

Architecture Program Accreditation Procedure Accreditation Resource

Procedural Clarifications as at Sep 2018

Based on queries received from Panel Members and Providers over the period August and September 2018, the purpose of this document is to provide procedural clarifications and additional FAQs to assist in the conduct of 2018 Accreditation Review Panels. The intent is that this information will be incorporated into the Procedure and Guidance documents, or included in the FAQs already listed on the AACA FAQs page.

References

The primary references for the accreditation of architecture programs is the [Architecture Program Accreditation Procedure 2018](#) and all associated Guidance documents. All relevant Procedural and Reporting documents can be accessed from the [AACA Publications Page](#) and overview information can be found on this AACA page read here [Accreditation of Architecture Programs](#). A number of 'Frequently Asked Questions' (FAQs) and their answers can be found on the [AACA FAQs Page](#).

The focus of the Accreditation Procedure

The Accreditation Procedure is designed to complement institution-level government regulation as detailed in the Higher Education Standards Framework, rather than attempting to replicate components of it. As such, the 2018 Accreditation Procedure is very much focussed on architecture specific requirements. Important educational components considered under previous iterations of the Accreditation Procedure are no longer part of the accreditation assessment. That said, broader contextual information regarding the architecture program being assessed is still important for the Accreditation Review Panel.

Q1. Is the Procedure guaranteeing that every graduate from an accredited Program will definitely have achieved all of the required 37 performance criteria of the National Standard of Competency for Architects?

A. No. The Accreditation Procedure is not responsible for assessing the achievement of the competencies by every graduate of an accredited program. Instead, the accreditation procedure is a point-in-time assessment made against the current program is, on balance, designed to enable graduates to achieve the required 37 performance criteria of the National Standard of Competency for Architects.

Q2. Does the Procedure assess the sequential development of competency or integration of learning across the program?

A. No. Whilst knowledge, skills and competency is developed at different points over the course of 10 semesters of architectural education, the Accreditation Procedure does not require assessment of the full Bachelor program, or indeed the full Master program. The sequential progression of relevant knowledge, skills and competency within a program is anticipated, the sequential development of knowledge, skills and competency is not a focus for the Accreditation Review Panel or the accreditation assessment. Similarly, whilst the integration of learning across the program is expected, this is not a focus for the Accreditation Review Panel or the accreditation assessment.

Q3. What is the Panel's role regarding confirmation of the achievement of the Performance Criteria by students that have completed a different bachelors program and are given entry to the Masters program being assessed?

A. The Panel doesn't have any role in this. Under Higher Education Standards Framework and related TEQSA arrangements, a Provider can have students enrol in their Master program that have completed the pre-requisite undergraduate studies through a different Provider, either in Australia or overseas. The relevant policy and associated agreements are to be described in the Provider Accreditation Submission (Part 1.b.) Other than being aware of the policy and associated agreements, the Accreditation Review Panel has no need to assess or comment on the policy and agreements, or to specifically assess or request to see student work of students accepted into the Masters program being assessed, who completed their bachelor program through a different Provider.

What is the evidence considered in the assessment?

Evidence considered by the Accreditation Review Panel will primarily come from:

- Unit / subject and associated assessment materials that define the unit / subject coverage, learning outcomes, and assessment methods and criteria, as presented in the Provider Accreditation Submission.
- Student work at the threshold level, as presented in the Exhibition of student work during the Site Visit.

Q4. How does the Panel know where to look to find the required information and evidence of the achievement of the required performance criteria?

A. The Accreditation Procedure requires the Provider to articulate in which assessment item from nominated subjects / units where each of the required Performance Criteria is assessed at the final level or in the most advanced form. This is detailed in the Provider Accreditation Submission. The Panel does not review the full Masters Program, and is very reliant on the quality of the Provider's self-assessment and internal mapping.

Q5. Does the Accreditation Review Panel need to look at the Provider's bachelor program?

A. It depends. The Accreditation Review Panel is only required to review the bachelor program where the Provider has mapped achievement of a required Performance Criteria, at the highest or more advance level, to assessment items from subjects / units in the Bachelor program. Where a Provider is able to demonstrate that all of the required 37 Performance Criteria are assessed at their final or most advanced level in subjects / units delivered in their Masters Program then there is no need for the Provider to present or the Panel to seek review of any aspect of the Bachelor program.

Q6. Can a Provider map to subjects / units that are still being delivered, or to new iterations of subjects / units that will be commenced in the following semester?

A. No. The procedure is retrospective in nature and the assessment must be made on the current program. The [Guidance: Provider Accreditation Submission](#) and [Guidance: Exhibition of Student Work](#) both note: *'The final assessed student work must be from the most recent iteration of individual subjects / units that have been delivered by the Provider within the program being assessed in the full two year teaching period prior to the conduct of the Accreditation Review Panel'* (emphasis added).

Q7. Is there a limit to how many subjects / units and associated assessment items that a Provider can map achievement of a Performance Criteria at its final or most advanced level?

A. No. Noting the multiple layers of some Performance Criteria and consideration of the Knowledge Domains, the intent of the Procedure is not to atomise the program and the assessment of the required Performance Criteria. Whilst a limit to the number of assessment pieces is not specified, a Provider's mapping must recognise the time limitations of the assessment. Overly complex mapping to large numbers of assessment items across the full range of Performance Criteria may have a negative impact on the conduct of the assessment and the overall recommendations, if the Panel is unable to review the volume of work presented to them in the time available.

Changes being proposed for incorporation into a program

The Accreditation Procedure is retrospective in nature. The Accreditation Review Panel can only review the details of the *current* program, and associated student work. The Panel can make comment on proposed changes, but the recommendation or otherwise for accreditation can only be made on the current program. Changes to a program will be reported and monitored through Provider Annual Reporting, and the need for program changes are to be reported via this mechanism. See here: [Guidance - Provider Annual Reporting](#)

Student work

The student work is presented to the Panel in the Exhibition of student work as part of the Accreditation Site Visit. Student work is not required as part of the Provider Accreditation Submission. See here: [Guidance: Exhibition of Student Work](#)

Q8. How many items of student work must be presented?

A. Two samples of threshold level student work are required from every assessment task that the Provider maps achievement of an individual Performance Criteria at its highest or final level. Should a Provider map achievement of a Performance Criterion at its highest or final level to two assessment tasks in the same subject/unit, two samples of threshold level student work must be provided from both assessment tasks.

Q9. Does the threshold level work need to be the lowest passing grade from within the threshold level identified by the Provider?

A. No. The Guidance refers to the provision of 'threshold level student work', but does not state or require that the work must be the 'lowest passing grade' from within the threshold range.

The recommendation for Accreditation

The Accreditation Review Panel makes the recommendation to the accrediting authority regarding the accreditation of a program, and must also specify the recommended period of accreditation. Whilst the Procedure requires assessment of a program against the 37 Performance Criteria, Performance Criteria may be found to be Not Met and the program still be recommended for Accreditation. There is no exact number of Performance Criteria found to be Not Met that would automatically equate to a recommendation to not accredit a program.

The recommendation for or against accreditation by the Accreditation Review Panel is based on the aggregated achievement of the required Performance Criteria, and consideration of the related Action Items to address the deficiencies. The Panel needs to take into consideration at what level of application the Performance Criteria is required (Knowledge, Skills or Application of Knowledge and Skills) to which the deficiencies relate, the complexity of the deficiencies, and the anticipated time to remedy the deficiencies (as described in the Action Items).

The recommendation period of Accreditation

The default period of accreditation is five years or 10 semesters equivalent volume of learning. If the Program Provider uses a trimester approach to achieve the equivalent volume of learning to 10 semesters in less than five years, the default period of accreditation is the Program Provider's equivalent completion period.

The recommended period of accreditation must be specified in reference to the number of semesters (or equivalent term used by that Provider). For instance, for a Provider accredited to the end of 2018 and undertaking an Accreditation Review Panel in Semester 2 2018, and with their program delivered over 10 semesters, if the Panel recommends accreditation for the default period, this would be through until the end of Semester 2, 2023.

Should the recommended period of accreditation not be for the default period, the Panel must provide the rationale. The Panel needs to take into consideration at what level of application the Performance Criteria is required (Knowledge, Skills or Application of Knowledge and Skills) to which the deficiencies relate), the complexity of the deficiencies, and the anticipated time to remedy the deficiencies (as described in the Action Items).

The Accreditation Review Panel Report and Provider Comment

The primary purpose of the Accreditation Review Panel Report is to provide a documented assessment of the evidence that the graduates of the program have, on balance, met the required performance criteria of the National Standard of Competency for Architects. The Accreditation Review Panel Report is the means by which the Panel record their findings.

The Accreditation Review Panel Report is comprised of the following fillable PDF templates:

[Accreditation Review Panel Report Template](#)

[Accreditation Review Panel Report Part 7 PC Not Met Template](#)

Providers have the opportunity to note comments on the Accreditation Review Panel Report and the conduct of the Accreditation Review Panel (as an activity). Providers record their comments in this template: [Provider Response to the Accreditation Review Panel Report Template](#).

Physical or digital signatures are not required on Accreditation Review Panel Reports. Once a Report is finalised by the Panel Chair or Provider, the PDF document/s are to be saved in a manner that 'optimise' the documents so that further edits in the fillable fields can not be made.

The Accreditation Decision

Following the completion of the Accreditation Site Visit, the Accreditation Review Panel Report (inclusive of the Panel's recommendation for accreditation and any associated Action Items) will be progressed as outlined in the Table on Page 3 of [Guidance: Planning Timeframes for Accreditation Review Panels](#).

The decision on the ongoing accreditation of a program is made by the relevant Architect Registration Board as the accrediting authority. The decision on the ongoing accreditation of a program, including the approved period of accreditation should this be the recommendation of the Panel, is communicated directly to a Provider by the relevant Architect Registration Board, following the Board's consideration of the Accreditation Review Panel Report.