ACPSEM
Australasian College of Physical Scientists & Engineers in Medicine
ABN 44 005 379 162

Accreditation Procedure

1. Purpose

This Procedure implements the Australasian College of Physical Scientists & Engineers in Medicine (ACPSEM)'s Accreditation Policy and outlines the roles, responsibilities, and processes for the accreditation of postgraduate degrees and clinical training departments as part of the Training, Education and Assessment Program.

2. Application

This Procedure applies to ACPSEM registrars, experienced professionals, staff, volunteers (including Board, Committee, and Panel members), and universities and clinical departments seeking accreditation.

3. Context

This Procedure applies to the ACPSEM's Training, Education, and Assessment Program (TEAP) in:

- Radiation Oncology Medical Physics (ROMP);
- Diagnostic Imaging Medical Physics (DIMP), specialising in Nuclear Medicine Physics or Radiology Medical Physics or both; and
- Radiopharmaceutical Science (RPS).

4. Definitions

Accredited Department: A term referring to both hospital clinical department and a private provider authorised by ACPSEM to provide training to registrars as part of a TEAP.

Accredited Institutions: Departments or Universities accredited by the ACPSEM in accordance with this policy.

Accredited Postgraduate Degree: recognition that graduates are educated to a postgraduate level suitable for the entry into clinical training in Medical Physics or Radiopharmaceutical Science.

Accredited University: The university responsible for the delivery of an ACPSEM accredited post graduate degree.

Registrar: enrolled participant in the Training, Education and Assessment Program administered by ACPSEM.

5. Key Roles and Responsibilities

5.1. Key Roles

The **Professional Standards Board** is responsible and accountable undertaking and approving the accreditation of all university courses and facilities. The Professional Standards Board ensures, wherever possible, that the accreditation programs for each discipline have a common framework, including by:

- authorising accreditations of university courses upon the recommendation of the accreditation panel.
- authorising accreditations of clinical training institutions, upon the recommendation of the relevant Training Coordinators.

- appointing a subcommittee of the PSB to consider accreditation recommendations for clinical training departments and conduct university course accreditations. (See Appendix A for subcommittee operating rules)
- directing TEAP coordinators to conduct additional investigation following the presentation of an ACPSEM Training Coordinator's report and recommendation, should the subcommittee determine a need to do so.
- overseeing the appointment of university course accreditation panels
- establishing new types of accreditation of institutions for training or other purposes at the direction of the ACPSEM Board;

The Chief Physicist / Chief Radiopharmaceutical Scientist or Equivalent is responsible and accountable for:

- ensuring that the department is accredited by the ACPSEM as a TEAP training centre, and that the department complies with accreditation criteria and any conditions identified;
- informing the ACPSEM when circumstances that might affect continuing accreditation have changed (for example, a significant change in the number of qualified staff, or in the range of equipment and techniques available);
- Initial and ongoing demonstration that the department meets the accreditation criteria set out at Appendix B (by way of a checklist of requirements) and as reviewed from time to time by the PSB.

University Course Coordinators are responsible and accountable for

- Ensuring that courses are accredited by the ACPSEM and that the university complies with accreditation criteria and any conditions subsequently identified;
- Updating the ACPSEM where substantial changes occur to curriculum between course accreditation cycles. Failure to do so ay lead to provisional accreditation only with the necessitating additional compliance requirements before full accreditation can be re-gained.
- Meeting the criteria and requirements of the "Accreditation of a Postgraduate University Course for The Purposes of The ACPSEM Training, Education And Assessment Program" Process including demonstrating consideration of the sample syllabus.

(please note that the above referred document is published as a separate document to this procedure to enable specific reference to technical course requirements)

(The CEO) delegated to TEAP Coordinators are responsible and or accountable for:

- undertaking programmed accreditation reviews with clinical departments and universities; and
- Conducting these reviews in accordance with principles and templates of continuous improvement, including

  o Determining the data and progress information already held by the ACPSEM to be collected and summarized by education services team for consideration (desk top analysis)
  o Recommending to the PSB subcommittee whether a site visit is required

- Recommending to the PSB accreditation subcommittee an accreditation decision and conducting further review should the subcommittee require it.
- Meeting the reporting requirements outlined in section 6 below.

The ACPSEM Education Services Team is responsible for liaising with accredited institutions and new applicants to plan for accreditation application review, in accordance with direction given by the Senior TEAP Coordinator in each discipline or the appointed member of the TEAP coordination team.

6. Application Process

6.1 Lodging an Application

The following process applies to the submission of both Department and University Applications for Accreditation

, Institutions are to submit a fully completed application form along with the submission fee.

6.2 Preliminary Desktop Assessment

A preliminary assessment of all applications will occur to ensure that the institution addresses current criteria and has provided sufficient information. If an applicant is assessed as not suitable to undertake the accreditation process (beyond this preliminary assessment) the applicant will be subsequently notified by the ACPSEM.

Should the desktop review be successful the site shall be advised that they have achieved provisional Accreditation A2, for a period of one year.

6.3 Accreditation Panels

Accreditation Panels will be formed for all University accreditation applications:

* The Accreditation Panel will consider the application against the requirements of this procedure and (as applicable) the *"Accreditation of a Postgraduate University Course for the Purposes of the ACPSEM Training, Education and Assessment Program (TEAP) Examprle Syllabus"*

The ACPSEM may accept an application for accreditation from a university outside of Australasia only when it has the capacity to consider such an application and the costs of the accreditation process are acknowledged and accepted by the applicant.

Accreditation Panels must be formed for new site accreditations and may be formed for Department re-accreditation applications, at the discretion of the PSB site accreditation subcommittee, on the recommendation of the CEO or (usually) TEAP coordinators.

6.4 Site Visits

The nominated and approved Accreditation Panel (for all University applications and new site applications) will conduct site visits.

Site visits shall usually be conducted virtually using ACPSEM-approved technology and following checklists and processes approved by the subcommittees, the latter by way of annual review.

ACPSEM support staff are responsible for the organization of site visits as directed by the CEO or (usually) relevant TEAP coordinators.

6.5 Draft Accreditation Report

Accreditation reports must be written for all accreditations and reaccreditations. Reports for reaccreditations will be brief but should nevertheless consider matters related to continuous improvement, discussed below.

The draft report will contain an accreditation outcome (see section 7 below) as well as recommendations and/ or conditions, and will be provided, within 20 working days of the completion of the visit (universities and departments as applicable) or consultation by other means, with institutions being given up to 10 working days to respond to issues raised and/or question report findings as presented.

The final report and draft accreditation letter will be presented to the relevant PSB accreditation subcommittee for consideration, following resolution of all issues and having agreed on the purpose and intent of the report findings as presented.

If agreement cannot be reached on the purpose and intent of the report findings as presented and/or outstanding issues resolved, the draft accreditation report becomes the final report with a further covering letter detailing the issues requiring mediation or other action. Thereon the matter will be dealt with in accordance with the Grievance Handling and Appeal Policy *(December 2018)*.

The report will be provided using the templates at Appendix C and D, noting their emphasis on clear communication of the accreditation decision as well as focusing on strengths, challenges and setting goals for the next review cycle. This reflects the ACPSEM's commitment to encouraging continuous improvement as well as recognition that the accreditation process is the prime vehicle for the college to maintain and strengthen relationships with college members and the departments where they are employed.

6.6 Notification of Decision

The ACPSEM will notify the institution of the accreditation decision and issue a certificate of accreditation no more than 5 working days after the meeting of the PSB accreditation subcommittee of the PSB at which the decision is made.

7. Application Outcomes

7.1. Universities

The ACPSEM grants accreditation to universities which have demonstrated their capability in delivering an appropriate course. Accreditation decisions are not valid for longer than five years unless formally extended in writing by the ACPSEM. The ACPSEM may grant accreditation as follows:

Full Accreditation

The course meets or exceeds the standards for accreditation. The Accreditation Panel may have identified some areas which require attention either immediately or throughout the accreditation period.

Provisional Accreditation

The course meets the majority of the standards required for accreditation. The course has deficiencies which require correction and accreditation will be issued subject to condition(s) which must be met in the specified time frame. Additional Fees apply where a University applies to move from provisional accreditation to full accreditation, and again if a second site visit is required.

No Accreditation

The course does not meet the standards for accreditation. Recommendations and/or conditions determined by the Accreditation Panel must be met before re-applying.

A full list of accredited programs will be published on the ACPSEM public website free for anyone to view

7.2. Clinical Departments

The ACPSEM accredits clinical departments in four categories:

1. Full accreditation: the clinical training program meets or exceeds the standards for accreditation. Full accreditation extends for period of five years and can only be granted to new sites after a 2 year period of Provisional accreditation B;
2. Provisional Accreditation (A1): the ACPSEM has identified deficiencies during a re-accreditation process which require correction before full accreditation can be renewed. Provisional Accreditation (A1) is granted for fixed periods of time after which accreditation may be withdrawn if the deficiencies remain uncorrected. The period for Provisional Accreditation (A) is variable up to a maximum period of two years, at the discretion of the Professional Standards Board;
3. Provisional Accreditation (A2): initially, all departments meeting the required standards following the initial desktop review, will be granted Provision Accreditation (A2) for a period of 12 months, pending completion of a successful site visit.
4. Provisional Accreditation (B): a new clinical training program, following a successful site visit, will receive Provisional Accreditation (B) for a maximum period of two years.

The purpose of awarding all new sites Provisional Accreditation (A2) followed by Provisional Accreditation (B) is to align consideration of full accreditation with the completion or near-completion a first registrar's TEAP program, enabling all aspects of site performance and TEAP outcomes to be evaluated. This change in ACPSEM principles is consistent with Australian Medical Council expectations medical colleges and forms the basis of an emphasis on continuous improvement and increased systematic dialogue between the ACPSEM and its accredited sites.

8. Accreditation Conditions

8.1. Universities

Accreditation conditions (if any) will be specific to each University.

8.2. Clinical Departments

The following conditions apply to all categories of accreditation and all departments:

- there is an upper limit to the number of registrars that may be employed by the department;
- the department must supply an annual status report to the Professional Standards Board; and
- the department must inform the Professional Standards Board of any significant changes which may affect the department's ability to provide training to TEAP registrars.

For departments with Provisional Accreditation (A) or (B), the Professional Standards Board may at its discretion impose additional conditions.

A department may seek to vary the conditions of accreditation by applying to the Professional Standards Board. Any application to vary conditions of accreditation must explain why the variation is sought and should provide evidence that the proposed variation will not compromise the training of registrars in the department.

Submission of annual reports and maintenance of minimum standards will be mandatory

9. Monitoring

Monitoring of accreditation conditions will be undertaken by education services staff and reported to

the relevant PSB Subcommittee by TEAP coordination staff by exception.

10. Cancellation of Accreditation

Failure to comply with any of the conditions of accreditation may lead to cancellation of accreditation. Accreditation may also be cancelled by the Professional Standards Board in the event of serious deficiencies in the delivery of training by a Clinical Department or of a postgraduate degree by a University. Before the Professional Standards Board cancels accreditation, the University or Clinical Department will be notified that it is at risk of having accreditation withdrawn and given the opportunity to make a submission as to why accreditation should not be withdrawn.

11. Renewal of Accreditation

At least three (3) months prior to the expiration of a period of full or provisional accreditation, the ACPSEM will remind the University or Clinical Department to initiate the reaccreditation procedure.

In the case of delays in organising reaccreditation for a department by the ACPSEM, the current accreditation will continue until reaccreditation can be arranged.

Failure to apply for reaccreditation will result in cancellation of accreditation and a new application is required.

12. Accreditation Framework Review

The PSB reviews the accreditation framework on a three yearly basis or as required for effectiveness and alignment with the purpose of certification and the TEAP.

13. Fees

The ACPSEM determines fees for the purposes of university and department accreditation each financial year. A current list of fees can be found here.

14. Appendices

Appendix A: PSB Accreditation Subcommittee Operating Rules
Appendix B: ACPSEM Clinical Department Accreditation Criteria
Appendix C: Structure of The ACPSEM Departmental Accreditation Report
Appendix D: Accreditation of a Postgraduate University Course for the Purposes of the
                ACPSEM
                Training, Education and Assessment Program (TEAP) Example Syllabus
Appendix E: ACPSEM University Accreditation Report Template

15. References

15.1.   Related Documentation

- Accreditation Policy
- Certification Policy
- Certification Procedure
- Program Admission Policy
- Program Admission Procedure
- TEAP Program Enrolment Policy
- TEAP Program Enrolment Procedure

- [TEAP Progression and Completion Policy](#)
- Program Progression and Completion Procedure
- [Grievance Handling and Appeal Policy](#)
- [Registration Requirements Policy](#)

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1.1	20 May 2019	PSB Chair Review	Final Proof
1.2	22/08/2019	Sharon Flynn	Incorporation of changes and links
1.3	14/10/2019	PSB	Addition of Appendix A
1.4	15 June 2023	PSB	Addition one sentence in Section 11

APPENDIX A: PSB Accreditation Subcommittees Operating Rules

Purpose

1.1   Accreditation Sub Committee are subcommittees of the Professional Standards Board (PSB). They are established under the ACPSEM Accreditation Policy to assist the PSB in meeting its responsibilities with respect to accreditation of postgraduate degrees and clinical training departments as part of the Training, Education and Assessment Program (TEAP).

Membership

The PSB appoints the members of the Committees.

Members of the Committee must be members of the Professional Standards Board:

1. Committees must comprise of a minimum of three members, including a nominated Chairperson, and a maximum of four members at any time.
2. There should be no more than one member without experience in conducting ACPSEM site and/or university accreditations.
3. Where possible, the Committee should include representation from each TEAP discipline (ie, DIMP, ROMP and RPS).

4.   The CEO will nominate a staff member to fulfill the role of the Secretary to the Committee.

Meetings

3.1 The Subcommittees exist to carry out the accreditation responsibilities of the PSB and as such should meet as often as necessary, or engage in decision making via circular resolution (email), to effect its delegated responsibilities efficiently and reasonably.

As a minimum the subcommittee should meet 3 times per year with the aim of preparing reports to the PSB (required at least every four months),

3.2 The agenda for Subcommittee meetings or circular resolution is approved by the Committee Chair, and associated papers should accompany its circulation. Where accreditation or re-accreditation decisions are recommended by TEAP coordinators the papers should include draft correspondence using the ACPSEM (PSB) approved templates for this purpose.

3.3 The Subcommittee may invite other people, including employees of the College and external advisers, to attend all or part of its meetings, as is deemed necessary or appropriate.

3.4 Subcommittee members must declare conflicts of interest and the Chair will decide if meeting attendance is warranted. Though a member declaring a conflict may attend a meeting or participate in discussion, they shall not vote on that matter.

3.5 Decisions of the Subcommittee made by circular resolution must be proceeded by the resolution in writing notified to all members of the Committee and approved by at least 2 of 3 (or 3 of 4) of the members of the Committee who are entitled to vote on the resolution. A member's approval will be evidenced by an email.

Minutes

4.1 Minutes are to be prepared for each Subcommittee meeting focused on the recording of decisions, for reporting at the next PSB meeting.

4.2 The draft minutes of each Committee meeting are to be reviewed by the Committee Chair and circulated to all Subcommittee members by the Committee Secretary as soon as practicable, to enable the purpose of each meeting to be achieved in the required timeframe.

4.3 A copy of the approved minutes must be included in the papers for the next PSB meeting and provided to the relevant TEAP coordinator.

Responsibilities

5.1 Forming Accreditation Panels

This procedure requires the PSB subcommittee to appoint a panel for initial site accreditations and all university accreditations, and gives the Subcommittee discretion not to form a panel for re-accreditations. The intent is to avoid the creation of a panel when the combined available information held by ACPSEM staff and the Subcommittee indicates that re-accreditation is a defensible decision.

Panel membership will be recommended to the relevant Subcommittee by TEAP coordinators or the CEO as applicable.

Where a department or university objects to the nominated members of a Panel, the Chair of the Subcommittee shall be advised (and the objection noted in the minutes of the next meeting) whilst the coordinators work to find a replacement panel member.

The Subcommittee has discretion in the appointment of University Course Accreditation Panels with a minimum of 3 members required:
•   At least one member of the Subcommittee.
•   One member with experience in relevant specialty (may or may not be a Subcommittee member).
•   One member from the University Specialty Group Executive Committee, who is a subject expert;
•   An additional subject expert as required.

The Subcommittee has discretion in the appointment of Clinical Department Accreditation Panels with a minimum of 3 members required:

• A Training Coordinator or an ACPSEM staff member nominated by the CEO of the College.
• At least one member of the Subcommittee.
• One member with experience in a relevant specialty (may or may not be a Subcommittee member).
• An additional subject matter expert if required and by exception where subcommittee and staff expertise is insufficient for the task.

Recommendations for the member with experience in the relevant specialty and the additional subject matter expert should be sought from the Chair of the relevant Specialty Group.

The Subcommittee shall consider the recommendations of the TEAP coordinators on a six-monthly cycle as to whether accreditation panels should be formed for re-accreditation of department training sites.

All Panels shall be formed at least 2 months in advance of the accreditation process.

5.2 Considering Panel Decisions or EAP Coordinator Recommendations

All accreditation recommendations shall be considered by the Chair of the Subcommittee:

1. In all cases where accreditation is not recommended, the Chair shall convene a meeting of the Subcommittee to consider the recommendation. If the decision is supported, the recommendation will be made to the PSB to suspend accreditation for the department or university.
2. Where accreditation or re-accreditation is recommended by the Panel, the Chair will use their discretion to determine if a subcommittee meeting is warranted to review and discuss recommendations, or if a circular resolution to the subcommittee (from the Chair) is made to accredit or re-accredit the department or university.
3. Regardless of the decision (yes or no), if the site or department disputes the recommendation or conditions of the accreditation or re-accreditation decision (by way of the steps outlined in the procedure) a meeting of the subcommittee must be convened to ensure the department or university has been accorded procedural fairness. In such cases the accreditation decision will be advised to the PSB for confirmation before the department or university is advised of the outcome.
4. All decisions where sites are not transitioned from Provisional Accreditation A1 to Full Accreditation should also be mde known to the PSB.

Reporting Responsibilities

6.1 In addition to providing the PSB with a copy of the minutes of the meeting, the Subcommittee will - through its Chair - report to the PSB at least every 4 months, and make recommendations to the PSB as appropriate.

Evaluating Performance

7.1 In order to ensure that the Subcommittee is fulfilling its duties, it will:

• Undertake an annual assessment of its performance against the requirements of the Rules and provide that information to the PSB;
• Provide any information the PSB may require to facilitate its review of the Subcommittee's performance and its members;
• Obtain feedback from the PSB on the Subcommittee's performance on an annual basis and implement any agreed actions.

Review of the Subcommittee Rules

The Subcommittee may recommend any modification to or adjustment of the Rules to the PSB. Any modifications to or adjustment of the Rules must be approved by the PSB.

8.2 The PSB shall review the Rules every 3 years according to the policy review cycle, or as required, after the annual performance assessment, or when confirming Subcommittee Members.

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APPENDIX B: ACPSEM CLINICAL DEPARTMENT ACCREDITATION CRITERIA

	CLINICAL DEPARTMENT CRITERIA CHECKLIST APPLICABLE TO ALL TEAP DISCIPLINES	**Met**	**Partially Met**	**Not Met**	**Not Applicable**
1	Departmental Application form is complete				
2	Demonstrated support of the Department Head and other senior staff* for registrar training, including adhering to the required ratio (by speciality) of ACPSEM approved clinical supervisors: registrars in the Department. e.g: For ROMPs and RPS: Radiation Oncologists, radiation therapists For DIMPs: Radiologists, radiographers, nuclear medicine physicians and technologists.				
3	Where appropriate either a hospital thesis supervisor or a research project supervisor with the ability to undertake a research project leading to submission of a report, abstract or publication. Demonstrated by way of documentation submitted to ACPSEM				
4	Providing appropriate physical facilities for registrars, including access to libraries, computing facilities, meeting rooms and audio-visual equipment. Demonstrated by way of documentation submitted to ACPSEM				
5	Managing rosters and staff support to ensure that registrars gain appropriate clinical experience in all competencies and requirements listed in the Clinical Training Guide. Demonstrated by way of documentation submitted to ACPSEM. In some instances, this may require negotiations with several departments.				
6	Liaising with other departments (and potentially other facilities) to arrange clinical experience for the registrar with techniques that are not available in the home department. Demonstrated by way of letters of support submitted to ACPSEM				
7	Supporting registrar attendance at workshops, conferences, courses, training days and other TEAP-related learning opportunities. Demonstrated by way of documentation submitted to ACPSEM				
8	Track record – past registrars and performance to be discussed with the Department and conclusions noted. Partially Met or Not Met should be used for this criterion where track record discussion indicates that improvement goals need to be set, and/or an interim accreditation outcome has been driven by this criterion.				
9	Record of current registrars – satisfactory progress (e.g. APRs & points tracking) and performance to be discussed with the Department and conclusions noted. Partially Met or Not Met should be used for this criterion where track record discussion indicates that improvement goals need to be set, and/or an interim accreditation outcome has been driven by this criterion.				
10	Current Training Plan (document) demonstrating the ability to deliver training in support of the relevant CTG. For new sites this requirement includes evidence that department already				

	has in place a competency validation framework for all staff and has devised an adequate competency validation process for a registrar. A TEAP Training Plan document is available to assist with this process				
11	Evidence of clinical quality assurance processes being used in the Department via discipline-specific best practice guidelines or other means (IAEA recommended criterion)				
12	Clinical staffing plan that demonstrates capacity to support registrar training workload. For new sites assessment will focus on ensuring that the increased workload of training registrars, in addition to clinical duties, has been considered.				
13	TEAP Discipline specific requirements: • RPS (link) note now only requires items 3-17 • DIMP • ROMP				

Note: Receiving a "partially met" or "not met" assessment will not necessarily preclude a successful accreditation outcome. The accreditation decision will be based on the consideration of all assessments overall. However, the "not met" and "partially met" assessments will be considered in determining quality improvement goals to be reviewed in the next accreditation cycle and in determining the level of accreditation determined (full or otherwise).

APPENDIX C: ACPSEM CLINICAL DEPARTMENT ACCREDITATION REPORT TEMPLATE

Structure of the ACPSEM Clinical Department Accreditation Report by Section:

Section 1: Statement of Accreditation Outcome - See Section 7 of the Procedure

Section 2: Inclusion of table of criteria and assessment against each (Met, Partially Met, Not Met)

Section 3: Explanation (2-3 sentences) for each "partially met" or "not met criteria"

Section 4: Strengths

Section 5: Challenges Identified

Section 6: Quality Improvement Actions Required for next cycle (where full accreditation has been granted), or

Specific Action Required where provisional accreditation has been granted (A or B).

Section 8: Declaration by ACPSEM and Department that both agree to and understand the outcome and actions required, or

Agreement to disagree

Appendix A: Summary of Evidence Reviewed and persons contacted

Appendix B: Correspondence from a Department where the Department disagrees with the accreditation outcome.

Note: This structure reflects the standards inherent in the AMC Standards for "Assessment and accreditation of specialist medical training programs" and also the agreement by the Board in mid-2018 to move to a continuous improvement-focused reporting mechanism for accreditation of departments.

The adoption of this approach, alongside the standardized (across discipline) criteria at Appendix B, will also enable analysis and comparison of accreditation outcomes.

APPENDIX D: ACCREDITATION OF A POSTGRADUATE UNIVERSITY COURSE FOR THE PURPOSES OF THE ACPSEM TRAINING, EDUCATION AND ASSESSMENT PROGRAM (TEAP) EXAMPLE SYLLABUS

The ACPSEM approved example syllabus is available here

APPENDIX E: ACPSEM UNIVERSITY ACCREDITATION REPORT TEMPLATE

ACPSEM University Course Accreditation – Annual Report	
University:	
Course:	
Contact:	**Name:** **e-mail:** **Phone:**

Last Accredited:		**Next Accreditation Due:**	

1. Recommendations made by ACPSEM at most recent accreditation.

1.1 List of Recommendations:

.. Populated from ACPSEM review outcome.

1.2 Update on progress against Recommendations:

.. Provide an update on progress in addressing these recommendations.

2. Course overview:

2.2 Course subjects identified at most recent accreditation or at last review:

.. Populated from submission.

2.2 Have any changes been made to this structure (if yes, provide details)?

.. Subjects added or deleted.

2.3 Has the content of any subject been substantially revised (if yes, briefly explain)?

.. Subjects added or deleted.

2.4 Have changes been made to the mode of delivery of the course (is it delivered online, F-2-F, hybrid, other)?

2.5 (a) List the academic personnel responsible for delivering course material (indicate if they are full-time, part-time, casual)?

(b) Have any changes been made to the academic personnel involved in delivery of the material (indicate if they are full-time, part-time, casual)?

.. List new personnel involved – provide a brief CV.

2.6 List the projects offered for this component of the course (indicate affiliations and those that currently underway)

3. Course enrolments:

3.1 Provide a summary of the numbers of students in each phase of the course (provide full-time & part-time numbers and indicate if Aust/NZ or OS)

3.2 Number of students expected to complete course this year?

4. Course future:

4.1 What is the status of accreditation of the course with the host university

4.2 Are there any issues you see that might impact on the viability of the course (both positive and negative)

- short term:
- long term:

4.3 Is there anything you would like from the ACPSEM that might assist in strengthening the position of the course?