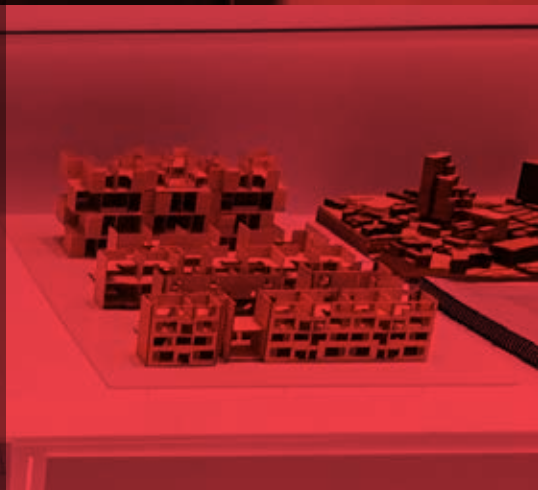

ARCHITECTURE
PROGRAM
ACCREDITATION
PROCEDURE...

IN AUSTRALIA AND
NEW ZEALAND



This document is designed to be used as an online reference and includes embedded links to separate reference and guidance documents that are an integral part of the Procedure.

All images are from National Visiting Panels (equivalent to Accreditation Review Panels) conducted in 2017.

The New Zealand Registered Architects Board licenses the Procedure from the Architects Accreditation Council of Australia for the purpose of accrediting architecture programs in New Zealand.

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Architects Accreditation Council of Australia

**Suite 3, Level 5, 75 Castlereagh Street
SYDNEY NSW 2000**

**PO Box A2575
SYDNEY SOUTH NSW 1235**

(612) 8042 8930

mail@aaca.org.au

www.aaca.org.au



PURPOSE...

The Architecture Program Accreditation Procedure provides a robust system of evaluation of architecture programs at the Master of Architecture level.

This Procedure complements institution-level government regulation as detailed in the Higher Education Standards Framework. Due to the importance of professional education on the pathway to registration as an architect, accredited architecture programs must be designed to enable a graduate to achieve the required 37 performance criteria of the National Standard of Competency for Architects.



CONTENTS ...

| | |
|---|----|
| Purpose | 03 |
| Introduction | 06 |
| Stakeholders | |
| Context for the Accreditation of Architectural Programs | 08 |
| Programs of Study in Australia and New Zealand | |
| Regulation of Architectural Practice | |
| The Regulatory Context of Higher Education | |
| The Australian Qualifications Framework | |
| The Accreditation Decision | 11 |
| The Accreditation Standard | 12 |
| The National Standard of Competency for Architects | |
| Performance Criteria in the National Standard of Competency for Architects relevant to accreditation of Architecture Programs | |
| Evidence that the Standard has been met | |
| Governance, Management and Administration | 14 |
| Governance | |
| Accreditation Management Committee | |
| The Secretariat | |
| The Accreditation Procedure | 15 |
| Critical accreditation activities | |
| Cycle of review for accredited programs | |
| Providers seeking first time accreditation of a program | |
| Advice for new programs | |
| The Accreditation Standing Panel | |
| The Accreditation Review Panel | 18 |
| Planning timeframes | |
| Formation of the Accreditation Review Panel | |
| Provider Accreditation Submission | |
| Accreditation Site Visit | |
| Accreditation Review Panel Report | |
| Acceptance of the Accreditation Review Panel Report | |
| Accreditation Decision following the Accreditation Review Panel | |



| | |
|---|----|
| Provider Annual Reporting | 21 |
| Grievances | 22 |
| Financial Model and Fee Arrangements | 23 |
| Explanation of Key Terms | 24 |

Supporting Guidance

| | |
|---|---|
|  <u>Accreditation Management Committee Terms of Reference</u> |  <u>Guidance: Operation of the Accreditation Standing Panel</u> |
|  <u>Code of Conduct</u> |  <u>Guidance: Planning Timeframes for Accreditation Review Panels</u> |
|  <u>Guidance: Operation of the Accreditation Review Panel</u> |  <u>Guidance: Provider Accreditation Submission</u> |
|  <u>Guidance: Provider Annual Reporting</u> |  <u>Guidance: Administrative Support During an Accreditation Review Panel Visit</u> |
|  <u>Guidance: New Programs</u> |  <u>Guidance: Standard Agenda for the Accreditation Site Visit</u> |
|  <u>Guidance: Exhibition of Student Work</u> | |



INTRODUCTION...

The Architecture Program Accreditation Procedure in Australia and New Zealand is the process by which architecture programs in Australia and New Zealand are assessed, leading to an accreditation decision by the relevant Architect Registration Board. The Procedure is administered by the [Architects Accreditation Council of Australia](#) on behalf of the State and Territory [Architect Registration Boards](#) which are responsible for the regulation of architects via the State and Territory Architects Acts. The New Zealand Architects Registration Board licences the Procedure from the Architects Accreditation Council of Australia for the purpose of accrediting architecture programs in New Zealand.

The context for architectural education has changed in recent years with the introduction of new regulations for Australian higher education, specifically the introduction of the Higher Education Standards Framework and an independent body to monitor the quality of higher education on behalf of the Commonwealth, the [Tertiary Education Quality and Standards Agency](#). Of particular interest to regulated professions is the requirement that all qualifications where graduates must be licensed to practice must maintain professional accreditation with the relevant accrediting body.

The Architecture Program Accreditation Procedure contains important changes to previous accreditation procedures. These include: the introduction of the Accreditation Management Committee comprised of representatives of the five stakeholders with responsibility for policy advice and overall quality assurance of the Procedure; benchmarking of Accreditation Reports to ensure quality and consistency; introduction of Annual Reporting; and a new financial model that divides the costs of the Procedure equitably across the regulators and the providers of accredited programs in architecture. The accreditation process itself has also been adapted in light of significant changes in higher education practice, including more strictly focusing on threshold

architecture program outcomes as the basis for accreditation.

The guiding principles underpinning the Procedure are:

- transparency in operations and governance
- consistency in its assessment of programs seeking accreditation
- efficiency in its operations
- alignment with world's best practice in the accreditation of architectural professional programs of study.

The Architecture Program Accreditation Procedure has been developed following consultation with the profession, industry and higher education including extensive consultation with stakeholders: the [Australian State and Territory Architect Registration Boards](#), the [Association of Architecture Schools of Australasia](#), the [Australian Institute of Architects](#), the [Australian Deans of the Built Environment and Design](#), the [New Zealand Registered Architects Board](#), and the [New Zealand Institute of Architects](#).

The Procedure has also taken note of the Principles of Professional Accreditation, as prepared by [Professions Australia](#) and [Universities Australia](#).

This Accreditation Procedure takes effect from 1st January 2018.

STAKEHOLDERS

Each state and territory of Australia has its own architect registration board established under legislation to register architects, conduct disciplinary investigations, pursue unregistered use of the term architect, accredit programs of study and educate the public on architectural issues. The Boards have a responsibility to the public, users of architectural services, the built environment industry, and Architects who employ graduates.

The eight Boards (and their respective establishing laws) are:

- [NSW Architects Registration Board](#) – Architects Act 2003 (NSW)
- [Architects Registration Board of Victoria](#) – Architects Act 1991 (Vic)
- [Board of Architects of Queensland](#) – Architects Act 2002 (Qld)
- [The Architectural Practice Board of South Australia](#) – Architectural Practice ACT 2009 (SA)
- [Architects Board of Western Australia](#) – Architects Act 2004 (WA)
- [Australian Capital Territory Architects Board](#) – Architects Act 2004 (ACT)
- [Board of Architects of Tasmania](#) – Architects Act 1929 (Tas)
- [Northern Territory Architects Board](#) – Architects Act (NT)

The members of architect registration boards will generally have a mix of expertise, and may include architects in private practice, government practice and academia, as well as government and community nominees. Members may be directly appointed, or there may be a mix of appointed and elected. The eight architect registration boards are collectively the owners of the national standard setting body, the Architects Accreditation Council of Australia.

The [Architects Accreditation Council of Australia](#) is a not-for-profit company owned by the Architect Registration Boards in Australia. It is responsible for advocating, coordinating and facilitating the National Standard of Competency for Architects which provides the benchmark for all assessment on the path to registration as an architect in Australia.

The [Australian Institute of Architects](#) (the Institute) has been instrumental in the development and delivery of the accreditation procedure for architectural programs since the inception of professional accreditation in Australia. It has also been active in the international benchmarking and validation of the Australian architectural education and accreditation systems.

The Institute represents architectural practitioners, academics and students and has a strong interest in professional education at a tertiary, post graduate and professional level. Knowledge across its stakeholder groups enables the Institute to provide professional advice to providers regarding the development and improvement of programs. The Institute advocates for

and supports best practice, based on comprehensive architectural education.

The [Association of Architecture Schools of Australasia](#) has provided leadership and advocacy for architectural education in the Australasian region since 1999. Its membership consists of the Heads of Schools at all Australian and New Zealand universities with accredited architecture programs. The Association identifies, develops and supports quality professional undergraduate and graduate education of architects and related professions; research, scholarship and creative work in relation to architecture and the designed environment; and policy, community service and professional activities in relation to architectural education.

The [Australian Deans of Built Environment and Design](#) is the peak body in the tertiary education sector in the fields of architecture, design and the built environment. Its membership consists of the Deans and/or their equivalent at all Australian universities with a school, department or faculty in these disciplines.

As both a representative and advocacy body, the Australian Deans of Built Environment and Design seeks to protect and elevate research, teaching and practice of these three spheres and promote understanding of the role these activities play in the development of world's best professional practice.

Architectural students, as the recipients of architectural accreditation, are represented in the accreditation procedure through the Accreditation Site Visit and their opportunity to meet with the Accreditation Review Panel.

CONTEXT FOR THE ACCREDITATION OF ARCHITECTURE PROGRAMS ...

PROGRAMS OF STUDY IN AUSTRALIA AND NEW ZEALAND

Architectural programs of study in Australia and New Zealand require ten semesters of study or equivalent, typically comprising two academic qualifications, a three year (or six semester) bachelor degree followed by an accredited two year (four semester) Master of Architecture. In general, the minimum timeframe required for a student (without advanced standing or credit for previous studies) to complete 10 equivalent semesters of study is a five year full time program of study. Some universities may allow for completion of ten semesters in less than five years.

The Master of Architecture is the program accredited for the purpose of registration by the architect registration boards in Australia and New Zealand. Pre-professional degrees (e.g. bachelor degrees) or other preparatory programs that may serve as a pre-requisite for admission to a professional degree program are not accredited. Students with a successful performance in a relevant pathway bachelor degree are generally guaranteed admission to the accredited Master's program, while students with other suitable initial degrees are admitted on a case-by-case basis in accordance with an individual provider's policies and procedures.

As tertiary study has undergone innovation and change, other models of study are emerging that need to be considered in the context of accreditation. These include three year programs at the Masters level for eligible students without an architecture-related pathway degree, blended academic delivery models (as opposed to the face-to-face model traditionally used in architectural education) and entirely online degrees.

Regardless of the delivery mode, all programs must meet the required performance criteria in the National Standard of Competency for Architects, and meet the outcomes required at [Australian Higher Education Qualifications Framework Level 9](#).

REGULATION OF ARCHITECTURAL PRACTICE

Under Australia's federal system of government, most licensing and registration activities occur at the state and territory level, often with some form of mutual recognition between jurisdictions.

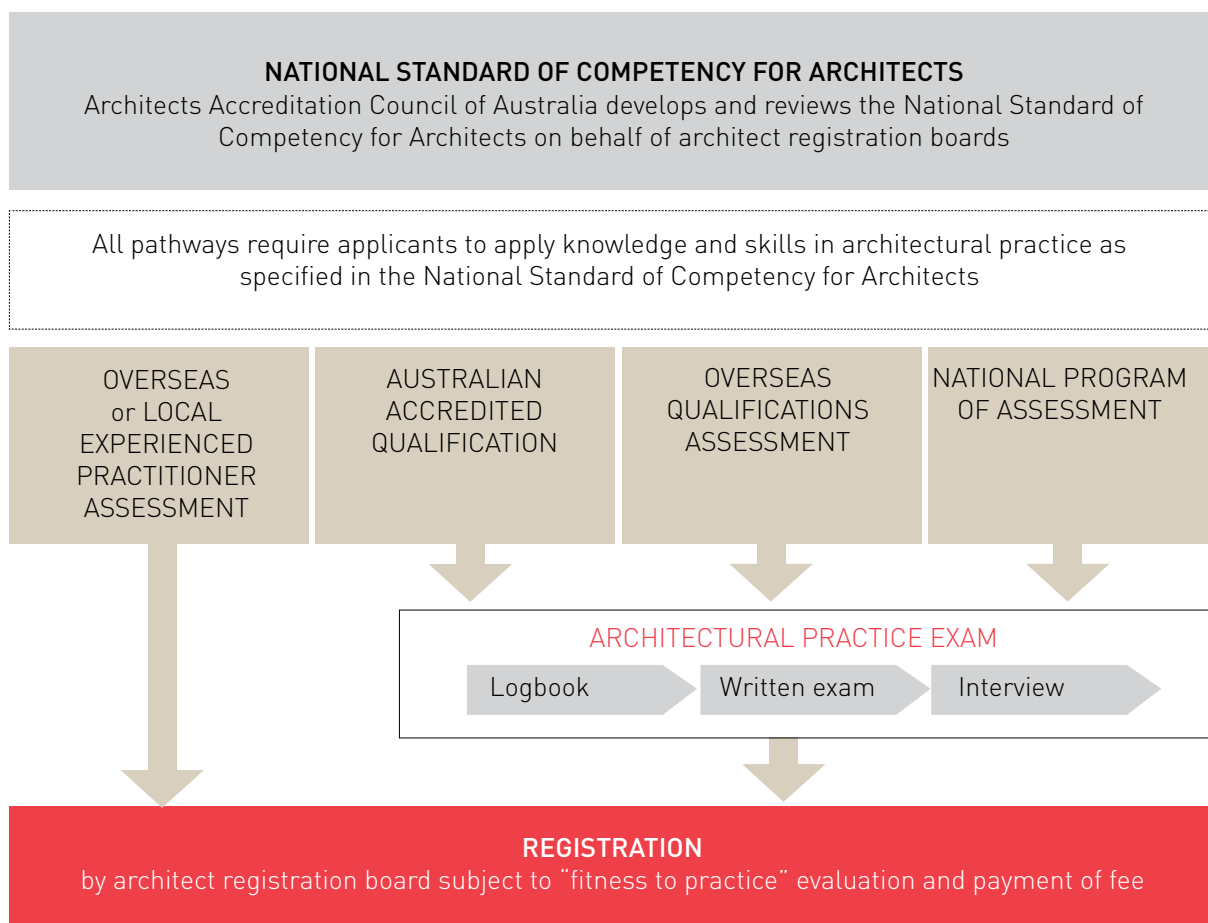
Anyone using the title "architect" in Australia must be registered by the architect registration board in each state or territory in which he or she operates. In practice, eligibility for registration is assessed only once, with mutual recognition offered across Australian jurisdictions, and (through the Trans-Tasman Mutual Recognition Agreement) between Australia and New Zealand.

The three cornerstones of registration as an architect in Australia are qualification, experience and examination. This requires:

- holding a qualification accredited by an Architect Registration Board in Australia or New Zealand or from a country where a mutual recognition arrangement is in place, or where appropriate standing has been granted through an alternative pathway
- obtaining two years relevant professional experience
- successfully completing the three-part Architectural Practice Examination.

The [pathways to registration as an architect in Australia](#), and reference to the underpinning nature of the National Standard of Competency for Architects, are represented in Diagram 1.

Diagram 1: Pathways to registration as an architect in Australia



THE REGULATORY CONTEXT IN HIGHER EDUCATION

Universities have been on a new path of quality assurance and compliance since the Australian Government's *Review of Australian Higher Education [December 2008]*, also known as the Bradley Review. The Bradley Review resulted in, amongst other things, the establishment of a new order of accreditation for universities with strengthened focus on quality assurance, evaluation of standards, and use of outcomes measures. The *Tertiary Education Quality and Standards Agency (TEQSA)* was established in 2011 to independently oversee and assess compliance against the new *Higher Education Standards Framework* – comprising Provider Standards and Qualification Standards.

The Tertiary Education Quality and Standards Agency does not accredit individual university programs of

study. Programs of study must meet the university's internal accreditation benchmarks (consistent with the Tertiary Education Quality and Standards Agency standards) and any professional accreditation requirements such as under the Architecture Program Accreditation Procedure. The Architecture Program Accreditation Procedure, in turn, is focused on program-level accreditation, and utilises information and data collected by the Tertiary Education Quality and Standards Agency in Program Provider Annual Reporting.

THE AUSTRALIAN QUALIFICATIONS FRAMEWORK

The *Australian Qualifications Framework* provides general information about the volume of learning undertaken and the knowledge, skills and ability to apply knowledge and skills expected at the end of

a program of study, for qualifications defined at ten different levels.

The Architecture Program Accreditation Procedure provides a process for the evaluation of the Master of Architecture (at Australian Qualifications Framework Level 9) offered by Australian higher education providers, benchmarked against the required performance criteria in the National Standard of Competency for Architects.

Summary of Australian Qualifications Framework Level 9 Criteria:

Graduates will have specialised knowledge and skills for research, and/or professional practice and/or further learning.

Knowledge

Graduates at this level will have advanced and integrated understanding of a complex body of knowledge in one or more disciplines or areas of practice.

Skills

Graduates at this level will have expert, specialised cognitive and technical skills in a body of knowledge or practice to independently:

- *analyse critically, reflect on and synthesise complex information, problems, concepts and theories*
- *research and apply established theories to a body of knowledge or practice*
- *interpret and transmit knowledge, skills and ideas to specialist and non-specialist audiences.*

Application of knowledge and skills

Graduates at this level will apply knowledge and skills to demonstrate autonomy, expert judgement, adaptability and responsibility as a practitioner or learner.



THE ACCREDITATION DECISION ...

Each Architect Registration Board makes the decision to accredit, to not accredit, or to withdraw accreditation of architectural programs of study based within its jurisdiction. Accredited programs of study are then recognised by the other architect registration boards in Australia for the purposes of architectural registration, as are accredited programs from New Zealand, Hong Kong and Singapore. While the architect registration board bases its consideration on the findings of the Accreditation Review Panel (including any Action Items), the final accreditation decision rests with the architect registration board alone.

When a decision is made to accredit a program, the decision must include specification of the period of accreditation, the official title and code of the qualification.

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.

Architect registration boards are the only authority able to deny or revoke accreditation of a program. Any such decision by an architect registration board would be taken after formal communication with the Provider and written advice from the Board on the grounds for its decision.



THE ACCREDITATION STANDARD ...

THE NATIONAL STANDARD OF COMPETENCY FOR ARCHITECTS

The Accreditation Procedure tests the ability of university architecture programs to produce graduates that have met the specified 37 (of 70 total) performance criteria in the National Standard of Competency for Architects, regardless of the learning pathway they have followed to complete the accredited Masters program. The Accreditation Procedure makes the assessment based on a cross-section of student work.

The [National Standard of Competency for Architects](#), a comprehensive statement of the threshold competency expected of a practising architect, underpins the accreditation of architectural programs and competency assessments on the path to registration.

The National Standard of Competency for Architects is divided into four broad Units of Competency, being Design, Documentation, Project Delivery and Practice Management. The four units are further divided into nine Elements to better organise the performance criteria associated with them. Within these Elements is a matrix structure of 70 performance criteria that must be met across up to five Knowledge Domains. The five Knowledge Domains are the five core areas of understanding that underpin architectural practice: Regulatory, Social and Ethical, Sustainable Environment, Disciplinary and Communication. Each Knowledge Domain may be deemed either Necessary or Critical for a given performance criterion.

Each performance criterion at a given point of an architect's development (e.g. in the case of accreditation, graduation from a professional program of study) must be met at one of three levels as per the definitions provided in the [Australian Architectural Education and Competency Framework](#)¹ in increasing order of competency: knowledge acquisition (K), skills acquisition (S) or the application of knowledge and skills in architectural practice (A).

Knowledge (K)

Knowledge is the ability to retrieve, recognise and recall relevant information and to grasp the meaning of material through interpreting, summarising, and explaining.

Evidence: Evidence of the breadth of disciplinary knowledge in each program subject area will be articulated in unit outlines, lecture materials and assessment criteria and tested through formal assessment or examination.

Skills (S)

Skills are the ability to perform discrete activities and make judgements in new and concrete situations informed by disciplinary knowledge including the use of methods, techniques and technologies, concepts, principles, laws and theories.

Evidence: Evidence of disciplinary skills in each program subject area will be articulated in discrete assignment tasks including examination papers, essays, reports, drawings, models and other multi-media presentations.

Application of Knowledge and Skills (A)

Application is the ability to demonstrate autonomy and expert judgement through the creative synthesis of knowledge and application of skills to unique and complex situations.

Evidence: Evidence of the application and synthesis of disciplinary knowledge and skills across program subject areas will be articulated in substantial project-based student work.

¹ Australian Architectural Education and Competency Framework Final Report – March 2016, maps the National Standard of Competency Performance Criteria required for program accreditation against other regulatory frameworks which the Provider must observe.

PERFORMANCE CRITERIA IN THE NATIONAL STANDARD OF COMPETENCY FOR ARCHITECTS RELEVANT TO ACCREDITATION OF ARCHITECTURE PROGRAMS

The 37 performance criteria that must be demonstrated by a graduate of an architecture program of study come from all four Units of Competency, but are particularly focused in the Design Unit.

Where Application of Knowledge and Skills (A) level competency is required to be demonstrated during the completion of university study, this should occur through authentic project-based tasks that provide a practice-oriented experience in the educational environment.

EVIDENCE THAT THE STANDARD HAS BEEN MET

Evidence considered by the Accreditation Review Panel to make their recommendation as to whether the program meets the Accreditation Standard includes:

- student work mapped to the relevant performance criteria of the National Standard of Competency for Architects
- unit/subject materials that define the unit/subject coverage, learning outcomes, and assessment methods and criteria.

GOVERNANCE, MANAGEMENT AND ADMINISTRATION ...

GOVERNANCE

The Board of the Architects Accreditation Council of Australia, on behalf of the architect registration boards, is responsible for the governance of the Procedure and the Secretariat, with referral of matters back to the relevant State or Territory Architect Registration Board as required. Certain governance functions are separately delegated to the Accreditation Management Committee.

ACCREDITATION MANAGEMENT COMMITTEE

The Accreditation Management Committee is responsible for overseeing the implementation of the Procedure and providing advice to the Architects Accreditation Council of Australia Board in order to implement a transparent, fair and effective Procedure. The Committee does not accredit programs. Architect registration boards are the accrediting bodies for programs in their respective jurisdictions.

The Committee provides the key point of input to the Procedure by the five stakeholders, being the Architects Accreditation Council of Australia, architect registration boards, the Australian Institute of Architects, the Association of Architecture Schools of Australasia, and the Australian Deans of the Built Environment and Design.

The membership includes one nominee from each stakeholder group and draws upon expertise across the architecture profession, accredited schools of architecture and regulatory bodies who have in common a commitment to, and responsibility for, accreditation and architectural education. The representative membership structure and balance of particular expertise across the Committee as a whole maximises the provision of strategic, high quality advice to the Architects Accreditation Council of Australia.

All members of the Accreditation Management Committee are required to abide by the Code of Conduct.



[Accreditation Management Committee Terms of Reference](#)



[Code of Conduct](#)

THE SECRETARIAT

The Secretariat function is delivered by Architects Accreditation Council of Australia staff, and includes the following functions:

- provision of all administrative support for the effective operation of the Accreditation Management Committee, Accreditation Standing Panel, Accreditation Review Panels and other approved accreditation activities
- all necessary document and data management inclusive of the preparation of formal correspondence and reports, and recording of all correspondence and reports received
- management of the Accreditation finances, inclusive of all income and expenditure, record keeping and accounting requirements, and the preparation of financial accounts and reporting
- answering or referring on inquiries about procedural matters.

THE ACCREDITATION PROCEDURE ...

CRITICAL ACCREDITATION ACTIVITIES

The critical activities that comprise the accreditation procedure are the Accreditation Review Panel and annual monitoring via the Provider Annual Report.

The Accreditation Review Panel

Assessment for accreditation occurs through the conduct of an Accreditation Review Panel.

The Accreditation Review Panel provides an independent peer review mechanism that ensures the accreditation decision maker (the relevant architect registration board) exercises its power on the basis of the best and most up-to-date advice. An Accreditation Review Panel must be formed and complete its assessment of an accredited program before the end of the program's current period of accreditation. Providers should anticipate the scheduling of an Accreditation Review Panel and associated Accreditation Site Visit in the last teaching term of their accreditation period.



Guidance: [Operation of the Accreditation Review Panel](#)

Annual monitoring via the Provider Annual Report

All accredited programs are required to submit an Annual Report to the Secretariat. Submission of the Provider Annual Report represents an important ongoing component of accreditation obligations by the Provider, and an opportunity for monitoring of Provider actions (related to both Action Items and reported program changes) by the relevant architect registration board.



Guidance: [Provider Annual Reporting](#)

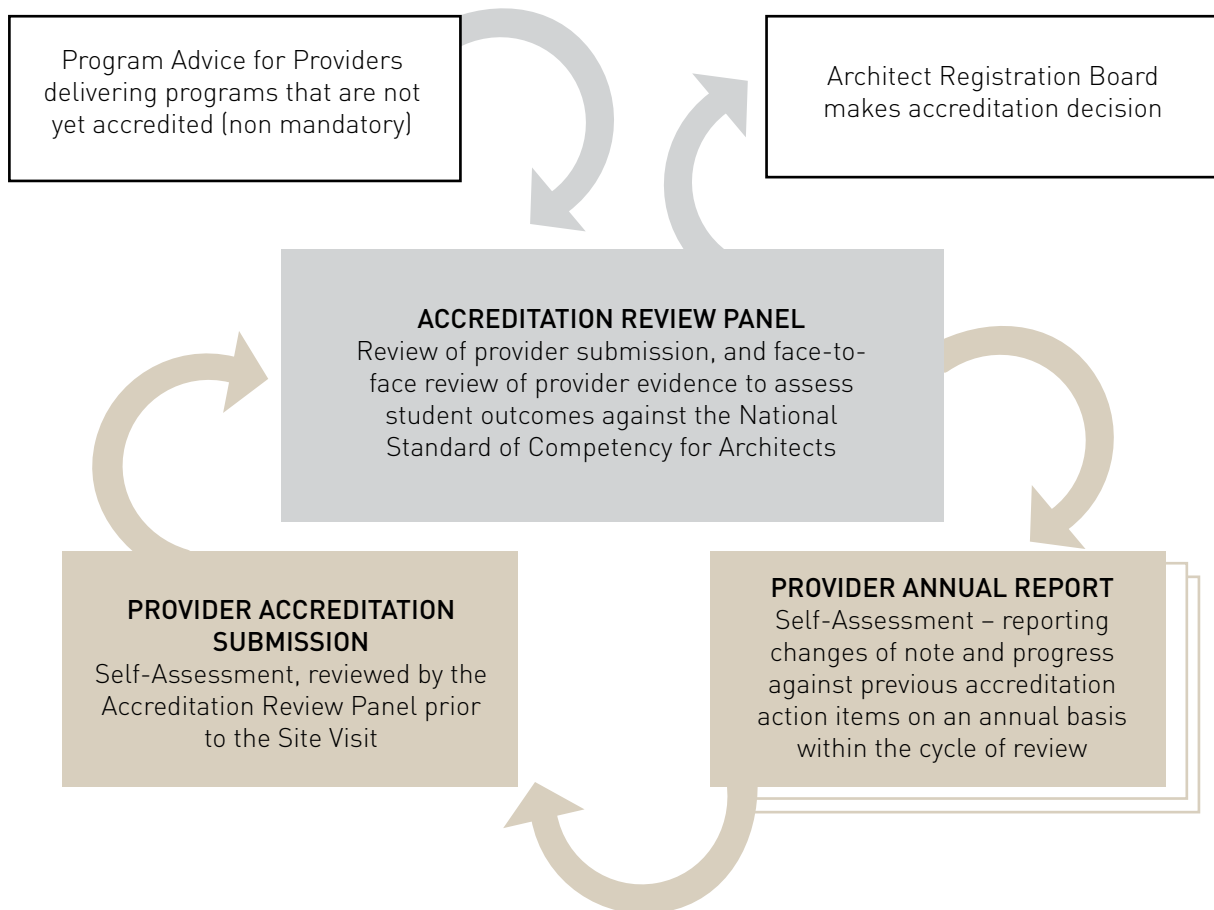
On occasion, the Accreditation Review Panel may recommend that changes reported by the Provider against an action item require on-site review and verification. Any such out-of-session on-site review (which may be subject to an additional fee) will be limited to one full day or less, and will generally be completed by local members of the Accreditation Standing Panel.

CYCLE OF REVIEW FOR ACCREDITED PROGRAMS

The process of review for accredited programs includes two key components:

- external review (via the Accreditation Site Visit of the Accreditation Review Panel)
- self-assessment (via Provider Annual Reporting and the Provider Accreditation Submission as part of the Accreditation Review Panel).

Diagram 2: Cycle of review for accredited programs



PROVIDERS SEEKING FIRST TIME ACCREDITATION OF A PROGRAM

A Provider wishing to have their program accredited for the first time should liaise with the Secretariat regarding the scheduling of an Accreditation Review Panel.

The earliest that an Accreditation Review Panel can be scheduled is the final teaching semester of the first graduating cohort of the Masters qualification for which accreditation is sought.

From initial contact with the Secretariat it will take a minimum of 16 weeks to form an appropriately experienced Accreditation Review Panel and schedule mutually agreeable dates for the conduct of the Accreditation Site Visit. Preferably, contact between

the Provider and the Secretariat should take place a minimum of 12 months before the first cohort is due to graduate.

The fee associated with the conduct of an Accreditation Review Panel must be paid in full 12 weeks prior to the agreed start date of the Accreditation Site Visit. Payment of the fee and completion of the Accreditation Review Panel is no guarantee of a recommendation for accreditation.

If, upon consideration of a recommendation for accreditation of the program, the program is accredited by the Architect Registration Board, the Provider then enters the cycle of review of accredited architecture programs and commences payment of the annual fee for accredited providers.

ADVICE FOR NEW PROGRAMS

Providers wishing to establish an accredited architecture program should establish relevant internal development mechanisms and seek external industry advice in any manner they see fit to ensure that any programs established have the potential to meet the accreditation requirements as outlined in this document.

Providers may also seek advice from the Secretariat on a fee for service basis. Program Advice for new programs is a desk-based review of a program's overall suitability to be assessed by a Program Advice Panel and does not include a site visit. The Provider will receive a Program Advice Report at the completion of the activity. It is not mandatory to go through the Program Advice process prior to requesting a visit by an Accreditation Review Panel, nor is it mandatory to follow the advice.

The Program Advice process may take up to four months from the initial contact with the Secretariat and payment of the required fee.



Guidance: New Programs

THE ACCREDITATION STANDING PANEL

The Accreditation Standing Panel comprises independent experts who have the necessary expertise and capacity to serve on Accreditation Review Panels, and to undertake other tasks, such as the provision of Program Advice for new providers.

The composition of the Accreditation Standing Panel provides a representative balance of experience in architectural practice and education; Accreditation Review Panel experience; and ethnicity, gender, and geography.

The Secretariat will administer the nomination process, and maintain an Accreditation Standing Panel database. The database will include relevant contact and eligibility details, a record of Accreditation Review Panels undertaken, and a record of conflicts of interest declared. The Accreditation Management Committee will assess nominations against the Accreditation Standing Panel selection criteria, and will formally approve all new appointments and re-appointments.

All members of the Accreditation Standing Panel are required to abide by the Code of Conduct.



Guidance: Operation of the Accreditation Standing Panel



Code of Conduct

THE ACCREDITATION REVIEW PANEL ...

PLANNING TIMEFRAMES

The Secretariat will commence communication with the Provider a minimum of nine months prior to the anticipated timing of the Accreditation Site Visit as part of the Accreditation Review Panel.



[Guidance: Planning Timeframes for Accreditation Review Panel](#)

interest raised will be reviewed by the Accreditation Management Committee.

Roles and responsibilities of the Accreditation Review Panel and the Panel Chair can be found in the Guidance.



[Guidance: Operation of the Accreditation Review Panel](#)

FORMATION OF THE ACCREDITATION REVIEW PANEL

Each Accreditation Review Panel comprises six members appointed by the Accreditation Management Committee from the Accreditation Standing Panel.

Accreditation Review Panels are composed so that:

- a majority of the membership has had prior experience on an Accreditation Review Panel
- there are generally three academic and three practitioner members, including two members from the relevant jurisdiction
- membership as far as possible reflects the diversity of the Australian population
- two Panel members are selected by the Accreditation Management Committee to serve as the Panel Chair and Deputy Chair (the Panel Chair will usually have participated in at least three Accreditation Review Panels)
- ideally the Panel will include at least one member that participated in the previous Panel and Accreditation Site Visit for that provider.

As part of the scheduling of the Accreditation Review Panel, the program provider under review and the relevant Architect Registration Board will be issued with a list of nominated panel members and may object to one or more members based upon a defined potential or actual conflict of interest. Any conflict of

PROVIDER ACCREDITATION SUBMISSION

In advance of the Accreditation Site Visit, the Provider is required to prepare a comprehensive submission referred to as the Provider Accreditation Submission (the 'Submission'). The Submission represents a thorough self-assessment prepared by the Provider against the accreditation requirements. The information and evidence contained in the Provider Accreditation Submission are integral to the assessment process.

The Submission will be reviewed extensively by the Accreditation Review Panel in advance of the Accreditation Site Visit and represents a critical step towards achieving initial or maintaining accreditation.

A Provider may be requested to prepare a Supplementary Report should there be gaps or issues identified in their Submission.

A detailed description of the requirements, structure and submission format of the Provider Accreditation Submission, inclusive of the Digital Evidence Portfolio, is described in the Guidance.



[Guidance: Provider Accreditation Submission](#)

ACCREDITATION SITE VISIT

The standard length of time for an Accreditation Site Visit as part of the Accreditation Review Panel is three days. Additional days for the Accreditation Site Visit may be required if assessment of multiple locations or multiple programs is required (e.g. campuses in different cities, states or countries). The alternative to additional days is an expanded Panel. In such cases, this will need to be negotiated with the program provider and the Accreditation Management Committee when communication first commences to arrange the Accreditation Review Panel. Additional fees will apply in these circumstances.

The Program Provider is required to provide the staff support, facilities, resources and access for the Accreditation Review Panel as described in the Guidance document



Guidance: Administrative support during an Accreditation Review Panel Visit

The Accreditation Review Panel is supported off-site by the Secretariat for the duration of the visit. Secretariat staff will also be available to support the compilation/ editing of the Accreditation Review Panel Report.

A standard agenda is provided to assist in planning for the conduct of the Accreditation Site Visit.



Guidance: Standard Agenda for the Accreditation Site Visit

Provision of a focussed exhibition of student work is a mandatory part of the Accreditation Site Visit.

The primary purpose of the Exhibition is for the Provider to exhibit the threshold level student work that demonstrates student achievement of the required competencies in nominated subjects / units.

Further guidance on the Exhibition of student work can be found in the Guidance.



Guidance: Exhibition of Student Work

ACCREDITATION REVIEW PANEL REPORT

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. In addition to standard provider and program information and a contextual overview, the key components of the Report are the:

- specification of the official title and code of the assessed qualification
- recommendation or otherwise for accreditation of the program
- recommended period of accreditation, including the end date for the recommended period linked to the Provider's semester or trimester system, such that accreditation is specified for students that graduate from the accredited program up to the end of the specified semester or trimester of the accredited period
- action items (if any) detailing a failure to demonstrate that a specific Performance Criterion has been met
- Program Development Advice.

Where the evidence provided for any performance criteria (either in the Digital Portfolio, Student Exhibition or through the discussion sessions during the visit) is insufficient to demonstrate the attainment of the threshold standard, that performance criterion will be the subject of an Action Item.

Further guidance on the operation of the Accreditation Review Panel, including the formulation of Action Items can be found in the Guidance.



Guidance: Operation of the Accreditation Review Panel

ACCEPTANCE OF THE ACCREDITATION REVIEW PANEL REPORT

The Provider has the opportunity to provide verbal feedback towards the end of the Accreditation Panel Visit, before the draft Report is finalised. At the completion of the visit, the Chair will present a verbal overview of the recommendation of the Panel and coverage of any matters described in Action Items.

The Secretariat will coordinate the electronic distribution of the final draft Accreditation Review Report to the Program Leader/Head of School within five working days of the completion of the Visit.

Once the final draft Accreditation Review Report has been issued to the Program Leader/Head of School, they have five working days to:

- note any potential factual errors, which shall be referred to the Panel Chair for clarification
- provide a written response to the recommendations of the Panel. This response is optional and is limited to 300 words. It will form part of the final Accreditation Review Panel Report sent to the relevant architect registration board
- sign the Report.

Accreditation Review Panel Reports are confidential and – other than the relevant architect registration board – distribution is limited to the Program Leader (to distribute internally at his/her discretion), the Accreditation Management Committee, and the Architects Accreditation Council of Australia. Any requests to share Accreditation Review Reports with other individuals or organisations must have the express permission of the Provider. Once finalised, the Provider may share their Accreditation Review Panel Report as they see fit.

The Accreditation Review Report is complemented by a template based report from the Chair to the Secretariat capturing feedback on the process, e.g. relating to Panel composition, operation and performance, and administration issues.

Further details on finalising the Accreditation Review Panel Report are described in the Guidance.



[Guidance: Planning Timeframe for Accreditation Review Panels](#)

ACCREDITATION DECISION FOLLOWING THE ACCREDITATION REVIEW PANEL

The Architect Registration Board considers the Accreditation Review Panel Report and communicates its accreditation decision to the Provider within six weeks of the receipt of the report.

The Board also advises the Architects Accreditation Council of Australia of their decision, who then updates the [list of accredited programs](#). The Secretariat keeps records of architects registration board decisions in order to maintain records relating to approved periods of accreditation, and associated invoicing to Providers.

The architects registration board is not bound to accept the Panel's recommendation. Where necessary, the board may go back to the Secretariat seeking clarification and/or further information before making its decision.

In cases where the program has not been accredited, or program accreditation is to be withdrawn, the Program Provider shall be provided with reasons in writing by the architect registration board as well as information about appeal rights to the relevant Administrative Appeals Tribunal under the respective state/territory's administrative laws.

PROVIDER ANNUAL REPORTING ...

The Provider Annual Reporting activity represents an important monitoring and quality assurance activity within the accreditation procedure. Provider Annual Reports should be prepared for the preceding calendar year (January to December) and be supported by student enrolment data as at the relevant Semester One Census Date for the year that the report is submitted.

Reports are to be submitted to the Secretariat electronically using the specified template by no later than 15th April annually.

The Provider Annual Report requires information be provided on these key areas:

- Provider general data, such as staff and student numbers, mechanisms for engagement with the profession and industry
- Description of progress to address Action Items detailed in the last Accreditation Review Panel Report (or equivalent) and supporting evidence, including evidence that demonstrates the effectiveness of any actions taken
- Description of substantive changes to the program, including changes implemented during the reporting period and changes proposed for implementation over the proceeding two years. Substantive changes can be considered as any change that could impact on achievement of student outcomes.

Substantive changes are considered to be any changes to the program inclusive of but not limited to changes to program content, organisation, delivery mechanisms and support arrangements, whether actual or proposed, that may impact on the program meeting relevant performance criteria in student outcomes.

Provider Annual Reports are reviewed as per below:

1. The Secretariat reviews the general details, using the collated de-identified data to inform an Annual Report on Accreditation of Architecture Programs in Australia and New Zealand

2. The Accreditation Management Committee reviews details to make an assessment of progress against Action Items (including potential closure of Action Items) and review reported changes. When necessary, the Provider Annual Report may be referred to a member of the Accreditation Standing Panel (such as the Chair or other member of the previous review panel) for additional review. Provider Annual Report Review Proformas are prepared on each Program
3. The Secretariat sends the completed Provider Annual Report Review Proformas to the relevant architect registration board for noting, with a copy of the Provider Annual Report
4. A copy of the completed Provider Annual Report Review Proforma is sent to the Provider
5. Should a report be found to be lacking information, the Secretariat may return the Provider Annual Report to the Provider in order to seek the required information / evidence.

Key statistics and trends from Annual Reports (aggregated) will be included in the Annual Report on Accreditation of Architecture Programs in Australia and New Zealand, to be published by the Architects Accreditation Council of Australia.



[Guidance: Provider Annual Reporting](#)



GRIEVANCES . . .

If a Provider is unhappy about the conduct of an Accreditation Review Panel, then the Provider may lodge a written grievance. The Grievance should outline the actions that led to the Grievance; outline the Provider's view of the implications of the actions on the recommendations contained in the Accreditation Review Panel Report (if any), provide relevant supporting evidence, and note the outcome sought.

Grievances should be lodged in writing to the Secretariat within 14 days of the occurrence. The Secretariat will provide an acknowledgement response within five working days of receipt of the Grievance. Grievances will be referred to the Accreditation Management Committee. The Secretariat will ensure regular communication with the party that submits a Grievance until the matter is concluded.



FINANCIAL MODEL AND FEE ARRANGEMENTS ...

The Architects Accreditation Council of Australia, as the host of the Secretariat, is responsible for all aspects of the financial management of the Accreditation Procedure.

The Accreditation Procedure is funded equally by:

- The Architects Accreditation Council of Australia on behalf of the architect registration boards
- The Providers of accredited architecture programs.

The Accreditation Procedure is administered on a cost recovery basis and incorporates transparent financial accounting and reporting on an annual basis. Cost recovery from identified stakeholders will incorporate all direct Accreditation Procedure costs, inclusive of the costs incurred in running the Secretariat, operation of required management systems, maintenance of the website and other resources, and training of Accreditation Standing Panel Members.

The costing model will be reviewed on an annual basis, with the Fee Schedule reviewed annually and adjusted as necessary. Where a fee needs to be increased², appropriate notice to stakeholders will be given. Where a fee needs to be lowered, this should be applied immediately.

A Fee Schedule is published annually.

Fees for additional accreditation activities such as an initial Accreditation Review Panel, Program Advice and any other ad-hoc activity are charged on a cost recovery basis.

An Annual Financial Report is prepared and published for the information of all stakeholders.

² Fee increases could be required due to a review of the underpinning costs of program delivery, inflation or increases in the Consumer Price Index.



EXPLANATION OF KEY TERMS ...

Accreditation, meaning recognition by the relevant architect registration board 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 or the Australian state and territory architect registration boards that, empowered by relevant legislation, have the authority to approve minimum professional education requirements for architects.

Accreditation Management Committee, meaning the Committee of representatives from specified Australian-based stakeholder organisations formed to manage and oversee implementation management of the Accreditation Procedure in Australia through the Secretariat on behalf of the Architects Accreditation Council of Australia, operating in accordance with their approved Terms of Reference.

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

Accreditation Review Panel Report, meaning the report prepared by the Accreditation Review Panel as a result of the Accreditation Site 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 Site 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.

Accreditation Standing Panel, meaning the list of assessors managed by the Secretariat with membership approved by the Accreditation Management Committee and assigned to Accreditation Review Panels for the conduct of Accreditation Visits.

Accredited Qualification, meaning the qualification demonstrating achievement of the Standard relevant to a specific academic qualification in architecture, as per the decision of the relevant architect registration board.

Architect, meaning a person approved by the relevant architect registration board and listed on its register in either Australia or New Zealand.

Digital Evidence Portfolio, meaning the digital collection of student work included in the Provider Accreditation Submission that is to demonstrate the necessary evidence of fulfilment of the relevant performance criteria in the Standard.

National Standard of Competency for Architects, meaning the standard for architectural education and assessment of professional competency required to be achieved in order to register as an Architect in Australia, as owned and maintained by Architects Accreditation Council of Australia.

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 (Australian Qualifications Framework Level 9) coursework qualification.^{3,4}

Provider, meaning the institution approved by the Tertiary Education Quality and Standards Agency⁵ to deliver academic qualifications.

Provider Accreditation Submission, 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 Accreditation Site Visit.

Provider Annual Report, meaning the report prepared by a Provider on their accredited program, using the template provided and submitted to the Secretariat at a nominated time on an annual basis.

Register of accredited qualifications, meaning the current listing of accredited architecture qualifications, inclusive of issuing institution's name and the unique institutional code assigned to each accredited qualification, maintained and published by the Architects Accreditation Council of Australia.

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

Secretariat, meaning the body that provides administrative support to all aspects of the Accreditation Procedure, excluding program implementation in New Zealand⁶.

Standard, meaning the specified performance criteria from the National Standard of Competency for Architects.

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 National Standard of Competency for Architects.

³ Or New Zealand equivalent.

⁴ Whilst an Australian Qualifications Framework Level 9 Masters degree may be 'Research', 'Coursework' or 'Extended', the requirement for the architecture program to be by Coursework is a professional requirement for architectural education as agreed by the profession rather than part of the Australian Qualifications Framework.

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

⁶ Program implementation in New Zealand is conducted by the New Zealand Registered Architects Board.