Australian and New Zealand
Architecture Program Accreditation Procedure
(ANZ APAP)

ANZ APAP Review
Final Report

Prepared by the Development Group
June 2017

Contents

Reference Documents

Additional reference documents referred to from within this document are available via the links below:

ANZ APAP 2013

Stage 1 Terms of Reference (September 2015)

Australian Architectural Education and Competency Framework (AAECF) Final Report (March 2016)

Stage 1 – Final Report (June 2016)

Stage 2 Terms of Reference (September 2016)

Stakeholder Consultation Pack (March 2017)

Consultation Pack - Addendum draft Evidence Guidelines for Providers and panel members (April 2017)

Stakeholder Consultation Report – Summary of Stakeholder Submissions (June 2017)

Benchmarking Australia with other registration systems (June 2017)

National Standard of Competency For Architects (2015)

Section 1 – Statement from the Chair

Over the last few decades, the environments in which architects and educators operate have become increasingly regulated and controlled. With each passing year architects and educators have responded to new legal, economic, social and ethical challenges. Such responses almost always include heightened demand for accountability, transparency and efficiency. The architectural accreditation process in Australia has not been immune to these pressures.

Since the 1990s each successive variation of the Australian and New Zealand Architecture Program Accreditation Procedure (ANZ APAP) (or its predecessor) has gradually narrowed and clarified its scope to ensure that its operations are not only robust and responsible, but continue to conform to changing national and international standards. The most recent review of the ANZ APAP (2015-2016) has considered various pedagogical, regulatory, governance and economic issues which have arisen in the last five years, along with evolving federal policies about the relationships between universities and professions. In particular, throughout the last few decades Australian universities have become heavily regulated, with multiple bodies monitoring, reviewing, ranking and benchmarking the performance of almost all facets of tertiary education. Providers are under pressure to not only conform to 'best-practice', but to aspire to 'world leading practice'. As a result of this, the Tertiary Education Quality and Standards Agency (TEQSA), Universities Australia and Professions Australia have separately, and jointly, begun to refine their expectations of the role of any accreditation procedure. In essence, professional accreditation is now required, by regulation through the Higher Education Standards Framework, for any course where this status is a prerequisite for graduates to practice. Moreover, these regulations ensure that the focus of the accreditation process is on the demonstration of specific threshold competencies (or equivalent outcomes and standards) as defined by the accrediting body.

It is against this backdrop that a review of the ANZ APAP was triggered in 2015 by the Architects Accreditation Council of Australia (AACA) and the Australian Institute of Architects (the Institute) and in 2016 the Review Group provided a series of recommendations about architectural accreditation. In essence, the Review Group called for a more targeted, accountable and streamlined system — structured solely around the relevant National Standard of Competency for Architects (NSCA) Performance Criteria and excluding all issues that are covered in other university quality assurance processes. The Review Group's recommendations then informed the Terms of Reference agreed to by the AACA and the Institute for the present Development Group.

As part of the process of extending and refining the recommendations, the Development Group began by revisiting the stakeholder feedback from the previous review in more detail, before calling for a second round of submissions from stakeholders in response to its own proposals. It became apparent from the stakeholder feedback that there may be some misunderstanding about the role of professional accreditation. While some submissions called for a retention of the current system (or even a return to the previous one), a growing number saw the value of the more streamlined and focused process, in line with the recommendations of the Review Group. The task of the Development Group was to refine and extend the recommendations of the Review, while seeking to accommodate any stakeholder concerns or comments which did not undermine the revised ANZ APAP process and its relationship to the regulation of higher education.

Finally, during the period this report was being developed, and outside the responsibilities of this Group, the location of the ANZ APAP Secretariat was the subject of discussions between the AACA and the Institute. Then, during the consultation period, the Institute took the decision to withdraw from the Development Group. In parallel, the Architects Registration Boards expressed a strong interest in shaping the future of ANZ APAP and TEQSA provided a valuable point of contact between the AACA and the Federal Government. Several of these developments are acknowledged in this final report, although the focus remains on a series of recommendations in response to the original terms of reference.

PROFESSOR MICHAEL J OSTWALD
Chair of the Development Group of the ANZ APAP Review

Section 2 – Overview of the Review

The Australian and New Zealand Architecture Program Accreditation Procedure (ANZ APAP) sets out the basis on which architectural qualifications are accredited for the purpose of registering architects who provide architectural services in Australia.

This national procedure for the accreditation of architecture programs has been in operation in Australia since 1993. Until 2017, the procedure was jointly owned by the AACA and the Institute. As of May 2017, the AACA considers itself to be the sole owner, a position that has been endorsed by the state and territory architectural Boards.

The primary purpose of the ANZ APAP is to support professional registration of architects in Australia, and through it provide the foundation for high quality architectural practice in Australia. Anyone using the title "architect" in Australia must be registered by the relevant Architects Registration Board (ARB) in the state or territory in which he or she provides architectural services. In practice, eligibility for registration is assessed only once, with Mutual Recognition Act legislation enabling those registered in one state or territory, or New Zealand, to have their registration automatically accepted in another jurisdiction by making an application and paying the relevant application fee. While its primary purpose is regulatory, the accreditation process also supports and promotes the exchange of views and information between regulators, the profession and universities.

The ANZ APAP aims to ensure that graduates from Australian and New Zealand Master of Architecture programs are appropriately qualified and competent. State and Territory ARBs have legislative responsibility for accrediting the Master of Architecture qualifications for the purposes of registration in Australia. The New Zealand Registered Architects Board accredits the Master of Architecture programs in New Zealand.

The National Standard of Competency for Architects (NSCA) is the foundation document on which Australian accreditation and registration processes are built.[1] The NSCA comprises 4 Units of Competency (Design, Documentation, Project Delivery and Practice Management). The 4 Units of Competency contain 70 Performance Criteria (PCs) — cross-referenced to 5 Knowledge Domains (Regulatory, Social and Ethical, Sustainable Environment, Disciplinary and Communication) — that need to be demonstrated either in terms of knowledge acquisition (K), skills acquisition (S) or the application of knowledge and skills acquisition in architectural practice (A). For the purposes of accreditation, architecture programs are required to demonstrate that students meet 37 of the 70 Performance Criteria at either knowledge, skill or application level by the time they graduate from the Master of Architecture. The ANZ APAP provides assurance that graduates of architecture education programs meet the required components of the NSCA.

The current review of the ANZ APAP was initiated by the then owners in mid-2015. The Review has progressed via two distinct stages, with work in both stages led by a group of experts nominated by key stakeholder organisations. The AACA provided secretariat support for the Review.

---

[1] Architects Accreditation Council of Australia, *National Standard of Competency For Architects*, 2016, available at http://competencystandardforarchitects.aaca.org.au.

Stage 1 of the Review took place from 2015-2016. The Terms of Reference for the Stage 1 working group can be accessed from this link. Stage 1 focused on the identification and development of key recommendations for implementation, and included an initial round of stakeholder consultation in early 2016. Themes and concerns that shaped the Stage 1 Review include:

- (i) improving transparency, accountability, and governance;
- (ii) improving stakeholder confidence in the predictability of the procedural process;
- (iii) delivering a procedure that clarifies and streamlines requirements for Providers;
- (iv) increasing alignment with the requirements of TEQSA;
- (v) supporting the needs of the state and territory Architect Registration Boards as the accrediting authorities; and
- (vi) accommodating evolving delivery mechanisms employed by Providers.

The Stage 1 Final Report was also guided by stakeholder feedback and completed in June 2016 before being endorsed and released by the Owners following a meeting on 30th September 2016. The Stage 1 Final Report can be accessed from this link.

Stage 2 of the Review took place from 2016-2017. Stage 2 focused on the further development and testing of the final recommendations from Stage 1, and included a second round of stakeholder consultation from March to April 2017. Terms of Reference for the Stage 2 working group were agreed to by the Owners in September 2016 and the Development Group was established through formal nominations. The final Terms of Reference for the Development Group can be accessed from this link. An overview of the stakeholder Consultation undertaken in March and April 2017 is provided at Section 5 and a Summary Report containing all the stakeholder Submissions can be accessed from this link.

In addition to representatives from the AACA, ARBs and the Institute, representatives from the Australian Deans of the Built Environment and Design (ADBED) and the Association of Architecture Schools of Australasia (AASA) have been involved in both stages, and the New Zealand Registered Architects Board (NZRAB) was involved in Stage 1. The Institute withdrew from the process in April 2017.

Members of the Stage 1 Working Group (referred to as the 'Review Group') were:
Professor Kirsten Orr, The University of Tasmania (Independent Chair)
Professor Michael Ostwald, The University of Newcastle
Dr Chris Landorf, The University of Queensland
Ms Sarah Briant, Quirk Architecture
Mr Kieran Wong, CODA Architects
Mr Callum McKenzie, New Zealand Registered Architects Board.

Members of the Stage 2 Working Group (referred to as the 'Development Group') were:
Professor Michael Ostwald, The University of Newcastle (Independent Chair)
Professor Sue Savage, Queensland University of Technology
Dr Chris Landorf, The University of Queensland
Mr Kieran Wong, CODA Architects
Mr Gary Bonato, Director for Tectvs Pty Ltd
Dr Chris Smith, The University of Sydney (until April 2017).

Concurrent to the conduct of the ANZ APAP Review over the last 2 years, the following developments in the education and architecture sectors are noted as having an influence on the changing shape of education and regulation:

- Progress with the *Australian Architectural Education and Competency Framework (AAECF)* project to align the ANZ APAP requirements with other mandatory government-imposed requirements for higher education (The AAECF Final Report March 2016 can be accessed from this link)
- Commencement of Providers reporting against the Higher Education Standards Framework to TEQSA from 1 January 2017
- Agreements between TEQSA, Universities Australia and Professions Australia that stress the correct scope and approach for professional accreditation (See here for further information)
- In Australia, the Federal Government through TEQSA and Excellence for Research in Australia (ERA), requires Providers to undergo a variety of reviews wherein high level advice is used to shape decisions and directions.

This report is the key output from the cumulative work undertake in Stages 1 and 2 of the Review, and has been shaped by the recent stakeholder consultation (See Section 5). The report contains a series of detailed recommendations (See Section 3 for full listing) for consideration by AACA and incorporation into a revised ANZ APAP Manual and supporting ANZ APAP documentation. It is acknowledged that a number of the recommendations require further development and testing.

The key changes proposed (in no particular order of importance) are summarised as:

1. References to the AAECF and the updated (2015) NSCA incorporated
2. Clear accreditation focus on the relevant Performance Criteria from the 2015 NSCA
3. Steering Committee replaced by Management Committee with revised role in program oversight
4. Transparent costing model and fee arrangements introduced
5. Management of Standing Panel strengthened
6. Standard period of accreditation and standard program assessment defined
7. Visiting Panel renamed to Accreditation Review Panel (ARP) and reduced to 6 members
8. Template used for the Provider Accreditation Submission (PAS) (pre-visit)
9. Increased ARP tasks prior to the conduct of the site visit to a Provider
10. Accreditation Visit schedule organised to take between 2.5 and 3 days
11. Management Committee to seek feedback on implementation of revised ARP and Visit during 2018 and 2019, and make recommendations about any further changes
12. Introduction of a new Provider Annual Report (PAR) and ANZ APAP Annual Report
13. Removal of professional advice, Interim Review Panel (IRP), Benchmark Academic Pathway (BAP) and Preliminary Assessment Panel (PAP).

Section 3 – Final Recommendations

This section lists the 69 final recommendations of the Development Group (indented, numbered and noted in blue text), divided under 23 sub-headings, which are broadly structured in accordance with the themes and recommendations from Stage 1. Interspersed with these recommendations are short summary paragraphs that outline the general intention behind the various recommendations. In most instances, these build on arguments and information presented in the Stage 1 Final Report which can also be accessed for further information.

It is anticipated that the AACA will review and accept the final recommendations, and progress their inclusion in an updated ANZ APAP Manual and supporting ANZ APAP documentation.

The revised *Australian National Standard of Competency for Architects* (NSCA)

The NSCA is a critical reference that must be core to any revised ANZ APAP.

1. The revised (2015) National Standard of Competency for Architects (NSCA) should be noted as a key reference document and incorporated into the definition of the required 'Standard' in the revised ANZ APAP.

2. The 37 elements and relevant Performance Criteria from the NSCA (those required to be demonstrated at the point of graduation by students of the Master of Architecture) should be incorporated into the updated Procedure, including into relevant reporting templates (for Providers and Accreditation Review Panels).

Focus of accreditation assessment and evidence

With the 37 relevant Performance Criteria of the NSCA at its core, ANZ APAP's sole focus is on the assessment of evidence that each criterion has been fulfilled at a base threshold level. It is therefore critical that the revised ANZ APAP should also include guidance for Providers about the organisation of evidence in relation to student achievement of the NSCA Performance Criteria. The following recommendations are designed to fulfil this need. They require a mapping of where, in a given program, all relevant NSCA Performance Criteria have been met, along with evidence that they have been assessed at an appropriate level ('knowledge', 'skills' and 'application'). Importantly, this evidence may come from courses/units completed anywhere from Semester 1 (in the Undergraduate) through to Semester 10 (in the Masters). The evidence should be collected and presented to the Accreditation Review Panel (ARP) in advance of the visit as part of the Provider Accreditation Submission (PAS). The ARP Report should then to be structured to confirm that the relevant Performance Criteria have been assessed, and either deemed acceptable, or else are the subject of an Action Item. In regard to organising evidence for an ARP, it is acknowledged that Providers may differ in how they interpret the NSCA. Therefore, the intent is not to restrict how each Provider may wish to group or cluster the Performance Criteria for the purposes of providing integrated assessment tasks.

3. The following evidence of all NSCA Performance Criteria should be incorporated into Provider reporting requirements:

   a. A table identifying the courses/units where Performance Criteria are taught/learnt (there may be multiple courses/units) and the specific course/unit where Performance Criteria are assessed at their threshold level (that is, in their final/advanced/deep form. (See page 19 and 20 for discussion of the threshold level, and page 33 for definition of threshold level.). This final course/unit is the one where successful completion of an assessment item would attest that the student has achieved the competency outlined in the relevant Performance Criteria.

   b. For the specific course/unit where Performance Criteria are assessed at their threshold level:
      (i) the course/unit outline provided to students;
      (ii) a description of the assessment task/s, as provided to students, that provides evidence of achievement of Performance Criteria;
      (iii) the assessment rubric (or equivalent outline of expectation of student performance) against which achievement of Performance Criteria are assessed;
      (iv) 3 examples of student work showing evidence of achievement of Performance Criteria at a threshold performance level; and
      (v) assessment sheets, feedback and/or completed rubrics for each example.

The *Australian Architectural Education and Competency Framework* (AAECF)

The AAECF maps relevant NSCA Performance Criteria against those identified in other regulatory frameworks that a Provider must observe — including demonstration of Threshold Learning Outcomes (TLOs) for TEQSA. While not a part of the accreditation requirement, the AAECF assists both the Provider and ANZ APAP to align their actions and processes with government requirements and expectations.

4. The AAECF should be noted as a key reference document and be incorporated into the revised ANZ APAP, with specified reference to the TLOs[2] for Architecture and the definitions of knowledge, skills and application of knowledge and skills in architectural practice.

5. Because the AAECF does not provide an interpretation of what the 'application of knowledge and skills in architecture practice' requires in an educational environment, the ANZ APAP should provide clarification as this being 'through authentic practice-based tasks representing proxies for architectural practice' in the educational environment.

---

[2] TLOs are as defined in the AAECF, developed in response to requirements under the Higher Education Standards Framework Act 2011.

ANZ APAP cost recovery and funding model

In accordance with the rationale developed in the Stage 1 Final Report, the new model will be based on full cost recovery and incorporate transparent financial accounting and reporting on an annual basis. Cost recovery from stakeholders will incorporate all direct ANZ APAP costs, inclusive of the costs incurred in running the Secretariat, operating required management systems (primarily via the new Management Committee), and training Standing Panel Members.

A summary of the provisional forward 5 year financial estimates was provided in the recent stakeholder Consultation Pack. Initial calculations were prepared by the ANZ APAP Review Secretariat in January 2017 and will undergo further review and validation, with the identification of further cost savings where possible.

6. A new funding model should be implemented that incorporates full cost recovery, inclusive of cost estimates for all aspects of Secretariat support, and all aspects of Management Committee operations (such as face-to-face meetings and sitting fee payments).

7. Program costs should be shared equally amongst the 3 key stakeholder groups (Providers, Accrediting Authorities (being the ARBs), and the AACA).

8. The provisional financial model that was developed by the ANZ APAP Review Secretariat and which captures all direct costs should continue to be refined by the AACA prior to implementation.

9. A transition plan for moving to the new financial model during financial year 2017-2018 should be developed with further liaison with the 3 key stakeholder groups (Providers, Accrediting Authorities (being the ARBs), and the AACA).

10. An ANZ APAP Annual Financial Report should be prepared and published for the information of all stakeholders (inclusive of Providers, ARBs, AACA, the Institute, AASA and ADBED).

11. An ANZ APAP Fee Schedule should be published and reviewed annually.

12. All fees should be reviewed annually. Where the fee needs to be increased[3], appropriate notice to stakeholders should be given. Where the fee needs to be lowered, this should be applied immediately.

---

[3] Fee increases could be required due to a review of the underpinning costs of program delivery, inflation or increases in the Consumer Price Index.

Changes to the current ANZ APAP Steering Committee

The key rationale for the following recommendations is provided in the Stage 1 Final Report. Based on the recommendations from Stage 1, the terms of reference for the new Management Committee have been drafted, with key responsibilities and membership being specified under Recommendation 5 of the Stage 1 Final Report. The Management Committee will be responsible for overseeing procedural and other reviews. The Committee has no role in approving accreditation decisions; ARBs are the accrediting bodies for courses in their jurisdictions.

The revised ANZ APAP should outline circumstances under which the Management Committee makes a recommendation to the ARB regarding terminating a Provider's accreditation status.

Policy and procedures related to a Code of Conduct, conflict of interest and confidentiality arrangements should be strengthened in the revised ANZ APAP. It is also expected that the Management Committee should review the revised ANZ APAP systems and processes including, but not limited to: the length of the ARP Visit; size of the ARP; the scheduling of ARPs during first and second half of the year; role and format of the student exhibition; content of Provider Accreditation Submissions (PAS) and effectiveness of the pre-visit process for both Providers and ARPs.

13. The Steering Committee should be renamed as the 'Management Committee', with the change in name to better reflect the revised role.

14. Membership of the Committee should include representatives from each of the following stakeholder organisations: AACA, AASA, ADBED, the Institute and the ARBs.

15. The draft Terms of Reference for the renamed Management Committee — prepared by the ANZ APAP Review Secretariat and reviewed by the Development Group — should be finalised and the new Management Committee established.

16. The ANZ APAP should outline the processes and circumstances which would be implemented if the Management Committee recommends to an ARB that a Provider's accreditation status should be terminated. Such termination should occur only following attempts to address the shortfalls of the course/courses have been made by the Provider in response to the Action Items of the ARP.

17. The Management Committee should review all aspects of the revised ANZ APAP after two years of operation.

ANZ APAP annual reporting

Annual reporting by Providers should be introduced as a mechanism to allow Providers to: (i) report on any program changes on a regular basis, and (ii) provide evidence of progress against Action Items from their last ARP Report. The first function partially replaces the current Interim Review Panel (IRP) process and removes the complex requirement in the previous ANZ APAP of quantifying the amount of change occurring annually in a program. The second function replaces the other part of the IRP process, allowing for progress towards fulfilling Action Items to be assessed annually, until such time

as either no further Action items require completion or a new ARP is triggered by the failure to respond to Action items.

Review and analysis of Annual Report data will also allow the Secretariat to track changes and improvements at the individual Provider level. The collection of standard information from each Provider may allow for identification of emerging issues and trends in architectural education delivery. This information may be communicated to stakeholders through the provision of an ANZ APAP Annual Report, which will allow for the formal communication of activity in this area, as well as improved transparency with respect to providing an annual financial report.

18. Providers should be required to submit a Provider Annual Report (PAR) using a standard template supplied by the Secretariat, which includes the following information:
    a. Program changes (if any) in respect of staff and student profile, curriculum and offering (semester/trimesters, mode of delivery etc.)
    b. Progress against Action Items from the previous ARP Report (if any and then only in accordance with the ARP's stated timetable for completing these actions) including evidence portfolios demonstrating examples of student achievements of required threshold Performance Criteria arising as a result of responses to Action Items
    c. Summary of internal Provider quality assurance processes and reports relating to the relevant architecture program/s and report on how the Provider seeks professional input (for the reporting year) to, and in the review (if any) of, their programs.

19. The Secretariat should review PARs and prepare an ANZ APAP Annual Report for review by the Management Committee prior to review by the AACA and release to all stakeholders.

20. The ANZ APAP Annual Report should include:
    a. A summary of accreditation activities undertaken
    b. Financial summary of the operation of ANZ APAP, including Secretariat and other overhead costs
    c. A summary of data from PARs, identifying significant trends or program changes.

21. Accrediting Authorities should be given full access to the PAR submitted by Providers in their jurisdiction.

Types of visits and accreditation assessments

With respect to international benchmarking, it should be noted that the use of an IRP in the manner currently defined in the ANZ APAP is not consistent with other Australian or international accreditation systems. As per the Stage 1 Recommendation, the Group maintains that the IRP as it is currently defined, with its different composition and limited focus and powers, be discontinued. The recommendation is that the revised ANZ APAP should allow for one type of visit only — an ARP.

In addition to ARPs scheduled by the Secretariat prior to the end of a Provider's period of accreditation, an ARP may also be established upon the identification of certain conditions by the Management Committee. These conditions include: (i) the failure to achieve Action Items either at all, or in a timely manner and (ii) major changes to the resourcing of a program which may

undermine program delivery. In the latter case, these concerns or issues must have been clearly documented and appropriate evidence provided. In either case (i or ii) the revised ANZ APAP should incorporate guidelines that allow the Management Committee to make a recommendation to the relevant ARB that an ARP should be undertaken prior to the next scheduled visit. Guidance on the nature of these circumstances should be included in the guidance to the procedure. The Provider would solely fund any such visit.

22. The National Visiting Panel (NVP) should be renamed to Accreditation Review Panel (ARP).

23. The revised ANZ APAP should allow for one type of Provider visit and panel only – the Accreditation Review Panel (ARP).

24. The Interim Review Panel (IRP) should be discontinued.

25. The Management Committee may call upon the Chair (or Deputy Chair or subgroup) of the previous ARP to assist in reviewing evidence provided in response to Action Items identified in the ARP Report and/or the Provider Annual Report. The Management Committee may authorise the ARP Chair (Deputy Chair or subgroup) as needed to conduct a rigorous review of any evidence provided in respect of Action Items between ARP visits.

Standing Panel operations

The ANZ APAP procedure currently relies on a Standing Panel to provide Chairs, Deputy Chairs and members of ARPs. In response to a review of the Standing Panel, several refinements to the constitution of this panel and its operations are recommended.

26. A Standing Panel List should be established and maintained by the ANZ APAP secretariat. It is from this Standing Panel that ARP members, Chairs and Deputy Chairs should be selected.

27. Standing Panel Members must be either (1) experienced practitioners with an understanding of architectural education and registration requirements or (2) experienced architectural educators with an understanding of architectural practice and registration requirements.

28. A Code of Conduct for the Management Committee and Standing Panel Members — prepared by the ANZ APAP Review Secretariat and reviewed by the Development Group — should be incorporated into the ANZ APAP.

29. A standard agreement that includes reference to the Code of Conduct, confidentiality, and conflict of interest, should be prepared and maintained by the Secretariat. All members of the Management Committee and Standing Panel should be required to sign the agreement, with the Secretariat to maintain appropriate records of all completed agreements.

30. The Secretariat should develop and maintain a Conflict of Interest Register in respect of members of the Management Committee and Standing Panel.

Accreditation Review Panel operations

A recommendation of the Stage 1 Review Group was that the size of the ARP be reduced. With respect to international benchmarking, it should be noted that a panel size of between 5 to 6 is common. Following a further review of this recommendation, the Development Group confirms that under the revised ANZ APAP the workload of the panel will be reduced due to the following reasons:

- The clear focus on the NSCA and clarifications regarding the Provider Accreditation Submission and what the ARP is required to review and assess.
- The introduction of the Higher Education Standards Framework and associated internal quality assurance and compliance obligations that each University is assumed to achieve whilst ever it maintains self-accrediting status.

The Group's preference on this topic remains a reduction in the number of members of an ARP. This reflects the recommendations of the previous stage of the review. However, following consideration of stakeholder feedback, the recommendation is to reduce the panel size from 9 to 6 members. The Management Committee should monitor this and collect feedback from the panels during 2018 and 2019 before a further review of the panel size, in conjunction with review of the length of the visit and the effectiveness of the pre-visit work by the panel. Dependent on feedback and operation of the smaller panels during 2018 and 2019, a decision may be made to retain the smaller size or change to an alternate number. (See Recommendation 17)

31. An ARP should have 6 members.

In forming the panel, it is appropriate to ensure that balance is achieved between experienced practitioners with an understanding of architectural education and experienced architectural educators with an understanding of architectural practice and registration requirements, in addition to appropriate diversity (such as geographic spread, gender representation and levels of experience). Furthermore, when organising the Standing Panel, and individual ARPs, representation will be by professional experience (ie practitioner or education expert) rather than representation of a particular stakeholder.

No change is proposed to the practice of advising the details of the selected panel members to the Provider. The Provider may raise conflict of interest concerns in accordance with the guidelines that will be developed. The basis of any perceived conflict of interest will be advised by the Provider and referred to the management committee for initial consideration.

32. The Management Committee should appoint ARPs and the ARP Chair and Deputy Chair using the Standing Panel List.

33. A position description should be developed outlining the role of an ARP member and the additional responsibilities of the ARP Chair and Deputy Chair.

34. ARPs should be established with 50% of panel members being practitioner representatives and 50% being education representatives.

35. When established, ARPs should have appropriate diversity and capability.

36. When organising the Standing Panel and individual ARPs, the Management Committee should establish membership based on relevant expertise, experience and the need for balance, rather than representation of a particular stakeholder.

Architecture students do not have the required professional or educational expertise to be on the Standing Panel or a member of an ARP. Student feedback and input to the review and the visit can, and should, be obtained via other means.

37. A SONA (Student) representative should not be required on the ARP.

The Stage 1 recommendations about ARP operations were based around the assumption that a review of an evidence portfolio would be undertaken in advance of any visit. The Development Group confirmed the viability of this and has framed the following recommendations to accommodate this shift and the need for training to be developed for ARP members.

38. The schedule of key activities in the lead-up to an ARP Visit and the overview of the ARP roles and responsibilities, should incorporate the need for ARP members to:
    a. participate in a minimum one ARP teleconference in advance of the visit
    b. review all previous reports (such as last ARP Report and PAR), as provided by the Secretariat
    c. review the Provider Accreditation Submission
    d. report back to the Chair on any deficiencies, and
    e. compile a list of deficiencies or potential issues for reporting back to the Provider in advance of the ARP Visit.

39. A set of resources should be developed to support the training of Standing Panel members in relation to the higher education context, the revised ANZ APAP and their role as an ARP member.

Provider Accreditation Submission (PAS)

Stakeholder feedback suggests that the Provider Accreditation Submission should be submitted to the Secretariat 8 weeks in advance of the visit, not 12 weeks as had been noted in the stakeholder Consultation document. The pre-visit ARP tasks will need to be adjusted around this. See also the recommendations related to the suggested evidence guidelines noted on pages 18 and 19.

40. The requirements of a Provider Accreditation Submission (PAS) should be defined and communicated in a template to be maintained and issued by the Secretariat.

41. The PAS template should be developed in consultation with Providers.

42. Providers should be required to submit their PAS to the Secretariat 8 weeks in advance of the ARP Visit.

Duration of the ARP Visit to the Provider

A recommendation of the Stage 1 Review Group was that duration of the ARP Visit be reduced. It is noted that, with respect to international benchmarking, site visits are commonly conducted over 3 to 4 days, other than in the UK where there is no site visit as part of the accreditation process. Following a review of the operation of the panel as part of the revised ANZ APAP, it was confirmed that some current items are no longer required (such as the visit to the library or workshop and observing a school in session) because they are covered in Provider registration in relation to the Higher Education Standards Framework. However, stakeholders expressed a preference for retaining the current 3 day visit. Weighing up these issues has resulted in the recommendation that each visit can be scheduled for completion in 2.5 to 3 days. Where possible, travel by panel members to the site should be incorporated into the morning of Day 1 and departure on the afternoon of Day 3.

While the group's preference on this topic remains a reduction in the amount of time required on-site, the Management Committee should seek feedback from ARPs and Providers on the operation of this during 2018 and 2019, with the opportunity to adjust as required in 2020. (See Recommendation 17)

43. The ARP Visit should be structured and organised to take between 2.5 and 3 days.

The ARP Report

44. The ARP Report should include the following items:
    a. Specific Action Items that must be addressed by the Provider to maintain accreditation for the period awarded
    b. A recommendation regarding the timeframe for the Provider to fully address any Action Items (expected to be minimum 1 year and a maximum of 3 years for a typical 5 year, semesterised program, or, respectively, 1 and 2 years for a trimesterised program).

Action Items may only be written in response to a failure to demonstrate evidence that a specific performance criterion has been met. When drafting Action Items there are a number of important considerations with regard to their linkage to the accreditation standard (specifically the NSCA Performance Criteria), clarity, explanation, and suggested evidence of completion and timeframes. Guidance included with an Action Item regarding how the Provider could demonstrate that they have addressed an Action Item will potentially provide direction to both the Provider as to the expectation, and the Management Committee as to the evidence to assess full compliance when reviewing the Provider Annual Report (PAR).

The time required for the Provider to implement any necessary change as required by an Action Item should be considered, as this will determine when evidence must be submitted as part of the Provider Annual Report to demonstrate that appropriate actions have been undertaken to maintain accreditation. If this evidence is not forthcoming in the required timeframe, the Management Committee has the capacity to trigger a new ARP.

45. Action Items in an ARP Report should:
    a. be framed only around any failure to demonstrate threshold level of performance in respect of one or more NSCA Performance Criteria
    b. be specific, precise, and achievable within the timeframe nominated
    c. where relevant, make reference to the critical Knowledge Domains specified in the NSCA for context
    d. include indicative advice about how a Provider could demonstrate that they have addressed an Action Item
    e. outline the time required for the Provider to implement any necessary change required by an Action Item, and
    f. describe the evidence required from the Provider, in respect of the completion of actions taken, to be reported as part of the PAR.

46. Provider progress against Action Items (noted in a Provider Annual Report) should be reviewed and assessed as follows:
    a. by the Secretariat initially, with reference to the Management Committee, and/or
    b. where the Management Committee sees fit, by the Chair (or Deputy Chair or subgroup) of the ARP that authored the Action Items, and/or
    c. where the Management Committee sees fit, by referral to the relevant ARB for acceptance of completion of work against the Action Items.

47. The report template should allow for a single section of 'Program Development Advice', being a postscript to the Action Items. Program Development Advice should only be used to comment on factors that have shaped or led to multiple or complex / interrelated Action Items.

48. The ARP Report should be complemented by a separate, template-based report from the ARP Chair to the Secretariat and Management Committee detailing any process issues, such as ARP composition, operation and performance, and administration issues.

49. In considering how the ARP frames any Action Items, the reporting and review should avoid, where possible, recommending the termination of accreditation. Instead, the ARP should assume that the maximum accreditation will be granted with the proviso that Action Items are resolved, as articulated in the ARP Report, within clear, concise, and tight timeframes as outlined in ARP Report.

50. The maximum period of accreditation should be equal to the minimum timeframe required for a student (without advanced standing or credit for previous studies) to complete 10 equivalent semesters of study (in AQF terms, this is the equivalent 'volume of Learning' undertaken in a five year, full time program of study). For example, for a typical, full-time program of study, structured around traditional semesters, this would be 5 years. For a trimestered program, this is 3.3 years. Alternative modes of offering (on-line, off-campus, industry placement, etc.) may also shape the maximum period of accreditation for a Provider.

51. The maximum period of accreditation should be as determined by Recommendation 50 above. Failure to resolve all Action Items within recommended timeframes within the period of accreditation may result in the Management Committee triggering an ARP in advance of the standard timeframe.

Role of HOS in ARP Report

Face-to-face debrief of Head-of-School (HOS) or equivalent is to be retained in the visit schedule to ensure open communication ahead of the final written report. It is particularly important for the ARP to outline (verbally) any shortfalls in reaching threshold standards in relation to NSCA Performance Criteria as evidenced through the School's submission and as shown during the visit of the ARP. Preferably, a draft of the ARP Report should be provided, with meeting and discussion between HOS, ARP Chair, and ARP Deputy Chair to be conducted 2-3 hours later.

52. A draft of the ARP Report should be provided to the HOS on the last day of the visit, in electronic format, prior to the ARP Chair and Deputy Chair meeting with the HOS. Five working days should then be allowed for the HOS to identify any issues of fact and communicate these to the Secretariat.

Scheduling of ARP Visits to Providers

Currently ARP Visits are scheduled only in the second half of the year. Whilst ARP Visits should occur during semester/trimester (with students available), there is no practical reason to cluster all reviews in the second half of the year.

53. Feedback from Providers and Standing Panel members during 2017 and 2018 should be sought regarding the viability of scheduling visits in the first half of the year (March, April and May) as well as the second half (August, September, October), and the feedback used to influence the scheduling of ARPs from 2019.

Suggested Evidence Guidelines to assist Providers and Standing Panel Members

Knowledge Domains in the NSCA are an important contextual guide and should be maintained, though they do not need to be included in the template that is provided for a Provider to use to document their evidence. The Knowledge Domains that are critical could be an important reference for feedback from the Panel.

54. The Draft Suggested Evidence Guidelines document prepared by the Development Group should be maintained as an ANZ APAP interpretation guide for both Providers and Standing Panel Members.

55. The Draft Suggested Evidence Guidelines document should be reformatted as follows:
   a. Maintain the colour coding that differentiates between Knowledge, Skills, and Application for each of the individual Performance Criteria
   b. Develop one version of the document that organises the Performance Criteria into the three sections of Knowledge, Skills, and Application and one version of the document that organises the Performance Criteria in sequential order
   c. Prepare the document as an empty template for Providers to complete, as the basis of (or an attachment to) their Provider Accreditation Submission (PAS)
   d. Include a note that 'Programs are to determine the assessment tasks that allow students to demonstrate achievement of the threshold standard in relation to the Performance Criteria'
   e. Remove reference to the Knowledge Domains in any template documentation prepared for Providers
   f. Provide a cross reference to the relevant TLOs for each Performance Criteria.

Importantly, there doesn't need to be a linear relationship between every Performance Criteria and specific assessment tasks – for example, various Performance Criteria could be grouped around a design problem and/or through a group exercise. If Providers are able to demonstrate that students have acquired competency by means alternative to an assessment task they should draw attention to this in their submission.

Definition and understanding of threshold level of student work

Stakeholder feedback indicated varied understandings of the term 'threshold', with feedback often confusing 'threshold' with a 'minimum pass level'. *Threshold should be considered the standard necessary to denote competency.* The threshold is either 'met' or 'not met'. In many programs and for some competencies this will be at 'pass' level, but it is not exclusively so.

The Group confirmed that the threshold level should be determined within the program – that is, it depends on the wording of the individual Performance Criteria and the assessment task determined by the Provider. Whilst it is the responsibility of each Provider to determine what their threshold level of work is for each required Performance Criteria, the ARP will have a role in providing feedback on whether the threshold level identified by the Provider is appropriate in the context of each individual assessment. This represents a significant re-focus in the ANZ APAP and will need to be well-supported by appropriate guidance, including Frequently Asked Questions (FAQs), for both Standing Panel Members and Providers.

56. The explicit focus of the ANZ APAP is the assessment of threshold level student achievement only.

57. It is the responsibility of individual Providers to determine the threshold level of student achievement in relation to Performance Criteria in the NSCA. Evidence provided in Provider Accreditation Submission must be from students whose work has been graded at the threshold or within the lower part of any band of the threshold.

Evidence of student performance at the threshold level

Evidence of achieving the threshold standard may be provided in many different forms. In the revised ANZ APAP, the primary means of making this assessment is through the use of a 'digital evidence portfolio' in advance of the visit. However, stakeholders raised various concerns about the capacity of digital media to adequately convey threshold standards, asking for exhibitions to be retained as part of the visit. Exhibitions are included in several international accreditation programs for architecture (USA and Canada) but not all. Following a review of these factors, it is recommended that a physical student exhibition is retained for two more years, and then its usefulness revisited.

58. A digital portfolio of evidence, sequenced in accordance with the relevant NSCA Performance Criteria, should be required as part of the Provider Accreditation Submission. This portfolio is to contain 3 examples of threshold work, as described in Recommendation 57 above, for each Performance Criteria. This is the primary evidence used for the ARP process. The submission of the PAS in advance of an ARP Visit will help to guide the Visit by identifying any deficiencies or issues to be investigated further during the visit. (The required evidence is listed in Recommendation 3 and should be expanded in the Suggested Evidence Guidelines.)

59. A physical student exhibition of material contained in the digital portfolio of evidence and sequenced in accordance with the relevant NSCA Performance Criteria, should be maintained as a mandated part of the ARP Visit for 2018 and 2019. This exhibition should only to contain 3 examples of threshold work for each Performance Criteria.

Appeals and complaints

There are no procedures documented in the current ANZ APAP regarding complaints, appeals and or reviews. The ANZ APAP should be updated to include procedures for: (i) an 'appeal' of decisions (ii) a 'review' of process and (iii) dealing with 'complaints'. 'Appeals' of accreditation decisions should be undertaken by an ARB (as the accrediting authority). 'Review' of process should be undertaken by the Management Committee and 'complaints' be dealt with on a case by case basis dependant on the matter arising from the complainant.

60. Clarification should be provided in the ANZ APAP explaining that an appeal against an accreditation decision can only be heard by the relevant ARB, with reference to local legislative and tribunal responsibilities.

61. The ANZ APAP should be updated to include relevant policy and guidelines for management of complaints in respect of any procedural issues.

Preliminary Assessment Panel process

The preliminary assessment procedure has been previously identified as potentially problematic in legal terms, in that it appears to offer a de-facto ruling on probable accreditation, when it has neither the power nor capacity to make such a determination. As such, it should be removed. With respect to international benchmarking, it should be noted that the United Kingdom has detailed advice and procedures relating to first-time accreditation (http://www.arb.org.uk/information-for-schools-of-

architecture/prescription-process/). Further work is needed to develop a system that can give Providers a level of confidence that the programs they are developing will, in time, be able to be assessed as part of an ARP Visit. It is recommended that this be referred to a Working Group that would report back to the Management Committee (once established) and/or AACA to progress this work.

62. The Preliminary Assessment Panel (PAP) process should be removed from the updated Procedure.

63. The AACA should investigate the development of an appropriate professional advisory process for Providers who are seeking non-binding accreditation advice for their architecture program initiate. Such a process might act as a precursor to a future accreditation application, or in response to major structural change. Such a professional advisory process should be a fee-for-service arrangement. Members of the Standing Panel may be asked to take part in such reviews, and whilst maintaining their Code of Conduct, their advice should be limited to responding directly to Provider questions or changes.

Benchmark academic pathway (BAP) terminology

Stakeholder feedback raised the possibility that a BAP was not required in the revised ANZ APAP. The implications of not having a BAP were reviewed and no key issues were identified should the BAP be removed. Removal of the BAP should allow better accommodation of innovation and flexibility in the learning environment and acknowledges existing University policies and standards for evaluation of the 'advanced standing' claims of incoming students. Because the revised ANZ APAP will require that Providers show evidence of achievement of all Performance Criteria, provision of information from a Provider on different BAPs will be redundant.

64. The BAP definition and any reference to it should be removed from the ANZ APAP.

Length of accredited qualification

Stakeholder feedback raised concerns about the standard length of an accredited program remaining as the equivalent of 5 years full time study or 10 semesters. While this issue of timing is becoming more complex — with the rise of trimesterisation and other modes of accelerated learning — the recommendation is that the standard timing remain as the benchmark: equivalent is 5 years or ten semesters of full time study. It is possible that the Volume of Learning definitions and measures, provided as part of the national Higher Education Framework may provide an alternative, and this should be further investigated.

65. The ANZ APAP requirement should remain at 10 semesters or equivalent volume of learning.

66. Further investigation should be made into the volume of learning (as currently defined by the AQF) as an alternative to the number of semesters required.

Professional Advice

With respect to international benchmarking, it should be noted that peer review is an integral part of many accreditation and review systems. Most of these systems rely on expert reviewers (generally drawn from experienced members of the architecture profession and academia) to review material submitted by Providers and conduct on-site verification and assessment of a program. At the conclusion of these activities, an accreditation report is developed, inclusive of Action Items, based on the professional judgment of the panel members. However, the inclusion of additional 'professional advice' as part of a standard for assessment or agreed accreditation requirement is not reflected in any other accreditation systems. For example in the UK, professional advice is provided via 'industry or professional' panels who may visit from time to time. These are distinct and separate from accreditation visits, and have additional costs.

In Australia the Federal Government, through TEQSA and ERA, requires Providers to undergo a variety of reviews wherein high level industry or peer advice is used to shape decisions and directions. These are separate to the requirements of professional accreditation. As such, Australian Providers already seek professional advice, and provision of such advice in the revised ANZ APAP procedure is both unnecessary and potentially contrary to the expectations of the higher education framework. The recommendation is therefore not to include any form of professional advice, as the purpose of the accreditation process is to determine if students graduating from a program meet the threshold level of competency. Instead, the Provider Annual Reports will include information about professional input which has been sought each year.

67. The term 'professional advice' should be removed from the ANZ APAP.

Transition arrangements for the revised ANZ APAP

68. All recommendations that are accepted by the AACA should be incorporated into a revised ANZ APAP Manual and supporting ANZ APAP documents.

69. The AACA should develop and enact a detailed transition and communication plan for the revised ANZ APAP Manual and supporting ANZ APAP documents. The plan, supported by appropriate documentation and online resources, and a detailed set of FAQs, should include face-to-face briefings for stakeholders to explain the changes and related rationale.

Section 4 – Comparison of proposed key changes from ANZ APAP 2013 to 2017

The table in this section provides a summary of the key changes proposed for incorporation into the revised ANZ APAP, when compared to the current (2013) ANZ APAP (accessed from this link).

ANZ APAP Area	Current (2013)	Proposed changes (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 courses that provide qualifications for registration of architects in Australia and New Zealand.
Professional Advice	Included in the ANZ APAP as described in the Introduction and at Section 1.2	Professional Advice removed from the ANZ APAP.
Articulation of the Accreditation requirements on which the decision to award accreditation is made	As outlined in the ANZ APAP Document, and the Template for ARP Reports. Reporting organised against the 7 Core Areas of Study	Definition of the accreditation requirements linked to the NSCA and the 37 required Performance Criteria, 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 a range of potentially appropriate NSCA Performance Criteria evidence to assist both Providers and ARP members. Guidance prepared regarding the preparation and submission of digital evidence by Providers.
National Standard of Competency for Architects (NSCA)	Older version referenced	Current (2015) version referenced, accreditation requirements and standards are defined and directly articulated, with explicit reference to achievement of NSCA Performance Criteria.
AAECF	AAECF not referenced (didn't exist at time)	AAECF incorporated, including reference to the Threshold Learning Objectives (TLOs).
Recognition of the role of multiple stakeholders in ANZ APAP	Recognises the AACA and Institute as the owners, mentions ARBs.	Recognises the varied roles of ARBs, AASA, ADBED, AACA and the Institute, and encourages involvement by all through participation in the Management Committee.
Governance and management responsibility	Provided by the Institute/AACA Liaison Group[4] and the ANZ APAP Steering Committee	Governance will be the responsibility of the AACA Board. ANZ APAP Steering Committee replaced with an ANZ APAP Management Committee. The Management Committee to have increased involvement in the implementation of the ANZ APAP and more defined authority. Detailed Terms of Reference to be incorporated. There will be regular reporting by the Management Committee to the AACA Board, as directed in the Terms of Reference for the Management Committee.

---

[4] The Institute / AACA Liaison Group is not part of the ANZ APAP, but is referred to as the mechanism through which the Owners have communicated on a formal and ongoing basis.

ANZ APAP Area	Current (2013)	Proposed changes (2017)
Program costs and funding model	NVP costs captured and reported; program overhead costs not reported	ANZ APAP funding model to incorporate all governance, management and implementation costs; costing model to be published to all stakeholders; full annual reporting to be provided to all stakeholders.
Cost sharing	Currently 1/3rd split between Providers, the AACA and Institute	Revised to 1/3rd split between Providers, ARBs as the accrediting authorities, and the AACA.
Fee arrangements for Providers	Provider Fee covers only the average cost of a visit, excluding all other overhead costs, amortised over the accreditation period	The Accreditation Fee paid by Providers to incorporate the average cost of a single ARP Visit for a Standard Program Assessment for accreditation and all ANZ APAP implementation and overhead costs. Additional fees levied for additional services on a fee-for-service and cost-recovery basis. Fees to be reviewed regularly and fees arrangements to be published to all stakeholders.
Standard program assessment for accreditation	Not described in any detail	Definition incorporated as the basis for a Standard Program Assessment for accreditation and Provider cost-recovery arrangements. A Standard Program Assessment for accreditation to cover: - Single qualification at Masters level - Single site assessment within Australia - Delivery via campus-based coursework - 1 ARP site visit for accreditation assessment over the stated accreditation period Any assessment requirements over and above the standard inclusions or via alternative delivery mechanisms will incur additional fees.
Standard accreditation period	The length of a program is defined as ten semesters. Accreditation can be awarded for 1, 2, 3, 4 or 5 years	If successful, accreditation is automatically for ten semesters or equivalent, subject to rectification of all Action Items in a timely manner. Failure to rectify Action Items can trigger a new ARP, ahead of the standard schedule.
Accreditation Visit – panel title	National Visit Panel (NVP)	Accreditation Review Panel (ARP)
Accreditation Visit – panel size	9 members, plus the ANZ APAP Manager	Reduced to 6 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.
Accreditation Visit – duration	3 days	Retained at 2.5 to 3 days. The 'standard agenda' for the visit will be reviewed and amended. Management Committee to monitor in 2018 and 2019 for effectiveness.
Accreditation Visit – pre visit work undertaken by the panel	Limited to review of the Provider submission and previous reporting	Increased pre-visit tasks inclusive of a panel teleconference, review of previous visit report and PARs, detailed review of PAS, consideration of any gaps and areas of focus for the visit.

ANZ APAP Area	Current (2013)	Proposed changes (2017)
Provider Accreditation Submission (PAS) (pre-visit)	No template	New template for Provider Accreditation Submission (PAS) linked to the NSCA Performance Criteria to ensure clarity and consistency of submission requirements.
Student Exhibit	Required as part of the Accreditation site visit	Physical exhibition of threshold only student work to be maintained as a compulsory component of the Accreditation Site Visit. Management Committee to monitor in 2018 and 2019 for effectiveness.
Submission of digital evidence	Allowed, but no guidelines	Clear guidelines developed to support the submission of digital evidence with the Provider Accreditation Submission. Any student work provided is required at the threshold level and must correspond with student work to be presented in the student exhibition.
Provider Annual Reporting	Nil requirement	New Provider Annual Report (PAR) to be submitted by all Providers, using the template supplied by the Secretariat.
ANZ APAP Annual Reporting	Summary of panel visits prepared for the year	ANZ APAP annual report to be published to all stakeholders, including a summary of accreditation activities undertaken, annual financial summary of the operation of the ANZ APAP, and summary of data from PARs (identifying significant trends or program changes).
Preliminary Assessment Panel (PAP)	As defined in the ANZ APAP 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 arrangements (to be determined) for Providers who are seeking to have their program accredited for the first time - Providers to report proposed changes to their accredited program in their Provider Annual Report (PAR).
Guidance to Providers as to how and 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). Not assessed as a percentage of the program.
Procedural fairness regarding the visit report	As defined in the ANZ APAP Document	Process relating to review and finalisation of ARP Reports clarified to allow for procedural fairness with respect to time and opportunity for key stakeholders (specifically the Head of School) to review and comment on ARP Report, on Day 3 of the ARP Visit and immediately following the visit
Appeals, reviews and complaints	Appeal process overview as defined in the ANZ APAP Document. No documented system for review or complaint management	Clarification or responsibilities related to appeals, reviews and complaints. Clarification that an appeal of an accreditation decision by an ARB as the accrediting authority can only be heard by the ARB and is not an ANZ APAP matter. Inclusion of relevant policy and guidelines as part of a system to manage complaints regarding an individual or procedural issues.

ANZ APAP Area	Current (2013)	Proposed changes (2017)

Interim Review Panel (IRP)	As defined in the ANZ APAP Document	IRPs removed. Functions of the IRP reviewed and addressed by combined effect of:
		- 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 as clear and concise Action Items, 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 when reviewing evidence presented in the PAR as to progress against the Action Items from previous ARP Report.
		- The Management Committee will have the authority to:
		   - Approve a sub-set of the ARP making a return visit to assess the full implementation of Action Items when it is not feasible to complete an adequate assessment via desktop review (using the PAR format). This will have associated fees to be borne by the Provider.
		   - In advance of the next scheduled ARP, initiate an earlier ARP should there be evidence of valid issues related to the quality of the accredited program presented to the Management Committee. This will have associated fees to be borne by the Provider.

Conflict of interest, maintaining confidentiality	As defined in the ANZ APAP 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.
Management of the Standing Panel	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 the Standing Panel list.
Training for Standing Panel members	Nil	An instruction package to be developed to support the training of Standing Panel members in relation to the higher education context, the revised ANZ APAP and their role as an ARP member.
Benchmark Academic Pathway (BAP)	Defined at Section 2.3 and in the Explanation of Terms at Section 6.0	Reference to the BAP removed from the ANZ APAP.
Scheduling of ARP Visits to Providers	Currently only scheduled in the second half of the year	Noting that ARP Visits must occur during semester when students are available on campus, will investigate the viability of the conduct of ARP Visits in both first and second half of the year.

Section 5 – Stakeholder Consultation March to April 2017

The *Stakeholder Consultation Pack* was released on 8 March 2017 and can be accessed from this link. The *Addendum to the Stakeholder Consultation Pack* (draft document: *Evidence Guidelines for Providers and panel members*) was released on 3 April 2017 can be accessed from this link.

Submissions were received from 23 stakeholder organisations or individuals.

The feedback revealed that there are competing and often incompatible expectations from stakeholders in the context of educational, budgetary and regulatory requirements.

The stakeholder feedback was considered by the Development Group in advance of their final meeting in May 2017 where it was discussed in detail. The feedback directly shaped a number of the recommendations noted in this Final Report.

The material content of all submissions has been summarised into a single summary document, organised in the following sections:
- The specific issues raised in the Stakeholder Consultation Pack released 8 March 2017
- Other themes and issues identified in the responses
- General commentary and feedback.

No content from submissions has been edited or altered in anyway in the summary document.

It was the recommendation of the Development Group that in the interest of transparency regarding the consultation process and the diverse feedback received, that this summary document be made available to stakeholders.

The Stakeholder Consultation Report – Summary of Stakeholder Submissions document can be accessed from this link.

Section 6 – Issues for referral to AACA

There were a number of matters identified by the Development Group that were considered to be out-of-scope, either due to the nature of the matter and/or the additional time and resources required.

These items are referred to the AACA for further consideration:

1. As the owner of the NSCA, ongoing review of the NSCA to ensure that it is reflective of the needs of the profession at the various levels of assessment.

2. Follow-up with ADBED and AASA regarding the ongoing review and development of the AAECF.

3. How the program costs should be shared between the ARBs. (See Stage 1 Final Recommendation No 3).

4. How the program costs should be shared between Providers, dependent on their period of accreditation.

5. Development of the ANZ APAP fee schedule and transition to new funding and fee arrangements.

6. Development of appropriate policy, procedures and fees to support a Provider seeking first-time / initial accreditation of an architectural program (to replace the current Preliminary Assessment Panel (PAP) and associated process).

7. Liaison with NZRAB to clarify its role in program review and development, licensing, obligations for both parties, and appropriate reporting. (See Stage 1 Final Recommendation No 2).

Section 7 – Benchmarking of the ANZ APAP

A summary table benchmarking the ANZ APAP with other registration systems in Australia and internationally was prepared by the AACA in 2015 and included as Appendix C in the Stage 1 Final Report.

This benchmarking information has been updated by AACA to include updated website links and details of the proposed updates to the ANZ APAP, as outlined in this Report.

This benchmarking information is an important reference to understand the rationale for a variety of the changes being recommended within the Review.

The updated document can be accessed from this link.

Section 8 – Acronyms

AACA	Architects Accreditation Council of Australia
AAECF	Australian Architectural Education and Competency Framework
AASA	Association of Architecture Schools of Australasia
ADBED	Australian Deans of the Built Environment and Design
ANZ APAP	Australian and New Zealand architecture program accreditation procedure
APE	Architectural Practice Examination
AQF	Australian Qualifications Framework
ARB	Architects Registration Board
ARP	Accreditation Review Panel
BAP	Benchmark Academic Pathway
ERA	Excellence for Research in Australia
FAQs	Frequently Asked Questions
HOS	Head-of-School
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, from the NSCA
SONA	Student Organised Network for Architecture
TEQSA	Tertiary Education Quality and Standards Agency
TLO	Threshold Learning Outcome
TOR	Terms of Reference

Section 9 – Summary of Key Terms

Accreditation, meaning recognition by the relevant accrediting authority that a nominated program – being the academic qualification in architecture awarded at completion of the program – has been found to meet the required standard as defined for this Accreditation Procedure.

Accreditation Authority, meaning the New Zealand Registered Architects Board (NZRAB) or the Australian state and territory architect registration boards (ARBs) that, empowered by relevant legislation, have the authority to approve minimum professional education requirements for architects.

Accreditation Fee, meaning the fee invoiced to a Provider by the Secretariat for the ongoing accreditation of their academic qualification. This fee incorporates the average cost of a single ARP Visit for a Standard Program Assessment for accreditation and all ANZ APAP implementation and overhead costs. For a program completed over 10 semesters, the total cost is amortised to the Provider on an annual basis over a five year period. For a program completed over 10 trimesters, the total cost of base-level accreditation is amortised to the Provider on an annual basis over a three and a half year period. Additional fees are applicable and levied in accordance with the full listing of fees and charges (to be developed).

Accreditation Procedure, meaning the system and all supporting policies and procedures that provide governance implementation and management guidance for the accreditation of Australian and New Zealand academic qualifications in architecture leading to registration as an architect.

Accreditation Review Panel (ARP), meaning the members of the Standing Panel appointed to form a panel of experts to conduct the Accreditation Visit. The key tasks of the ARP are initial analysis of the Provider Submission, conduct of the Accreditation Visit, and writing of the Accreditation Review Panel Report.

Accreditation Review Panel Report (ARP Report), meaning the report prepared by the Accreditation Review Panel as a result of the Accreditation Visit. The Report summarises the assessment of the evidence that a Provider meets all components of the required standard, lists any deficiencies in the Provider's achievement of the standard and notes accompanying actions to address the deficiencies, and a recommendation or otherwise for accreditation that is then considered by the Accrediting Authority.

Accreditation Review Panel Visit (ARP Visit), meaning the physical visit to the Provider by an Accreditation Review Panel appointed to assess the initial or continuing accreditation status of an academic qualification.

Accredited Qualification, meaning the acknowledgement – through this Accreditation Procedure – of a Provider having demonstrated their achievement of the Standard relevant to a specific academic qualification in architecture, inclusive of a review of the Program.

ANZ APAP Manual, meaning the primary document that defines the Accreditation Program, inclusive of: the required standard and scope of accreditation; governance, management and administration; stakeholder roles and responsibilities; and all related policies and procedures.

Architect, meaning a person approved by the relevant Architects Registration Board and listed on their register in either Australia or New Zealand.

Australian Architectural Education and Competency Framework (AAECF), meaning the document that maps ANZ APAP / NSCA Performance Criteria against other regulatory frameworks which the Provider must observe.

Management Committee (MC), meaning the Committee of representatives from specified Australian-based stakeholder organisations (specifically AACA, AASA, ADBED, the Institute and the ARBs) formed to manage and oversee implementation management of the Accreditation Procedure in Australia through the Secretariat on behalf of the AACA, operating in accordance with their approved Terms of Reference.

National Standard of Competency for Architects (NSCA), meaning the standard for architectural education and assessment of professional competency required prior to registration as an Architect in Australia, as owned and maintained by AACA.

Program, meaning a structured sequence of study leading to an academic qualification, delivered by a Provider that is the basis for assessment against the required standard for accreditation. Note, such an academic qualification is required to be a Masters (AQF Level 9) coursework qualification.[5]

Provider, meaning the institution approved by the Tertiary Education Quality and Standards Agency (TEQSA)[6] to deliver academic qualifications.

Provider Accreditation Submission (PAS), meaning the submission prepared by a Provider on the academic qualification for which they are seeking accreditation, using the template provided and submitted to the Secretariat at a nominated time in advance of the ARP Visit.

Provider Annual Report (PAR), meaning the report prepared by a Provider on their accredited academic qualification, using the template provided and submitted to the Secretariat at a nominated time on an annual basis. The Provider Annual Report requires the Provider to report on key program metrics, any substantive changes to the program, and actions taken to address any deficiencies against the Standards as specified in the Provider's last ARP Report (as per the specific Action Items).

Provider Evidence Portfolio, meaning the collection of digital documentation included in the Provider Accreditation Submission, or when required with the Provider Annual Report, that is to demonstrate the necessary evidence of fulfilment of threshold performance for elements in the Standard.

---

[5] Or New Zealand equivalent.
[6] Or New Zealand equivalent, as specified by the New Zealand Registered Architects Board.

Register of accredited qualifications, meaning the current listing of accredited architecture qualifications, inclusive of issuing institution's name and the unique course code assigned to each accredited qualification, maintained and published by the AACA.

Repealed Procedure, meaning the 2013 Australian and New Zealand Architecture Program Accreditation Procedure (ANZ APAP) document, now withdrawn and replaced by the revised 2017 ANZ APAP Manual.

Secretariat, meaning the body that provides administrative support to all aspects of the Accreditation Procedure, excluding program implementation in New Zealand[7], as directed by the AACA and the Management Committee.

Standard, meaning the specified requirements from the National Standard of Competency for Architects (NSCA) against which assessment is made with consideration to the full program/s of study (inclusive of the accredited academic qualification) to determine if threshold learning outcomes have been met and accreditation is to be awarded.

Standard Accreditation Period, meaning the minimum length of time to complete the accredited program (inclusive of ten semesters – or equivalent full time – undergraduate and Masters level courses that jointly represent the program/s being accredited). For a program completed over 10 semesters, the Standard Accreditation Period would be 5 years. For a program completed over 10 trimesters, the Standard Accreditation Period would be 3.3 years.

Standard Program Assessment, meaning the assessment for accreditation purposes of an academic qualification, delivered via campus-based coursework by a Provider at a single physical site within Australia, for which a Provider pays the Accreditation Fee, amortised over the Standard Accreditation Period applicable to the program. Any assessment requirements over and above the standard inclusions or via alternative delivery mechanisms will incur additional fees.

Standing Panel (SP)[8], meaning the list of assessors managed by the Secretariat with membership approved by the Management Committee (MC) and assigned to Accreditation Review Panels for the conduct of Accreditation Visits.

Threshold Learning Outcomes, as defined in the AAECF, meaning demonstrable knowledge and skills in respect of a particular competency, learning objective or result.

Threshold Level, meaning the standard necessary to achieve competency. The threshold is either 'met' or 'not met'. In many programs and for some competencies this will be a base pass level, but it is not exclusively so. It is the responsibility of each Provider to determine the threshold level of work in relation to each Performance Criteria in the NSCA.

---

[7] Program implementation in New Zealand is conducted by the New Zealand Registered Architects Board.
[8] For program implementation in Australia only. The NZRAB is responsible for maintaining their own Standing Panel or similar.

LAST PAGE (34) INTENTIONALLY BLANK

END OF REPORT