Australian and New Zealand Architecture Program Accreditation Procedure

ANZAPAP Review

Stakeholder Consultation
March – April 2017

Stakeholder Consultation Pack
8 March 2017

Contents

Acronyms

AACA	Architects Accreditation Council of Australia
AAECF	Australian Architectural Education and Competency Framework
AASA	Association of Architecture Schools of Australasia
AP	Advisory Panel
AP Report	Advisory Panel Report
AV	Advisory Visit
ADBED	Australian Deans of the Built Environment and Design
AIA	The Australian Institute of Architects
ANZAPAP	Australian and New Zealand architecture program accreditation procedure
APE	Architect Practice Examination
AQF	Australian Qualifications Framework
ARP	Accreditation Review Panel
ARP Report	Accreditation Review Panel Report
ASP	Accreditation Standing Panel
ASV	Accreditation Visit
BAP	Benchmark Academic Pathway
IRP	Interim Review Panel
MC	Management Committee
NSCA	National Standard of Competency for Architects
NVP	National Visiting Panel
NZIA	The New Zealand Institute of Architects
NZRAB	The New Zealand Registered Architects Board
PAP	Preliminary Assessment Panel
PAR	Provider Annual Report
PAS	Provider Accreditation Submission
PC	Performance Criteria
TEQSA	Tertiary Education Quality and Standards Agency
TLO	Threshold Learning Outcome

1.   Executive Summary

Background

The **current (December 2013) ANZAPAP Document** can be accessed from <mark>this link</mark>.

As the joint Owners of the Australian and New Zealand Architecture Program Accreditation Procedure (ANZAPAP), the Australian Institute of Architects (AIA) and the Architects Accreditation Council of Australia (AACA) initiated a review of the Program in mid 2015.

A Work Group was established to lead Stage 1 of the Review, and they facilitated a consultation process that included a series of face-to-face briefings and the opportunity for stakeholders to provide written responses.

The Work Group released a Stage 1 Draft Report for comment in April 2016, and then submitted a Stage 1 Final Report on 30 June 2016 to the Owners of the ANZAPAP, the AIA and AACA. The **Stage 1 Final Report** was shaped by feedback from stakeholders and can be accessed from <mark>this link</mark>. The report was approved and released by the Owners in September 2016.

The Owners approved the establishment of a Development Group to commence Stage 2 of the Review focused on the development of the final Stage 1 Recommendations (as included in the Stage 1 Final Report) and the preparation of updated ANZAPAP Documentation. The Development Group commenced work in September 2016 and is due to complete its work in June 2017. The **Development Group Terms of Reference** can be accessed from <mark>this link</mark>.

A summary of progress on implementation of the Final Recommendations from the Stage 1 Final Report is provided at **Enclosure 1** within this document.

In balancing the variety of stakeholder feedback collected during Stage 1 of the Review and considering what changes should be incorporated, the following issues were noted:
- In some cases stakeholder feedback was from an individual rather than a stakeholder organization.
- In some cases the respondent made reference to components of past Standards and Procedures, rather than the current (December 2013) ANZAPAP.
- There are competing sometimes incompatible demands by stakeholders which need to be considered in the context of educational, budgetary and regulatory requirements.

Rationale

The rationale for the changes proposed in this review of the ANZAPAP is based on:
(i)   improved transparency, accountability, and governance;
(ii)   improved stakeholder confidence in the predictability of the procedural process;
(iii)   delivery of a robust, streamlined and internationally bench-marked accreditation system that is clearer in terms of its requirements and less onerous on Providers than the current Procedure;

(iv)   increased alignment with the requirements of Tertiary Education Quality and Standards Agency (TEQSA);

(v)   supporting the needs of the state and territory Architectural Registration Boards as the accrediting authorities; and

(vi)   accommodating evolving delivery mechanisms and benchmark academic pathways (BAPs) of Providers.

Transition and implementation arrangements

Initial guidance to Providers was provided in emails released by the ANZAPAP Secretariat in December 2016, outlining:

- NVPs in 2017 will be conducted in accordance with the current procedure, with programs given the option to map against the National Standard of Competency for Architects (NSCA) 2015 instead of the NCSA 2008 at their discretion.
- NVPs in 2018 to be conducted in accordance with the new procedure.

No Interim Review Panels (IRPs) will be held in the first half of 2017. Transition to the revised ANZAPAP will commence on 1 July 2017, including transition to annual reporting. Transition to revised cost and invoicing arrangements will occur over the period July 2017 to June 2018, with specific details to be developed based on feedback from stakeholders. Further transition and implementation arrangements are being developed, and will be influenced by stakeholder feedback.

Key Next Steps in 2017

After reviewing the Stakeholder Consultation documentation, particularly the Summary of Progress (Enclosure 1) and Summary of Key Changes (Section 2), Stakeholders are invited to provide feedback around the questions contained at Section 5 and make any other relevant comments.

Table 1 - Follow-on steps and timeframes related to the ANZAPAP Review

Timeframe	Step / Action
8 March to 30 April	Stakeholders consider the consultation documentation and provided written feedback
March to April	Development Group continues to refine the updated procedure and supporting documentation
30 April	Last date for provision of written feedback on the Stakeholder Consultation Documentation
1-2 May	ANZAPAP Review Secretariat prepares summary of stakeholder feedback for consideration by the Development Group and the Owners
May	Development Group considers stakeholder feedback; incorporates changes as appropriate
30 May	Development Group finalises the updated ANZAPAP documentation package and presents to the Owners by no later than end May
June	Owners review and approval the updated ANZAPAP documentation package and finalise associated implementation plans
July	Revised Procedure comes into effect; implementation processes continue; Management Committee commences operation.

2. Summary of Key changes

Based on Stage 1 of the ANZAPAP Review, key program changes that are being incorporated into the updated procedure are summarised at **Table 2** below.

The 'Update' details in the third column include reference to the Final Recommendations from the ANZAPAP Review Stage 1 Final Report accessed from <mark>**this link**</mark>.

An overview of the new or revised reporting arrangements is contained at **Tables 3 and 4** on pages 9 to 12.

Table 2: Summary of key program changes being incorporated into the updated ANZAPAP

ANZAPAP Area	Current (2013)	Updated (2017)
Accreditation Focus	Assessment of the educational program and provision of professional advice	The accreditation requirements and standards are defined and articulated, with a focus on the assessment of the education courses that provide qualifications for registration of architects in Australia and New Zealand. Professional advice is not retained as a separate section in the Accreditation Review Panel (ARP) report (previously the NVP Report). Instead, the identification and formulation of action items provides a more focused and integrated level of professional advice. Improvement based on benchmarking of the procedure.
Articulation of the Accreditation requirements	As defined in the ANZAPAP Document, and the Template for ARP Reports.	Definition of the accreditation requirements (referred to in the Procedure as 'the Standard') linked to the NSCA, with the Provider Accreditation Submission and ARP Report structured around this. Clearly articulated requirements support feedback to Providers regarding any academic program deficiencies, and the recommendation (or otherwise) for accreditation. Guidance prepared that describes appropriate NSCA Performance Criteria evidence. Guidance prepared regarding the preparation and submission of digital evidence by Providers. Improvement based on benchmarking of the procedure.
National Standard of Competency for Architects (NSCA)	Older version referenced	Newer (2015) version referenced and accreditation requirements and standards are defined and directly articulated, with explicit reference to achievement of NSCA Performance Criteria and the Threshold Learning Objectives (TLOs) See Recommendation 1.0.
AAECF	AAECF not referenced (didn't exist at time)	AAECF incorporated. See Recommendation 2.0.

ANZAPAP Area	Current (2013)	Updated (2017)
Governance and management responsibility	Provided by AIA/AACA Liaison Group[1] and the ANZAPAP Steering Committee	AIA/AACA Liaison Group retained; ANZAPAP Steering Committee replaced with an ANZAPAP Management Committee with increased involvement in the implementation of the ANZAPAP and associated decision making authority. Detailed Terms of Reference to be incorporated. See Recommendation 5.0.
Recognition of the role of multiple stakeholders in ANZAPAP	Recognises AIA and AACA as the owners, mentions ARBs.	Role of ARBs, AASA, ADBED recognised through direct participation in the Management Committee. See Recommendations 5.0., 8.I and 9.0.
Program costs and funding model	NVP costs captured and reported; program overhead costs not reported.	Fully costed to incorporate all overhead costs related to the ANZAPAP governance, management and implementation; costing model published to all stakeholders; full annual reporting to be provided to all stakeholders. See Recommendations 4.0 and 7.0.
Cost sharing	Currently 1/3rd split between Providers, AIA and AACA	Revised to 1/3rd split between Providers, ARBs as the accrediting authorities, and the Owners (AIA / AACA). See Recommendation 4.0.
Fee arrangements for Providers	Provider fee covers only the average cost of a visit, amortised over the accreditation period	Base-level Accreditation fee paid by Providers incorporates the average cost of a visit for a standard program assessment for accreditation and all ANZAPAP implementation and overhead costs. Additional fees levied for additional services on a fee-for-service and cost-recovery basis. See Recommendation 4.0.
Standard program assessment for accreditation	Not described	Definition incorporated as the basis for a 'standard' program assessment for accreditation and Provider cost-recovery arrangements. 'Standard' program assessment for accreditation to cover: - Single qualification at the Masters level - Single site assessment within Australia - Maximum of 2 benchmark academic pathways (BAPs) - Delivery via campus-based coursework - 1 site visit for accreditation assessment over the period Any assessment requirements over and above the standard inclusions or via alternative delivery mechanisms will incur additional fees. Relates to Recommendation 4.0.
Standard accreditation period	As defined in the ANZAPAP Document	Re-defined as the minimum length of time to complete the accredited program (inclusive of the undergraduate and Masters level courses that jointly represent the program/s being accredited)

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[1] The AIA / AACA Liaison Group is not part of the ANZAPAP, but is referred to as the mechanism through which the Owners communicate on a formal and ongoing basis (see further description in Section 3 – Stakeholders).

ANZAPAP Area	Current (2013)	Updated (2017)
Accreditation Visit – panel title	National Visit Panel (NVP)	Accreditation Review Panel (ARP) See Recommendation 8.0.
Accreditation Visit – panel size	9 members, plus the ANZAPAP Manager	Reduced to 5 members. No change to the fact the panel members are selected from appropriately qualified and experienced academic and practicing architects on the Accreditation Standing Panel. See Recommendations 8.E and 8.F.
Accreditation Visit – duration	3 days	Reduced to 2 days. The reduced period is balanced by the additional work to be completed by the ARP in advance of the Accreditation Site Visit, through review of the Provider Accreditation Report and supporting digital evidence. See Recommendation 8.G.
Student Exhibit	Required as part of the Accreditation site visit	Not mandated as part of the Accreditation Site Visit. Evidence for threshold competency attainment is included in the Provider Submission for the ARP. Providers may choose to schedule a physical site visit in parallel with the ARP, and may choose to incorporate all levels of student work. Relates to Recommendation 8.0 and 8.G.
Provider Accreditation Submission (pre-visit)	No template	New template for Provider Accreditation Submission to ensure clarity and consistency of submission requirements. See outline at Table 3, page 10. See Recommendations 8.A, 8.C, and 8.D.
Submission of digital evidence	Allowed, but no guidelines	Clear guidelines developed to support the submission of digital evidence with the Provider Accreditation Submission See Recommendation 8.A.
Provider Annual Reporting	Nil requirement	New Provider Annual Report (PAR) template to be submitted by all Providers, with key reporting elements: - Program data / student numbers - Program changes (if any) - Progress against actions from previous ARP Report (if any). See outline at Table 3, page 11. See Recommendations 7.0, 13.0, and 14.0.
ANZAPAP Annual Reporting	Summary of panel visits prepared for the year	ANZAPAP annual report to be published to all stakeholders, including annual financial summary. See outline at Table 3, page 11. See Recommendation 6.0.
Preliminary Assessment Panel (PAP)	As defined in the ANZAPAP Document; dual purpose of initial assessment and assessment of changes in an accredited program	PAP removed. Functions of the PAP reviewed and addressed by new activities: - Advisory Panel to provide initial assessment and feedback to Providers who are seeking to have their program accredited - Providers to report proposed changes to their accredited program in their Provider Annual Report (PAR) See Recommendation 11.0.

ANZAPAP Area	Current (2013)	Updated (2017)
Guidance to Providers as to when they are to report on program changes	Restricts program changes to being under 20%; must be assessed via a PAP if not reported at time of NVP	Recognises that change and improvement is necessary in architectural education, as it is in architectural practice. Providers to report on program changes in the Provider Annual Report (PAR) See Recommendation 14.0.
Interim Review Panel (IRP)	As defined in the ANZAPAP Document	IRPs removed. Functions of the IRP reviewed and addressed by combined effect of: - Clearer articulation of the accreditation requirements, as defined in 'the Standard'. - Introduction of the Provider Annual Report (PAR) as the primary mechanism for a Provider to report on their actions to address any deficiencies in meeting the accreditation requirements as identified at an Accreditation Site Visit and as documented in the ARP Report, with specified timeframes for all deficiencies to be addressed. - Strengthened review and oversight by the Secretariat and Management Committee, with referral back to original ARP Chair / members as required. See Recommendation 14.0.
Procedural fairness regarding the visit report	As defined in the ANZAPAP Document	Process relating to review and finalization of visit reports (for either Advice or Accreditation) clarified to allow for procedural fairness with respect to time and opportunity for key stakeholders to review and comment on reports. See Recommendations 8.0., 8.H., 8.I. and 9.0.
Appeal policy	Appeal process overview as defined in the ANZAPAP Document	Appeal policy, process and guidelines strengthened and incorporated, particularly with respect to the role of the Management Committee See Recommendation 9.0.
Conflict of interest, maintaining confidentiality	As defined in the ANZAPAP Document	Strengthened through improved procedural accountability and Accreditation Standing Panel training; requirements for confidentiality clearly documented in the Procedure; Accreditation Standing Panel Members required to sign confidentiality agreements. General improvement and see Recommendation 15.0.
Accreditation Standing Panel List (members used for visits to Providers)	As defined at Section 4.3	Strengthened through improved system addressing role and responsibilities (including those of the chair), eligibility, selection, training, management, and ongoing rejuvenation of an Accreditation Standing Panel list General improvement and see Recommendation 15.0.
Benchmark Academic Pathway (BAP)	Defined at Section 2.3 and in the Explanation of Terms at Section 6.0	See the revised draft definition provided at Question 6 in Section 5 Key questions for stakeholders (page 23). See Recommendation 12.0.

Table 3: Outline of new or revised reporting requirements being incorporated into the updated ANZAPAP

	Status	Report Name	To be completed by	When?	Purpose	Next Steps
1	New (Template to be developed)	Application for Program Advice	Provider	When seeking initial advice as to the readiness of their program to commence a full accreditation assessment [2]	To provide the required information and evidence to inform an Advisory Panel prior to the conduct of an Advisory Visit.	Application is considered by an Advisory Panel (AP). If key requirements are addressed, the AP may recommend to the Management Committee that an Advisory Visit be undertaken. If key requirements are not addressed, the application is referred back to the Provider for further action.
2	New (Template to be developed[3])	Advisory Panel Report	Advisory Panel (AP)	Following the conduct of an Advisory Visit	To document key aspects of the program being considered and any significant deficiencies against the accreditation requirements, as defined in the Standard in order to determine if the Program is ready to undertake a full accreditation assessment (as conducted by an Accreditation Review Panel (ARP) through an Accreditation Visit). Where significant deficiencies are identified, the Report must ensure they are precisely documented and clear actions are provided, together with an estimate of the time required to address and implement the actions.	The Report is considered by the Management Committee before being sent to the Provider advising either: - Key deficiencies and associated actions that must be addressed (in a nominated timeframe otherwise the advice is considered to have expired) and specifying how the Provider is to report back on progress prior to the arrangement of an Accreditation Review Panel (ARP) and associated Accreditation Visit. - If no deficiencies are identified, advising that the Provider can request the conduct of a full accreditation assessment (as conducted by an ARP and an Accreditation Visit).

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[2] This may be a new program or a program for which accreditation had lapsed.

[3] The template for this report will be closely linked to the template and structure of the Application for Program Advice to allow seamless transition of key information and evidence details to be transcribed as required from the Application for Program Advice into the Advisory Panel Report.

	Status	Report Name	To be completed by	When?	Purpose	Next Steps
3	Revised (Template to be developed[4])	Provider Accreditation Submission	Provider	Prepared once at the commencement of the accreditation period, in advance of the scheduled Accreditation Site Visit.	To outline basic Provider information and to include a portfolio of digital evidence of fulfillment of the accreditation requirements. Used to assess compliance in advance of the Accreditation Review Panel's visit. Allows the ARP to identify where compliance is met, in addition to identifying any significant deficiencies and request additional evidence prior to arriving on-site.	Having reviewed the Provider Accreditation Submission, the ARP may request (via the Secretariat) that the Provider supply additional documentation or evidence on significant deficiencies ahead of the Accreditation Visit. Key information from this submission will be used in the ARP Report.
4	Revised (Template to be developed[5])	Accreditation Review Panel (ARP) Report	The Accreditation Review Panel (ARP)	At the end of the Accreditation Visit	To detail the ARP's findings, make a recommendation to the Accrediting Authority regarding the accreditation of the program/s, list any actions required to gain or maintain accreditation, and an appropriate time frame (estimate) for any required actions to be addressed. Report can also list recommendations related to professional advice. These recommendations are for the consideration of the Provider and bear no direct relationship to the recommendation or otherwise for accreditation.	Report is reviewed by the Management Committee for consistency and compliance with the procedure. Report considered by the Accrediting Authority for a final decision and endorsement or otherwise of the recommendation for accreditation.

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[4] An outline of the report requirements is provided at Table 4.
[5] An outline of the report requirements is provided at Table 4.

	Status	Report Name	To be completed by	When?	Purpose	Next Steps
5	New (Template to be developed)	Provider Annual Report (PAR)	Providers with Accredited Programs	Annually, at a time to be determined	To provide a regular opportunity for each Provider to advise on any program changes and to report on actions taken to address any deficiencies raised in the previous ARP Report (such as providing evidence of new student performance levels or outputs). Key reporting elements will include: - Program data / student numbers - Program changes (if any) - Progress against actions from previous ARP Report (if any) Where possible, the report will utilize existing regulatory reporting obligations of the Providers.	The Provider Annual Reports (PARs) are received by the Secretariat. An executive summary is prepared, including a review of reports for trends and changes. Management Committee to review the Executive Summary and all reports where Providers are still addressing recommendations from previous Accreditation Review Panel Reports.
6	New	ANZAPAP Annual Report	Secretariat, for approval by MC and Owners	Annually, at a time to be determined	To provide a regular update on Providers of accredited architectural programs and key changes within the higher education sector, and a summary of the ANZAPAP activity, and a detailed ANZAPAP financial report.	Following review and approval by the Management Committee and the Owners, the ANZAPAP Report will be published to all Stakeholders and Providers of accredited programs.

Table 4: Content Overview of the Provider Accreditation Submission and the Accreditation Review Panel Report ('ARP Report')

PART	Title	CONTENTS OVERVIEW	PROVIDER ACCREDITATION SUBMISSION REQUIREMENT	ARP REPORT REQUIREMENT[6]
PART I	Program Information	Name of Institution being reviewed Name of Program being accredited Academic Unit (Faculty, School and/or College) responsible for the program Location of offering Designated Benchmark Academic Pathway/s (BAP) being assessed Program Code/s associated with BAP	YES	YES
PART II	Assessment	1. Design: Project Briefing 2. Design: Pre-Design 3. Design: Conceptual Design 4. Schematic Design 5. Detailed Design 6. Documentation 7. Project Delivery: Procurement 8. Project Delivery: Construction Stage 9. Practice Management	YES	YES
PART III	Recommendation	Overview Accreditation Recommendation Summary of Action Items (accreditation related) Summary of Recommendations (profession advice)	NO – NOT APPLICABLE	YES
PART IV	Notes	Additional Commentary Meeting with staff Meeting with students	NO – NOT APPLICABLE	YES

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[6] The template for this report will be very closely linked to the template and structure of the Provider Accreditation Submission to allow seamless transition of key information and evidence details to be transcribed as required from the Provider Accreditation Submission into the Accreditation Review Panel Report.

3.   Stakeholders

The AIA and the AACA are the recognised owners responsible for the ANZAPAP, including approval of all related documentation, implementation and ongoing review. Owners maintain a significant financial contribution to the ANZAPAP.

Clarity regarding program governance and the role of various stakeholders was addressed in the Stage 1 Final Report, including the Governance overview on page 9, and within the detail of Recommendations 4.0, 5.0 and 7.0. The Stage 1 Final Report noted the ARBs as the accrediting authorities and recognition of other key stakeholder groups, specifically the AASA and ADBED, which could be stakeholders within the ANZAPAP.
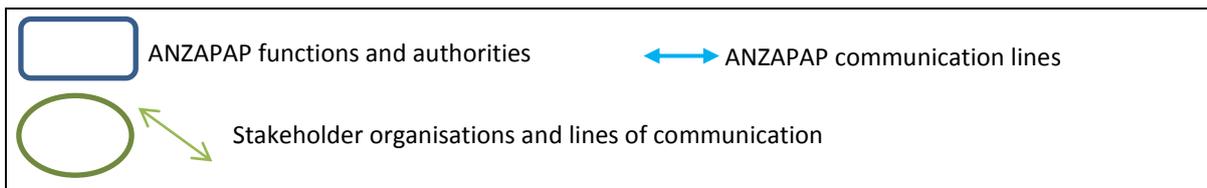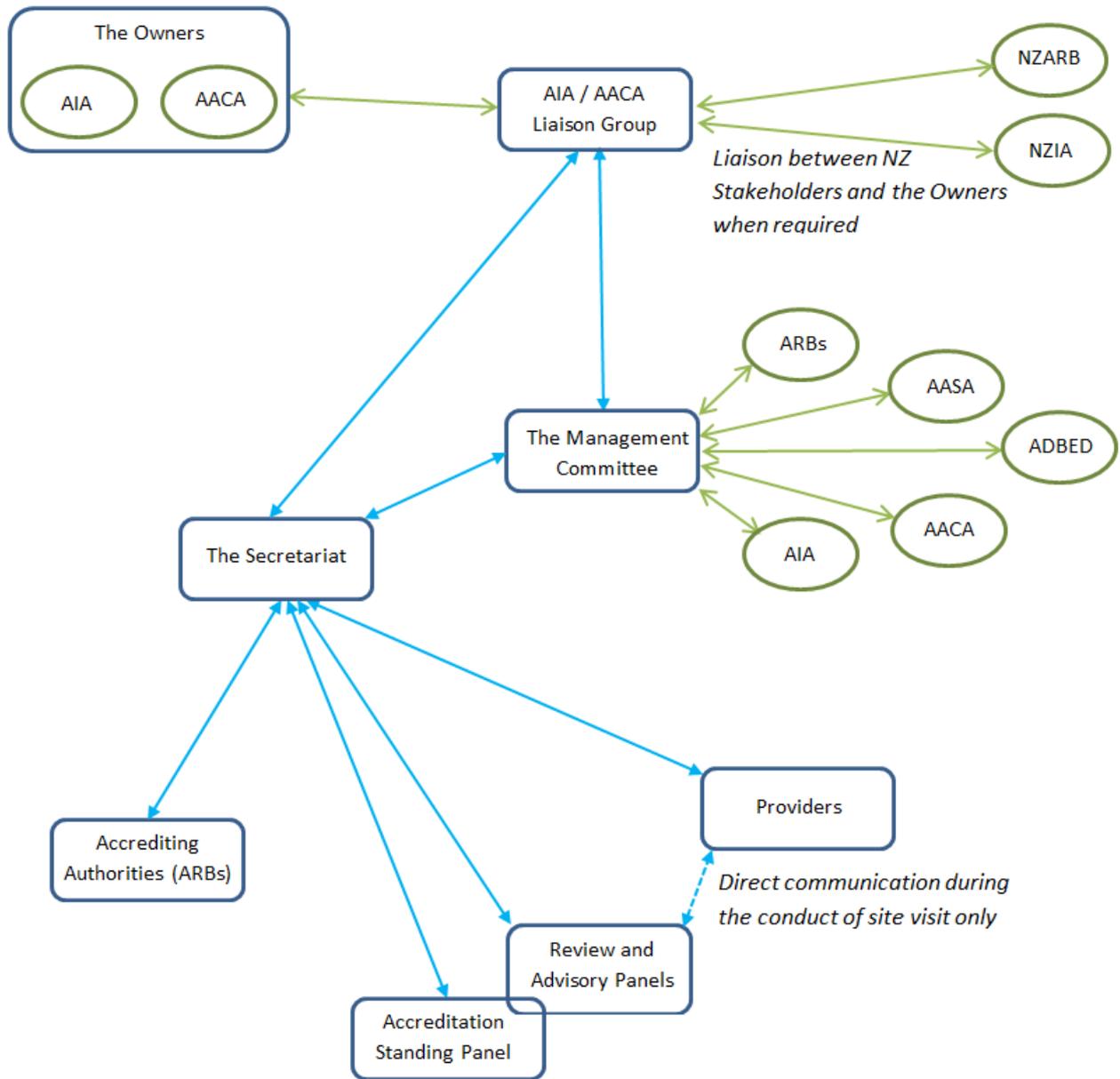
Accrediting Authorities are the Australian state and territory architects registration boards (ARBs) or the New Zealand Registered Architects Board (NZRAB), who by legislation approve the education courses that provide qualifications required for registration of architects in their jurisdiction.

NZRAB currently pay a fee to the Owners to licence their use of the ANZAPAP in NZ, with necessary adjustments based on local legislation and other local requirements. NZRAB may choose to continue with this arrangement. The Owners view this arrangement as providing maximum flexibility, including sharing of resources and the use of Australian-based panel members as necessary. As such, the updated ANZAPAP Manual will be written around implementation in Australia but with the necessary flexibility to allow additional use under license.

An **overview of key ANZAPAP functions, authorities and lines of communication** is depicted graphically at **Diagram 1** on the following page.

The Diagram refers to the AIA / AACA Liaison Group. This Group is not new, and is comprised of key executive members of both organisations. The Liaison Group meets regularly throughout the year to discuss common interests. The Group is not part of the ANZAPAP, but is referred to as the mechanism through which the Owners communicate on a formal and ongoing basis. (this text is the same as the footnote on Page 26)

Diagram 1: Overview of key ANZ APAP Functions, Authorities and communication lines

The Owners
AIA
AACA

AIA / AACA Liaison Group

NZARB
NZIA

Liaison between NZ Stakeholders and the Owners when required

ARBs
AASA
ADBED
AACA
AIA

The Management Committee

The Secretariat

Providers

Direct communication during the conduct of site visit only

Accrediting Authorities (ARBs)

Review and Advisory Panels

Accreditation Standing Panel

ANZAPAP functions and authorities   ANZAPAP communication lines

Stakeholder organisations and lines of communication

4.   Outline of new financial model and cost sharing

The new model will be based on full cost recovery and will incorporate transparent financial accounting and reporting on an annual basis. This will involve the use of a MYOB (accounting software) cost centre to facilitate independent financial reporting that is separate to and independent from the financial reporting of the Secretariat's host organisation. Cost recovery from stakeholders will incorporate all direct ANZAPAP costs, inclusive of the costs incurred in running of the Secretariat, operation of required management systems (primarily via the new Management Committee), and training of Standing Panel Members.

A summary of the provisional forward 5 year financial estimates can be found at **Table 7** on page 16. Initial calculations were prepared by the ANZAPAP Review Secretariat in January 2017 and will undergo further review and validation, with the identification of further cost savings where possible. The new financial model has significantly higher costs in the first year of implementation of the revised ANZAPAP. ARP direct costs (for travel, accommodation, sitting fees etc) are also much higher in Years 1 and 2 (in comparison to years 3 to 5) due to the current ARP scheduling arrangements.

Program costs are to be shared equally (one third each) amongst the 3 key stakeholder groups (Providers, Accrediting Authorities, the Owners). This is in accordance with Recommendation 2.0 from the Stage 1 Final Report. **Summary of the cost sharing model** is provided below at **Table 5**.

The **Annual cost estimate for each stakeholder** is summarised below in **Table 6**.

Additional explanatory notes regarding cost recovery and Provider fees can be found at **Table 8** on pages 17 to 20.

Table 5 - Summary of cost sharing model

Description of cost-sharing model:	Equitable cost sharing across all three key stakeholder groups.
Total ANZAPAP cost estimate over 5 years:	$878,552
Annual cost estimate:	$175,710

Table 6: Annual Cost estimates for each stakeholder

Stakeholder Group	Total no	% of total cost	Annual cost (total)	Base level Annual Fee (per Provider)
Education Providers	18	33.33%	$ 58,570	$ 3,254
Accrediting Authorities (ARBs)	8	33.33%	$ 58,570	
AIA (Owner)	1	16.67%	$ 29,285	
AACA (Owner)	1	16.67%	$ 29,285	
	Total	100.00%	$ 175,710	

The new financial model means that whilst the annual invoiced cost to all Providers will increase, other aspects of Provider costs will decrease. Further explanation of the impact on Providers is contained at Notes 12 to 24 in Table 8.

Table 7: Summary of the provisional forward 5 year financial estimates

Item	1st year (2018)	annual inflation	Year 2	Year 3	Year 4	Year 5	TOTAL over 5 years	Supporting TAB	Comments
Secretariat - Staff FTE Calculation	0.6	NA	0.4	0.4	0.4	0.4	NA	2. Detailed Task listing	Rounded up to closest full-day estimate
Secretariat - Office overhead	$ 30,185	2.0%	$ 30,788	$ 31,404	$ 32,032	$ 32,673	$ 157,083	3. Secretariat overheads	Shared space with host organisation
Secretariat - Staff (salary)	$ 39,600	5.0%	$ 41,580	$ 43,659	$ 45,842	$ 48,134	$ 218,815	3. Secretariat overheads	Inflation figure of 5% used to cover pay rise
Secretariat - Staff (other direct costs - travel)	$ 2,250	2.0%	$ 2,295	$ 2,341	$ 2,388	$ 2,435	$ 11,709	3. Secretariat overheads	
Secretariat - Professional Consultancy Fees	$ 19,800	2.0%	$ 20,196	$ 20,600	$ 21,012	$ 21,432	$ 103,040	3. Secretariat overheads	
Management Committee	$ 25,800	2.0%	$ 26,316	$ 26,842	$ 27,379	$ 27,927	$ 134,264	4. MC Costing	
ARP costs (was NVP, now ARP)	$ 69,225	2.0%	$ 56,488	$ 14,122	$ 14,404	$ 14,692	$ 168,931	5. ARP Costing	
Financial management / account support	$ 2,314	0.0%	$ 1,716	$ 1,448	$ 1,538	$ 1,894	$ 8,910	6. Financial accountant spt cost	inflation not factored into this cost
One -off costs factored in:									
Additional 1 day (FTE 0.2) during first year only	$ 19,800	NA	$ -	$ -	$ -	$ -	$ 19,800	3. Secretariat overheads	
ANZAPAP Database Development; updates	$ 30,000	NA	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 42,000	3. Secretariat overheads	10% each following year for updates / upgrades
SPM Training Package Development, review	$ 10,000	NA	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 14,000	3. Secretariat overheads	10% each following year for updates / upgrades
Total ANZAPAP Cost Estimate	**$ 248,974**		**$ 183,379**	**$ 144,417**	**$ 148,595**	**$ 153,188**	**$ 878,552**	**Total ANZAPAP Cost Estimate over 5 years**	

Note that these are PROVISIONAL estimates and will continue to be reviewed and refined, with savings identified where possible.

Note that the 'Supporting TABs' referred to as containing additional detailed calculations and estimates are not provided in the Consultation Papers.

Key Assumptions:
1. All dollar figures and estimates are in AUD and exclude GST.
2. Travel and accommodation will be booked through an external provider.
3. ARP is the Accreditation Review Panel, with this term replacing the 'NVP' (National Visit Panel).
4. FTE estimates are based on a 7hr working day. FTE Estimates rounded UP to nearest full day estimate.
5. No account is made for Secretariat staff member becoming more efficient, with more time in job.
6. Costs associated with any fee-for-service activities (such as Advisory Visit for preliminary program assessment, etc) have not been included as they will be charged as a Fee For Service activity and the specific number are not known. Will require some task oversite by Secretariat Staff, which is factored in.
7. Consultancy Fees for Professional Services factored in to manage detailed questions about initial advice on new programs and similar, and appeals / complaint investigation, as higher-level issues that the Secretariat and Management Committee will not be able to manage.
8. Estimates and associated costings are based on 18 providers and accredited courses as at Jan 2017, with the 18 ARPs spread across the 5 years in accordance with the NVP schedule advised in Dec 2016 by current Secretariat, and used in TAB 2 - Detailed Task Listing.
9. Note that the model has significantly higher costs in the first year. ARP direct costs (for travel, accommodation, sitting fees etc) are much higher in Years 1 and 2 due to the current ARP scheduling arrangements.

Current EXCLUSIONS to this costing model include:
1. Financial support to the conduct and delivery of NZ ARPs (though Secretariat staff time for liaison with NZ on ANZAPAP matters is factored in to Secretariat time estimates)
2. Staff support from Secretariat or contributions from any stakeholders to support further review of the ANZAPAP.

Table 8: Explanatory notes for cost sharing model

1. Cost sharing of an equal one-third split between Providers, ARBs as the accrediting authorities, and the Owners (AIA / AACA), attempts to recognise that all groups benefit from the program. Beneficiaries include:
   a. Providers benefit from offering a formally 'accredited' course, with the potential to attract students on this basis.
   b. ARBs benefit from the income from architects registering in their respective State or Territories, noting that not all graduating students go on to eventually register as architects.
   c. The Profession benefits, by having a clear standard for architectural graduates that enter the Australian workforce and for membership purposes.

2. Provisional calculations for the 5 year cost estimate were prepared by the ANZAPAP Review Secretariat in January 2017. These provisional estimates will continue to be reviewed and refined, with savings identified where possible. See summary details provided at Table 7 on page 16. Key inclusions are
   a. All Secretariat costs (office and staffing costs).
   b. All Management Committee costs. Costs are based on Committee membership of 5, with costs including payment of an honorarium (benchmarked amount) to committee members for attendance at 4 meetings per year.
   c. All delivery costs associated with a single accreditation site visit for each Provider over the 5 year period. These cost estimates include an honorarium (benchmarked amount) to be paid to all standing panel members when they participate in an ARP.

3. NZRAB has 3 accredited courses / Providers, but manages its own finances and visit costs. NZRAB pays a small licencing fee (currently $2,500 pa) to the Owners. The licensing fee has not been included in current funding model, and NZRAB is excluded from the contribution model.

Fee review, invoicing and implementation arrangements

4. The Owners reserve the right to review the program costs and amend the fees (either higher or lower) as required to ensure cost recovery. Fees will be reviewed on an annual basis, with appropriate notice of any changes to fees provided.

5. Following the introduction of this new funding model and fee arrangement, any further annual increase to the Base-level Accreditation Fee levied to Providers (for a standard program assessment of for accreditation) identified for cost recovery purposes will be limited to 5% at maximum.

6. Invoicing and cost recovery schedule being considered:
   a. Stakeholders will be invoiced annually at the commencement of the Financial Year,
   b. Payments are required by 30 September (3 months after invoicing).
   c. Invoices will be for program costs in that Financial Year.

7.   The timely payment of invoices by all stakeholders is important to ensure the financial viability of the program and the Secretariat to support program delivery. Any concerns regarding stakeholder cash-flow and the ability to pay the ANZAPAP invoice issued at the commencement of the Financial Year should be raised through the Secretariat to the Management Committee by no later than 1 August annually.

8.   Increases to the number of accredited programs will result in reduced costs, as the overhead costs of running the Secretariat and program delivery will be shared across a larger number of stakeholders. This has not been factored in to the costing model.

9.   The new financial model has significantly higher overall costs in the first year of implementation of the revised ANZAPAP. Program review costs (for travel, accommodation, sitting fees etc) are also much higher in Years 1 and 2 (in comparison to years 3 to 5) due to the current scheduling of Accreditation Review Panels (ARPs). Cost recovery will be designed to spread the costs evenly over 5 years of program implementation.

10.   The Owners recognise that consideration must be given to the implementation arrangements for the new fee arrangements. If the new ANZAPAP is to be launched July 2017, sufficient time is required to allow all Stakeholders to incorporate new financial requirements into forward budget planning.

Cost recovery from ARBs

11.   The spilt of costs between the ARBs as the Accrediting Authorities is to be determined by the ARBs. Three options for the sharing of ARB costs have been identified for consideration:
        a.   Pro-rata based on the number of accredited programs per State / Territory, or
        b.   Pro-rata based on the number of registered architects in each State or Territory, or
        c.   Payment of a flag fall fee by all ARBs, with the remaining cost shared pro-rata based on either the no. of accredited programs or registered architects in each State / Territory.
        The ARBs may identify additional options that they wish to pursue.

Fee Arrangements for Providers

12.   The current fee levied to each Provider covers the direct costs of the Accreditation Review Panel (ARP) only, averaged out for cost-recovery over the Providers' period of accreditation. The recommended new funding model (as per ANZAPAP Review Stage 1 Report Recommendation 4.0 and the cost estimates included in the Stakeholder Consultation document) incorporates the overhead costs associated with running the Secretariat, inclusive of managing accreditation visits to Providers, the Management Committee, and other related costs. As such, the annual fee to be paid by each Provider will rise.

13.   As noted in the Stage 1 Final Report and as confirmed with the ANZAPAP Secretariat In January 2017, the 2016 and 2017 Fee per Provider is $2,323 PA, for Providers with a 5 year accreditation period. With the detailed costing model that has been prepared and the funding options outlined above, the revised annual fee for Providers with a 5 year accreditation period will increase by approximately $931 from $2,232 to $3,254. The fee increase will be higher for those Providers with a reduced period of accreditation (less than 5 years) or with assessment requirements over and above the standard program assessment inclusions.

14. A base-level accreditation fee levied to Providers on an annual basis will be instituted to cover a Standard program assessment for accreditation. As stated in the Summary of Key Changes on page 6, the standard program assessment for accreditation covers:
    a. Single output qualification at the Masters level
    b. Single site assessment within Australia
    c. Maximum of 2 benchmark academic pathways (BAPs)
    d. Delivery via campus-based coursework
    e. 1 site visit for accreditation assessment over the period .

15. Whilst Providers will now be asked to contribute to the overhead costs, the new model has attempted to reduce the costs borne by Providers via the following mechanisms:
    a. Removal of Interim Review Panel (IRP) visits and associated costs.
    b. The Accreditation Visit to each Provider decreased in length from 3 to 2 days, reducing the costs associated with hosting the visit and the direct costs related to the panel (travel, accommodation and sitting fees).
    c. The size of the Accreditation Review Panel (ARP), reduced from 9 to 5 members, reducing the costs associated with travel, accommodation, and sitting fees.
    d. Reduction in the requirement for the exhibition of student work as part of the Accreditation Visit, in that it is no longer mandatory. Providers are only required to present student work at the threshold level in a digital portfolio. Providers may choose to schedule a physical exhibition of student work in parallel with an ARP Visit.

16. The base-level accreditation fee is costed out over the length of the program's accreditation period. The standard accreditation period is defined as the minimum length of time to complete the accredited program (inclusive of the undergraduate and Masters level courses that jointly represent the program being accredited). Accordingly, the annual fee invoiced to each Provider will be impacted by the length of their accreditation.

17. Any assessment requirements over and above the inclusions in a standard program assessment or delivery via alternative mechanisms will incur additional fees. A supplementary fee system allows fees to be levied to Providers for the following activities on a cost-recovery basis:
    a. Assessment of a second program.
    b. Conduct of a site visit at a secondary site, either in Australia or off-shore.
    c. Assessment of additional BAPs (over and above the 2 included in a standard program assessment).
    d. Assessment of non-standard programs, including off-shore and on-line delivery.
    e. Conduct of a further site visit within the period of accreditation.

18. Requests for assessment of new programs are covered by a separate fee-for-service advisory activity.

19. Other than the fee estimate of $3,254 for a Standard Program Assessment for a program with a 5 year accreditation period, the additional fees outlined above have not yet been calculated, as the requirements and the new processes on which the fee will be based are still being developed.

Fairness and equity considerations for Providers

20. The spilt of costs between Providers based on a standard program assessment is based on an equal share of costs , irrespective of student numbers, the physical location of the Provider, or where the Accreditation Review Panel members must travel from.

21. The higher travel costs associated with Accreditation Review Panel members traveling to Providers in more distant locations (ie Perth, Tasmania) has not been incorporated into the fee model. It was considered that this would be financially detrimental to Providers operating in more distant locations, who are anticipated to (in the main) have lower student enrolment numbers.

22. The invoicing to Providers for the travel costs of their specific ARP has not been incorporated due to perceived fairness and equity regarding the selection of accreditation standing panel members from different home locations, in addition to the additional administrative and invoicing arrangements that this would entail. The ANZAPAP should benefit from establishing and maintaining a pool of suitably experienced standing panel members that incorporates an appropriate geographic spread that reflects the spread of Providers.

23. The cost sharing arrangements described for Providers does not currently take student numbers for each program into direct consideration. Such a fee-based arrangement has not been incorporated in this Review due to complications related to a reliable source for data collection, timing and frequency for the review of such data, and the process and frequency for incorporation of changes into Provider fees.

24. It is envisaged that larger Providers with higher student numbers and more complex programs for assessment will need to pay additional fees over-and-above the base-level accreditation fee, as described earlier.

5.   Key questions for stakeholders

Stakeholders are requested to follow the instructions outlined below regarding the submission of stakeholder feedback:

1.   **Read the Stakeholder Consultation documents, in particular the Summary of Progress and Summary of Changes.**

2.   Stakeholders are invited to structure their feedback around the questions contained in Table 9 (below) and make any other relevant comments.

3.   Where the submission is from a stakeholder group rather than an individual, this should be noted in the document.

4.   **Feedback from stakeholders must be provided in writing and must be received by the ANZAPAP Review Secretariat, provided by AACA, by no later than Sunday 30 April 2017.**

5.   Written submissions should be sent to mail@aaca.org.au with the SUBJECT Line 'ANZAPAP Review – Stakeholder Submission'.

6.   All submissions will be acknowledged by email within 1 working day of their receipt.

Table 9 – Specific questions for stakeholder comment

No	Question or issue for stakeholder comment
1.	**Cost sharing and implementation arrangements** are detailed in Section 4 - Outline of new financial model and cost sharing, inclusive of the Explanatory Notes included at Table 8. What are the key issues for stakeholders regarding: - Three-way cost sharing model? - Timing of implementation?
2.	**Fee arrangements for Providers** are described at Notes 12 to 19, with fairness and equity issues described at Notes 20 to 24, of the Explanatory Notes contained at Table 8 of Section 4 - Outline of new financial model and cost sharing. What are the key concerns or questions regarding: - The base-level accreditation fee described for a 'standard program assessment'? - The supplementary fee system described, with fees levied to Providers for specified activities / assessment requirements on a cost-recovery fee-for-service basis? - Fairness and equity for the relative size and complexity of Provider programs?

No	Question or issue for stakeholder comment
3.	**Cost recovery and options for the sharing of costs between the ARBs as the Accrediting Authorities** is described at Note 11 of the explanatory notes provided at Table 8 in Section 4 - Outline of new financial model and cost sharing. It is suggested that the ARBs consider the following three Options regarding how they may share their costs: - Option 1 – pro-rata based on the number of accredited programs per State / Territory - Option 2 – pro-rata based on the number of registered architects in each State / Territory - Option 3 – payment of a flag-fall fee by all ARBs, with the remaining cost shared pro-rata based on either the number of accredited programs or registered architects in each State / Territory. Are there any additional options that should be considered?
4.	**Funding of Management Committee operations.** All costs related to the new Management Committee (including travel and sitting fees) have been costed into the provisional financial estimates, as provided at Table 7 in Section 4 - Outline of new financial model and cost sharing. The 5 year financial estimates will continue to be reviewed and refined, with savings identified where possible. To reduce the overall program costs borne by Providers, should participating stakeholders (AIA, AACA, AASA, ADBED and the ARBs) be asked to fund their own representation in the Management Committee? This would entail stakeholder organisations paying the specified Sitting Fees, travel, accommodation and incidentals as required for participation by their representative/s.
5.	**Representation in the Management Committee and managing conflicts of interest.** The new Management Committee represents all stakeholders. The Committee's expanded responsibilities will replace the current Steering Committee (as described in Recommendation 5.0 from the Stage 1 Final Report). It is envisaged that the new Management Committee will include a single nominee from each of the following stakeholder organisations: AIA, AACA, AASA, ADBED and the ARBs. Representation in the Management Committee raises issues about managing conflict of interest. - In addition to managing the known conflicts of interest of Management Committee members via traditional committee processes (whereby members declare all conflicts of interests on an ongoing basis, and members with the conflict of interest abstain from or are excluded from the discussion), are there additional concerns or suggestions about how conflicts of interest within the Management Committee could be managed? - Should any other representative options be considered? If so, why?

No	Question or issue for stakeholder comment
6.	The **Benchmark Academic Pathway (BAP)** is an important component of the assessment process, and limitations about the number of BAPs considered within a standard program assessment for accreditation is being incorporated. The definition of the BAP is being revised, and a new **draft** definition outlined below: *'Benchmark Academic Pathway (BAP), is the primary course structure, offered by the Provider, that leads directly to the Accredited Academic Qualification. The BAP will normally consist of the equivalent of 10 semesters of full-time study over a five-year period. The BAP must provide a pathway for a student with no prior architectural knowledge or skills to meet the threshold determined in the NSCA. The BAP is the program/s of study that will be assessed by the Accreditation Review Panel. The BAP will accommodate a substantial cohort of the students that proceed through to the Accredited Qualification. Specifically, if more than 65% of students graduating from the Accredited Academic Qualification have followed a single pathway, then there is a single BAP in the program. If the proportion is less than 65%, then any pathway which has more than 20% of the complete cohort is designated a separate BAP. As part of the accreditation process the ARP must assess all BAPS. If no pathway qualifies as a BAP under these guidelines (ie. no single pathway accounts for the education of more than 20% of graduates), then all graduates must be individually mapped against threshold expectations of the standard.'* Is this definition feasible? Should any changes be considered? If so, why?
7	**Professional Advice.** In the revised ANZAPAP, the focus of assessment is on attainment of threshold competencies, as defined by the National Standard of Competency. Professional advice is no longer a distinct, separate section. Instead, it plays a significant role in the identification and formulation of action items in the Accreditation Review Panel (ARP) Report. Furthermore, an ARP, during a visit, will still be able to provide professional advice by means of discussion with a Provider. Should any additional opportunities for professional advice be incorporated into the ANZAPAP? If yes, how should these opportunities be incorporated and how should they be funded?

Enclosure 1

Summary of progress on implementation of the final recommendations from the Stage 1 Final Report

The Stage 1 Work Group released a Stage 1 Draft Report for comment in April 2016, and then submitted a Stage 1 Final Report on 30 June 2016 to the Owners of the ANZAPAP, the AIA and AACA. The Final Report was shaped by feedback from stakeholders, with changes to the final recommendations that were approved by the Owners. The Final Report can be accessed from **this link**.

The Owners approved the establishment of a Development Group to commence Stage 2 of the Review focused on the development of the amended Stage 1 Recommendations (as included in the Stage 1 Final Report) and the preparation of updated ANZAPAP Documentation. The **Development Group Terms of Reference** can be accessed from **this link**.

A **summary of progress regarding the Final Recommendations from the Stage 1 Report** (June 2016) is provided in **Table 10** below.

All of the final recommendations are being progressed, some with minor amendments as noted, with the exception of Recommendations 3.0 and 8.B.

Table 10 - Summary of progress to implement the final recommendations from the Stage 1 Final Report

Recommendation	Incorporated	Status / commentary
1.0 Update the ANZAPAP to reflect the revised *Australian National Standard of Competency for Architects (NSCA)*.	Yes	• Elements identified in the revised (2015) Standard are incorporated into the updated Procedure. • NSCA noted as a key reference document and incorporated into the definition of the required 'Standard'.
2.0 Ensure the ANZAPAP reflects the Australian Architectural Education and Competency Framework.	Yes	The AAECF is noted as a key reference document and is incorporated into the definition of the required 'Standard', not because of it being part of the accreditation requirement, but because the Framework supports the presentation of information by the Provider along with mapping to TEQSA requirements.

Recommendation	Incorporated	Status / commentary
3.0 ANZAPAP ownership to include the New Zealand Registered Architects Board as a joint owner of the accreditation process with the AACA and the Institute.	**No**	• The Owners have agreed that this recommendation will not proceed at this time. Subsequent investigations of this recommendation reveal considerable complexities surrounding the different governance structures in Australia and New Zealand. The current model, with New Zealand as licensee of the procedure, provides maximum flexibility while allowing a sharing of resources and panel members as necessary. As such, the updated Procedure is to be written around implementation in Australia but with the necessary flexibility to allow additional use under license. • New Zealand RAB may choose to continue to liaise with the Owners and pay a fee to licence their use of the Procedure in NZ, with necessary adjustments based on local legislation and other local requirements.
4.0 Develop a transparent ANZAPAP cost recovery funding model to allocate the cost of accreditation appropriately across the stakeholders.	Yes	• A provisional financial model capturing all direct costs has been developed, and will continue to be reviewed and refined. This model includes all costs associated with program management and delivery, inclusive of running the Secretariat and the Management Committee. Transition to this new financial model will occur during FY17/18. • The updated Procedure incorporates the provision of an annual financial report to all stakeholders. • Program costs are to be shared equally amongst the 3 key stakeholder groups (Providers, Accrediting Authorities (being the ARBs), and the Owners). How these costs may then be further broken down and shared within each stakeholder group is open to further discussion. • The direct costs borne by each Provider with respect to their participation in the accreditation program are acknowledged, but not included in the financial model. The new financial model does mean that whilst the direct annual invoiced cost to all Providers will increase, other indirect aspects of Provider costs will decrease. • Reduction in indirect Provider costs is associated with: streamlined electronic reporting processes (annual and pre-visit), a reduced visit duration, reduced visiting panel membership, and removal of the requirement for a physical exhibition of student work as part of the accreditation site visit and removal of the Interim Review Panel (for most outcomes) Refer also to details at Recommendation 8.C. • See Section 4 - Outline of new financial model and cost sharing for additional details on the financial model, cost sharing and fee arrangements.

Recommendation	Incorporated	Status / commentary
5.0 Amend the title of the current ANZAPAP Steering Committee to ANZAPAP Management Committee and review the terms of reference, role and responsibilities.	Yes	• Terms of reference for the new Management Committee are being developed. Will meet 4 times a year, minimum 3 meetings will be face-to-face. • The Management Committee will report to the Owners via the AIA / AACA Liaison Group[7]. • Key responsibilities and membership will be as specified under Recommendation 5 at Page 11 of the Stage 1 Final Report. • Representatives will be nominated by each of the following stakeholder organisations: AIA, AACA, AASA, ADBED and ARBs. Members will be paid a consistent and benchmarked sitting fee for participation in all meetings. • Committee costs, including travel and sitting fees have been factored into the new financial model. • See Section 5 – Key Questions for Stakeholders regarding the make-up of the Management Committee, how to manage the inherent conflicts of interest, and how participation should be funded.

6.0 Improve the annual reporting requirements to the Owners of the ANZAPAP to ensure that it reflects a more comprehensive summary of all accredited programs in Australia and New Zealand	Yes	• The Secretariat will be responsible for the preparation of an ANZAPAP Annual Report that includes the following information for the 12 month reporting period:
		  - Summary of accreditation activities
		  - Program financial summary, including Secretariat and other overhead costs
		  - Summary of data from Provider Annual Reports, identifying significant trends or program changes.
		• The ANZAPAP Annual Report will be reviewed by the Management Committee prior to review and release by the Owners. This report will be released to all stakeholder organisations, inclusive of all Providers delivering accredited programs.
		• A key input to the ANZAPAP Annual Report will be the Provider Annual Reports.
		• Accrediting Authorities will be provided with the Annual Report from any accredited Providers in their jurisdiction.
		• The timeframe for the annual reporting schedule is to be developed.
		• New Zealand Provider and authorities may choose to be part of the annual program reporting.

[7] The AIA / AACA Liaison Group consist of key executive members of both organisations and meets regularly throughout the year to discuss common interests. The Group is not part of the ANZAPAP, but is referred to as the mechanism through which the Owners communicate on a formal and ongoing basis.

Recommendation	Incorporated	Status / commentary
7.0 Provide sufficient secretariat support arrangements to deliver the revised ANZAPAP Management Committee responsibilities and procedures.	Yes	• New funding model incorporates estimates for all aspects of Secretariat support, including all aspects of meeting and other support to the Management Committee for face-to-face and out-of-session meeting and communication requirements.
8.0 Rename the National Visiting Panel to Accreditation Review Panel, and improve the efficiency and effectiveness of the process and Report.	Yes	• A clear process flow for Accreditation Review Panels (ARP), including pre-visit reporting and actions and the ARP Report preparation and finalisation, is being mapped out. The revised process will allow for clarity and consistency in reporting requirements across all Providers, and for procedural fairness with respect to such things as clarity in the required standard for accreditation, clarity on the process and an agreed appeals process.
8.A Education providers to provide a detailed report ('School Report'), addressing the accreditation criteria, to the Secretariat a minimum of 8 **12** weeks in advance of the visit.	**Yes (amended)**	• A 'Provider Accreditation Submission' template is being developed based on the accreditation requirements specified in the Standard. The template will facilitate how Providers prepare their digital evidence in support of accreditation. The template will assist Providers to understand what is required and what must be submitted in advance of the ARP Visit. The template will promote clarity and consistency in the reporting requirements. • Guidelines for the evidence required to demonstrate compliance with the accreditation requirements (as specified in the Standard) are being developed. Where possible, the guidance allows individual performance criteria from the Standard to be grouped together for demonstration, reporting, evidence and assessment purposes. The Guidelines will be an important reference for both Providers and ARP members. • The Provider Accreditation Submission will be required a minimum of **12 weeks** in advance of the scheduled ARP Visit. This will allow time for the review of the Provider Accreditation Submission by the assigned ARP, and feedback to the Provider should there be any significant deficiencies identified in the Provider Accreditation Submission.

Recommendation	Incorporated	Status / commentary
8.B The relevant Accrediting Authorities are invited to make a submission, in respect of the accreditation review, to the Management Committee a minimum of 8 weeks in advance of the visit.	**No**	Not incorporated. The Accrediting Authorities will have the opportunity to consider the accreditation status of a Provider's program when: • They are asked to review and approve the ARP Report following the conduct of an ARP Visit. • They review the Provider Annual Report submitted each year. • They may make a formal submission to the Management Committee at any time, should they have evidence to support their concerns.
8.C The School Report contains examples of, or links to (by way of a hi-resolution digital portfolio), pass (threshold standard) level student work. If required additional work may be requested for the visit. Schools may also display a physical exhibition of pass, credit and distinction level student work as the exhibition plays another role in showcasing the quality of work at the school and providing a useful forum for benchmarking.	Yes	• Provision of a digital portfolio of evidence will be a requirement as part of the Provider Submission. Providers are only required to present student work at the threshold pass level for each element of the NSCA. • Guidelines for the preparation of a digital portfolio are being developed. • Feedback will be provided from the ARP to the Provider in advance of the site visit regarding any deficiencies identified in the Provider Submissions that may necessitate provision of a Supplementary Submission and additional evidence in advance of the ARP Visit, and/or become the focus of discussion during the ARP Visit. • Provision of a physical exhibition of student work as part of the ARP in no longer mandated. • Providers may choose to schedule an exhibition of student work in parallel with an ARP visit, but this is outside the scope of the formal accreditation process and visit requirements.

Recommendation	Incorporated	Status / commentary
8.D Where possible, information contained in the School Report is to coincide with standard information required by education providers other reporting requirements. In this regard, the Secretariat is to investigate options for consolidating existing education provider information, into an updatable online resource to limit the burden of reporting.	**Work-in-progress**	• A key principle in the preparation of the template for the 'Provider Accreditation Submission' (required minimum of 12 weeks prior to the scheduled ARP Visit) and the Provider Annual Report, is that it should not be too onerous or replicate information collecting by TESQA. • Publicly available Provider data published on-line by the Department of Education and Training (DET) at their website (http://highereducationstatistics.education.gov.au/) does not allow analysis to the Provider and Course level. Further investigation will be required to see if they are able to release program (course) level data directly to the ANZAPAP Secretariat in order to further reduce the reporting burden on Providers. If this is not possible, Providers will need to report specific course enrolment and completion data through the ANZAPAP reporting.

8.E The Management Committee appoints a five member Review Panel (and identifies one of these members as a chair). This panel is to review the School Report ~~and any submission from the relevant Accrediting Authority~~ [8], to identify areas of compliance and weakness and provide the Program with a list of questions or issues prior to the visit.	**Yes (amended)**	• The updated Procedure requires the Management Committee to appoint the members of each ARP, including the Chair.
		• The schedule of key activities in the lead-up to the ARP Visit and the overview of the ARP roles and responsibilities, incorporates the need for the ARP Members to:
		  - participate in a minimum 1 ARP teleconference in advance of the visit
		  - review the Provider Accreditation Submission and report back to the Chair on any deficiencies in their assigned area of responsibility
		  - compile a list of deficiencies or potential issues for reporting back to the Provider in advance of the ARP Visit.

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[8] The relevant Accrediting Authority will not be invited to make a submission prior to the conduct of the visit. (See commentary on Recommendation 8.B).

Recommendation	Incorporated	Status / commentary
8.F All five members of the Review Panel (including the Chair) will visit the education providers ~~to follow up on specific issues identified in the School Report~~.	**Yes (amended)**	The reduced size and composition of the ARP has been incorporated into the amended procedure and the financial costing model. The full Accreditation Review Panel (ARP) will visit the Provider in accordance with the procedural guidance contained in the updated ANZAPAP Manual.
8.G The length of the review visit is to be reduced to 2 days.	Yes	An amended standard agenda for the 2-day ARP Visit has been prepared and will be incorporated into the updated Procedure and the financial costing model. The reduced period is balanced by the additional work to be completed by the ARP in advance of the visit, through the review of the Provider Accreditation Submission and supporting digital evidence.
8.H At the conclusion of the visit, the Review Panel will finalise the Accreditation Review Panel Report (renamed from the National Visiting Panel Report), to reflect the assessment undertaken. A copy of which will be provided to the Head of Program ~~no later than two weeks~~ after the visit, for comment prior to finalising.	**Yes (amended)**	• As previously noted - a process flow for the Accreditation Review Panel (ARP) is being mapped out. • A copy of the Final Draft of the ARP Report will be provided to the Head of Program at the conclusion of the Site Visit. The Head of program will be provided time to make factual comment on the Draft ARP Report and to Provide their own statement to accompany the ARP Report. Specific timeframes will be detailed in the updated Procedure
8.I Following the Head of Program's response, the Review Panel table their recommendation to the Secretariat who in turn inform the relevant Accrediting Authority of the outcome for their ~~decision~~ recommendation.	**Yes (amended)**	As previously noted - a process flow for the Accreditation Review Panel (ARP) is being mapped out that will provide clear process steps for the completion of the ARP Report by the ARP, review and response by the Head of Program, and then review by the Accrediting Authority to facilitate timely approval of the report and the associated recommendation for accreditation. The updated procedure will address the grounds on which recommendation may not be recommended or accreditation may be suspended. Such recommendations would be closely linked to the Provider's ability to meet the accreditation requirements detailed in the Standard, as related to the NSCA. Refer also to details at Recommendation 1.

Recommendation	Incorporated	Status / commentary
8.J The Accreditation Review Panel would continue to convene confidential meetings with students and staff, as at present.	Yes	This has been retained in the Procedure and the standard agenda for the ARP Visit.
9.0 Establish an appeal mechanism for the Accreditation Review Panel Report to address procedural fairness, with Appeal Panels to be convened as required, the membership of which would include one member from relevant Accrediting Authority and two members from the Management Committee.	Yes	An Appeal Policy and Procedure is being developed for incorporation into the updated Procedure. This will take into account appropriate timeframes, referral to the Management Committee, and the establishment of an Appeal Panel.
10.0 Establish briefings for educational providers in the revised ANZAPAP to communicate expectations of the visits and the assessment outcomes	Yes	The provision of briefings to Providers on the new Procedure will be incorporated into the implementation plan, for delivery over the period July to Dec 2017.

Recommendation	Incorporated	Status / commentary
11.0 Investigate the authority and intent of the Preliminary Assessment Panel process in light of accessing Australian Government funding and implications for removal on new programs.	Work-in-progress	• The Preliminary Assessment Panel (PAP) process has been removed from the updated Procedure. • For Providers that wish to have an architecture program considered for accreditation, a new fee-for-service Application for Program Advice is being developed. The Advisory Assessment will offer a Provider practical advice regarding the readiness of their program to commence the accreditation review process. It will involve the establishment of an Advisory Panel (from members of the Standing Panel) who will visit the Provider and prepare an Advisory Report. • For Providers with an accredited architecture program that are seeking advice on proposed or actual major changes, reporting of this information will occur through the new Provider Annual Report, with the consequence of the changes on accreditation requirements to be considered by the Management Committee.
12.0 Change the benchmark academic pathway terminology from 5-year qualification to 10 semesters of prescribed coursework or equivalent timeframe.	Yes	• Updated definition[9] of the benchmark academic pathway (BAP) to be incorporated, noting that students can already complete a faster than 10-semester qualification, dependent on prior education, experience, electives, travel-related coursework and trimesters. • The maintenance of 'semester' terminology (to describe minimum course length) is in line with other international recognition issues and will be maintained. • If the BAP is less than 5 years in duration, then it will require re-accreditation in the same minimum timeframe. For example, if a student in a BAP can complete the entire program in 3.5 years, then a maximum of 3.5 year accreditation period will be awarded for that program. *Continued on next page*

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[9] DRAFT Definition for the BAP that is being considered is:

Benchmark Academic Pathway (BAP) is the primary course structure, offered by the Provider that leads directly to the Accredited Academic Qualification. The BAP will normally consist of the equivalent of 10 semesters of full-time study over a five-year period. The BAP must provide a pathway for a student with no prior architectural knowledge or skills to meet the threshold determined in the NSCA. The BAP is the program/s of study that will be assessed by the Accreditation Review Panel. The BAP will accommodate a substantial cohort of the students that proceed through to the Accredited Qualification. Specifically, if more than 65% of students graduating from the Accredited Academic Qualification have followed a single pathway, then there is a single BAP in the program. If the proportion is less than 65%, then any pathway which has more than 20% of the complete cohort is designated a separate BAP. As part of the accreditation process the ARP must assess all BAPS. If no pathway qualifies as a BAP under these guidelines (ie. no single pathway accounts for the education of more than 20% of graduates), then all graduates must be individually mapped against threshold expectations of the standard.

See Question 6 in Section 5 - Key questions for stakeholders with regard to providing comment on this draft definition.

Recommendation	Incorporated	Status / commentary
12.0 Continued		• Due to the new financial model, this will mean that Providers with BAPs and associated accreditation periods of less than 5 years / 10 semesters will pay a higher annual fee. This is because the cost of Accreditation Review Panel visits (ARP) are averaged out over a shorter timeframe for cost recovery purposes.
13.0 Review the restriction on program changes occurring in advance of National Visiting Panel.	Yes	• The updated Procedure recognises that change and improvement are necessary in architectural education, as they are in architectural practice. • The current system of specifying a level of unacceptable change as > 20% is vague and difficult to apply consistently, and for these reasons it has been removed. • Instead of setting a percentage limit, Providers will report program changes in the new Provider Annual Report. The Annual Report proforma will seek this information, including: - STAGE of the change (ie. at what stage in the BAP and in which semester or calendar year) - WHAT has changed (such as a course/unit name, or change in curriculum content and/or assessment) - WHY the change has been implemented (such as funding limitations or expansion, or revision of pedagogical approach or curriculum content). • The collection of this information through the ANZAPAP Annual Reporting cycle should contribute to the Owners developing a clearer picture of architectural education and changes in best practice, and the communication of this information to the broader sector. • Having Providers report changes through the Annual Reporting cycle means the Management Committee can monitor and review the changes described, and they can follow-up with individual Providers should there be question regarding the ongoing ability of the Provider to appropriately demonstrate the achievement of the accreditation requirements.

Recommendation	Incorporated	Status / commentary
14.0 Review the authority and intent of Interim Review Panels and introduce an annual pro-forma reporting requirement for all accredited programs to both the Management Committee and the Accrediting Authorities.	Yes	• The current purpose of the IRP is to comment on action items and progress against them, as documented in the Program's last NVP Report. Furthermore, the IRP does not provide any formal reporting or advice for the next NVP. As such the IRP has been removed. • The updated procedure requires that any program deficiencies in meeting the accreditation requirements (as detailed in the Standard) identified by an ARP will be clearly documented in the ARP Report. • Detailed progress and associated evidence to address the specified deficiencies will be communicated by the Provider via their Provider Annual Report and progress to address the deficiencies will be monitored by the Management Committee, with referral to the original ARP members as required.
15.0 Develop specific eligibility criteria and training guidelines for Standing Panel members and appointed Panel Chairs	Yes	• Guidelines for the management of the Accreditation Standing Panel are being developed and will be included in the updated Procedure. The guidelines will address eligibility and selection requirements, roles and responsibilities, conflict of interest, code of conduct, and retirement. • The Management Committee and Secretariat will be tasked with developing an online training guide for Accreditation Standing Panel members and for Accreditation Review Panel chairs.
16.0 Establish an ANZAPAP Implementation Working Group to update the ANZAPAP document to reflect the ANZAPAP Review 2015-16 recommendations as agreed by the owners.	Yes	• A 'Development Group' was established and met for the first time in September 2016 to progress the Stage 1 (2015-16) recommendations. The Development Group will continue this work until approximately May, when the updated Procedure and associated documents are presented to the Owners for approval. • It is anticipated that the Development Group will be disbanded from approximately June 2017, with all outstanding tasks being referred to the new Management Committee for progression, with the support of the ANZAPAP Secretariat. • The Development Group Terms of Reference can be accessed from **this link**.

– END OF STAKEHODLER CONSULTATION DOCUMENT –