

Accreditation of Architecture Programs

Provider Q&A and Procedural references

Background: Following the conduct of a number of question and answer sessions with Provider staff facilitated in early 2020, this document has been prepared as a summary of the key questions and answers provided by the Secretariat.

The relevant references from the Architecture Program Accreditation Procedure have also been incorporated into the document.

This document is now provided as a general resource for all Providers and members of the Accreditation Standing Panel.

This document summarises key procedural references and Provider questions (with associated answers). Where possible text is taken directly from the Accreditation Procedure.

The document is designed to assist Providers in identifying where in the Accreditation Procedure to find important information and in providing responses to common Provider questions.

Information and guidance on the Accreditation of Architecture Programs and the Accreditation Procedure can be found in these three areas of the AACA Website:

[Accreditation of Architecture Programs](#) – overview

[FAQs](#) – see first section titled ‘Accreditation of Architecture Programs’

[Publications](#) – see second section titled ‘Accreditation of Architecture Programs’ to access the Accreditation Procedure and all other reference documents, resources and reports.

Queries should be directed to the Accreditation Secretariat via Accreditation@aca.org.au.

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1. Understanding the Accreditation Standard

*'The Accreditation Procedure tests the ability of a higher education provider's architecture program/s to produce graduates that have met the specified 37 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 National Standard of Competency for Architects, a comprehensive statement of the competency expected of a practising architect, underpins the accreditation of architectural programs and competency assessments on the path to registration.'*¹

References for the Accreditation Standard:

- Page 12-13 in the [Architecture Program Accreditation Procedure](#)
- [Overview of the National Standard of Competency for Architects](#)
- [NSCA Performance Criteria matrix - Accreditation requirements](#)

How to interpret individual performance criteria

Provider Question: Could you please provide some clarification on how some criteria for example NSCA Performance Criteria 4.1 and 4.2, where demonstration that options are evaluated, is best evidenced?

Secretariat Answer:

- Unfortunately, the Secretariat is only able to provide advice and guidance on procedural matters. The Secretariat is not able to provide advice on professional interpretation or assessment of the performance criteria.
- See Page 13 from the [Architecture Program Accreditation Procedure](#) that states:
Understanding the application of each performance criteria at the various levels of assessment is considered to be a matter of professional interpretation, relevant to the assessment context and the applicable Unit of Competency and Element from the National Standard of Competency for Architects. When a Provider is considering the interpretation of each performance criteria and associated assessment tasks, it would be appropriate for a Provider to seek advice through their professional advisory channels.

¹ Accreditation Procedure, Page 12

2. Evidence that the Standard has been met

'Evidence considered by the Accreditation Review Panel when forming their expert opinion on whether the program has been designed to enable all graduates to achieve each of the required performance criteria includes'²:

- *'Subject/unit materials that define the subject/unit coverage and learning outcomes, and assessment task materials (including documentation of the requirements of the assessment task, relevant learning criteria, and associated assessment rubrics)'. This will be as nominated in the Level 2 Program Mapping*
- *'Sampling of the lowest pass student work for assessment tasks mapped to the achievement of the relevant performance criteria, and associated assessment feedback provided to students for the assessment tasks'. This will be as included in the Exhibition of Student Work during the Site Visit.*

References for evidence that the Standard has been met:

- Page 13 in the [Architecture Program Accreditation Procedure](#)
- [Guidance - Evidence that the Standard has been met](#)
- [Guidance - Provider Accreditation Submission](#)
- [Guidance - Exhibition of Student Work](#)

Providing evidence from the undergraduate program

Provider Question: Even though the undergraduate program is not formally accredited, might the Panel want to see samples of undergraduate work?

Secretariat Answer:

- It depends. Whether the Panel needs to see evidence from the undergraduate program depends on the Program Mapping prepared by the Provider.
- Work (or evidence) from the undergraduate or bachelor program is only if there are assessment tasks from the undergraduate program included in the Level 2 Program Mapping to demonstrate where Performance Criteria are demonstrably achieved in their most advanced form.
- When the Provider offers an undergraduate program in architecture, relevant details of the undergraduate program should be supplied in these areas of the Provider Accreditation Submission:
 - Relevant areas of Part 2 – Program Context and Part 3 – Program Content where reference is made to the 'program'³. This includes program history, pedagogical approach to the program, program changes, program staff, program resources, and program content.
 - Level 1 Program Mapping there is Undergraduate subjects / units included in the (demonstrating the introduction and development of performance criteria) do not need to be supported by evidence.

² Accreditation Procedure, Page 13

³ See Page 25 of the Accreditation Procedure that defines 'Program' as the '*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. The sequence of study may or may not include a completion of a Bachelor Degree in architecture*'.

Provider Question: If the undergraduate program isn't accredited, why do we need to provide information about it's content as part of the Accreditation Review Panel?

Secretariat Answer:

- Whilst the undergraduate program is not accredited, it is understood to be a significant component of student's architectural education for the students entering the Masters program.
- Information on the Providers program, inclusive of the Masters and the Bachelor program (see the definition for program from within the Accreditation Procedure), where a Bachelor program is delivered, provides important contextual information for the Accreditation Review Panel.

3. Program Mapping – an essential roadmap to the evidence

The Provider must indicate where in the program each of the required performance criteria is initially introduced and developed prior to being demonstrably achieved in its most advanced form. This information is to be recorded in the Program Mapping as part of the Provider Accreditation Submission.⁴ See Part 3 d of the Prover Accreditation Submission. The mapping is required across two levels:

- *Level 1 Program Mapping to subject/unit level that indicates where in the program each performance criteria is both introduced and developed. This mapping may include subjects/units in the Provider's Bachelor program (if offered)⁵. Evidence to support this mapping is not required⁶.*
- *Level 2 Program Mapping to the individual assessment task level within a subject/unit that indicates where in the program each performance criteria is demonstrably achieved in its most advanced form. This mapping must clearly delineate between multiple assessment tasks within each subject/unit.⁷*

The Level 2 Program Mapping is a critical road map to organise the evidence and guide the Accreditation Review Panel in their review of:

- Digital Evidence Portfolio of subject/unit and assessment task materials contained in the Provider Accreditation Submission.
- Exhibition of Student Work, mounted during the Site Visit.

References for Program Mapping:

- [Guidance - Evidence that the Standard has been met](#)
- [Guidance - Provider Accreditation Submission](#)

Structuring our evidence

Provider Question: How should we structure the organisation of our evidence? Is there a template or a road-map to follow? What is most efficient way to map - e.g. by competency / performance criteria, or by unit / subject?

Secretariat Answer:

- There is no template mandated by the Procedure.
- Providers have the freedom to determine how best to organise their evidence based on their own program, and their own understanding of how the Accreditation Standard is met within their program.
- Panellists have provided mixed feedback on mapping by Performance Criteria and mapping by subject/unit, noting advantages of both types of mapping.
- Whilst it is essential that the mapping is clear with respect to the assessment tasks from specific units/subjects for achievement of each Performance Criteria, when organising actual subject/unit and assessment materials, and then the student work, it would appear that mostly panellists agree that organisation via units/subjects is easier for them to understand

⁴ Guidance - Evidence that the Standard has been met, P1.

⁵ Guidance - Evidence that the Standard has been met, P6.

⁶ Guidance - Evidence that the Standard has been met, P1.

⁷ Guidance - Evidence that the Standard has been met, P6.

the program structure, allowing them to delve further as required to assess achievement of individual Performance Criteria.

- Organising evidence by subject/unit and assessment tasks generally means less duplication of evidence (in that one assessment task may be mapped to multiple performance criteria).

4. Currency of the evidence to be assessed by the panel

*'The Accreditation Review Panel provides independent professional advice to the relevant Architect Registration Board in order that the Board exercises its authority to accredit architecture programs on the basis of the best and most up-to-date advice.'*⁸

*'The Accreditation Review Panel represents a point-in-time retrospective assessment based on subjects/units delivered in the preceding two years, but excluding the teaching period in which the Accreditation Review Panel is conducted. Exceptions are made for an initial Accreditation Review Panel, where evidence from the current teaching period is included in the assessment. Evidence presented to the Accreditation Review Panel should be from the most recent delivery of any subject/unit.'*⁹

References for currency of the evidence to be assessed

- Page 13 and 15 in the [Architecture Program Accreditation Procedure](#)

Multiple offerings of the same subject

Provider Question: For subjects that have run twice within the two year period before the Site Visit, can evidence of students meeting the threshold be used from either and/or both iterations of the subject?

Secretariat Answer:

- No. Evidence presented to the Accreditation Review Panel should only be from the most recent delivery of any subject/unit.

Option to vary the subjects/units used in the Accreditation Review Panel

Provider Question: We have instigated some temporary changes to the delivery of some subjects / units as a result of COVID-19 impacts, but are concurrently preparing for an upcoming Accreditation Review Panel. Can we seek dispensation to use student work from subjects that are not the most recent iteration of the subject?

Secretariat Answer:

- Possibly. Any request to vary this procedural requirement should be made in writing to the Accreditation Secretariat a minimum of 12 months before the planned conduct of the Accreditation Review Panel. The request and associated justification will be referred to the relevant architect registration board for their approval.

⁸ Accreditation Procedure, Page 15

⁹ Accreditation Procedure, Page 13

5. Critical accreditation activities: Accreditation Review Panel and Provider Annual Reporting

'The critical activities that comprise the Accreditation Procedure are the Accreditation Review Panel and annual monitoring via the Provider Annual Report' ¹⁰.

*'The **Accreditation Review Panel** provides independent professional advice to the relevant Architect Registration Board in order that the Board exercises its authority to accredit architecture programs on the basis of the best and most up-to-date advice. The key components of the Accreditation Review Panel are the review of the digital Provider Accreditation Submission and face-to-face review of provider evidence via the Accreditation Site Visit, in order to assess achievement of the accreditation standard.'* ¹¹

References for the Accreditation Review Panel:

- Pages 15, 16 and 18-20 in the [Architecture Program Accreditation Procedure](#)
- [Guidance - Planning Timeframes for Accreditation Review Panels](#)
- [Guidance - Operation of the Accreditation Review Panel](#)
- [Resource - Diagram: Key Provider and Panel Activities for an Accreditation Review Panel](#)

*'The **Provider Annual Reporting** activity represents an important monitoring and quality assurance activity within the Accreditation Procedure. The primary purpose of Annual Reporting is the monitoring of Provider actions (related to both Action Items and reported program changes) by the relevant architect registration board.'* ¹²

'Well written and well organised Reports should also contribute to confidence-building for architect registration boards around the actions being taken by the Provider to manage any deficiencies in the program (linked to Action Items identified in the previous Accreditation Review Panel Report) or substantial changes that are reported.' ¹³

References for Provider Annual Reporting

- Pages 15, 16 and 21 in the [Architecture Program Accreditation Procedure](#)
- [Guidance – Provider Annual Reporting](#)
- The Provider Annual Reporting template is reviewed annually and can be obtained from the [AACA Publications](#) webpage.
- [Resource – Diagram: Provider Annual Reporting Requirements](#)

¹⁰ Accreditation Procedure, Page 15

¹¹ Accreditation Procedure, Page 15

¹² Accreditation Procedure, Page 15

¹³ Guidance – Provider Annual Reporting, Page 1

In regard to the Accreditation Review Panel, are there any recent learnings that should be considered?

Provider Question: In terms of visit and assessment of student work, are there any specific learnings (positive and/or negative) from recent assessments and site visits that would be instructive to learn from in terms of optimising the time of the panel and simplifying their task?

Secretariat Answer:

- Key learnings from 2018 and 2019 panels and associated site visits shaped many of the amendments incorporated into the Procedure at the end of 2019.
- For an overview of the amendments incorporated in the Procedure read the News item [here](#), or see the summary of amendments [here](#).
- Key items incorporated into the Procedure and associated guidance included:
 - The need for clarity in program mapping
 - Prioritisation of assessment tasks that meet each Performance Criteria
 - The need for a well-curated exhibition of student work
 - Ensuring at least two hard copies of the Provider Accreditation Submission (PAS) Part IV Digital Evidence Portfolio documents are provided in the Panel's secure room
 - During the Site Visit, the Panel spends a large amount of their time viewing the student work. Where possible, the Panel's secure room should be located in close physical proximity to the Exhibition of Student Work in order to avoid 'lost time' travelling between the two locations. Dependent on local arrangements, the space housing the Exhibition of Student Work may also be the Panel's secure room.

Assessing programs that are not yet accredited

Provider Question: For a program not-yet-accredited, what things are different with the assessment and the initial Accreditation Review panel?

Secretariat Answer:

- The standard required for accreditation is no different for a Provider of an accredited program seeking a further period of accreditation, or for a Provider seeking initial accreditation of a new program.
- An Accreditation Review Panel conducted to assess a new program seeking initial accreditation is conducted in exactly the same manner as an Accreditation Review Panel conducted to assess an ongoing program seeking accreditation for a further period of accreditation.
- The only material difference with the conduct of an initial Accreditation Review Panel is that the Provider is required to use evidence from the Semester in which the assessment is conducted, generally being the final teaching semester of the first graduating cohort of the Masters qualification for which accreditation is sought.

6. The 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 is integral to the assessment process.'*¹⁴

References for the Provider Accreditation Submission

- Pages 16 and 18 in the [Architecture Program Accreditation Procedure](#)
- [Guidance - Operation of the Accreditation Review Panel](#)
- [Guidance - Provider Accreditation Submission](#)
- [Resource - Diagram: Key Provider and Panel Activities for an Accreditation Review Panel](#)

Where should we supply profiles of casual staff?

Provider Question: Our school draws extensively on casual staff recruited from industry in the delivery of studio teaching and Professional Practice. We note the need to supply profiles of 'continuing staff' – where in the documentation should we acknowledge the extensive input from industry by casual staff?

Secretariat Answer:

- Reference: [Guidance – Provider Accreditation Submission](#)
- Part II – Program Content – see these two submission requirements (page 5):
 - (g) Program staff - Overview of the staffing profile and allocation relationship to program content. Provide a list of all continuing staff and links to their online profiles.
 - (j) Engagement with the profession - Description of the Provider's strategic approach to engagement with the profession and architectural businesses.

¹⁴ Accreditation Procedure, Page 18

7. Conduct of the Site Visit

The Site Visit is the activity where the Accreditation Review Panel visits the Provider in order to review the required evidence and assess achievement of the accreditation standard. The Site Visit is commonly three full working days. During the Site Visit, the Provider is required to provide the staff support, facilities, resources and access for the Accreditation Review Panel. Provision of a focussed exhibition of student work is a mandatory part of the Accreditation Site Visit.

The conduct of the Site Visit is guided by the agreed Agenda, finalised before the commencement of the Site Visit. A Standard Agenda is included in the Procedural documents to provide planning guidance for Providers when preparing for the conduct of the Accreditation Site Visit. Providers are required to submit a draft agenda for the site visit minimum ten weeks in advance of the commencement of the Site Visit. Upon commencement of the Site Visit, adjustments to the Agenda may be arranged directly between the Panel Chair and the nominated Program Leader, or their nominated representative.

References for the conduct of the site visit:

- Page 19 in the [Architecture Program Accreditation Procedure](#)
- [Guidance - Standard Agenda for the Accreditation Site Visit](#)
- [Guidance - Administrative support required of the Program Provider during an Accreditation Site Visit](#)

Provider Question: We have a very small staff team within our program, and so the different meetings for the different levels of staff could be condensed. Can we suggest some changes to the standard agenda when we prepare the draft Site Visit Agenda?

Secretariat Answer:

- Yes. The Provider may include any reasonable local adjustments in the DRAFT Site Visit Agenda that is required to be submitted to the Secretariat at same time as the Provider Accreditation Submission (10 weeks before commencement of the Site Visit). Notes should be included that explain the recommended adjustments.
- Further, during the Site Visit the Program Leader and Panel Chair may make whatever further adjustments to the Site Visit Agenda that are deemed to be appropriate.

Provider Question: In regard to the Site Visit agenda, during our last Site Visit we were asked by the Panel to cancel the meeting with the VC. For our next site visit, do we really need to set up a meeting with the VC, given we were asked to cancel it by the panel members upon arrival last time?

Secretariat Answer:

- The meeting with the VC or DVC is part of the Standard Agenda for the Site Visit and should be arranged as noted in the Reference: [Guidance – Standard Agenda for the Accreditation Site Visit](#)
- There may have been extenuating circumstances during the last site visit that impacted on the Panel Chair requesting that the meeting be cancelled.

Provider Question: In previous visits the Panel has had a dinner with program staff, and university representatives. Is this still the case?

Secretariat Answer:

- No – the dinner with program staff and the Panel that was a common part of accreditation site visits up to the end of 2017 is no longer part of the Site Visit Agenda.

Provider Question: Can you confirm the requirements for the “all staff” meeting and presentation to the panel on the first morning. Is the Panel predominantly interested in meeting the key personnel (Head of School, Masters Coordinator, etc.), or “all staff”?

Secretariat Answer:

- Regarding the Day 1 meetings – there are 3 different meetings of note, all with different attendance requirements – see the Standard Agenda for details:
 - 9.30-10am Welcome and initial discussion with senior leadership – anticipated that this might include HOS and Program Coordinator, and any other ‘senior staff’ that the School believes should be present
 - 10-11am the main subject / unit coordinators – or whomever the School believes can most appropriately brief the Panel on the Student Exhibition
 - 12-13.00pm – Meeting with **all** staff (including sessional staff where available), but excluding any key leadership positions such as HOS and Masters Program Leader

Provider Question: Regarding the sessions on Day 3 that outline the presentation of the Panel’s report, which staff should be invited attend these meetings?

Secretariat Answer:

- The Standard Agenda describes these two related sessions for pm on Day 3 of the Site Visit:
 - Verbal presentation of the Accreditation Review Panel Report to Program Leader. Participants: The Panel and Program Leader
 - Verbal presentation of the Accreditation Review Panel Report to the broader staff group. Participants: The Panel and audience as determined by the Program Leader
- In some circumstances, local adjustments agreed during the site visit may include combining the two different sessions noted above into a single session with either a small audience or a larger, broad audience present.
- Whilst best practice for learning organisations and the application and maintenance of quality standards would indicate that a larger audience and full transparency of the panel’s findings would normally be the recommended approach, the selection of the audience for these sessions is at the **discretion of the Provider**.
- Note that the two sessions referred to above are for VERBAL presentation only. The intent is not a word-for-word reading of the Report but a verbal presentation of key findings. No hard or electronic copy of the Accreditation Review Panel Report is to be left by the Panel with any Provider representatives during the Site Visit.

UND Provider Question: How is the accommodation arranged for those panel members travelling from interstate? Does the School need to organise for local travel for the Panel to get to the School each day?

Secretariat Answer:

- Travel and accommodation bookings for interstate Panel members is arranged by and paid by the Secretariat.
- The Panel will make their own daily travel arrangements for getting to the Campus for the agreed start time of each day of the Site Visit. This will normally be via taxi.

- All administrative support required by the Provider is described in this document: [Guidance - Administrative support required of the Program Provider during an Accreditation Site Visit](#)

8. The exhibition of student work

*'The primary purpose of the exhibition is for the Provider to exhibit a sampling of the lowest pass student work for assessment tasks mapped to the achievement of the relevant performance criteria. The student work exhibited should be clearly mapped to the Level 2 Program Mapping and Digital Evidence Portfolio of subject/unit and assessment task materials contained in the Provider Accreditation Submission. (Note: student work is not required as part of the Provider Accreditation Submission.)'*¹⁵

References for the exhibition of student work:

- Page 13 in the [Architecture Program Accreditation Procedure](#)
- [Guidance - Evidence that the Standard has been met](#)
- [Guidance - Provider Accreditation Submission](#)
- [Guidance - Exhibition of Student Work](#)

Volume of Assessment Tasks prepared for the Panel

Provider Question: Regarding the volume of Assessment Tasks and related student work examples (two per Assessment Task), and noting the need for all Design Studio options to be considered: We are anticipating mapping and presenting the panel with up to approximately 30 assessment tasks (or more) of student work to demonstrate how the individual studios meet a given performance criteria. Does that sound correct?

Secretariat Answer:

- There is no right or wrong number to the volume of Assessment Tasks. It is up to each Provider to prepare the required mapping, and then calculate the volume of Assessment Tasks and related student work examples that must be provided as evidence.
- As part of the planning and preparation for each Accreditation Review Panel, the Secretariat will liaise with every Provider during the lead-up months to ascertain the anticipated volume of assessment tasks to be mapped and included in the Exhibition of Student Work for review by the Accreditation Review Panel. Should a large number of design studio electives and associated high volume of assessment tasks require special consideration, the Secretariat will consider whether any adjustments may be required to the Panel (such as additional time on-site or a larger panel size) in order to review the high volume of evidence.

Choosing how to present the student work

Provider Question: Is there are preference for the format of exhibited student work? This is particularly critical for studios, for example, where physical artefacts (models, drawings etc.) are submitted along with photographs / scans.

Secretariat Answer:

- The Accreditation Procedure allows for student work to be exhibited in either digital or hard copy / physical format.
- Where possible Providers are encouraged to present student work in the same form that it was submitted for assessment. (Reference: [Guidance – Exhibition of Student Work](#))
- It is acknowledged that some Providers may face physical space and storage limitation that influence what work is retained and available for exhibition.

¹⁵ Guidance - Exhibition of Student Work, Page 1

- Feedback from Panellists generally notes a preference to view student work in hard copy / physical format, though panellists are briefed as to the options that are available to Providers.
- However the Provider chooses to organise and present the student work, the exhibition of student work must be well curated to support the Panel in their task of reviewing the sample student work in association with the relevant teaching materials, assessment task documentation, and individual assessment feedback.

When can the panel ask to see additional student work

Provider Question: I've heard that the Panel might ask to see additional work. Why would they do this?

Secretariat Answer:

- Yes the Panel may ask to see additional student work, over and above what the Provider has selected for the exhibition of student work. (Reference: [Guidance – Exhibition of Student Work](#) – see the second last dot-point).
Should the Panel not be convinced that the exhibited student work adequately demonstrates the achievement of the specified performance criteria, they may request the Provider to supply additional samples of student work.
- It is the Provider's responsibility (as part of the Provider's self-assessment and preparation of the Provider Accreditation Submission) to assess where in their program the required performance criteria are demonstrably achieved in their most advanced form, and summarise this information in the Level 2 Program Mapping. When reviewing the work, the Panel may not be convinced that the selected sample student work adequately demonstrates achievement of the required performance criteria. If this occurs, the Panel will most likely discuss this with the Provider during the Site Visit and dependent on their specific concerns, may request that the Provider supply additional samples of student work.

9. The Accreditation Review Panel Report and decision on accreditation

'The Accreditation Review Panel Report is the means by which the Panel record their findings and their recommendation on accreditation'¹⁶. 'The relevant architect registration board considers the Accreditation Review Panel Report in order to make a decision on accreditation'¹⁷.

References for the accreditation Review Panel Report and decision on accreditation:

- Page 11, Pages 19-20 in the [Architecture Program Accreditation Procedure](#)
- See the individual report templates here: [Publications](#)
- See here for guidance on timeframes: [Guidance - Planning Timeframes for Accreditation Review Panels](#)
- [Resource - Diagram: Accreditation Review Panel Report and Accreditation Decision](#)

Provider Question: In our experience during previous site visits, the final report has been delivered to both staff and students of the program. Is this the case within the current procedure?

Secretariat answer:

- See the two related sessions as described in the [Guidance – Standard Agenda for the Accreditation Site Visit](#) (bold emphasis added) for pm on Day 3 of the Site Visit that note:
 - *Verbal presentation of the Accreditation Review Panel Report to Program Leader.*
Participants: The Panel and Program Leader
 - *Verbal presentation of the Accreditation Review Panel Report to the broader staff group.*
Participants: The Panel and audience as determined by the Program Leader
- During the Site Visit the Program Leader and Panel Chair may make whatever adjustments to the Site Visit Agenda that are deemed to be appropriate. In some circumstances, this may include combining the two different sessions noted above into a single session with either a small audience or a larger, broad audience present.
- Whilst best practice for learning organisations and the application and maintenance of quality standards would indicate that a larger audience and full transparency of the panel's findings would normally be the recommended approach, the selection of the audience for these sessions is at the **discretion of the Provider**.
- Note that the two sessions referred to are for VERBAL presentation only. No hard or electronic copy of the Accreditation Review Panel Report is left by the Panel with any Provider representatives during the Site Visit.

Provider Question: Once the Accreditation Review Panel Report has been finalised, what is the confidentiality assigned to the Report? How should we consider distributing the Report?

Secretariat answer:

- In terms of the confidentiality and distribution of the Accreditation Review Panel Report once the Report has been finalised, see Page 20 from the [Architecture Program Accreditation Procedure](#) (bold emphasis added) that states:
CONFIDENTIALITY OF THE ACCREDITATION REVIEW PANEL REPORT
Accreditation Review Panel Reports are confidential for the Provider and –

¹⁶ Accreditation Procedure, Page 19

¹⁷ Accreditation Procedure, Page 20

*other than the relevant architect registration board – distribution beyond the Provider is limited to the Accreditation Management Committee and the Architects Accreditation Council of Australia. Any requests to share Accreditation Review Reports with other individuals or organisations outside the Provider’s domain must have the express permission of the Provider. **Once finalised, the Provider may share their Accreditation Review Panel Report as they see fit. The Provider is encouraged to distribute the Report within the Program.***

10. Providers seeking joint assessment of more than one program

Providers may choose to have more than one program assessed for accreditation. To be accredited, programs must be assessed via an Accreditation Review Panel. A joint assessment via a single Accreditation Review Panel may be possible where there is significant commonality in the core subjects/units of the two programs to be assessed for accreditation (with students from both programs completing exactly the same subject/unit, with identical assessment items and standards). Whilst there is no explicit guidance in the Accreditation Procedure covering the joint assessment of programs, the following adjustments below:

- Timeframes. It is recommended that Providers liaise with the Secretariat well in advance of submitting a formal request for a joint assessment. Formal requests for the joint assessment of programs should generally be made to the Secretariat a minimum of 12 months in advance of any planned Accreditation Review Panel.
- Additional fees will apply. The amount of any additional fee will be dependent on any adjustments that may be required to the Accreditation Review Panel in terms of the Provider Accreditation Submission, the number of panellists and/or duration of the site visit, and associated Secretariat support.
- Procedural requirements for student work. Note that the Procedure assesses programs not individual students. Where subjects/units are common to the programs being assessed (with students from both programs completing exactly the same subject/unit, with identical assessment items and standards) in these circumstances the following procedural requirements will apply:
 - When exhibiting the required student work samples of the lowest pass mark, the Provider need only supply the standard two samples of student work and that the Provider does not have to supply four samples, being two samples from each of the two different programs being assessed.
 - Further, for the two pieces of student work exhibited, the Provider does not need to state which of the two programs this student is enrolled in.
 - When supplying the “Distribution of final moderated student grades for the Assessment Task” as part of the Digital Evidence Portfolio within the Provider Accreditation Submission guidance, the Provider need only supply the details as stated in the Guidance and the Provider does not need to supply additional information noting which of the two programs each student is enrolled in.