSA invitational summit (Gold Coast, July 2011) and the National Quality and Standards Forum (Canberra, September 2011). This extensive consultation with key stakeholders also included confirmed widespread support for the value of the project, and contributed to shaping phase 2 workshop content and format.

Phase 2: Discipline workshops

The capacity for healthcare disciplines to achieve quality assurance processes that satisfy the requirements of both TEQSA and professional accreditation agencies was discussed in a series of national discipline workshops.

Four workshops were convened across the five demonstration disciplines of dentistry, medicine, midwifery, nursing and physiotherapy in February and March of 2012. Nursing and midwifery were combined within one workshop because they shared a common accreditation council (the Australian Nursing and Midwifery Accreditation Council [ANMAC]). The council of deans for each discipline was asked to nominate 12–15 key learning and teaching academic staff to participate. The relevant accreditation council chief executive officer was also invited to nominate one or more representatives to attend.

The disciplinary nominees of the councils of deans represented a wide range of academic staff in relation to both seniority (junior academic staff through to deans) and geographical and institutional contexts. In combination, the workshops involved approximately 60 national academic discipline leaders and accreditation council representatives representing 27 universities.

Details of the attendees and institutions represented at the workshops are summarised in Table 1, and a full list of attendees is presented in Appendix 2. At least one member of each accreditation council was represented at each workshop. Across each disciplinary group was a mix of academics: some who had actively contributed to the development of the threshold learning outcomes and some who were new to the project activities.

Table 1. Summary of workshop attendees and institutions represented

<i>Workshop</i>	<i>Date</i>	<i>Location</i>	<i>Participants</i>	<i>Higher education institutions represented</i>	<i>Other institutions represented</i>
Physiotherapy	03.02.12	Melbourne	16	11	1
Dentistry and Oral Health	24.02.12	Sydney	16	9	2
Medicine	16.03.12	Sydney	21	14	2
Nursing and Midwifery	30.03.12	Sydney	16	11	1

Participants were provided with background material one week prior to the workshops, which included the agenda for the day and information on the harmonising project, the LTAS project vis-a-vis the threshold learning outcomes identified for healthcare disciplines and relevant accreditation standards for each discipline. Participants were also provided with a selection of scholarly papers on assessment (Boursicot, Roberts & Burdick 2010; Jolly 2010; Norcini 2010; Norcini & Burch 2007), together with a comparison of AQF requirements at levels 7 (bachelor), 9 (coursework masters) and 9E (coursework masters extended) (see Appendix 3). Each workshop was convened across one full day and the format was a combination of presentations, interactive activities and feedback sessions (see Appendix 4).

Participants discussed a range of key issues relating to academic standards, the AQF, professional accreditation and the assessment of learning outcomes within their disciplines. These broad areas of discussion were broken into three sessions in which a set of key questions was discussed (see Appendix 4).

In addition, participants compared a sample of discipline accreditation standards for consistency against the AQF criteria for levels 7, 9 and 9E. To ensure a broad sampling of standards across a range of domains (for example, professional behaviour, clinical practice and collaborative healthcare), the choice of particular accreditation standards to be considered was guided by the threshold learning outcomes framework. The ensuing discussions considered the interface between TEQSA and professional accreditation councils as two key stakeholders in healthcare education.

Discussion during these sessions was documented by each group as a series of 'butcher's paper' notes and an audio recording (with the prior consent of all participants), which was subsequently transcribed.

A combined summary of workshop discussions was circulated as a draft statement of common assessment principles and issues that arise in implementation, together with the articulation of key questions in relation to learning outcomes and academic standards policy development within healthcare disciplines. A newsletter was also distributed to these groups to inform on project progress and activities, and to promote the forthcoming national forum (see Appendix 5).

Based on the outcomes of the workshops, the following questions were framed by the project team for further exploration:

1. What role should accreditation councils play in relation to academic standards assessment and monitoring?
2. Should there be a common approach across all healthcare disciplines to:
 - describe entry-level professional qualification AQF criteria?
 - name conventions for common entry-level professional qualifications?
3. What is the future role of coursework masters, dual and combined degrees with respect to entry-level healthcare professional qualifications?
4. How can universities most effectively and efficiently provide information that meets the requirements of both accreditation councils and TEQSA?
5. How best to standardise documentation and evidence within a common assessment and reporting framework?

In general, consideration of assessment principles in relation to academic standards and professional accreditation expectations by workshop participants affirmed a range of good practice. These included (but were not limited to) recognition of the importance of:

- blueprints/curriculum mapping that clearly articulate the relationship between learning outcomes and assessment strategies
- a combination of multiple assessment modes including direct observation in the clinical setting
- emphasis on criterion-referenced assessments
- authentic, demonstrably valid and reliable assessment methods
- expert assessors who have participated in calibration processes
- clearly articulated and diligently constructed standards for individual or combined assessments

Phase 3: Case studies

The discipline-specific case studies were conducted to explore in more detail existing assessment tools and frameworks particular to each discipline and in reference to individual institutions. Informed by the outcomes of phases 1 and 2, the aims of the case studies were:

- to explore how individual universities develop assessment strategies to provide evidence of achievement of specified learning outcomes
- to test the feasibility of aligning program, accreditation and TEQSA requirements in a small number of individual program levels within the collaborating institutions.

Seven case studies were carried out across the five disciplines during June–November 2012. Following the workshops, participants interested in further engagement with project activities were invited to join a discipline-specific interest group (network). The establishment of these networks was supported by an extension grant nested within the

Harmonising project with a key purpose of promoting wider engagement between academic healthcare representatives (see Appendix 6). A teleconference was organised with as many of these participants as possible (one teleconference per discipline). In this teleconference, members of the project team discussed the assessment of learning outcomes in more detail within the relevant discipline and called for interest in participating in a case study.

Volunteers for case studies were sought from the membership of these disciplinary networks. Participation was voluntary, and selection of program areas aimed at a cross-section of degree programs, institutions and AQF levels. Case studies were carried out across the five disciplines at seven universities covering three AQF levels (7, 9 and 9E) (see Table 2). The response to both teleconference and case study volunteering was very encouraging, and the project team was unable to meet with everyone who volunteered due to time constraints.

Table 2. Summary of case studies carried out in Phase 3 of the project

Discipline	AQF levels represented
Dentistry	7, 9
Medicine (2 case studies)	7, 9E
Midwifery	7
Nursing	7, 9
Physiotherapy (3 case studies)	7, 9, 9E

Two members of the project team conducted each case study. This involved a site visit—usually at the participating university—key informant interview/s and associated document review (see Appendix 7). Each case study ‘mini-project team’ comprised one project team member from the relevant discipline and one other team member (except for dentistry, in which two team members with prior experience with dental curriculum undertook the work).

Participants provided de-identified extracts of, and/or access to, curriculum accreditation documentation (self-review, accreditation report), the curriculum framework, program learning objectives, and outcomes and program assessment strategies.

Interviews were semi-structured, and six standard questions were used with follow-up questions as appropriate. If more than one participant was present, a group interview was conducted. Interviewing project team members took detailed notes during the interviews. The questions were developed from the workshop discussions:

1. Where are learning outcomes assessed in the curriculum?
2. What criteria do you use?
3. What assessment tools/approaches do you use?
4. What does the data set look like?
5. How is the standard determined for achieving learning outcomes?
6. How do these learning outcomes currently match the AQF?

The extent to which the current approach to documenting achievement of learning outcomes within each discipline and university could be simultaneously organised around the threshold learning outcomes, and the relevant accreditation standards was explored. In particular, the following were considered:

- the degree of potential alignment between existing individual program curriculum mapping/recording of learning outcomes and the threshold learning outcomes
- the degree of alignment between the draft framework of common assessment principles and program level assessment activities
- participant perceptions of the feasibility of achieving common data sets of teaching and related assessment activities that could meet the requirements of both professional accreditation and institutional academic quality assurance activities.

Summary of key findings

- Demonstration of evidence of achievement of learning outcomes was variable across institutions and disciplines.
- It can be difficult to anchor learning outcome assessment to specific curriculum content without using composite assessment strategies:
 - In some instances multiple individual learning outcomes are assessed concurrently.
 - Some learning outcomes require multiple individual assessments that may build on previous assessment outcomes.
 - Capturing the uniqueness of content in healthcare and the complexity of different levels of achievement requires integrated assessment of knowledge, skills and/or application.
- Participants indicated a preference for reporting evidence of learning outcome achievement against aggregated learning outcomes such as the threshold learning outcomes rather than as individual competencies.

The outcomes of the case studies strongly supported the potential utility of threshold learning outcomes as a unifying framework for reporting the scope and level of student achievement across AQF dimensions that is applicable to a range of healthcare disciplines and linked directly with accreditation requirements.

Phase 4: National forum

The final activity of the harmonising project was an invitational national forum of key healthcare discipline academic stakeholders held in Melbourne in August 2012. The aims of this forum were:

- to present the outcomes of the workshop series and case studies
- to contribute to dialogue about the development of standards-related policy and practice
- to explore the development of more consistent approaches to higher education quality assurance processes across healthcare disciplines.

The format of the forum, which was externally facilitated, was a daylong activity combining a series of presentations, interactive sessions and panel discussions (see Appendix 8). Participants were provided with background material one week prior to the forum, which included the agenda for the day and information on the harmonising project and the LTAS project vis-a-vis the threshold learning outcomes identified for healthcare disciplines (see Appendix 8). Participants at the forum were invited from disciplinary network, case study and workshop participant groups: the AQF Council, TEQSA, the Higher Education Standards Panel (HESP), accreditation councils, key healthcare stakeholder groups (Health Workforce Australia [HWA] and the Forum of Health Professions Australia) and discipline scholars from the ALTC and the Office for Learning and Teaching (OLT).

The forum was attended by approximately 50 healthcare discipline leaders and representatives from accreditation councils, councils of deans, TEQSA, HESP, OLT and the AQF Council (see Appendix 9). Participants were asked to address the topics refined in the earlier workshops and case studies. Discussion outcomes were documented on the day and later transcribed.

Participants largely reached consensus in relation to these key themes:

- Accreditation councils have a distinct role to play in the assessment and monitoring of academic standards.
- Professional accreditation requirements can be better aligned with higher education academic standards.
- AQF criteria and naming conventions of entry-level professional qualifications should remain diverse across healthcare disciplines.
- Coursework masters, dual and combined degrees exist to respond to market-driven diversity.
- An overarching framework or template could assist universities to provide information effectively and efficiently that meets the requirements of TEQSA and accreditation councils.
- Governance structures and standardised processes can help establish common assessment and reporting pathways.

Forum discussion outcomes and key messages, points of debate and suggested next steps are outlined below.

i) Accreditation councils have a distinct role to play in the assessment and monitoring of academic standards.

Participants agreed that although accreditation councils play a unique role in the assessment and monitoring of academic standards, this role can be better defined.

Three suggestions from the forum regarding the role of accreditation councils in relation to academic standards within healthcare professional entry-level degrees were as follows:

- The role should be distinctive from, and complementary to, existing processes. The overlap in responsibilities between TEQSA and accreditation councils presents an opportunity for collaboration. Accreditation councils are well placed to gather and

share information with TEQSA to create synergistic benefits between these bodies. It is important that duplication of responsibilities and processes be averted to be more resource efficient, especially for universities.

- Accreditation council members should possess the required skills and expertise to be effective in their roles. The capability required to assess university degree programs and knowledge of academic standards should be considered in the appointment of council members; however, this is at the discretion of the councils themselves.
- Accreditation councils are well placed to assess capabilities, curricula and processes of universities to ensure degree program offerings meet requisite standards and produce students who meet the registration requirements of relevant healthcare professions.

A clear role for accreditation councils in assessing academic standards in relation to the management of unsatisfactory student performance did not emerge.

Key discussion points were:

- Accreditation council standards/competencies and academic standards should be aligned whenever this is practical, ensuring that key disciplinary standards are not compromised at any time. Current differences between both sets of requirements could hinder the role of accreditation councils.
- Accreditation councils may wish to consider whether they should also collect evidence from individual degree programs demonstrating achievement of specific student learning outcomes in relation to specific AQF levels as required by TEQSA.

ii) Professional accreditation requirements can be better aligned with higher education academic standards.

The role of TEQSA as a regulatory body for higher education in Australia ensures universities comply with national standards. Accreditation councils and universities need to recognise this and respond appropriately.

The forum delivered two key messages:

- While both TEQSA's and the accreditation councils' roles should be recognised, TEQSA's role as regulator and quality assessor of the sector as authorised by legislation must be acknowledged. TEQSA is responsible for ensuring higher education providers comply with the Higher Education Standards Framework, as determined by the HESP. TEQSA cannot delegate its functions to others. Higher education providers must comply with these standards to maintain registration.
- Closer alignment between the HESP learning and teaching standards and the accreditation councils' standards is desirable to streamline processes. However, there are significant complexities. TEQSA assesses compliance with threshold provider and qualification standards whereas accreditation councils currently monitor content and delivery of healthcare professional degrees by universities to ensure professional practice standards are met. Alignment between both bodies in course accreditation standards and reporting processes is desirable when benefits outweigh costs to create efficiency gains.

Two proposed actions reinforce participants' desire to enhance alignment between TEQSA and accreditation council requirements more closely:

- Building on existing TEQSA mandatory compliance standards, accreditation councils could develop additional professional practice standards as required.
- TEQSA and accreditation councils should look to use a common data set whenever practical to allow ease of information sharing and management.

iii) AQF criteria and naming conventions of entry-level professional qualifications should remain diverse across healthcare disciplines.

There was consensus from forum participants to maintain diversity of entry-level professional qualification AQF levels and naming conventions.

Three key messages were expressed at the forum:

- Diversity of entry-level professional qualification AQF levels should be maintained, even if only to meet market needs. All groups expressed the importance of maintaining variation across healthcare disciplines in the context of a globalised higher education market. The notion of 'standards, not standardisation' was proposed.
- Some participants were open to the idea of having some level of commonality. There were suggestions that there may be room within discrete disciplines for standardisation of AQF qualification levels.
- Existing degrees are not entirely consistent with the AQF framework. Some bachelor degrees in medicine and dentistry currently exceed level 7 bachelor degree requirements as stated in the AQF. The ongoing difficulty of meeting AQF requirements with existing masters degrees and managing the diversity that exists within the sector at this level was acknowledged.

iv) Coursework masters, dual and combined degrees exist to respond to market-driven diversity.

An ongoing role of coursework masters, dual and combined degrees as entry-level healthcare qualifications was agreed. Three key messages emerged and reinforced themes from the previous section:

- The demand for higher education is market driven, and coursework masters, dual and combined degrees should be made available to permit universities to respond in a flexible way to market diversity.
- Clear standards, but not standardisation, are required. It is the responsibility of universities to ensure courses in healthcare disciplines are meeting AQF guidelines. Clarity regarding qualifications and distinct learning outcomes of graduates at different AQF qualification levels is required.

v) An overarching framework or template could assist universities to provide information effectively and efficiently that meets the requirements of TEQSA and accreditation councils.

The proposed overarching framework could provide guidance on effective and efficient reporting procedures that meet the requirements of TEQSA and the accreditation councils, but work needs to be done to improve the alignment of reporting processes between these peak bodies. Such a framework would primarily benefit universities that are tasked with compliance reporting.

Two key messages were highlighted at the forum:

- The existing threshold learning outcomes in health that are proposed as a unifying framework have not been completely understood and may require further communication with the interested parties. All participants agreed that universities could report more effectively and efficiently but were less clear about the way to do this. A proportion of participants were open to the idea of an overarching framework or template that aligns the reporting process. Others seemed less optimistic and identified potential difficulties associated with evidence gathering and alignment of standards.
- The ability of universities to provide information will be enhanced through closer alignment of TEQSA and accreditation councils' reporting requirements. It is likely that TEQSA will work collaboratively with accreditation councils to enhance integration of the evidence-gathering process, especially when there is overlap of the information required.

Further work could be done to articulate the role of threshold learning outcomes as a unifying framework to facilitate more effective and efficient reporting by universities of achievement of required student learning outcomes to all relevant bodies.

vi) Governance structures and standardised processes can help establish common assessment and reporting pathways.

Participants' responses to standardising documentation and evidence revolved around the application of common processes and governance systems. Three key suggestions were highlighted, with some overlap with responses from the previous section:

- The suggestion to standardise common reporting cycles was put forward. The frequency and timing of evidence disclosure could be an important component of standardising the reporting process. It is important to minimise the reporting and compliance administrative load of universities whenever possible.
- Governance structures should be put in place to ensure adherence to the conventions of a common assessment and reporting framework. These structures should also facilitate application of standardised requirements by reporting bodies and maintain reporting quality.
- Peak bodies should organise their information around a common format for purposes such as benchmarking, research and policy development. This will assist all bodies involved in the assessment process to develop a more coherent approach to data collection and information sharing.

Finally, it is worth exploring common assessment tools to examine the usefulness of a unified approach to reporting across diverse courses.

2.3 Project outcomes

The following outcomes and deliverables were achieved.

1. Establishment of dialogue

Project activities facilitated and sustained national dialogue on the importance of articulating and assessing learning outcomes. This outcome was achieved through the active engagement of a broad cross-section of healthcare disciplines and was a priority for all project activities, with a particular focus on:

- meetings with national councils of deans, accreditation councils and other peak bodies
- a national forum
- national and international conference presentations.

2. Active disciplinary engagement

A series of discipline workshops culminated in the production of a draft statement of common assessment principles and issues that arise in implementation, together with the articulation of key questions in relation to learning outcomes and academic standards policy development within healthcare disciplines.

A series of individual discipline case studies subsequently delineated principles for assessment and assurance of graduate learning outcomes. Local institutional approaches to assessment and documentation of achievement of learning outcomes were reviewed.

3. A framework for incorporating professional accreditation and AQF standards into assessment blueprinting/mapping in healthcare disciplines

The threshold learning outcomes in health provided the basis for a unifying framework to facilitate a common approach across all healthcare disciplines for reporting the scope and level of student achievement across AQF dimensions and professional accreditation expectations.

A framework of common assessment principles was developed. Development of the framework acknowledged the importance of the following assessment principles in relation to academic standards and professional accreditation expectations. Assessment program development should be guided by:

- use of blueprints/mapping that clearly articulate the relationship between the learning outcomes and the assessment strategies
- a combination of multiple assessment modes including direct observation
- emphasis on criterion-referenced assessments
- authentic, valid and reliable assessment methods
- use of expert assessors who have participated in some form of calibration process
- clearly articulated standards for individual or combined assessments using appropriate methods.

4. A guide to support implementation of the framework

A guide was developed to accompany the framework. This guide provided information that would assist disciplines to embed the threshold learning outcomes into existing course and program organisation and documentation. More general information about Australia's new higher education regulatory and quality assurance environment is also included.

2.4 How the project used and advances existing knowledge

The aims of this project were developed as a direct response to issues identified across healthcare disciplines during the LTAS project. Disciplinary assessment expertise was accessed through the workshop participants and case studies. Selected scholarly works were distributed to workshop participants to ensure familiarity with best practice approaches to assessment in healthcare disciplines and higher education more broadly (Boursicot, Roberts & Burdick 2010; Jolly 2010, Norcini 2010; Norcini & Burch 2007). In addition, David Boud's 2010 paper, *Assessment 2020: seven propositions for assessment reform in higher education*, provided a firm foundation for the work of this project, especially:

Assessment for learning is a focus for staff and institutional development: assessment of student achievements is judged against consistent national and international standards that are subject to continued dialogue, review and justification within disciplinary and professional communities.

2.5 Critical factors of the approach

Reaching out to discipline communities in the early stages of the project to ensure a good understanding of the principles of the LTAS project and value of the threshold learning outcomes as a framework for organising assessment and guiding in quality assurance, in addition to existing profession accreditation requirements, resulted in increased interest and momentum in project activities and outcomes. As a result of this engagement, it became clear that through the project we were undertaking work of real benefit and immediate value to the sector.

Factors critical to success

1. Engagement from the healthcare sector along with participant willingness to participate in the project

The project received support and endorsement of its aims by the councils of deans and accreditation councils for each of the five participating disciplines.

Our consistent experience at project workshops, case studies and the forum was one of extremely positive feedback. Participants were highly engaged with the process and very supportive of the project aims, as evidenced by fully subscribed workshops and forum, and the ease with which volunteers were identified for case studies.

2. Engagement of the reference group and accreditation expert advisory panel

Advice from the reference group and accreditation expert advisory panel (AEAP) during the early stages of the project was vital in clarifying the focus of the project to the sector and in helping to maintain engagement and meaningful dialogue with a range of national organisations, along with the provision of discipline-specific information about accreditation and standards.

3. The inclusion of an independent evaluator in all project activities

The independent evaluator played an active role in all aspects of this project and, in particular, provided valuable feedback to guide the project team as the workshop series progressed.

4. Formative evaluation

Weekly review, discussion, planning and reflection by the project leaders were critical to project success.

5. The disciplinary knowledge and experience of the project team

The project was greatly assisted by the diverse disciplinary membership of the project team and their detailed understanding of systems, assessment and academic work. Existing connections with councils of deans and accreditation councils among the project team members were also highly advantageous.

6. Respect for the individuality of each discipline

At all stages of the project, the project team placed the utmost importance on maintaining respect for each discipline's integrity, culture and contribution to healthcare. Working with each discipline separately during phases 1-3 to gain a full understanding of these unique features provided a more robust background to planning and implementing the national cross-disciplinary forum.

Factors that impeded its success

Throughout the project, positive energy and momentum was built. However, reaching out to discipline communities to ensure a good understanding of the project was a complex challenge. In particular, conveying an understanding of the value of the threshold learning outcomes in quality assurance, in addition to existing professional accreditation requirements, required sustained effort. To quote one workshop participant:

I am not sure that this work is sufficiently on the radar of a range of peak bodies all of which seem to be duplicating work on competence and standards, I would like to see some discussion on ways each discipline might use the threshold learning outcomes to guide curriculum and set up reporting.

TEQSA and the HESP were not yet operational at project commencement and the project team found themselves often acting as disseminators of information on TEQSA, the AQF and HESP. At project commencement in particular there was a great need expressed across the sector for this information.

Addressing this need required constant explanation and time for stakeholders to grasp the full implications of the new Australian higher education quality assurance regulatory environment. Until this was achieved, the value of the project was difficult to promote. However, once knowledge and understanding of key issues for each discipline had been established, this focused engagement and proved highly effective in setting up the positive outcomes that were subsequently achieved.

2.6 Extent to which approach/outcomes can be translated to other disciplines

As a result of the ALTC LTAS project in 2010 and subsequent work in a number of additional disciplines a large number of disciplines now have threshold learning outcomes agreed and promulgated (Discipline Standards in Australia 2013). For any discipline with both professional accreditation and agreed threshold learning outcomes, the outcomes of this project including the framework and guide have direct relevance. Those disciplines with professional accreditation but in which threshold learning outcomes have not yet been defined will also find the general principles underpinning this project to have direct relevance to their own navigation of TEQSA and professional accreditation requirements. Finally, for those disciplines without professional accreditation, there is great value in the articulation within this project of principles for the assessment of student learning outcomes. This is especially the case in relation to complex performance and/or work-based learning capabilities.

3 Dissemination

The key principle underpinning the project dissemination strategy was active involvement of key stakeholders at all stages of project development and implementation. In addition, explicit explanations and demonstrations of the importance and usefulness of this project to higher education institutions, councils of deans and professional accreditation agencies underpinned successful dissemination. Extensive consultation and engagement was supported by a number of key meetings (see Appendix 1). Iterative cycles of engagement were also facilitated by strategic membership of the reference group and the accreditation expert advisory group (see Appendices 9 and 10).

In preparation for the national forum, a newsletter presenting the key issues and progress of the project to date was circulated to participants of the workshop series, councils of deans and accreditation councils (see Appendix 5).

The forum provided an ideal opportunity to present the outcomes of the case studies by way of reporting back to the disciplinary networks and to promote continued disciplinary and interdisciplinary dialogue about these issues. The forum report was circulated widely within the healthcare discipline sector (see Appendix 12).

The final project report and guide will be widely available through the OLT website and will be forwarded to all individuals and organisations involved in the project.

The outcomes of the project have been promoted through conference presentations, both nationally and internationally, and related publications (Henderson & O'Keefe 2011; O'Keefe 2012; O'Keefe & Henderson 2011, 2012; O'Keefe, Henderson & Pitt 2012a, 2012b, 2013). The project outcomes have also been presented to the discipline scholar network and the Australian Learning and Teaching Fellows (ALTF).

4 Linkages

As the TEQSA standards environment evolves, it is important that discipline academics continue to engage with, and contribute to, processes in the development of standards-related policy and practice. Building on the successful outcomes of the LTAS project, the harmonising project placed a significant emphasis on continued liaison with individual discipline academics in addition to councils of deans and accreditation councils. The participation of discipline academics in addition to council of deans and accreditation council representatives at the national forum was a very important factor in the growing appreciation nationally of the importance of the LTAS project outcomes to healthcare disciplines. These combined outcomes have supported broadly based and ongoing dialogue on academic standards within discipline communities and facilitated the engagement of a wide network of teaching academics.

This process has gained considerable momentum that, in the view of the project team, will continue beyond the life of the currently funded project. Moreover, as a result of ongoing discussions arising from the disciplinary network interactions, a number of universities are planning to implement the threshold learning outcomes as an organising framework within their own healthcare programs in 2013.

Members of the project team also had direct linkages with the following projects that were concurrently underway:

‘Australian Medical Assessment Collaboration: From Proof of Concept to Proof of Sustainability’. Office for Learning and Teaching. (L McAllister, project team member)

‘Professional Competency Standards, Learning Outcomes and Assessment: Designing a Valid Strategy for Nutrition and Dietetics’. Office for Learning and Teaching. (B Jolly, project team member; M O’Keefe and A Henderson, reference group members)

‘Assessing Undergraduate Nursing Students’ Integration of Theory and Practice within a Capstone Clinical Stream’. (B Jolly, project team member)

‘An Implementation Framework for OSCE “Best Practice Guidelines” Designed to Improve Nurse Preparedness for Practice’. (A Henderson, project team member)

‘National Health Common Health Competency Resource Project’. Health Workforce Australia. (M O’Keefe, A Henderson and L McAllister working group members)

‘National Competency Framework for Clinical Supervision’. Health Workforce Australia. (M O’Keefe and A Henderson, steering group members)

‘Clinical Placement Assessment Instruments Harmonisation Project’. Australian Institute for Primary Care and Ageing. La Trobe University. (M O’Keefe and A Henderson, reference group members)

This involvement has assisted in the development of a more consistent sector-wide understanding of academic standards in healthcare and, in particular, the assessment of learning outcomes.

5 Evaluation

The project evaluation plan was structured around ongoing review of the process of project implementation and achievement of project outcomes. Formal project evaluation was structured around the following assessments. The nature of evidence used to confirm successful achievement is shown in brackets.

Process evaluation

1. the extent to which each phase of the project was implemented in a timely manner (timetable of project activities and minutes of meetings)
2. the extent to which outcomes of each phase were achieved in a timely manner (timetable of project activities and minutes of meetings)
3. the extent of engagement with stakeholders (attendance at workshops, responses and feedback to discussion documents)
4. the timely submission of progress and final reports to the OLT/ALTC (report submission and confirmation by OLT/ALTC)

Impact evaluation

1. the extent to which the project was viewed as having had a positive effect (minutes of meetings, stakeholder feedback, independent evaluator exit interviews)
2. the extent of alignment achieved between professional accreditation and higher education academic quality assurance processes in development of the draft framework of common assessment principles (statement of common assessment principles, identification of common data sets)
3. the level of engagement with the trial in selected program areas within each collaborating institution (minutes of meetings, numbers of program areas participating)
4. the extent to which the draft framework of common assessment principles was useful in facilitating the alignment of current program, accreditation and TEQSA quality assurance requirements (minutes of meetings, numbers of program areas participating, program level trial evaluations)
5. the extent to which dialogue between TEQSA, higher education institutions and accreditation agencies was supported

Outcomes evaluation

1. production of a framework of common assessment principles to guide and support alignment of professional accreditation and higher education quality assurance
2. production of a guide on approaches to embedding threshold learning outcomes assessment into existing course and program organisation to facilitate reporting procedures for both professional accreditation and academic quality assurance

Progress of the project in each of these three domains was monitored through the lifetime of the project. The independent evaluator report provides further evidence of the success and impact of this project (see Appendix 13).

In terms of the process evaluations, the project team met all internal and external project

timelines. In the instance of the case studies (phase 3), these were originally scheduled for earlier in the project, prior to the workshops (phase 2). To optimise project outcomes, a decision was taken in the early stages of the project to reverse the order of these two activities. As a result, the workshops permitted greater refinement of the interview questions, which were then pursued through the case studies. Volunteers for the case studies were also sourced from the workshops. These academics, having already attended their discipline-specific workshop and read the background documentation, were extremely well briefed on the project aims and intentions. Consequently, the case study discussions provided rich and detailed information.

The project impact was assessed in a number of ways, as demonstrated above. The level of participation and engagement by a broad cross-section of academic staff, councils of deans and accreditation councils in the earlier phases was impressive and very encouraging to the project team. Formal evaluation of the workshops provided substantial evidence of positive impact (see Appendix 14). The national forum was well attended, with representation for all major stakeholder groups, and once again the feedback supported the value of the activity (see Appendix 15). The level of consensus achieved at the national forum also demonstrated the relevance and need for the project and the associated outcomes. Active dialogue between TEQSA and professional accreditation councils continues. Finally, the ongoing work to embed the threshold learning outcomes at individual universities that has been sparked by the project is very heartening.

6 References

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O'Keefe, M, Henderson, A & Pitt R 2012b, 'Harmonising health professional accreditation and higher education quality assurance processes by identifying common graduate learning outcomes', paper presented at the HERDSA Conference, Hobart, 2-5 July.

O'Keefe, M, Henderson, A & Pitt, R 2013, 'Enriching interdisciplinary connections through the identification of common student learning outcomes', abstract accepted CAB IV Conference, Vancouver, Canada, June 12-14.

Appendix 1. List of groups met with in phase 1

Australian Physiotherapy Council

Australian Medical Council

Council of Physiotherapy Deans of Australia and New Zealand

Australian Nursing and Midwifery Accreditation Council

Australasian Council of Dental Schools

Council of Deans of Nursing and Midwifery

Australian Council of Pro Vice Chancellors and Deans of Health Sciences

Medical Deans Australia and New Zealand

Australian Dental Council

Health Workforce Australia

Forum of Australian Health Professions Councils

Appendix 2. Summary of workshop attendees

Physiotherapy

Dr Louisa Remedios

Deputy Head, Physiotherapy, The University of Melbourne

Associate Professor Sandy Brauer

Associate Professor, Physiotherapy, The University of Queensland

Associate Professor Meg Stuart

Acting Head of School, Physiotherapy, Australian Catholic University

Ms Narelle Patton

Lecturer in Physiotherapy, Charles Sturt University

Dr Will Gibson

Director of Teaching and Learning, School of Physiotherapy, Curtin University

Associate Professor Nancy Low Choy

Associate Professor, Physiotherapy, Head of Program, Bond University

Dr Shylie Mackintosh

Program Director, Physiotherapy (Undergraduate), UniSA

Associate Professor Jennie Scarvell

Head of Discipline, Physiotherapy, The University of Canberra

Professor Tony Wright

Chair, Australian Physiotherapy Council/Professor of Physiotherapy, Acting Head of School, Curtin University

Professor Sue Jones

Deputy Chair, Australian Physiotherapy Council Accreditation Committee/Dean, Learning and Teaching, Faculty of Health Sciences, Curtin University

Dentistry and Oral Health

Associate Professor Deborah Cockrell

Coordinator, Postgraduate Programs, Joint Australian Dental Council/Dental Council (NZ) Accreditation Committee

Dr Wendy Currie

Lecturer, Bachelor of Oral Health, The University of Sydney

Dr Sarah Down

Dentistry Year 3 Coordinator, La Trobe University

Dr David Goode

Senior Lecturer and Dentistry Year 5 Coordinator, La Trobe University

Professor Paul Ichim

Professor, School of Dentistry/Director of Undergraduate Studies, Oral Health Centre of Western Australia (OHCWA), University of Western Australia

Dr Benedict Keith

Senior Lecturer and Course Coordinator Dentistry, La Trobe University

Mr Soorebettu (Ram) Prabhu

Senior Lecturer, Biodental Science, Charles Sturt University

Associate Professor Matt Hopcraft

Director of Clinical Education, The University of Melbourne

Professor Peter Wilson

Professor of Dentistry, La Trobe University

Professor Johann DeVries

Dean of Dentistry, The University of Adelaide/President, Australasian Council of Dental Schools

Medicine

Professor Nicholas Glasgow

Dean, Faculty of Medicine, Australian National University

Professor Lambert Schuwirth

Health Professional Education, Flinders Innovations in Clinical Education, Flinders University

Dr David Kramer

Associate Head of School, Teaching and Learning, Deakin University

Associate Professor Carole Stekete

Associate Dean Teaching and Learning, The University of Notre Dame

Associate Professor Agnes Dodds

Associate Professor (Medical Education), The University of Melbourne

Dr Jenny Schafer

Director, MBBS Program, University of Queensland

Ms Monique Hourn

Project Manager, Competencies, Medical Deans, Australia and New Zealand Inc.

Associate Professor Tony O'Sullivan

Associate Professor of Medicine and Consultant Endocrinologist, University of New South Wales

Assistant Professor Zarrin Siddiqui

Assistant Professor in Medical Education (Assessment), University of Western Australia

Ms Theanne Walters

Deputy CEO, Australian Medical Council

Professor David Ellwood

Chair, Medical School Accreditation Committee/Deputy Dean, Professor of Obstetrics & Gynaecology, Australian National University

Professor John Bushnell

Associate Dean and Director of Graduate Medical Programme, University of Wollongong

Nursing and Midwifery

Associate Professor Karen Flowers

Associate Dean Academic and International, Australian Catholic University

Associate Professor Kate Andre

Associate Dean (Learning and Teaching) Faculty of Computing, Health and Science/Associate Professor, Nursing Education, Edith Cowan University

Associate Professor Jillian Brammer

Director of Postgraduate Programs and Program Coordinator (Master of Nursing), University of Southern Queensland

Dr Steve Parker

Associate Dean (Teaching & Learning) and Senior Lecturer, School of Nursing and Midwifery, Flinders University

Associate Professor Pauline Glover

Associate Professor, School of Nursing and Midwifery, Flinders University

Ms Angela Brown

Associate Head of School and Senior Lecturer, School of Nursing, Midwifery and Indigenous Health, University of Wollongong

Mr Roy Brown

Senior Lecturer and Director (Bachelor of Nursing Programmes), School of Nursing, Midwifery and Indigenous Health, University of Wollongong

Associate Professor Tracey Thornley

Dean, School of Nursing, University of Notre Dame

Professor Sally Borbasi

Associate Dean of Health Sciences (Learning and Teaching), Australian Catholic University

Appendix 3. Workshop document: comparison of AQF requirements

AQF LEARNINGS OUTCOMES CRITERIA: COMPARISON BETWEEN LEVELS 7, 9 AND 9E

KNOWLEDGE

7.

- a broad and coherent body of knowledge, with depth in the underlying principles and concepts in one or more disciplines as a basis for independent lifelong learning

9.

- a body of knowledge that includes the understanding of recent developments in a discipline and/or area of professional practice
- knowledge of research principles and methods applicable to a field of work and /or learning

9E

- a body of knowledge that includes the extended understanding of recent developments in a discipline and its professional practice
- knowledge of research principles and methods applicable to the discipline and its professional practice

SKILLS

7.

- cognitive skills to review, critically analyse, consolidate and synthesise knowledge
- cognitive and technical skills to demonstrate a broad understanding of knowledge with depth in some areas
- cognitive and creative skills to exercise critical thinking and judgement in identifying and solving problems with intellectual independence
- communication skills to present a clear, coherent and independent exposition of knowledge and ideas

9.

- cognitive skills to demonstrate mastery of theoretical knowledge and to reflect critically on theory and professional practice or scholarship
- cognitive, technical and creative skills to investigate, analyse and synthesise complex information, problems, concepts and theories and to apply established theories to different bodies of knowledge or practice
- cognitive, technical and creative skills to generate and evaluate complex ideas and concepts at an abstract level
- communication and technical research skills to justify and interpret theoretical propositions, methodologies, conclusions and professional decisions to specialist and non-specialist audiences
- technical and communication skills to design, evaluate, implement, analyse and theorise about developments that contribute to professional practice or scholarship

9E

- cognitive skills to demonstrate mastery of theoretical knowledge and to reflect critically on theory and professional practice
- cognitive, technical and creative skills to investigate, analyse and synthesise complex information, problems, concepts and theories and to apply established theories to different bodies of knowledge or practice
- cognitive, technical and creative skills to generate and evaluate complex ideas and concepts at an abstract level
- communication and technical research skills to justify and interpret theoretical propositions, methodologies, conclusions and professional decisions to specialist and non-specialist audiences
- technical and communication skills to design, evaluate, implement, analyse and theorise about developments that contribute to professional practice

DEMONSTRATE APPLICATION OF KNOWLEDGE AND SKILLS

7.

- with initiative and judgement in planning, problem solving and decision making in professional practice and/or scholarship
- to adapt knowledge and skills in diverse contexts
- with responsibility and accountability for own learning and professional practice and in collaboration with others within broad parameters

9.

- with creativity and initiative to new situations in professional practice and/or for further learning
- with high level personal autonomy and accountability
- to plan and execute a substantial research-based project, capstone experience and/or piece of scholarship

9E.

- with creativity and initiative to new situations in professional practice and/or for further learning
- with high level personal autonomy and accountability
- to plan and execute a substantial research-based project, capstone experience and/or professionally focused project

Appendix 4. Workshop agenda

HARMONISING PROJECT The Standards Workshop

PROJECT OVERVIEW

In 2010 the Australian Learning and Teaching Council (ALTC) established the Learning and Teaching Academic Standards (LTAS) project. Discipline Scholars were appointed to lead this work in their respective Disciplines. The purpose of this project was to bring discipline communities together to define academic standards in line with the Australian government's new standards-based quality assurance framework. This framework will then be overseen by the new Tertiary Education Quality and Standards Agency (TEQSA).

The LTAS project was conceived as the first phase of a process whereby the higher education sector and TEQSA would 'negotiate protocols and processes for demonstrating that standards had been met' in any given discipline. It also offered an ideal opportunity to engage in dialogue across the health professions around the potential to better align professional accreditation and academic quality assurance processes.

Although many healthcare disciplines already have well articulated learning outcomes with comprehensive professional accreditation, there is little, if any, formal articulation with academic quality assurance processes. This harmonising project will work across, and with, higher education institutions and healthcare professional accreditation agencies to identify and match the goals and expectations of educational, professional and governmental institutions in relation to quality assurance activities and in particular the new Australian Qualifications Framework (AQF).

AGENDA

10:00 **Session 1: Welcome and project background**

10:20 **Breakout: Standards**

- What are the tensions between university academic requirements and professional expectations of students in their learning?
- What are the key principles of assessment that relate to standards?
- Benchmarking: what, how, how much?

11:00 **Morning tea**

11:20 **Session 2: AQF: Level 7 vs Level 9**

11:40..... **Breakout: Accreditation standards, current achievement/assessment against AQF**

- What is the relationship between each standard and the AQF?
- Are some standards achieved at level 7 and some at level 9?
- Can assessment tools discriminate levels reliably and validly?

12:30 **Lunch**

13:00 **Session 3: Assessing learning outcomes**

- Do different levels require different tools?
- Emerging assessment principles in relation to harmonisation
- Suggestions for streamlining accreditation and higher education quality assurance processes
- Suggestions for standards policy development in healthcare professions

14:30 **Wrap-up**

Appendix 5. Project newsletter

HARMONISING PROJECT

HARMONISING HIGHER EDUCATION AND PROFESSIONAL QUALITY ASSURANCE
PROCESSES FOR THE ASSESSMENT OF LEARNING OUTCOMES IN HEALTH

ISSUE 1 MAY 2012

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A National Forum.....	2
Thank You.....	2

Project Team:

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Midwifery, Griffith
University

Professor Brian Jolly
Professor of Medical
Education, Faculty of
Medicine, Nursing &
Health Sciences, Monash
University

Professor Lindy McAllister
Professor and Associate
Dean of Work Integrated
Learning, The University
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Dr Louisa Remedios
Senior Lecturer,
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University of Melbourne

Ms Christine Ingleton
Project Independent
Evaluator

Ms Rebecca Chick
Project Officer

WELCOME TO THE PROJECT...

In 2010 the Australian Learning and Teaching Council (ALTC) established the Learning and Teaching Academic Standards (LTAS) project. Discipline Scholars were appointed to lead this work in their respective Disciplines.

The purpose of the LTAS project was to bring discipline communities together to define academic standards in line with the Australian government's new standards-based quality assurance framework.

The LTAS project was conceived as the first phase of a process whereby the higher education sector and TEQSA would 'negotiate protocols and processes for demonstrating that standards had been met' in any given discipline.

It also offered an ideal opportunity to engage in dialogue across the health

professions around the potential to better align professional accreditation and academic quality assurance processes.

Although many healthcare disciplines already have well articulated learning outcomes with comprehensive professional accreditation, there is little, if any, formal articulation with academic quality assurance processes.

The harmonising project team is working across, and with, Australian higher education institutions and healthcare professional accreditation agencies to identify and match the goals and expectations of educational, professional and governmental institutions in relation to quality assurance activities and, in particular, the new Australian Qualifications Framework (AQF).

RATIONALE FOR HARMONISATION

The Harmonising project is targeted at three main areas:

1. a better understanding of, and progress towards alignment in, quality assurance processes in healthcare professional entry level courses from the perspectives of professional regulation and of higher education,
2. where possible, to generate cross-professional learning and harmonisation around these areas,
3. to progress towards the identification of common assessment principles in healthcare disciplines that reflect the levels and complexities of learning outcomes as required by the AQF and by professional regulatory bodies.

Support for this publication has been provided by the Australian Government Office for Learning and Teaching. The views expressed in this publication do not necessarily reflect the views of the Australian Government Office for Learning and Teaching.

NATIONAL FORUM

“PROFESSIONAL ACCREDITATION AND HIGHER EDUCATION QUALITY ASSURANCE PROCESSES IN HEALTHCARE DISCIPLINES”

3 AUGUST 2012

Melbourne Convention & Exhibition Centre

The Forum will include:

Presentations • Panel discussions • Outcomes of OLT funded *Harmonising Project*

ACADEMIC STANDARDS WORKSHOPS

We have just completed a series of discipline-based workshops aimed at exploring in more detail, the content and form of the framework of common assessment principles.

The format of the workshops was a combination of presentations, interactive activities and feedback sessions wherein academic representatives responded to the following series of discussion points:

- **The relationship between health profession accreditation standards and the AQF**

- **Emerging assessment principles in relation to harmonisation**

- **Suggestions for streamlining accreditation and higher education QA processes.**

The outcomes of this consultation, and exploration of relevant issues, have provided important background to the

next phase of the project.

This phase will address in more detail cross-professional learning and harmonisation around quality assurance processes in healthcare, and the subsequent progress towards identification of common assessment principles that reflect the levels and complexities of learning outcomes (as required by the AQF and by professional regulatory bodies).

THANK YOU...

The enthusiastic support and endorsement of the project by the councils of deans and accreditation councils for each of the five participating disciplines has been highly encouraging. The project is enjoying considerable momentum that is evidenced by the range of national stakeholder groups who are engaging in this dialogue around the assessment of graduate learning outcomes in health care disciplines.

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Support for this publication has been provided by the Australian Government Office for Learning and Teaching. The views expressed in this publication do not necessarily reflect the views of the Australian Government Office for Learning and Teaching.

Appendix 6. Extension Grant Report December 2012

Project Title: **LTAS Project: Health, Medicine and Veterinary Science: Proposal for follow-on project**

Lead institution: **The University of Adelaide**

Project leaders (Discipline Scholars):

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1. Report on the Project

Project overview and purpose

As the TEQSA standards environment evolves it is important that disciplinary academics continue to engage with, and contribute to, processes around the development of standards-related policy and practice. This project is an important follow-on to the Australian Learning and Teaching Council Learning and Teaching Academic Standards (LTAS) demonstration project in health, medicine and veterinary science (health).

As a result of the work undertaken by the discipline scholars Maree O'Keefe and Amanda Henderson in 2010, in collaboration with over 26 different health disciplines, a set of threshold learning outcomes for health was articulated. Given the scope of the LTAS project in relation to health disciplines, it was not possible in 10 months to engage adequately with councils of deans and academics across the country regarding approaches to embedding the outcomes of the project in practice. There was still a need for example, to develop approaches that linked the assessment of threshold learning outcomes across health care disciplines, with course and program assessment within individual disciplines. A more consistent approach across different disciplines could then underpin quality assurance of courses and programs with particular reference to the Australian Qualifications Framework (AQF).

The process of developing consensus around these common threshold learning outcomes was undertaken primarily through liaison between high level bodies such as accreditation councils and councils of deans. In the latter stages of 2010, a series of state based workshops was held for health profession academic staff. These workshops were highly successful in promoting the LTAS project outcomes. In the course of conducting these workshops it became clear that there was a real need to establish disciplinary networks of teaching academics (such as associate deans and program directors) who were well placed to engage with, and contribute to, the development of processes around the identification and assessment of learning outcomes in health profession programs across Australia, especially in relation to the AQF.

Building on the successful outcomes of the LTAS project outlined above, and by way of supporting change within individual health disciplines, the key purpose of this follow-on project (using unexpended Discipline Scholar funding) was continued liaison between the discipline scholars with individual discipline academics. This liaison would in turn support the development of approaches to assessment of learning outcomes that are appropriate to each particular disciplinary context and culture. As an additional, project activities with individual disciplines were aligned with and complementary to key activities and outcomes of the Harmonising project (SP10-1856, ALTC funded 2011-2013 final report due March 1 2013).

Project activities

Activities for this project focussed on the five demonstration disciplines identified for the Harmonising project (dentistry, medicine, midwifery, nursing and physiotherapy). In each case, the additional funding available through this extension project permitted a wider engagement of academic staff than would otherwise have been possible in several activities of the Harmonising project. In providing support for travel and teleconferencing in particular, a true network of 'coal face' academics was established and engaged. This was a key element that was previously missing and one that acted to complement the perspectives of the councils of deans and accreditation councils, thereby enhancing the outcomes of the Harmonising project.

- Liaison with Councils of Deans of the demonstration disciplines to identify key learning and teaching academic staff (July- December 2011)

The discipline scholars met with each of the councils of deans of the demonstration disciplines as part of the dissemination of LTAS project outcomes. Each council was asked to nominate 12 – 15 key learning and teaching academic staff to participate in further activities as part of a disciplinary network in 2012. A key purpose of the networks was to provide advice and guidance in relation to the project objectives and activities and to relate project activities to their specific disciplinary contexts.

- Establishment of five disciplinary networks of teaching academics

Five disciplinary networks were established during this phase acknowledging Nursing and Midwifery as separate disciplines. The disciplinary nominees of the councils of deans represented a wide range of academic staff both in relation to seniority (junior academic staff through to deans) and geographical and institutional contexts. Across each disciplinary group was a mix of academics that had actively contributed to the development of the threshold learning outcomes and those who were new to the project activities.

- Discipline based invitational workshops (February - March 2012)

In concert with the Harmonising project, four individual disciplinary networks were formed around the discipline based workshops in February and March of 2012. Nursing and midwifery were combined as they shared a common accreditation council, the Australian Nursing and Midwifery Accreditation Council (ANMAC). During each of these day-long workshops, participants discussed a range of key issues relating to academic standards and their disciplines. Discussion questions included:

- What are the tensions between university academic requirements and professional accreditation expectations of students in their learning?
- What are the key principles of assessment that relate to standards/competencies?
- Benchmarking: what, how, how much?
- What is the relationship between individual competencies as required by the accrediting body and the AQF?
- Are some competencies achieved at level 7 and some at level 9?
- Can assessment tools discriminate AQF levels reliably and validly?
- Do different AQF levels require different tools?

A summary of the discussion during these workshops was circulated as a discussion paper to the disciplinary network, which aimed to highlight commonalities across the diverse perspectives of each discipline. A newsletter was also distributed to these groups to inform on project progress and activities (attachment 1) highlighting the alignment of the disciplinary network activities with the progress and activities of the Harmonising project.

- Discipline specific case studies (June – September 2012)

The Harmonising project activities were modified to include a series of discipline specific case studies that was conducted to explore in more detail, existing assessment tools and frameworks particular to each discipline and in reference to individual institutions. Eight case studies were carried out

across the five disciplines during June – September 2012. Volunteers for these case studies were identified from each disciplinary network following the workshops. A number of teleconferences were convened to support these activities across the discipline networks.

- A national forum of key health discipline academic stakeholders around learning outcomes assessment and quality assurance (August 2012)

The final activity of the Harmonising project was an invitational national forum of key health discipline academic stakeholders held in Melbourne in August 2012. The aims of this forum were to share best practice in relation to assessing learning outcomes, to contribute to dialogue around the development of standards-related policy and practice, and to determine consistent approaches to higher education quality assurance implementation across health disciplines. The Forum provided an ideal opportunity to present the outcomes of the case studies by way of reporting back to the disciplinary networks and to promote continued disciplinary and interdisciplinary dialogue around these issues.

Again, with the support of the additional funding associated with this extension project, all members of the disciplinary networks were invited to attend with support for travel costs. More detailed reporting of the outcomes of the forum will be provided with the Harmonising project report.

Project outcomes

This extension grant supported the establishment of five disciplinary networks that in turn enhanced the activities and outcomes of the Harmonising project. When considered together these networks comprised over 50 representatives from the five disciplines representing 27 universities nationally. As described above the additional funding allowed us to broaden the scope of the invitational workshops that were initially proposed as state based activities, so as to support nationwide participation from academic health profession representatives. The participation of network representatives at the national forum was also a very important factor we believe to the growing appreciation nationally of the importance of the LTAS project outcomes to health care disciplines. These combined outcomes have supported broadly based and ongoing dialogue around academic standards within discipline communities and facilitated the engagement of a wide network of teaching academics. This process has gained such momentum that we strongly believe it will continue beyond the life of the currently funded projects.

We had originally planned to develop a guide to tools and resources for health discipline learning outcomes assessment as part of this project. Through the case studies we discovered such a range of good practice already in existence that was extensively tailored to individual contexts that such a guide would, in our opinion have provided little, if any, additional benefit.

There was endorsement of the threshold learning outcomes as a valuable and useful learning outcomes assessment framework that could be used to support nationally consistent identification and assessment of learning outcomes across health disciplines. As a result of ongoing discussions arising from the disciplinary network interactions, a number of universities are planning to implement the threshold learning outcomes as an organising framework within their health care programs in 2013.

2. Events

Provide details of any events held. Events include workshops, forums or colloquiums involving participants outside of the project team.

Date/s of the event	Event title, Location	Brief description of the purpose of the event	Number of participants	Number of Higher Education institutions represented	Number of other institutions represented
24-Feb-12	Invitational Workshop 2 Dentistry, Sydney	To explore the assessment of graduate learning outcomes in dentistry to inform the development and refinement of common assessment principles across professional accreditation and academic quality assurance	16	9	2
16-Mar-12	Invitational Workshop 3: Medicine, Sydney	To explore the assessment of graduate learning outcomes in medicine to inform the development and refinement of common assessment principles across professional accreditation and academic quality assurance	21	14	2
30-Mar-12	Invitational Workshop 4: Nursing and Midwifery, Sydney	To explore the assessment of graduate learning outcomes in nursing and midwifery to inform the development and refinement of common assessment principles across professional accreditation and academic quality assurance	16	11	1
19-Apr-12	Dentistry teleconference	Preliminary discussion for case study work/data sets, update following workshops	4	6	N/A
26-Apr-12	Physiotherapy teleconference	Preliminary discussion for case study work/data sets, update following workshops	3	5	N/A
12-Jun-12	Medicine teleconference	Preliminary discussion for case study work/data sets, update following workshops	3	3	1
18-Jun-12	Midwifery teleconference	Preliminary discussion for case study work/data sets, update following workshops	3	3	1
22-Jun-12	Physiotherapy Case Study face to face, Adelaide	To inform a framework of common assessment principles and explore the development of a data set, and to identify learning outcomes and to identify where documentation and evidence is available to support achievement of learning outcomes.	5	5	N/A

20-Jul-12	Dentistry Case Study face to face, Bendigo	To inform a framework of common assessment principles and explore the development of a data set, and to identify learning outcomes and to identify where documentation and evidence is available to support achievement of learning outcomes.	7	3	N/A
24-Jul-12	Medicine Case Study face to face, Melbourne	To inform a framework of common assessment principles and explore the development of a data set, and to identify learning outcomes and to identify where documentation and evidence is available to support achievement of learning outcomes.	4	3	N/A
26-Jul-12	Medicine Case Study face to face, Sydney	To inform a framework of common assessment principles and explore the development of a data set, and to identify learning outcomes and to identify where documentation and evidence is available to support achievement of learning outcomes.	3	3	N/A
3-Aug-12	National Forum, Melbourne	Forum on harmonising professional accreditation and higher education quality assurance processes in healthcare disciplines	51	15	16
5-Sep-12	Nursing Case Study Group teleconference Nursing case study	Preliminary discussion for case study work/data sets, update following workshops and Forum	4	3	N/A

Appendix 7. Case study participant information sheet

Harmonising Project

(Enter discipline) Working Group:
Face-to-face session **(enter date)**

What we aim to do:

This session follows on from the *(enter discipline)* Working Group teleconference (on *enter date*) and will take the form of a face-to-face meeting/interview session for approximately three hours. *We will provide morning tea and a light lunch.*

The aim of the session is to inform a framework of common assessment principles and explore the development of a data set.

Discussion will be initiated with your individual program area around how you currently assess learning outcomes and what evidence of achievement of learning outcomes you may have.

We have formulated a standards 'subset' of your accreditation standards, attached, to identify learning outcomes and to identify where documentation and evidence is available to support achievement of learning outcomes.

Please note that we will not be covering all of these standards, rather we will focus on your choice of one or two from each subset for the purpose of this session.

What we would like from you:

Where possible, could you please provide on the day de-identified extracts of, and/or access to:

1. Curriculum accreditation documentation (self review, accreditation report)
2. Your school 'curriculum'
3. Curriculum framework
4. Program learning objectives and outcomes
5. Assessment strategy

If there is any documentation you would like us to look at prior to this session, please send electronic copies (if possible) by *(enter date)* to:

maree.okeefe@adelaide.edu.au.

Specific questions for the session will include:

- Where are learning outcomes assessed in the curriculum?
- What criteria do you use?
- What assessment tools/approaches do you use?
- What does the data set look like?
- How is the standard determined for achieving learning outcomes?
- How do these learning outcomes currently match the AQF?
- How could this process be streamlined?

Appendix 8. National forum agenda

Forum agenda

Time	Session
10:00am	Welcome
10:10am	<ul style="list-style-type: none"> ◦ Participants take turns to introduce themselves to their table with: <ul style="list-style-type: none"> ◦ background/area of expertise ◦ area of interest around the topic.
10:20am	Overview of Harmonising project
10:40am	Role of TEQSA Dr Carol Nicoll, Chief Commissioner Presentation and brief questions
11:10am	Morning tea
11:25am	Activity 1 – Academic standards and management of unsatisfactory student performance in healthcare programs Key discussion questions: <ol style="list-style-type: none"> 1. What role should healthcare professional accreditation councils play in relation to academic standards assessment and monitoring? 2. Should there be mutual recognition of TEQSA and professional healthcare accreditation assessments?
12:15pm	Lunch
1:00pm	Panel discussion followed by Q&A Panellists: <ul style="list-style-type: none"> ◦ Amanda Adrian (CEO, Australian Nursing and Midwifery Accreditation Council) ◦ Ann Doolette (Executive Director, AQF Council) ◦ Nicholas Glasgow (Dean Medicine & Health Sciences, Australian National University)

1:30pm	<p>Activity 2 – Health professions accreditation and the AQF</p> <p>Key discussion questions:</p> <p>3. Should there be a common approach across all healthcare disciplines to:</p> <ul style="list-style-type: none"> • describing entry level professional qualification AQF criteria? • naming conventions for common entry-level professional registrable qualifications? <p>4. What is the future role of coursework masters, dual and combined degrees with respect to entry-level healthcare professional qualifications?</p>
2:30pm	Short break
2:40pm	Presentation on Threshold Learning Outcomes
2:50pm	<p>Activity 3 – Assessment principles and common data sets</p> <p>Key discussion questions:</p> <p>5. Can universities most effectively and efficiently provide information that meets the requirements of both accreditation councils and TEQSA?</p> <p>6. How best to standardise documentation and evidence within a common assessment and reporting framework?</p>
3:40pm	Summarise discussion and additional comments
3:55pm	Closing

Appendix 9. National forum summary of attendees

Title	Name	Organisation	Position	Discipline
Dr	Ann Doolette	AQF Council	Executive Director	AQF
Dr	Carol Nicoll	TEQSA	Chief Commissioner	TEQSA
Dr	Jasen Burgess	TEQSA	Director, Regulation and Review	TEQSA
Dr	Karen Treloar	TEQSA	Director, Regulation and Review	TEQSA
Dr	Lindsay Heywood	HESP	Director, Higher Education Standards Panel Executive	HESP
Ms	Suzi Hewlett	Office for Learning and Teaching	General Manager	OLT
Ms	Cathy Teager	Health Workforce Australia	Program Manager Workforce Innovation and Reform	HWA
Professor	Mike Morgan	Australian Dental Council/Dental Council of New Zealand, The University of Melbourne	Chair, ADC/DCNZ Accreditation Committee; Colgate Chair of Population Oral Health, The University of Melbourne	Dentistry
Mr	Ram Prabhu	Charles Sturt University	Senior Lecturer in Biodental Science	Dentistry
Ms	Sheena Mathieson	Australian Dental Council	Accreditation Officer	Dentistry
Professor	Peter Wilson	Australasian Council of Dental Schools, La Trobe University	Professor of Dentistry	Dentistry
A/Professor	Tania Gerzina	The University of Sydney	Faculty of Dentistry	Dentistry
Dr	Wendy Currie	The University of Sydney	Lecturer, Faculty of Dentistry	Dentistry
Ms	Lyn LeBlanc	Australian Dental Council	Chief Executive Officer	Dentistry
Professor	Paul Ichim	The University of Western Australia	Professor/Director of Undergraduate Studies, School of Dentistry/Oral Health Centre of Western Australia (OHCWA)	Dentistry
A/Professor	Matt Hopcraft	The University of Melbourne	Director of Clinical Education, Melbourne Dental School	Dentistry
Dr	Julie Ash	Flinders University	Head, Health Professional Education Unit, School of Medicine	Medicine

Ms	Mary Solomon	Medical Deans Australia and New Zealand	Executive Officer	Medicine
Ms	Monique Hourn	Medical Deans Australia and New Zealand	Project Manager, Medical Education	Medicine
Professor	Nicholas Glasgow	Medical Deans Australia and New Zealand, Australian National University	Dean, Medicine and Health Sciences	Medicine
Professor	David Wilkinson	The University of Queensland	Dean of Medicine	Medicine
Professor	Craig Zimitat	University of Tasmania	Director, Medical Education/ Acting Head, Tasmanian School of Medicine, AHPRA	Medicine
Professor	John Bushnell	The University of Wollongong	Professor, Medical Education	Medicine
A/Professor	Agnes Dodds	The University of Melbourne	Associate Professor in Medical Education, Melbourne Medical School	Medicine
Professor	Sally Borbasi	Australian Catholic University	Associate Dean Learning & Teaching, Faculty of Health Sciences	Nursing
Dr	Steve Parker	Flinders University	Associate Dean (Teaching & Learning), Senior Lecturer	Nursing
Mr	Roy Brown	The University of Wollongong	Senior Lecturer and Director-Bachelor of Nursing Programmes	Nursing
A/Professor	Fiona Coyer	Queensland University of Technology	Associate Professor, Faculty of Health School of Nursing	Nursing
Professor	Patrick Crookes	The University of Wollongong, Council of Deans of Nursing and Midwifery (Australia and New Zealand)	Chair, Council of Deans of Nursing and Midwifery (Australia and New Zealand), Dean, Faculty of Health and Behavioural Sciences	Nursing
Professor	Wendy Cross	Monash University	Head of School, Nursing and Midwifery	Nursing
Ms	Bronwyn Tarrant	The University of Melbourne	Lecturer, Mental Health Nursing	Nursing
Ms	Claire Palermo	Monash University	Lecturer and Year 4 convener, Bachelor of Nutrition and Dietetics	Nutrition and Dietetics
Professor	Joan McMeeken	The University of Melbourne	Professorial Fellow, Faculty of Medicine, Dentistry and Health Sciences	Physiotherapy
Dr	Nancy Low Choy	Australian Catholic University	Professor of Physiotherapy	Physiotherapy

Professor	Karen Dodd	La Trobe University	Deputy Dean, Faculty of Health Sciences	Physiotherapy
Dr	Megan Dalton	Monash University	Senior Research Fellow	Physiotherapy
Dr	Tina Souvlis	Australian Physiotherapy Council	General Manager Accreditation Services	Physiotherapy
Ms	Sue Irvine	Australian Physiotherapy Council/National Forum of Health Professions	CEO, Australian Physiotherapy Council	Physiotherapy
Professor	Peter Hamer	Council of Physiotherapy Deans Australia and New Zealand, The University of Notre Dame	President/Chair of the Council of Physiotherapy Deans Australia and New Zealand (CPDANZ), Dean, School of Physiotherapy	Physiotherapy
A/Professor	Sue Jones	Australian Physiotherapy Council Accreditation Committee/Curtin University	Deputy Chair, Australian Physiotherapy Council Accreditation Committee/Dean, Learning and Teaching, Division of Health Sciences	Physiotherapy
Ms	Chris Ingleton	Independent Evaluator		Evaluator
Professor	Maree O'Keefe	The University of Adelaide	Discipline Scholar, ALTC; Associate Dean Learning and Teaching, Faculty of Health Sciences	Project Team Member
Professor	Amanda Henderson	Griffith University	Discipline Scholar, ALTC; Professor, School of Nursing and Midwifery,	Project Team Member
Professor	Brian Jolly	Monash University	Professor of Medical Education, Faculty of Medicine, Nursing & Health Sciences	Project Team Member
Professor	Lindy McAllister	The University of Sydney	Professor and Associate Dean of Work Integrated Learning	Project Team Member
Dr	Louisa Remedios	The University of Melbourne	Senior Lecturer, Physiotherapy	Project Team Member
Ms	Rebecca Chick	The University of Adelaide	Project Officer	Project Team Member

Appendix 10. Accreditation expert advisory panel terms of reference and membership

Accreditation expert advisory panel

Purpose

The project accreditation expert advisory panel will provide support and advice to the project team and the project reference group for the life of the project (March 2011-2013).

Roles and responsibility

- Give specific discipline advice on matters relating to professional accreditation
- Give advice on relevant regulatory and legislative frameworks
- Facilitate identification of relevant professional stakeholder groups
- Facilitate engagement with TEQSA and the National VET regulator

Membership

- **Professor Michael Morgan**, Chair, ADC/DCNZ Accreditation Committee; Colgate Chair of Population Oral Health, The University of Melbourne
- **Associate Professor Sue Jones**, Dean, Teaching and Learning, Faculty of Health Sciences, Curtin University, Deputy Chair, Australian Physiotherapy Council Accreditation Committee
- **Ms Theanne Walters**, Deputy CEO, Australian Medical Council
- **Ms Amanda Adrian**, CEO, Australian Nursing and Midwifery Accreditation Council

Appendix 11. Reference group terms of reference and membership

Reference group

Purpose

The project reference group will provide support and advice to the project team for the life of the project (March 2011-2013).

Roles and responsibility

- Give specific discipline advice
- Facilitate stakeholder consultation
- Provide general advice and support

Membership

- **Professor Justin Beilby**, President, Medical Deans Australia and New Zealand; Executive Dean, Faculty of Health Sciences, University of Adelaide
- **Professor Richard Hays**, Chair, Competencies Project, Medical Deans Australia and New Zealand; Dean, Faculty of Health Sciences and Medicine, Bond University; Pro Vice-Chancellor (Quality, Teaching, & Learning), Bond University
- **Professor Patrick Crookes**, Chair, Council of Deans of Nursing and Midwifery (Australia and New Zealand); Dean, Faculty of Health and Behavioural Sciences, University of Wollongong; Head, School of Nursing, Midwifery and Indigenous Health, University of Wollongong
- **Professor Johann de Vries**, President, Australasian Council of Dental Schools; Dean, School of Dentistry, University of Adelaide
- **Professor Jill White**, Chair, Australian Nursing and Midwifery Accreditation Council; Dean, Sydney Nursing School, University of Sydney
- **Ms Cathy Teager**, Program Manager Workforce Innovation and Reform, Health Workforce Australia
- **Professor Ian Wronski**, Chair, Australian Council of Pro Vice Chancellors and Deans of Health Sciences; Faculty Pro-Vice-Chancellor, Faculty of Medicine, Health and Molecular Sciences
- **Professor Peter Hamer**, Dean, School of Physiotherapy, The University of Notre Dame

Appendix 12. National forum report

Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health

National Forum Report

August 3 2012 | Melbourne

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Background

The Harmonising Project National Forum (Forum) held on 3 August 2012 at the Melbourne Convention and Exhibition Centre was an extension of a series of forums held across five healthcare disciplines: dentistry, medicine, midwifery, nursing and physiotherapy.

Discussions at the initial cross-discipline forums focused on the interface between the Tertiary Education Quality and Standards Agency (TEQSA) and professional accreditation councils (accreditation councils) as two key stakeholders in healthcare education and centred around three topics:

1. Academic standards and management of unsatisfactory student performance in healthcare profession entry-level degrees
2. Health profession accreditation standards and the Australian Qualifications Framework (AQF)
3. Assessment principles and common data sets

These topics produced six additional key questions for discussion at the Forum:

- What role should accreditation councils play in relation to academic standards assessment and monitoring?
- Should there be mutual recognition of TEQSA and accreditation council assessments?
- Should there be a common approach across all healthcare disciplines to:
 - describing entry level professional qualification AQF criteria?
 - naming conventions for common entry level professional qualifications?
- What is the future role of coursework masters, dual and combined degrees with respect to entry-level health care professional qualifications?
- How can universities most effectively and efficiently provide information that meets the requirements of both accreditation councils and TEQSA?
- How best to standardise documentation and evidence within a common assessment and reporting framework?

The purpose of the Forum was to hold a discussion with key stakeholders to better understand these six key questions and reach consensus on a way forward. Participants included approximately 50 healthcare discipline leaders and representatives from accreditation councils, councils of deans, the Tertiary Education Quality and Standards Agency (TEQSA), the Higher Education Standards Panel (HESP), the Office for Learning and Teaching (OLT) and the Australian Qualifications Framework (AQF).

This paper draws on Forum discussion outcomes and outlines key messages, points of debate and suggested next steps.

Key Outcomes

Participants at the Forum largely reached consensus on the six questions posed in the pre-circulated discussion document (Appendix 1).

The following key themes emerged:

- Accreditation councils have a distinct role to play in the assessment and monitoring of academic standards.
- Professional accreditation requirements can be better aligned with higher education academic standards.
- AQF criteria and naming conventions of entry-level professional qualifications should remain diverse across healthcare disciplines.
- Coursework masters, dual and combined degrees exist to respond to market-driven diversity.
- An overarching framework or template could assist universities to effectively and efficiently provide information that meets the requirements of TEQSA and accreditation councils.
- Governance structures and standardised processes can help establish common assessment and reporting pathways.

Accreditation councils have a distinct role to play in the assessment and monitoring of academic standards

Participants agreed that while accreditation councils play a unique role in the assessment and monitoring of academic standards this role can be better defined.

Three suggestions from the Forum regarding the role of accreditation councils in relation to academic standards within healthcare professional entry-level degrees were as follows:

- The role should be distinctive from, and complementary to, existing processes. The overlap in responsibilities between TEQSA and accreditation councils presents an opportunity for collaboration. Accreditation councils are well placed to gather and share information with TEQSA to create synergistic benefits between these bodies. It is important that duplication of responsibilities and processes be averted to be more resource efficient, especially for universities.
- Accreditation council members should possess the required skills and expertise to be effective in their roles. The capability required to assess university degree programs and knowledge of academic standards should be considered in the appointment of council members; however, this is at the discretion of the councils themselves.
- Accreditation councils are well placed to assess capabilities, curriculums and processes of universities to ensure degree program offerings meet requisite standards and produce students that meet the registration requirements of relevant healthcare professions.

A clear role for accreditation councils in assessing academic standards in relation to the management of unsatisfactory student performance did not emerge.

There are two key steps to take moving forward:

- Accreditation council standards/competencies and academic standards should be aligned whenever this is practical, ensuring that key disciplinary standards are not compromised at any time. Current differences between both sets of requirements could hinder the role of accreditation councils.

- Accreditation councils may wish to consider whether they should also collect evidence from individual degree programs demonstrating achievement of specific student learning outcomes in relation to specific AQF levels as required by TEQSA.

Professional accreditation requirements can be better aligned with higher education academic standards

The role of TEQSA as a regulatory body for higher education in Australia ensures universities comply with national standards. Accreditation councils and universities need to recognise this and respond appropriately.

The Forum delivered two key messages:

- While both TEQSA's and the accreditation councils' roles should be recognised, TEQSA's role as regulator and quality assessor of the sector as authorised by legislation must be acknowledged. TEQSA is responsible for ensuring higher education providers comply with the Higher Education Standards Framework as determined by the HESP. TEQSA cannot delegate its functions to others. Higher education providers must comply with these standards to maintain registration.
- Closer alignment between the HESP learning and teaching standards and the accreditation councils' standards is desirable to streamline processes. However, there are significant complexities. TEQSA will assess compliance with threshold academic standards whereas accreditation councils currently monitor content and delivery of healthcare professional degrees by universities to ensure professional practice standards are met. Alignment between both bodies in course accreditation standards and reporting processes is desirable where benefits outweigh costs to create efficiency gains.

Two proposed actions reinforce participants' desire to enhance alignment between TEQSA and accreditation council requirements more closely:

- Building on existing TEQSA mandatory compliance standards, accreditation councils could develop additional professional practice standards as required.
- TEQSA and accreditation councils should look to use a common dataset when ever practical to allow ease of information sharing and management.

AQF criteria and naming conventions of entry-level professional qualifications should remain diverse across healthcare disciplines

There was consensus from Forum participants to maintain diversity of entry-level professional qualification AQF levels and naming conventions.

Three key messages were expressed at the Forum:

- Diversity of entry-level professional qualification AQF levels should be maintained, even if only to meet market needs. All groups expressed the importance of maintaining variation across healthcare disciplines in the context of a globalised

higher education market. The notion of 'standards, not standardisation' was proposed.

- Some participants were open to the idea of having some level of commonality. There were suggestions that there may be room within discrete disciplines for standardisation of AQF qualification levels.
- Existing degrees are not entirely consistent with the AQF framework. Some bachelor degrees in medicine and dentistry currently exceed level 7 bachelor degree requirements as stated in the AQF. The ongoing difficulty of meeting AQF requirements with existing masters degrees and managing the diversity that exists within the sector at this level was acknowledged.

Coursework masters, dual and combined degrees exist to respond to market-driven diversity

An ongoing role of coursework masters, dual and combined degrees as entry-level healthcare qualifications was agreed. Two key messages emerged and reinforced themes from the previous section:

- The demand for higher education is market driven, and coursework masters, dual and combined degrees should be made available to permit universities to respond in a flexible way to market diversity.
- Clear standards, but not standardisation, are required. It is the responsibility of universities to ensure courses in healthcare disciplines are meeting AQF guidelines. Clarity regarding qualifications and distinct learning outcomes of graduates at different AQF qualification levels is required.

An overarching framework or template could assist universities to provide information effectively and efficiently that meets the requirements of TEQSA and accreditation councils

The proposed overarching framework could provide guidance on effective and efficient reporting procedures that meet the requirements of TEQSA and the accreditation councils, but work needs to be done to improve alignment of reporting processes between these peak bodies. Such a framework would primarily benefit universities who are tasked with compliance reporting.

Two key messages were highlighted at the Forum:

- The existing Threshold Learning Outcomes (TLOs) (O'Keefe and Henderson, 2011¹) proposed as a unifying framework have not been completely understood and may require further communication with the interested parties. All participants agreed

¹ O'Keefe, M. And Henderson, A. 2011. *Learning and Teaching Academic Standards Project, Health, Medicine and Veterinary Science, Learning and Teaching Academic Standards Statement, December 2010*, Australian Learning and Teaching Council.

that universities could report more effectively and efficiently but were less clear about the way to do this. A proportion of participants were open to the idea of an overarching framework or template that aligns the reporting process. Others seemed less optimistic and identified potential difficulties associated with evidence gathering and alignment of standards.

- The ability of universities to provide information will be enhanced through closer alignment of TEQSA and accreditation councils' reporting requirements. It is likely that TEQSA will work collaboratively with accreditation councils to enhance integration of the evidence-gathering process, especially where there is overlap of the information required.

Further work could be done to articulate the role of TLOs as a unifying framework to facilitate more effective and efficient reporting by universities of achievement of required student learning outcomes to all relevant bodies.

Governance structures and standardised processes can help establish common assessment and reporting pathways

Participants' responses to standardising documentation and evidence revolved around the application of common processes and governance systems. Three key suggestions were highlighted, with some overlap with responses from the previous section:

- The suggestion to standardise common reporting cycles was put forward. The frequency and timing of evidence disclosure could be an important component of standardising the reporting process. It is important to minimise the reporting and compliance administrative load of universities where possible.
- Governance structures should be put in place to ensure adherence to the conventions of a common assessment and reporting framework. These structures should also facilitate application of standardised requirements by reporting bodies and maintain reporting quality.
- Peak bodies should organise their information around a common format for purposes such as benchmarking, research and policy development. This will assist all bodies involved in the assessment process to develop a more coherent approach to data collection and information sharing.

Finally, it is worth exploring common assessment tools to examine the usefulness of a unified approach to reporting across diverse courses.

Appendix 13. Independent evaluation report

Report of an independent evaluation of the project

Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in health

February 2013

Lead institution

The University of Adelaide

Project leaders

Professor Maree O’Keefe

The University of Adelaide

Professor Amanda Henderson

Griffith University

Project SP10-1856

Office for Learning and Teaching

Department of Industry, Innovation, Science, Research and Tertiary Education

Independent Evaluator

Christine Ingleton BA, DipEd, BEd, MEd

Learning Outcomes

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Executive summary

The Harmonising Project aimed to bring together people responsible for ensuring accreditation standards in higher education institutions and healthcare professional accreditation bodies in order to agree on quality assurance processes to satisfy the federal government's new TEQSA requirements. A subset of health professions was selected for the project: medicine, dentistry, nursing and midwifery, and physiotherapy – to evaluate and demonstrate the viability of using recently established threshold learning outcomes (TLOs) as a framework to harmonise academic, professional and TEQSA expectations.

The key to achieving such an ideal lay in bringing people together from key levels of management in different professional areas. Many were quite unfamiliar with the TLOs and TEQSA requirements or accreditation standards outside their own area of responsibility. In the discipline workshops and the Forum a great deal of new information had to be processed by participants. The style of leadership and facilitation throughout was crucial to the success of the Project. Feedback from the Team, the Expert Advisory Panel, the Forum and workshop attendees has been unanimous in affirming the openness, responsiveness of the project leaders and their ability to listen and manage potentially inharmonious views.

The process of harmonisation is well under way. The exit interviews are evidence that the accreditation issues raised by the Project are now being pursued in accreditation agendas across the country.

1 Introduction

In 2010 the Australian Learning and Teaching Council established the Learning and Teaching Academic Standards (LTAS) project. Professors Maree O’Keefe and Amanda Henderson were appointed Discipline Scholars in the Health, Medicine and Veterinary Science (HMVS) group for 2010. The LTAS project was the first phase in a process involving the higher education sector in negotiating protocols and processes that could demonstrate that standards had been met in any given discipline. The primary outcome of the LTAS project was to express required academic standards as Threshold Learning Outcomes (TLOs).

The Harmonising project, which immediately followed the LTAS project, aimed to develop a widely shared understanding of the Threshold Learning Outcomes, and demonstrate their use as a framework of common assessment principles across the health disciplines. The framework was designed to enable a match between the threshold learning outcomes, academic standards, professional bodies’ standards, and the newly-established TEQSA’s expectations. The project focused on a subset of health professions - medicine, dentistry, nursing and midwifery, and physiotherapy – to evaluate and demonstrate the viability of using the threshold learning outcomes to harmonise academic, professional and TEQSA expectations.

In undertaking the Project, the Leaders placed a high priority on process, in order to open real dialogue across sectors to create a foundation for genuine cross-sectoral discussions. A hallmark of the four discipline workshops and national Forum undertaken in 2012 was open communication. There is no doubt that successful dialogue was achieved to create understanding and working relationships across representatives in the tertiary education system, including Councils of Deans, and with health professional regulation authorities. The very outcomes of the Project are open, not pre-emptive, in keeping with the rationale of the Project, to bring people together, raise issues and awareness, gather information, identify problems, and to facilitate a range of solutions rather than mandate them.

Steps towards harmonising the goals of institutional providers, accrediting agencies and TEQSA have been taken by bringing people together, identifying possibilities as well as sticking points, and offering ways forward. It will be some time before harmonising these goals is achieved, but the Project has shown it is possible. The exit interviews have shown clearly that the accreditation issues raised by the Project are now being pursued on accreditation agendas across the country.

2 Evaluation strategies

As the independent evaluator in 2011 and 2012:

I observed and participated in

- three face-to-face meetings and five teleconferences with the Project Team
- one teleconference with the Reference Group
- two of the four national workshops
- the National Forum, including informal discussion with and feedback from fifteen participants.

I reviewed

- minutes of all meetings and all relevant documentation
- all briefing documents for the National workshop
- the National Forum Report

I undertook exit interviews with

- three Project Team members
- all four members of the Expert Advisory Panel

3 Efficacy of the Team

The Project Team of five was led by Professors Maree O’Keefe and Amanda Henderson, who, as Discipline Scholars, had collaborated on the immediately preceding ALTC project, Learning and Teaching Academic Standards (LTAS). Having created dialogue across the Health disciplines in this Project, they were exceptionally well placed to build on relationships already established. In addition, the model of threshold learning outcomes (TLOs) developed in this project had the potential to forge some agreement on professional level standards and accreditation across a wider range of disciplines. The Team was recruited to represent the sample Health disciplines of Nursing and Midwifery, Physiotherapy, Medicine.

Exit interviews were held with three members of the Project Team. They all agreed that:

- ‘The Team was very productive, extremely well led and well supported by Rebecca.’ The project was ‘... intellectually absorbing. It was a difficult concept and took a long time to get to grips with.’
- ‘It was a valuable educational experience.’
- Two commented that much of the workload was taken up by the Leaders as a continuation of their work on the LTAS Project. Team members were committed and willing to work but their input was uneven – due to their newness to the project, their widely varying experience, not being asked initially, or feeling unprepared.
- All found the time working on the team extremely valuable. Their thinking and attitudes had changed, and each had already applied much of what they had learned to their own professional areas.
- Funds were used well to support teleconferences and facilitate meetings face to face in Melbourne, which enabled team building.

My own observations were of a team efficiently managed, well led and supported. The meetings allowed all members to contribute to decision-making. In the first year of the Project, the magnitude of the ‘harmonising’ outcomes proved difficult for members to conceptualise. Coming to grips with relationships between TEQSA, the AQF, professional entry standards, universities’ standards and TLOs was difficult for most participants in this project. The team was able to problem-solve and clarify each step as a group and tolerate the unknown until all was brought together in the Forum. The Discussion paper, *‘Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in Health’* by Maree O’Keefe, Amanda Henderson and Brian Jolly, offered a clarification of the issues involved, and an excellent introduction to the issues for Forum participants.

Expert Advisory Panel

All four of the members of this panel contributed to the Project. Their feedback for the Project Team was unanimous. They commented that the Team:

- sought advice and were open to hearing things that were difficult to hear
- were responsive to feedback

- kept members well informed
- shared ideas and were respectful of members' expertise and views
- communicated and interacted positively.

The Project had a definite impact on the thinking of each member. Those attending the Forum and workshops were exposed to a range of stakeholders' thinking for the first time, giving them a new view of issues to be tackled. All are in key advisory positions regarding professional accreditation, and all have taken the Project agenda into their own committees, including leading discussions on better alignment and clearer graduate outcome statements, and in one case applying the principles to a new Health Workforce Australia Grant. At the beginning of the Project, they said that these issues were not on anyone's agenda. Now awareness of the importance of harmonising the varied requirements is widespread.

Reference group

The Group appointed by Maree and Amanda to represent the range of disciplines underwent major changes during the first year of the Project, contributing to a lack of continuity.

I attended the second teleconference of the Reference Group. Much time was needed to clarify the objectives of the Project. Members were able to offer positive direction, point out missing links in the proposed Forum, suggest links with accreditation bodies, and modify discussion questions.

A smaller group with commitment to supporting the Project could have contributed more than a group representing all stakeholders. This role, as it turned out, was taken by the Expert Advisory Panel.

4 Achievement of objectives

The four national discipline-specific workshops met the goals of developing shared understandings of the threshold learning outcomes and how they can be used in the context of TEQSA requirements. The disciplines varied widely in their preparation for and comprehension of the new accreditation regimes. The relevance of the TLOs as a framework of common assessment principles was new to many, and so the workshop outcomes were more about information sharing, identification of problems and shifting of attitudes than specific decision-making.

The workshops were essential in bringing people together to consider the implications of TEQSA requirements and for gathering information to collate a broad national picture of the preparedness of the disciplines to meet new accreditation regimes. Volunteers from the workshops undertook to participate in **case studies** designed to test the relationship between TLOs and assessments at course and program level.

The National Forum

The National Forum Discussion Paper drew on the workshop outcomes, thus building the issues from grassroots level. The framework of the TLOs provided common ground for open discussion and communication across sectors that enabled free exchange of views, if not always agreement. The leaders, including the external facilitator from Nous group, and Maree and Amanda, were able to hear differences of opinion without closing down issues. The workshop format and approach allowed real dialogue, and the coming together of all levels of decision-makers. The presence and input of TEQSA's Chief Commissioner, Dr Carol Nicoll was invaluable for its clarity, perspective and contextualising of the aims of the

Project. The style of the Forum ensured that there was no privileging of views; areas of agreement and disagreement were recorded. The issues were opened up, to be taken back home for further development.

I spoke to 15 participants informally throughout the day about the impact of the workshop. All responses, whether they were from staff in universities, professional organizations or accreditation bodies, were highly positive. They valued the way the Forum was designed to hear from all present, to provide needed information and to focus on areas needing clarification. The input by Dr Carol Nicoll was particularly important for contextualizing the Project and motivating action.

5 Key outcomes

The National Forum

The Forum, held in Melbourne in August 2012, was successful in bringing together all levels of decision making concerning the development of national standards for professional accreditation for higher education quality assurance agencies in as collegial a way as possible.

This outcome was achieved by

- The style of leadership and facilitation of the team leaders, Professors Maree O’Keefe and Amanda Henderson in the four Discipline-specific workshops and the Forum;
- The Discussion Paper by Maree O’Keefe, Amanda Henderson and Brian Jolly: clear, succinct, allowing issues to emerge from previous forums, crystallizing the thrust of the project, and presenting a coherent and pertinent agenda.
- Discussion and dissemination of the Threshold Learning Outcomes (TLOs);
- Examples of application of TLOs in sample courses.
- The briefing paper by Dr Carol Nicoll, *The role and functions of TEQSA*;
- The even-handed, independent style of facilitation of the National Forum itself.

Papers prepared before and after the Forum have been widely disseminated already. They include

- The National Forum Report representing a wide range of issues and opinions, which is comprehensive, democratic and useful to relevant decision-makers at all levels.
- The Discussion Paper *Harmonising higher education and professional quality assurance processes for the assessment of learning outcomes in Health* by Maree O’Keefe, Amanda Henderson and Brian Jolly.

Brief guides for dissemination on Project completion

- A briefing paper to assist universities with compliance with assessment and accreditation has been prepared.
- A brief and informative guide to embedding Threshold Learning Outcomes and their assessment in existing courses and programs has been prepared.

All phases of the Project have been completed on time and within budget.

Appendices

Appendix 1

Interview questions for members of the team at the end of the Project

1 How would you describe the role you have been playing in the Project Team?

2 What have been the most satisfactory elements of working in this team?

What could have been done better? Has anything got in the way of achieving more?

3 What difference has this project made to your own thinking about assessment relating to accreditation and QA?

4 What do you think will be the most lasting outcomes of the project?

5 The Reference Group has not been well engaged with the Project. What could have been done to have a more effective group?

Christine Ingleton

Independent Evaluator

November 2012

Appendix 2

Interview questions for the Expert Advisory Panel at the end of the Project

What contribution did you make to the Project?

Did you have the opportunity to give relevant advice and facilitate useful contacts?

Have you any feedback for the Team on their interaction with you as a member of the EAP?

The project was designed to ease the path of professional and academic bodies in meeting TEQSA expectations of accreditation. Has the project had any impact on your thinking about this?

Christine Ingleton

Independent Evaluator

February 2013

Appendix 14. Workshop participant evaluation

Participants were asked for their responses to a number of statements:

Physiotherapy

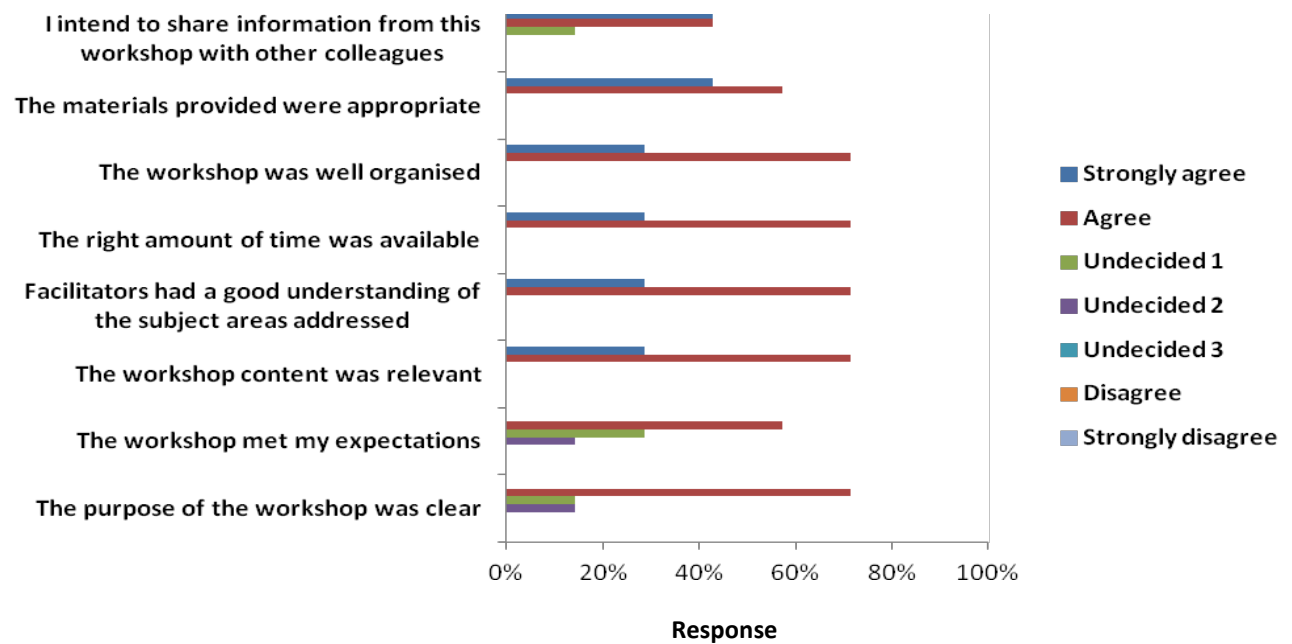


Figure 1. Physiotherapy workshop participant feedback (n = 7)

Dentistry and Oral Health

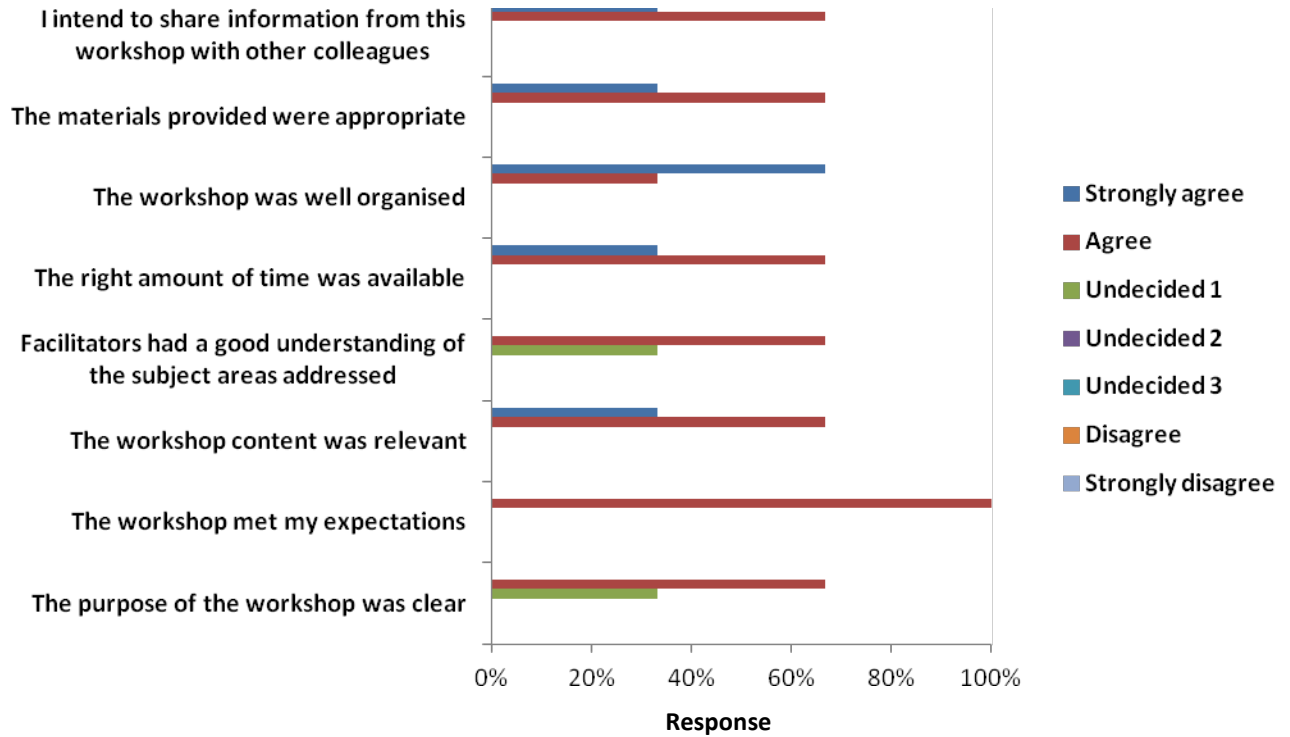


Figure 2. Dentistry and Oral Health workshop participant feedback (n = 3)

Medicine

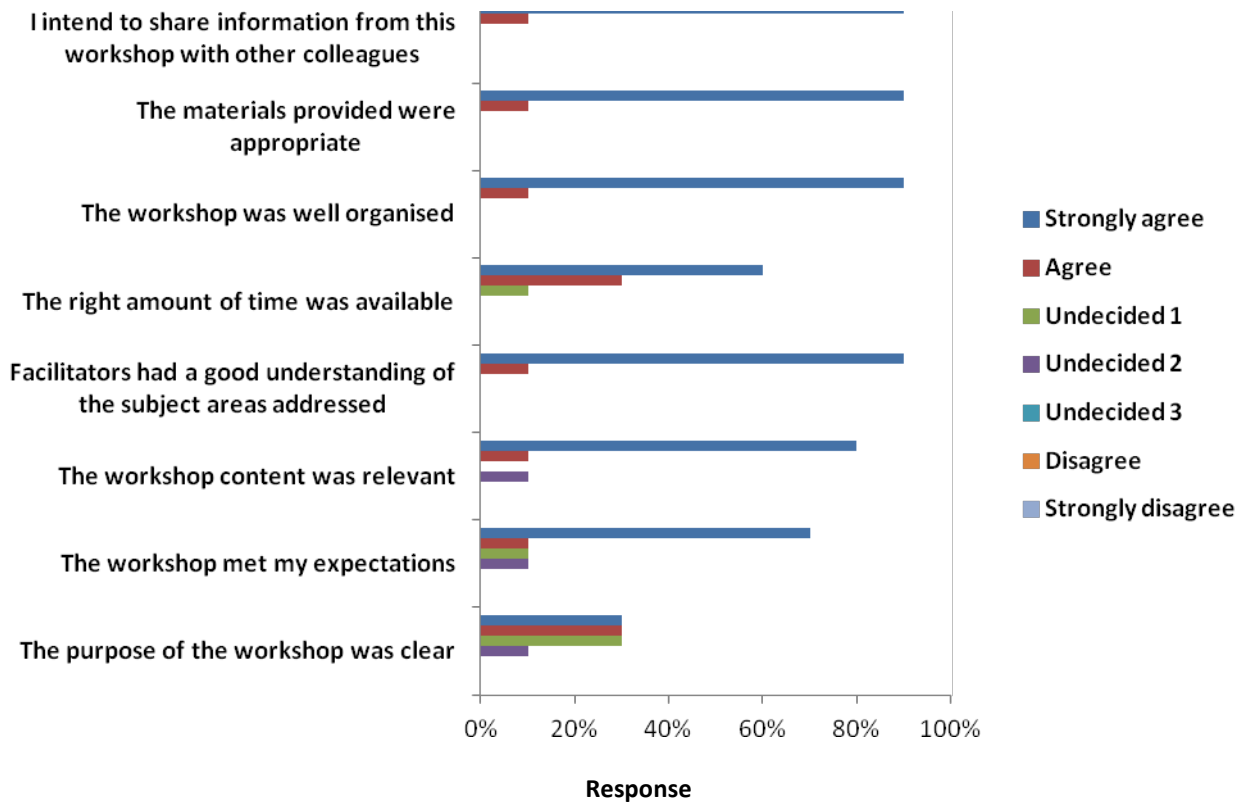


Figure 3. Medicine workshop participant feedback (n = 10)

Nursing and Midwifery

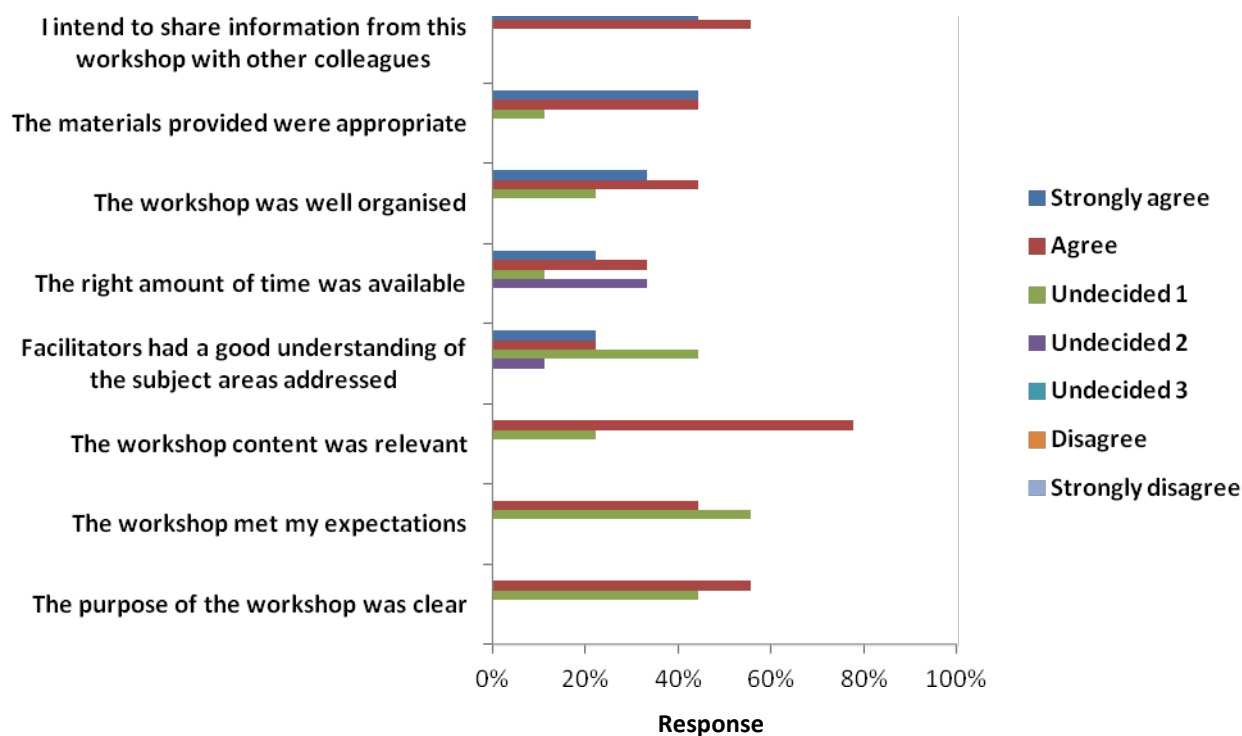


Figure 4. Nursing and Midwifery workshop participant feedback (n = 9)

Appendix 15. National forum participant evaluation

Participants were asked for their responses to a number of statements:

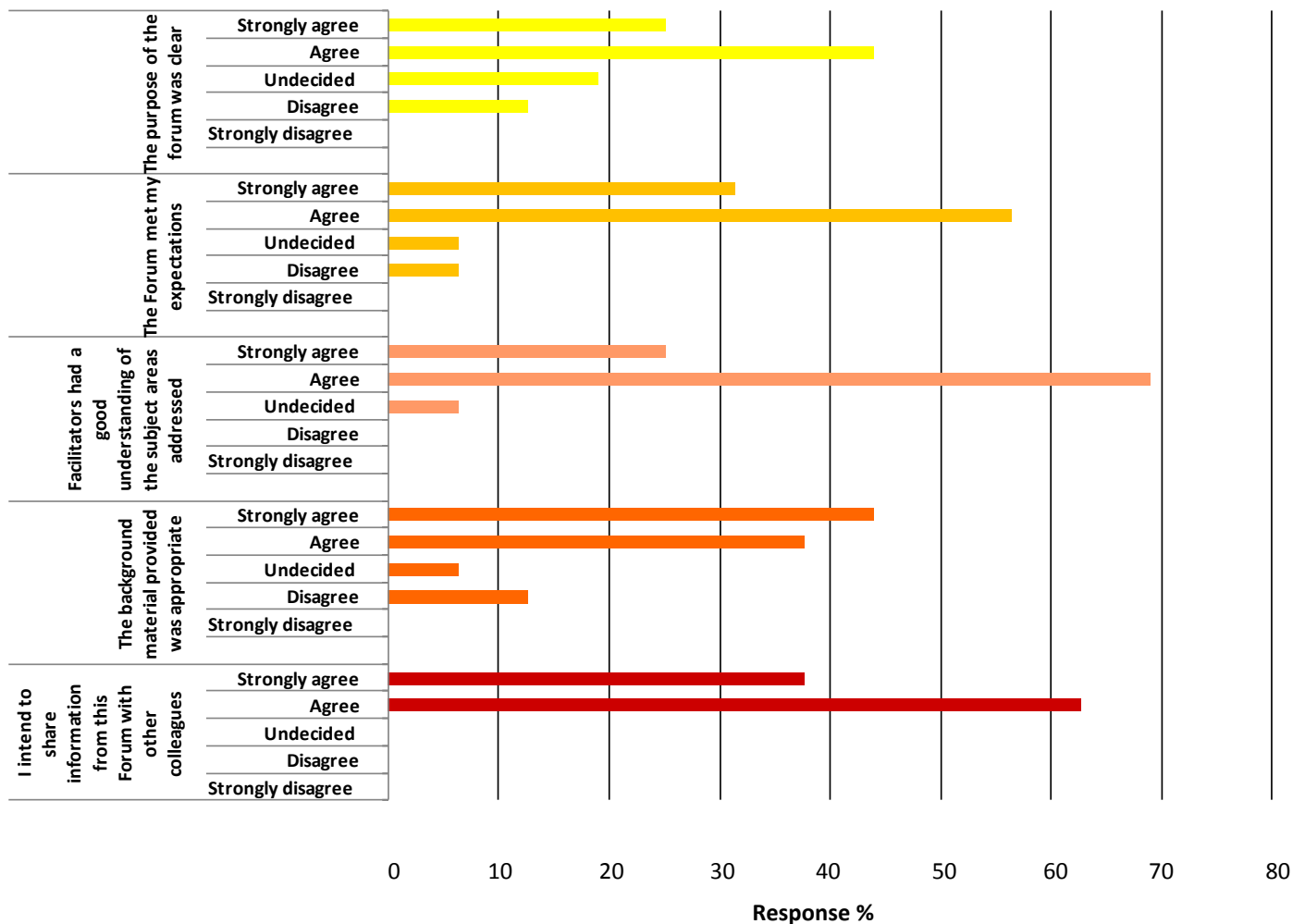


Figure 1. National Forum participant evaluation as a per cent of total responses (n = 16)