

Professional Accreditation and Audit

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Universities are now facing potentially continuous review by professional bodies accrediting professional courses and AUQA auditing universities on an institutional basis. Yet the two processes are looking at the same general issues from a different perspective – whether the institution is able to assure the public that its courses lead to the outcomes expected of them. In the accreditation process the focus is on specific programmes of study and whether they are able to meet the assurance that graduates are competent to practise, although in many cases there is a further period of “clinical” activity required to determine competence. To a large extent, therefore, accreditation is concerned with outcomes, albeit relying on the same sort of information as audit. This paper explores ways in which these two processes can be integrated so that professional accreditation informs the audit process. It also explores the differences in focus of professional accreditation and audit, the degree to which they are process or outcome directed, and the extent to which the more programme-specific focus of accreditation might provide a better understanding than institutional audit.

Introduction

Universities are now facing potentially continuous review – by professional bodies accrediting their courses and AUQA auditing on an institutional basis. Given that there is no mechanism to integrate the timetables for these different reviews, this duplication can cause significant disruption to the life of a university.

Yet the two processes are addressing the same question from a different perspective – whether the institution is able to assure the public that its courses lead to the outcomes expected of them. So, rather than being separate exercises they should be fully integrated so that each informs the other. I will go further and suggest that because accreditation is more fine-grained, it should be applied to all discipline areas, with audit becoming a means of ensuring that the outcomes of accreditation have been properly implemented. At the institutional level, audit would also have the role of ensuring that quality assurance tools exist to guarantee quality outcomes.

In professional accreditation the focus is on specific programmes of study and whether they can demonstrate that graduates are competent to practise, although in many cases there is a further period of compulsory “clinical” activity to determine competence. To a large extent, therefore, accreditation is concerned with outcomes, albeit relying on similar information as audit. But there are differences, and two are crucial – accreditation concentrates on outcomes and comparability; audit concentrates on process as applied to a set of objectives devised by the institution and rarely compared with benchmarks set by the auditing or other regulatory body (although, as we shall see later, this may be changing).

It is not unlike financial audit in which the auditor certifies that the funds have been spent in accordance with the organisation’s mission and the basis on which the funds had been allocated, rather than comparing the activities of one university with those of another. Yet defining a university has always been comparative and referential. We establish universities to be of an appropriate standard and we imply that gaining a degree from any one of them is a measure of having achieved an undefined minimum standard. Even if we acknowledge that some universities might offer a superior education, there is an expectation in the minds of the public that they all meet a set of minimum standards – and it is this that quality assurance is meant to confirm.

Let us now look at the objectives of the two processes.

Audit

The AUQA reviews are audits of an institution's processes to establish whether they are likely to lead to quality outcomes. To quote AUQA, "This involves investigating an institution's quality assurance systems, and its processes for achieving its objectives, as well as investigating the extent to which the institution is actually achieving those objectives, and how it monitors its own performance and acts on the result of that monitoring".

There is an implicit assumption that if the institution has devised a coherent and acceptable set of objectives and developed a robust set of processes and measures, the objectives will be met and a quality outcome will be achieved. It relies on the argument that if the processes are right then the institution's own rigorous review processes will identify gaps or deviations to ensure that corrective action is taken in time. To this extent, therefore, while such processes have been criticised for being too process oriented and too little outcome oriented, if the internal reviews are regular and robust, quality outcomes should be achieved.

The process of audit will therefore need to include a test of this hypothesis in each case, having first established that the institution has not set itself low expectations.

The audit process says nothing in response to the question that is likely to be in the minds of students and society – can I be assured that the courses conducted by this institution are of a high standard and at least comparable to those of other institutions offering the same courses? So the relative standards of an institution's courses are not explicitly assessed. It is my view that this is a major flaw in the process, or at least a gap that should be filled. I also believe that the most effective way to address this is at the course or discipline level.

The recent Ministerial policy paper on higher education, *Our Universities: Backing Australia's Future*, may be seen as a first step in the direction of a comparative assessment. It suggests (p.40) that "Given the expanded choice that will be available to prospective students as a result of initiatives in this package, it is imperative that information about the relative strengths of institutions be readily accessible. Employers should also have access to information about the capabilities of recent graduates". This extension of the audit process would be significant, but the tools will need to be different, and would almost certainly need to be applied at the discipline level.

To what extent does professional accreditation provide these tools?

Accreditation

As it is a matter of some moment that doctors are competent and safe practitioners, I will take my accreditation example from medicine. When the Australian Medical Council accredits a university medical course it does so "to ensure that new medical graduates are so prepared that at registration they are competent and responsive to the health needs both of individual citizens and communities. By assessing the medical schools, the AMC is able to assure the medical registration boards that a medical school's educational program satisfies agreed national guidelines for basic medical education." So the measure of success in a medical school's evaluation is that its graduates will have an agreed and acceptable set of competencies which will enable them to treat patients safely.

The assessment is conducted through peer review, and there is a comparability of standards because the training programme must meet national guidelines. The reports of the AMC on medical schools indicate that the process is rigorous and detailed, and it often gives qualified reports seeking improvements before the next visit, which can be sooner than normal in certain cases. It also seeks to advise universities on curriculum and teaching, so that a recent one criticised the lack of progress towards developing a more

modern curriculum (by reference to practice elsewhere) and in another that consistent quality could not be achieved if the school were teaching across such a large number of campuses. And this is in addition to the fact that a medical graduate is further tested on whether these competencies have been achieved by the end of internships which are compulsory for practice.

It is a good closed loop approach to quality assurance, which looks not only at the processes but defines the expected outcome. If the same approach were introduced for all faculties the audit function could be used as a means of assessing whether the university has performed its measurable functions adequately.

When the AMC agreed to apply its accreditation process to the specialist medical colleges, its aims were described in even more explicit terms. They were:

1. *To assess whether the education, training and professional development programs of the Specialist Medical College being reviewed:*
 - *are relevant to the objectives and outcomes determined by the College,*
 - *are appropriate in terms of modern educational methods and clinical practice,*
 - *include appropriate assessment methods that test the trainee's knowledge, clinical skills, attitudes and expertise for safe and competent practice of the specialty.*
2. *To encourage further improvements and developments in the program being accredited and so enhance its educational quality.*
3. *To provide an opportunity for the organisation being accredited to review and self assess its program. The collegiate nature of accreditation should facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience.*
4. *To assure the community that a doctor who has successfully completed an accredited specialist education and training program is able to practise as a specialist in that area and is being assisted to maintain and enhance her/his knowledge, competence and performance.*
5. *To provide the basis for medical boards and the Health Insurance Commission to grant the legal requirements for practice in the relevant specialty.*
6. *To be focussed on the achievement of objectives, maintenance of academic standards, public safety expectations, and good outputs and outcomes rather than on detailed specification of curriculum content relevant to the specialty or discipline.*

While in my view this process has not worked very well in its application, it does provide an excellent model and the reasons for its lack of success are not insurmountable in the university area. Some of the reasons why it might not have been as successful as the medical school programme also highlight what is essential in a good quality assurance programme. You will note that the standards in the case of the specialist colleges are assumed to be those set by the colleges, but the objectives do not change – guaranteeing that we have safe and competent specialists. There are no national guidelines and no benchmarks based on what other training institutions do. Nor have the colleges enumerated their standards or competencies other than in very broad terms.

The process was also less rigorous because colleges have historically had control over these matters rather than being required by external forces to be accredited. And because colleges are each unique in what they teach, peer review is harder to implement.

In the case of medical schools, peer review is at the core and peers tend to be more critical because they are protecting national standards. In specialist colleges peer review was not possible if the process was also to be external. Using international peers also proved inadequate because international systems are so

different that comparison is virtually impossible. So where medical schools have been exhorted to aim for higher standards, the tendency in the college reports has been on getting processes right.

I therefore see the accreditation of colleges as an aberration in the AMC's otherwise rigorous process and would argue that it owes its success to peer review, well defined standards, a referential approach, and a concentration on outcomes.

Discussion

Aside from the need to co-ordinate professional accreditation there are therefore very good reasons to adopt the accreditation model as the lynchpin for audit. Professional accreditation has the potential to offer a more complete assessment of quality. Audit is not sufficiently fine-grained to make judgements about the output of universities, and I have argued previously for more precise measures and some basic threshold standards which can be applied to all institutions (Massaro 1996). Moreover, the concentration on process is not a sufficient guarantee of quality outcomes. It is otherwise still possible to have met one's mission without achieving comparability of standards, although the new regime proposed by the Minister may change this.

If the quality agenda is intended to assure the public that the standards of our universities are largely comparable across the system, then we should be using a two-tiered process consisting of accreditation and audit, and the professional accreditation timetable should be brought into line with audit. The expanding brief for AUQA emanating from the MCEETYA Protocols and the recent Ministerial policy statement may actually force the two processes together simply because the distinction between them is becoming blurred.

The MCEETYA Protocols are an attempt to set national criteria for universities, but these have been expressed in such broad terms that we are still waiting to see what each State will seek specifically to meet the protocols. Indications are that the guidelines will all have performance indicators. As AUQA is charged with assessing institutions on their adherence to Protocol 1, it is inevitable that audit will have to move more towards the accreditation model. And if its work is to be meaningful, it must involve some measure of threshold standards or criteria which can be applied equally to old and new universities.

I believe that students will want to know that their university is offering them a degree which is comparable in standard to those offered by other reputable universities. The answer to that question can most effectively be provided at the course level through a rigorous process of peer review. I am also convinced that if we are to take note of our stakeholders, we must also assess a graduate's generic skills. Some time ago I proposed that this be achieved by requiring all graduates to sit a superordinate examination at the end of their degrees.

This idea was introduced into Australia as a pilot graduate skills assessment test, "to test generic skills of graduates in the domains of logical thinking, critical reasoning, written communication and interpersonal understanding". But because it was not made compulsory it is not widely used. The recent Ministerial statement puts the problem thus: "Motivating students to take the test has been difficult, and universities have been reluctant to put resources into administering a test that students largely do not want to take. While some employers have been supportive in principle, to date they have expected universities to run the test. Consultations with representatives from business and industry during the Review revealed that many employers knew nothing about the GSA". The Report goes on to propose that "The Commonwealth will provide \$270,000 per year from 2005 to promote the test to employers and support its use in selection processes. Employers and graduates will initially benefit from broader use of the GSA as a standard recruitment tool. As usage expands, the Commonwealth will be able to collect valuable information on the quality of higher education as measured by graduate skills".

The combination of an AMC-type professional accreditation, together with a graduate skills assessment test, and an institutional audit would provide a robust quality assurance system for our universities. The audit function should consist of assessing the institution's overall objectives and abilities to assess the

quality of its activities on a regular and rigorous basis. It should rely on accreditation reports to establish what the institution needs to do to meet those requirements.