



The Australian Mediator and Dispute Resolution Accreditation Standards (AMDRAS)

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STANDARDS

Part 1 – Overview of Standards

1. Purpose

- (a) This document:
 - (i) establishes the Australian Mediator and Dispute Resolution Accreditation Standards (AMDRAS), which replaces the National Mediator Accreditation System (NMAS); and
 - (ii) sets out the role and functions of AMDRAS in the training, assessment, accreditation, and regulation of the practitioners to whom it applies.
- (b) This document is made in exercise of the powers granted under the Constitution.

2. Relation to Constitution

- (a) The provisions of this document are subject to the Constitution.
- (b) If a provision of this document is inconsistent with a provision of the Constitution, the Constitution prevails to the extent of the inconsistency.

3. Contents

This document consists of the following:

- Parts 1–8
- Appendix 1: Protocols—AMDRAS Training and Assessment Framework (TAF)
- Appendix 2: CPD Schedule and Record Sheet
- Appendix 3: AMDRAS Code of Ethics
- Appendix 4: Protocols Professional Practice Domains: Professional Skills, Ethics and Responsibilities.
- Appendix 5: Complaint-handling by Recognised Providers: Model Policy

Part 2 – Definitions, glossary, and interpretation

4. Definitions

In this document, the following terms have the meanings shown below:

Term	Meaning
Accredited Mediator	See clause 14.
Advanced Mediator	See clause 15.
AMDRAS (or 'AMDRAS Standards')	The Australian Mediator and Dispute Resolution Accreditation Standards. <i>Note. AMDRAS is a national accreditation scheme for dispute resolution practitioners and specialists. Amongst other things, it specifies minimum standards of training, assessment, and practice as expressed in these Standards.</i>
AMDRAS Members	The persons or bodies recognised by the Board as AMDRAS Members. <i>Note. These can include professional, government, community and consumer organisations, and education and training providers.</i>
Board	The Board of AMDRAS. <i>Note. The Board was formerly the board of the Mediator Standards Board Ltd. In that capacity it established the National Mediator Accreditation Standards (or 'NMA'), now superseded by AMDRAS.</i>
Certificate of Assessment (or 'COA')	See clause 26.
Certificate of Training (or 'COT')	See clause 21.
Code of Ethics	See clause 63.
CPD	Continuing professional development as described in Appendix 2 clause 1.
Constitution	The Constitution of Mediator Standards Board Limited ACN 145 829 812.

Term	Meaning
Leading Mediator	See clause 16.
National Register (or 'Register')	The National Register is the authoritative list of Registered Practitioners who meet the requirements for registration under the AMDRAS. See Part 7.
Practicum Certificate	See clause 30.
Professional Attributes	Professional Attributes are distinctive qualities or characteristics of each Professional Practice Domain: See clause 61. <i>Note. The Professional Attributes reflect the knowledge, skills and behaviours reasonably expected of persons with AMDRAS accreditation.</i>
Professional Practice Domains	The areas within which dispute resolution practitioners practice, as set out in clause 59.
Recognised Provider (or 'RP')	A person or body who is either a Recognised Accreditation Provider (RAP) and/or a Recognised Training Provider (RTP) (see below).
Recognised Accreditation Provider (or 'RAP')	A person or body authorised to grant accreditation under the Training and Accreditation Framework (TAF).
Recognised Training Provider (or 'RTP')	A person or body authorised under AMDRAS to provide training under the TAF and other AMDRAS-related training.
Registered Practitioner	A practitioner accredited under AMDRAS and listed on the National Register.
Register	See National Register.
Specialist Dispute Resolution Practitioner	See clause 17.
Training and Accreditation Framework (or 'TAF')	Training and Accreditation Framework as set out in Appendix 1.
Standards	See AMDRAS.

5. Glossary

In this document, the following terms, though not strictly defined, are described and used in the sense shown.

Dispute resolution	Dispute resolution refers to facilitated processes where a third-party assists parties to a dispute to endeavour to resolve their dispute by reaching decisions and/or agreements. The third-party does not have the power to determine or impose outcomes. In some contexts, the third-party may provide procedural or other advice, where qualified and authorised to do so. Dispute resolution can also refer to determinative processes like arbitration and adjudication but, unless otherwise indicated, the term is not used in this way in the Standards.
Mediation	A confidential facilitative process, in which the parties to a dispute, with the help of a dispute resolution practitioner (the Mediator), endeavour to reach and make their own decisions and/or agreements.
Mediator	A third party who assists parties to a dispute to identify the disputed issues, develop options, and consider alternatives, and who assists them to endeavour to reach decisions and/or agreements. A mediator manages and may advise on or determine the process of mediation but does not determine the outcome of the dispute. <i>Note. Where a dispute resolution practitioner uses a process that may involve the provision of advice, see clauses 61.1(g), 61.2(h) and 61.3(g), Appendix 3 paragraph 6, and Appendix 4 table 1 item 9.</i>

6. Interpretation

In the interpretation of this document:

- (a) Notes, examples, and headings containing the word ‘overview’, are for illustrative purposes only and do not control interpretation;
- (b) Words in the singular include the plural, and vice versa;
- (c) When introducing an example, the expressions ‘including’, ‘for example’, ‘such as’, and similar expressions, do not limit the meaning to that example or examples of a similar kind;
- (d) A power exercisable by, or a duty imposed on, a person or body may be exercised or performed by a delegate of that person or body (but that delegate cannot further delegate);
- (e) A reference to a person includes a reference to an entity;

- (f) A reference to an entity that no longer exists includes a reference to the entity that now serves substantially the same purpose as the former entity;
- (g) A reference to a month is to a calendar month; and
- (h) Where a word or phrase is given a particular meaning, other parts of speech and grammatical forms of that word or phrase have corresponding meanings.

Part 3 – Objectives and Application of AMDRAS

7. Objectives of AMDRAS

The objectives of AMDRAS include the following:

- (a) to establish, regulate and promote:
 - (i) the professional standards for Registered Practitioners,
 - (ii) the training and accreditation requirements for Registered Practitioners,
 - (iii) the obligations of organisations authorised to provide training and accreditation,
 - (iv) all aspects of the administration of AMDRAS,
 - (v) the protection of the participants in dispute resolution processes, and
 - (vi) promote public and stakeholder confidence in AMDRAS, including mechanisms for engagement and feedback;
- (b) to ensure transparency, quality, consistency, and accountability in the professional practice of Registered Practitioners;
- (c) to advance the professional status of Registered Practitioners; and
- (d) to provide a foundation on which the Board can systematically reflect, plan, and take strategic action for, the development and advancement of dispute resolution domestically and internationally.

Note. Under the Constitution, the company's objects are to develop, maintain and amend the AMDRAS (formerly the NMAS), with ancillary powers to further those objects. The company acts through the Board).

8. Application and binding force of AMDRAS

- (a) Subject to statutory and legal requirements, the AMDRAS applies to:
 - (i) Recognised Providers (including Recognised Accreditation Providers and Recognised Training Providers);
 - (ii) all persons or entities responsible for overseeing or implementing the AMDRAS, including the Board and AMDRAS Members; and

- (iii) all those seeking registration or registered on the National Register.
- (b) This provision is subject to any statutory or legal requirements that may apply.

Note. See also clause 62.

Part 4 – Training and Accreditation Framework (TAF)

Division 1 – Overview of this Part

9. What this Part does

- (a) This Part sets out the standards for training and accreditation.
- (b) In overview, this Part covers the following matters:
 - (i) the establishment and purpose of the TAF,
 - (ii) levels of accreditation as Registered Practitioners,
 - (iii) training and assessment for accreditation as Registered Practitioners,
 - (iv) alternative pathways to accreditation,
 - (v) advanced training,
 - (vi) applications for accreditation,
 - (vii) renewing accreditation,
 - (viii) leave of absence,
 - (ix) suspension, cancellation and lapsing of accreditation, and
 - (x) re-instatement of accreditation.

Division 2 Establishment, purpose, providers, and protocols

10. Establishment of TAF

This Division establishes the AMDRAS Training and Accreditation Framework (TAF).

11. Purpose of TAF

- (a) The AMDRAS Training and Accreditation Framework aims to make clear the knowledge and skills necessary for practice as a Registered Practitioner.

- (b) In doing so, the TAF:
 - (i) draws on established principles and policies; and
 - (ii) seeks to take account of each of the following:
 - (A) the complexity of general and discrete skills required of effective dispute resolution practitioners,
 - (B) the recognition of prior learning, including by credit transfer, and
 - (C) alternative pathways to accreditation.
- (c) Also, in doing so, the TAF seeks to:
 - (i) ensure that all Registered Practitioners have the required Professional Attributes,
 - (ii) ensure quality, consistency, and transparency,
 - (iii) include the differing contexts and processes involved in dispute resolution practice, and
 - (iv) provide a graduated entry into dispute resolution practice, to ensure that new practitioners develop their skills in an environment that offers effective mentoring and support.

12. Board's protocols for training and assessment

- (a) The Board may issue protocols governing the content and nature of the required training and assessment of Registered Practitioners. The current protocols are contained in Appendix 1 to this document.
- (b) Unless the protocols state otherwise, they are binding and must be followed.
- (c) The Board may at any time:
 - (i) amend, add to, delete, or replace the protocols, or
 - (ii) publish the protocols as a separate document.
- (d) If a provision in this Part conflicts with a provision in the protocols, this Part prevails.
- (e) The power to issue protocols under this clause 12 does not derogate from the Board's general power to issue protocols under clause 83.

Division 3 – Levels of accreditation

13. The 3 levels of accreditation, Specialist Dispute Resolution Practitioners, and post-nominals

- (a) The AMDRAS recognises three levels of accreditation:
 - (i) Accredited Mediator
 - (ii) Advanced Mediator
 - (iii) Leading Mediator.
- (b) In addition, a person accredited at one of the three levels may also be accredited as a Specialist Dispute Resolution Practitioner as provided in clause 17.
- (c) The Board may specify appropriate post-nominals for each level of accreditation and for Specialist Dispute Resolution Practitioner.

Note. The post-nominals for each level of accreditation are as follows:

- *Accredited Mediator: AMDRAS Accredited Mediator and/or Nationally Accredited Mediator (AMDRAS)*
- *Advanced Mediator: AMDRAS Advanced Mediator and/or Nationally Accredited Advanced Mediator (AMDRAS)*
- *Leading Mediator: AMDRAS Leading Mediator and/or Nationally Accredited Leading Mediator (AMDRAS)*
- *Leading Mediators recognised under clause 16 (d): AMDRAS Honorary Leading Mediator and/or Nationally Accredited Honorary Leading Mediator (AMDRAS). A person so recognised may alternatively refer to themselves as AMDRAS Leading Mediator and/or Nationally Accredited Leading Mediator (AMDRAS), if they prefer.*

14. Accredited Mediator

To qualify for accreditation as an Accredited Mediator, a person must:

- (a) have completed the Certificate of Assessment (COA) within the previous six months; and
- (b) hold certification from a Recognised Provider stating that they have:
 - (i) met the requirements of the Certificate of Training (COT) and COA; or
 - (ii) met the requirements of an alternative pathway in accordance with Division 8 of this Part.

15. Advanced Mediator

- (a) To qualify for accreditation as an Advanced Mediator, a person must have been listed as an Accredited Mediator for at least the previous four years on the National Register (two complete renewal cycles as per Division 10) and have 150 hours of practice hours.
- (b) In addition, the person must either:
 - (i) have satisfactorily completed the Practicum Certificate course within the previous 12 months; or
 - (ii) have met the requirements of an alternative pathway in accordance with Division 8 of this Part.
- (c) An Advanced Mediator who has returned to the level of Accredited Mediator, and who later wishes to return to the level of Advanced Mediator, must redo the Practicum Certificate course if more than three years has passed since their Advanced Mediator accreditation ceased.

16. Leading Mediator

- (a) To qualify for accreditation as a Leading Mediator, a person must:
 - (i) be an Advanced Mediator;
 - (ii) have been listed as an Advanced Mediator on the National Register for six years;
 - (iii) have completed 250 practice hours as an Advanced Mediator in addition to the practice hours required to become an Advanced Mediator; and
 - (iv) as part of the person's ongoing Continuing Professional Development (CPD) commitments, provide (and undertake to continue to provide) mentoring, coaching and related services to Registered Practitioners.
- (b) As an alternative to clause 16(a), a person may apply for accreditation as a Leading Mediator if the person has met the requirements of a special framework approved and published under clause 16(c).
- (c) A RAP may apply to the Board for approval of a special framework that enables RAPs to accredit Registered Practitioners as Leading Mediators. Without prescribing minimum standards for approval of a special framework, the Board will consider how a proposed special framework addresses:
 - (i) prior training and accreditation;

- (ii) receipt or provision of training comparable to the Practicum Certificate course;
 - (iii) experience as a mediator comparable to that required under sub-clauses 16(a)(ii) and (iii);
 - (iv) professional activities demonstrating commitment and leadership in the field of mediation; and
 - (v) other requirements that a RAP considers relevant in the context of the RAP and the Registered Practitioners it seeks to accredit as Leading Mediators.
- (d) Notwithstanding clauses 16(a) and (b), the Board may, on application by a RAP, recognise a person as an Honorary Leading Mediator (AMDRAS) for their past and continuing contributions to the dispute resolution sector and who, additionally, may be exempted from meeting all or part of their practice or CPD requirements.

17. Specialist Dispute Resolution Practitioner

- (a) To qualify for accreditation as a Specialist Dispute Resolution Practitioner, a person must:
- (i) be listed on the National Register as an Accredited Mediator, Advanced Mediator, or Leading Mediator; and
 - (ii) have met the criteria for specialist accreditation specified from time to time by the Board.
- (b) The Board must specify criteria for the purposes of paragraph (a)(ii) of this clause. In doing so, the Board may act on its own motion, or on application from a relevant organisation or organisations for recognition under AMDRAS of a Specialist Dispute Resolution Practitioner program which the organisation(s) administer. The criteria, including CPD and practice requirements, will be published once approved by the Board.

Note. The post-nominals for this accreditation shall generally be prefaced with the words 'AMDRAS Specialist Dispute Resolution Practitioner' and with a further descriptor that shall be settled by the Board upon its agreement to settle criteria pursuant to clause 17(b).

Division 4 – Initial accreditation: general provisions

18. Outline of process

- (a) In general terms, the process for initial accreditation as a Registered Practitioner involves the following steps:
 - 1 The applicant enrolls in a course or program leading to a Certificate of Training (COT).
 - 2 Having completed that course, the applicant completes (within the next 12 months) a course leading to a Certificate of Assessment (COA).
 - 3 Having acquired a Certificate of Assessment, the applicant applies (within the next 6 months) for accreditation as a Registered Practitioner and listing on the National Register.
 - 4 When applying for accreditation, the applicant must provide certain evidence of suitability. See Division 9 clause 38 (references, etc) .
- (b) The Board can, in exceptional circumstances, waive compliance with any of steps 1 to 4.

19. Waiver of requirements in exceptional circumstances

- (a) In exceptional circumstances, the Board may on application by a Recognised Provider, waive compliance with any one or more requirements for accreditation.
- (b) The waiver may be conditional or unconditional.

20. Role of Recognised Training Providers in training and accreditation

- (a) Only RTPs may offer training under the TAF, unless the Board decides otherwise (either generally or in specific instances).
- (b) Training offered by RTPs under the TAF must be authorised by the Board.
- (c) Education and training providers who may find it difficult within their constitutional or legal framework to become Recognised Training Providers pursuant to Part 6 of these Standards may apply to the Board for exemption from this requirement and the Board may grant a 'recognition' of the Provider so as to provide training under the TAF as per paragraph (a) of this clause.

Division 5 – Certificate of Training (COT)

21. Purpose of COT

The Certificate of Training (COT) certifies that the holder has completed a recognised course that provides the foundational knowledge and skills framework for dispute resolution practice.

Note. A COT may be designed not only for those seeking accreditation as a Registered Practitioner, but also for those interested in dispute resolution and conflict resolution generally.

22. Outcomes of training

On completion of the COT course, trainees should:

- (a) understand and demonstrate the professional skills needed for effective dispute resolution practice.
- (b) understand the Professional Attributes, including the Code of Ethics.
- (c) be able to find and interpret information within the AMDRAS, including AMDRAS's role in relation to Registered Practitioners.

23. Requirements of COT course

23.1 Duration and format

- (a) The duration of the COT course is a minimum of 45 class contact hours.
- (b) The course may take the form of a single module, or separate modules to be taken over a maximum of 12 months.

23.2 Content

- (a) The course content must include the professional knowledge, skills and ethical principles expected of an accredited dispute resolution practitioner.
- (b) The course must:
 - (i) include a range of learning experiences; and
 - (ii) incorporate feedback and assessment.
- (c) The course must include at least nine simulated mediations or practice sessions of 1.5 hours each (excluding intake and debrief).

- (d) Each trainee must perform the role of mediator in at least three of the simulated mediations/practice sessions and at least one intake session. On each occasion, the training team must offer structured feedback, in written or oral form. The trainee's peers may also be invited to offer feedback.

24. Staff qualifications

- (a) Recognised Training Providers (RTPs) offering COT courses must employ qualified training teams.
- (b) Each training team must comprise a principal trainer and one or more assistant trainers.
- (c) A training team can also include one or more coaches to help coach role plays.
- (d) All principal trainers, assistant trainers, and coaches must be Registered Practitioners.
- (e) Principal trainers must have:
 - (i) at least four years' experience as a Registered Practitioner and 150 hours of practice; and
 - (ii) at least 150 hours of training experience as a trainer, coach and/or assessor unless the Board approves otherwise.
- (f) Assistant trainers, and coaches must have at least two years' experience as a Registered Practitioner and 40 hours of practice.
- (g) The RTP must certify to the Board the names, qualifications, and experience of the members of its training teams. The RTP must promptly update the Board with any changes to the members of its training teams.

25. Issue of Certificate of Training

- (a) The RTP must issue a Certificate of Training (COT) to each of its students who completes the COT course.
- (b) The COT must include the date the course was completed and be signed by the Chief Executive Officer or equivalent of the RTP.

Note. See clause 27.2(c).

Division 6 – Certificate of Assessment

26. Purpose of COA

The Certificate of Assessment certifies that the holder has passed the assessment required to apply for accreditation as a Registered Practitioner.

27. Enrolment for Certificate of Assessment

27.1 Application process

- (a) A person who has obtained a Certificate of Training (COT) may apply to enrol with a Recognised Provider (RP) for a Certificate of Assessment (COA).
- (b) The RP need not be the same RP as issued the COT.
- (c) The applicant must enrol with a Recognised Provider (RP) within 12 months of completing the COT course.
- (d) An applicant who fails to complete the COA course within 12 months must undertake any refresher training that the RP considers appropriate based on the time that has elapsed since the applicant completed the COT.

27.2 Nature of assessment

- (a) Subject to any protocols, including consideration of socio-cultural diversity, issued by the Board about the assessment required for the issue of a COA, the assessment must comprise:
 - (i) a written assessment of 1200 words, designed to consolidate learning and promote reflective practice, in the form of a test, journal, workbook, or assignment (or any combination of them); and
 - (ii) a standardised simulated mediation.

Note. The protocols about the assessment required for the issue of a COA are in Appendix 1.

- (b) The standardised simulated mediation must be:
 - (i) of 2 to 2.5 hours' duration,
 - (ii) designed to demonstrate each stage of the mediation process excepting intake and preparatory phases, and
 - (iii) observed by an assessor (in real time or by later video-viewing) who provides no feedback or coaching during the observation.

- (c) The assessor in clause 27.2(b)(iii) must:
 - (i) not have any conflict of interest with the applicant.
 - (ii) not have participated in the training team for the applicant's Certificate of Training.

28. Staff qualifications

- (a) Assessors for a COA must:
 - (i) be a Registered Practitioner and have at least three years' experience as a Registered Practitioner; and
 - (ii) have completed at least 100 hours of mediation practice as a Registered Practitioner.
- (b) The RP must certify to the Board the names, qualifications, and experience of the members of its assessment team.

29. Issue of Certificate of Assessment (COA)

- (a) The Recognised Provider (RP) must issue a Certificate of Assessment (COA) to each of its applicants who pass the assessment.
- (b) The COA must include the date the assessment process was completed and approved by the RP.

Division 7 – Advanced training: the Practicum Certificate

30. Practicum Certificate

- (a) The Practicum Certificate certifies applicants as qualified to apply for accreditation as Advanced Mediators.
- (b) It is issued by Recognised Training Providers after applicants have completed an appropriate course of study.

31. Aims of Practicum Certificate course

The course leading to the Practicum Certificate must focus on practical skills and self-reflection, and be designed to:

- (a) ensure that participants share and discuss issues arising from their practice experience; and
- (b) afford them the opportunity to give and receive constructive critical feedback.

32. Who may apply to the Practicum Certificate course?

- (a) An Accredited Mediator may apply to a Recognised Training Provider (RTP) to undertake the Practicum Certificate course.
- (b) The applicant must have been an Accredited Mediator for at least the previous four years and have completed 150 hours practice.

33. Format and conduct of Practicum Certificate course

Subject to any protocols issued by the Board about the format and conduct of the Practicum Certificate course, the course:

- (a) must be in workshop format, of 12 hours' duration; and
- (b) may be conducted in a single module, or separate modules totalling 12 hours; and
- (c) is conducted by an experienced principal trainer (see clause 24 above) who has been accredited as a Registered Practitioner for a minimum of eight years provided that RTPs may apply to the Board to vary this requirement.

Note. The protocols about the format and conduct of the Practicum Certificate course are in Appendix 1.

Division 8 – Alternative pathways to Certificates

34. Policy and protocols

- (a) AMDRAS recognises alternative pathways to the Certificate of Training (COT), the Certificate of Assessment (COA), and the Practicum Certificate, based on an applicant's prior learning and experience.
- (b) The Board may issue protocols about appropriate alternative pathways.
- (c) Unless the protocols state otherwise, they are binding and must be followed.
- (d) This power to issue protocols does not derogate from the Board's general power to issue protocols under clause 83.

35. Application for alternative pathway

- (a) An applicant may request a Recognised Provider (RP) to certify that the applicant has satisfied the requirements for any one or more of the Certificate of Training, the Certificate of Assessment, and the Practicum Certificate, by an alternative pathway.

- (b) The RP may, before issuing a Certificate, assess the applicant in whatever way it considers necessary and having regard to the standard requirements for the Certificate.
- (c) If the RP considers that the applicant has satisfied the alternative-pathway requirement and has passed any further assessment under clause 35(b), it must issue the requested Certificate or Certificates.

Division 9 – Applications for accreditation

36. Operation of this Division

- (a) This Division governs applications for accreditation under AMDRAS.
- (b) It applies to initial accreditation as Accredited Mediator and, with appropriate modifications, to accreditation as Advanced Mediator, Leading Mediator, and Specialist Dispute Resolution Practitioner.

37. Applications

Applications for accreditation are made to a Recognised Accreditation Provider (RAP).

38. Character, references, and disclosures

- (a) An applicant for accreditation must, in the RAP's opinion:
 - (i) be of good character; and
 - (ii) possess personal qualities and experience appropriate to conducting mediations or other dispute resolution processes independently, competently, and professionally.
- (b) The applicant must:
 - (i) provide written references that attest to the applicant's good character, from two members of the applicant's community who have known the applicant for at least three years; or
 - (ii) satisfy the RAP that the applicant has already satisfied this requirement under a comparable accreditation standard.
- (c) The applicant must disclose any:
 - (i) disqualification from any type of professional practice,
 - (ii) unspent criminal conviction,
 - (iii) impairment that could influence their capacity to discharge their obligations in a competent, honest, and professional manner,

- (iv) refusal of accreditation or accreditation-renewal, or
- (v) suspension or cancellation of accreditation.

Note, the requirement in clause 38(a) to (c) can be satisfied by providing a declaration to the RAP in the appropriate terms that they have satisfied the accreditation and/or renewal requirements.

39. Time limits

- (a) An applicant for initial accreditation as an Accredited Mediator must apply within six months of obtaining a Certificate of Assessment (COA).
- (b) An applicant for accreditation as an Advanced Mediator must apply within 12 months of obtaining a Practicum Certificate, and they shall be moved to the Advanced level immediately upon approval without change to their renewal cycle.

40. Payment

An applicant for accreditation must pay the registration fee for listing on the National Register.

41. Membership of Recognised Accreditation Provider or equivalent organisation

An applicant for accreditation must become and thereafter remain:

- (a) a member, or employee, of a Recognised Accreditation Provider; or
- (b) a member or employee of an equivalent body or organisation approved by the Board that has:
 - (i) an appropriate ethical code or standard, and
 - (ii) a complaints and disciplinary procedure that adequately addresses complaints against dispute resolution practitioners.

42. Privacy consents

An applicant for accreditation is taken to (and if requested, must expressly) consent to:

- (a) their personal information being disclosed to the Board or relevant AMDRAS-related entity; and
- (b) their name, registration status and accreditation body released on the AMDRAS National Register; and

- (c) the Board or entity releasing the information to other AMDRAS-related entities (but to no-one else without the consent of all parties concerned).

43. Insurance

An applicant for accreditation or renewal of accreditation must:

- (a) be covered by professional indemnity insurance commensurate with their level of accreditation under AMDRAS, or
- (b) have statutory immunity from liability, or
- (c) have been granted a non-practising certificate.

Division 10 – Accreditation renewal

44. Renewal each 2 years

- (a) Registered Practitioners must renew their accreditation each 2 years.
- (b) If not renewed, their accreditation lapses.

45. Accreditation at same or different level

A Registered Practitioner may seek renewed accreditation for the same or a different level of accreditation.

Example. An Advanced Mediator could seek accreditation as an Accredited Mediator, or (if appropriately qualified) as a Leading Mediator.

46. Renewal requirements: general

- (a) To qualify for renewed accreditation, a Registered Practitioner must, within the 2-year period since their previous accreditation or renewal, have met:
 - (i) the practice requirements in paragraph (c) of this clause; and
 - (ii) the continuing professional development (CPD) requirements in clause 47.
- (b) A Registered Practitioner must:
 - (i) keep a record of their hours spent in practice and their hours spent in CPD; and
 - (ii) if asked, provide the record to the accrediting RAP or to the Board.

- (c) The practice requirements (calculated over the two-year renewal period) for renewal of accreditation are:
- (i) **Accredited Mediator:** at least 20 hours of dispute resolution-related practice (e.g., as a mediator, co-mediator, or third-party dispute resolver);
 - (ii) **Advanced Mediator:** at least 40 hours of dispute resolution-related practice (e.g., as a mediator, co-mediator, or third-party dispute resolver);
 - (iii) **Leading Mediator:** the same requirements as Advanced Mediator excepting that Leading Mediators with 25 or more years of practice as registered practitioners have their CPD and practice requirements reduced by half;
 - (iv) **Specialist Dispute Resolution Practitioner:** at least 40 hours of dispute resolution practice with at least 25% being within their area of specialised practice which shall also be sufficient to satisfy the renewal requirements under any other accreditation level in these Standards.

Note 1. 'Practice' as used here can include:

- *up to five hours of intake and preparatory work to set up the dispute resolution process.*
- *up to five hours of observing a more experienced practitioner.*

Note 2. The requirement in clause 46(a) to (c) can be satisfied by requiring the Registered Practitioner to provide a declaration to the RAP in the appropriate terms that they have satisfied the accreditation and/or renewal requirements.

47. Renewal: CPD requirements

- (a) The continuing professional development (CPD) requirement for all levels of Registered Practitioners is 25 hours, calculated over the two-year renewal period.
- (b) To be allowable, the CPD must be directed at developing or maintaining the Professional Attributes.
- (c) CPD hours relied on for renewal of accreditation cannot be relied on for any later renewal of accreditation.
- (d) Specialist Dispute Resolution Practitioners will not be required to complete more than 25 CPD hours for each two-year cycle of accreditation.

48. Adjusted renewal requirements in certain circumstances

- (a) A Registered Practitioner who has failed to meet the practice requirements or CPD requirements may, in the circumstances set out in paragraph (b) of this clause, apply to a Recognised Accreditation Provider (RAP) before the end of their two-year cycle of accreditation for adjusted renewal requirements, matched to their level of accreditation and particular circumstances.
- (b) To be allowable, the circumstances must include at least one of the following which have occurred during the relevant renewal period:
 - (i) lack of work opportunities,
 - (ii) health or career circumstances,
 - (iii) residence in a non-urban area,
 - (iv) other barriers, including socio-cultural, to accessibility or inclusion,
 - (v) parental leave,
 - (vi) leave due to family circumstances, or
 - (vii) other matter considered relevant.
- (c) If the application is successful, the RAP may adjust the renewal requirements for the renewal period, subject to any conditions the RAP considers appropriate. Without limiting the RAP's discretion, the conditions may include any one or more of the following:
 - (i) a reduction in the hours of required practice (but with a minimum of 10 hours of practice).
 - (ii) a change to the required content or duration of the CPD.
 - (iii) supplementary training, coaching, and assessment.
- (d) The Registered Practitioner must comply with the conditions within four months of the date for re-accreditation, otherwise the accreditation lapses.
- (e) A RAP cannot grant adjusted renewals to the same Registered Practitioner for more than two consecutive renewal periods.
- (f) A Registered Practitioner who holds a non-practising certificate may seek return to full registration upon agreeing to complete five hours extra CPD and/or supplementary training for each two-year period that they have been non-practising up to a maximum of 20 hours.

49. Adjusted renewal requirements

Each RAP must provide the Board with ongoing information on adjusted renewals they have negotiated with Registered Practitioners.

Division 11 – Fees for listing on National Register

50. Registration fees

- (a) An applicant seeking to list or re-list on the National Register or renew their practising certificate must pay the relevant fee to their Recognised Accreditation Provider (RAP).
- (b) The RAP must then pay it to the Board on the applicant's behalf.
- (c) Applicants can seek a waiver of their fee on application to their RAP and approval by the Board.

Division 12 – Absence, suspension, cancellation, imposition of conditions, re-instatement

51. Leave of absence

- (a) A Registered Practitioner may apply to their Recognised Accreditation Provider (RAP) for leave of absence for health, career, or other reasons.
- (b) If leave of absence is requested for more than 12 months the Registered Practitioner may apply instead for a non-practising certificate which can be applied for up to a two-year period then be renewed for two-year intervals thereafter.
- (c) The Registered Practitioner must provide the RAP with evidence of the circumstances upon which, and the period for which, leave is sought.
- (d) The RAP may, having regard to the circumstances, grant or refuse the application, or grant it subject to conditions.
- (e) The RAP must not backdate leave of absence more than two months before the application was made.

52. Recording grant of leave on National Register

- (a) Where a Recognised Accreditation Provider (RAP) grants leave of absence for 12 months or less, it must ask the Board to:

- (i) remove the Registered Practitioner's listing from the National Register for the period of leave; and
 - (ii) extend the due date for renewal of the Registered Practitioner's accreditation for a period equivalent to the period of leave.
- (b) Where a RAP grants a leave of absence for more than 12 months, it must ask the Board to remove the Registered Practitioner's listing from the National Register. If the Registered Practitioner has been granted a non- practising certificate the Board must place the Registered Practitioner's name on the Non-Practising List.
- (c) A Registered Practitioner whose listing is removed from the National Register under paragraph (b) of this clause may later apply for re-instatement of accreditation through a RAP.

53. Suspension, cancellation, and imposition of conditions

- (a) This clause applies where, in the opinion of a Recognised Accreditation Provider (RAP), a Registered Practitioner has breached their obligations under the AMDRAS.
- (b) The RAP may:
 - (i) suspend or cancel the Registered Practitioner's accreditation; and
 - (ii) specify any conditions that the Registered Practitioner must satisfy before seeking re-instatement of accreditation.
- (c) Alternatively, without suspending or cancelling the accreditation, the RAP may impose conditions on the Registered Practitioner's continued accreditation.
- (d) Where a RAP suspends, cancels, or places conditions upon a Registered Practitioner's accreditation under this clause, the Registered Practitioner cannot seek accreditation through a different RAP without Board approval (in which case the Board may share information between the RAPs involved).
- (e) Where the RAP lacks jurisdiction to make such determinations as provided for in Division 12 and in particular clause 54(b) then it can refer the matter to the Board for consideration and determination.

54. Procedural fairness, policies, and procedures

In deciding whether to act under this clause 54, the RAP must:

- (a) observe the requirements of procedural fairness (including providing the Registered Practitioner with the reasons for its decision); and

- (b) comply with any complaints procedures, and any other policies and procedures, it has in place to manage such matters.

55. RAP to inform Board of its decision

- (a) Where a Recognised Accreditation Provider (RAP) suspends or cancels a Registered Practitioner's accreditation, it must as soon as possible:
 - (i) notify the Board of the Registered Practitioner's details, and the reasons for the RAP's decision; and
 - (ii) ask the Board to remove the Registered Practitioner's listing from the National Register.
- (b) Where, instead of cancelling or suspending a Registered Practitioner's accreditation, a RAP imposes conditions on the Registered Practitioner's continued accreditation, the RAP may (but is not obliged to) ask the Board to add a notation on the National Register that the Registered Practitioner's accreditation is subject to conditions.
- (c) The Board may seek further information from the RAP.

56. Application to have conditions removed

- (a) This clause applies where, instead of suspending or cancelling accreditation, a RAP imposes conditions on the Registered Practitioner's continued accreditation.
- (b) The Registered Practitioner may apply once in any 12-month period to have the conditions removed.
- (c) The RAP may remove any one or more of the conditions on terms the RAP considers appropriate.
- (d) If the RAP removes any one or more of the conditions, it must ask the Board to amend or delete any relevant notation the Board had made on the National Register under clause 55(b).

57. Re-instatement of accreditation

57.1 Application

This clause 57 applies where a person (the applicant) seeks re-accreditation:

- (a) after a period of leave of absence or
- (b) after their registration has been suspended or cancelled, or has otherwise lapsed (for example, for non-fulfilment of renewal requirements).

57.2 Evidence to be provided

The applicant must provide the relevant RAP with the following information:

- (a) evidence that, as at the time of the application, the applicant satisfies:
 - (i) the requirements for re-accreditation; and
 - (ii) any conditions imposed on their leave of absence, suspension, or cancellation;
 - (iii) hours of practice completed in the relevant period if any.
- (b) the date from which they were first granted accreditation under AMDRAS or its predecessor (the National Mediator Accreditation Standards);
- (c) the period of leave of absence, or the date on which their accreditation was suspended or cancelled, or the date on which it lapsed; and
- (d) a statement from the relevant RAP of the reasons for the suspension or cancellation.

57.3 Additional evidence of CPD compliance

In addition to the evidence required under clause 57.2, an applicant who has not met the relevant CPD renewal requirements in the previous two-year period, must undertake any supplementary practical training, coaching and assessment required by the RAP to address the shortfall.

57.4 Effective date of reinstatement

Re-instatement of accreditation takes effect from (and including) the date on which the RAP notifies the applicant that the applicant has satisfied the RAP's requirements.

57.5 Limit on power to reinstate

An applicant cannot be granted reinstatement more than once in every four-year period.

Division 13 – Waiver of re-accreditation requirements**58. Waiver by Board in exceptional circumstances**

- (a) The Board may, on application by a Recognised Accreditation Provider waive compliance with any one or more requirements for re-accreditation where the Board considers that exceptional circumstances justify it in doing so.
- (b) The waiver may be conditional or unconditional.

Part 5 – The Professional Practice Domains

59. Application

- (a) This Part describes the four Professional Domains across which Registered Practitioners practice. Each Professional Domain consists of various associated Professional Attributes as outlined in clauses 60 and 61. Professional Attributes are distinctive qualities or characteristics of each domain.
- (b) The four Professional Practice Domains are:
 - Professional Knowledge,
 - Professional Skills,
 - Professional Ethics and Responsibilities, and
 - Professional Development.
- (c) The Professional Attributes:
 - (i) may vary with a particular Registered Practitioner's level of experience, area of specialisation, and practice context, and
 - (ii) may evolve over time and in response to practice environments.
- (d) Recognised Providers must consider and include the Professional Attributes when providing training and assessment under the Training and Accreditation Framework (TAF) excepting where this may not be culturally appropriate.

60. Professional Attributes – overview

The Professional Attributes:

- (a) are designed to ensure that the public can have confidence in the knowledge, skills, ethical standards, and up-to-date expertise of Registered Practitioners;
- (b) are not necessarily confined to any one Professional Practice Domain; and
- (c) specify the minimum Professional Attributes required of a Registered Practitioner.

61. Professional Attributes – specifics

61.1 Domain 1 – Professional Knowledge

The Professional Knowledge domain includes the following Professional Attributes:

- (a) understanding conflict and the way people behave when they are in conflict;
- (b) understanding the factors that play a role in conflict and dispute resolution;
- (c) knowing the principles and models for resolution, and the roles or functions of the participants;
- (d) knowing a range of strategies for resolving conflict and when to use them;
- (e) understanding the need for fairness, safety, and protection against misuse of the dispute resolution process;
- (f) understanding their ethical, professional, and legal obligations; and
- (g) understanding the limitations on the scope and types of guidance or advice offered by Registered Practitioners.

Note. Appendix 1 contains protocols on how the Professional Attributes relate to Professional Skills (and to Professional Ethics and Responsibilities). See also Appendix 4

61.2 Domain 2 – Professional Skills

The Professional Skills domain includes the following Professional Attributes:

- (a) conducting an initial assessment including to determine if the matter is appropriate for a dispute resolution process;
- (b) providing support for agency, self-determination, co-determination, cooperative informed decision-making as appropriate;
- (c) facilitating a Fair Process;
- (d) managing the dispute resolution process;
- (e) supporting parties to participate in the dispute resolution process;
- (f) managing risks to fairness, safety, and abuse of process;
- (g) meeting their ethical, professional, and legal obligations; and

- (h) providing information, guidance, and advice as appropriate.

Note. Appendix 4 contains protocols on how the Professional Attributes relate to Professional Skills (and to Professional Ethics and Responsibilities). See also Appendix 1.

61.3 Domain 3 – Professional Ethics and Responsibilities

The Professional Ethics and Responsibilities domain includes the following Professional Attributes:

- (a) providing accessible and inclusive services;
- (b) supporting agency, self-determination, co-determination and cooperative informed decision-making as appropriate;
- (c) providing information to the participants about the confidentiality of the process and any obligations to release confidential information;
- (d) facilitating even-handed, safe, and ethical procedures;
- (e) representing their services and competence honestly and transparently;
- (f) meeting their legal, regulatory, and professional obligations;
- (g) providing guidance and advice only when competent and authorised to do so; and
- (h) providing a feedback and complaints mechanism.

Note. Appendix 4 contains protocols on how the Professional Attributes relate to Professional Ethics and Responsibilities (and to Professional Skills).

61.4 Domain 4 – Professional Development

The Professional Development domain includes the following Professional Attributes:

- (a) engaging in reflective practice;
- (b) engaging in continuing professional learning; and
- (c) contributing to the field, including through leadership roles, mentoring and supervision of less experienced practitioners.

Note. Appendix 2 provides a guide to CPD activities and because these attributes are relatively self-explanatory there are no 'indicative levels' provided for these.

62. Compliance with regulatory obligations

- (a) Registered Practitioners must comply with all relevant legal and regulatory rules and obligations.

- (b) Where a Registered Practitioner's obligation under paragraph (a) of this clause conflicts with one or more of the Professional Attributes, the legislative or regulatory obligation prevails to the extent of any inconsistency.

63. Code of Ethics

- (a) Registered Practitioners must comply with the Code of Ethics in Appendix 3.
- (b) The Board may amend the Code of Ethics from time to time and allow variation in its application for professional, practice and cultural settings (including for Aboriginal and Torres Strait Islander Peoples).

Part 6 – Recognised Providers

64. Powers of Board to authorise Recognised Providers

- (a) The Board may authorise a person or entity to be a Recognised Provider.
- (b) The Board may designate a Recognised Provider as a Recognised Training Provider or as a Recognised Accreditation Provider, or as both.

65. Role of Recognised Providers

- (a) A Recognised Training Provider is authorised to provide training under the provisions of the Training and Accreditation Framework (TAF).
- (b) A Recognised Accreditation Provider is authorised to accredit Registered Practitioners under the TAF.

66. Requirements for authorisation as Recognised Providers

66.1 General requirements

To qualify for authorisation as a Recognised Provider (whether as a Recognised Training Provider or a Recognised Accreditation Provider), a person or entity must have and maintain all of the following:

- (a) financial membership of AMDRAS;
- (b) sound governance structures, financial viability, and appropriate administrative resources (including those required for data-collection and retention);
- (c) systems or mechanisms for meeting their obligations under the TAF; and
- (d) a complaints-handling policy in accordance with and subject to clause 66.2.

66.2 Complaints-handling

- (a) Recognised Providers may adopt the model complaints handling policy and procedure set out in Appendix 5. The model policy and procedure meet (or are deemed to meet) the following minimum requirements:
 - (i) **Coverage:** the process must provide for complaints about the Recognised Provider itself, its personnel, and Registered Practitioners accredited by it;

- (ii) **Accessibility:** the process must be clear, accessible, and communicated to participants;
 - (iii) **Respect:** complainants are to be treated respectfully;
 - (iv) **Privacy and confidentiality:** the privacy of complainants and other participants must be maintained as required by law, and the confidentiality of dispute resolution processes must be preserved as far as possible;
 - (v) **Integrity:** the process must ensure actual and perceived fairness, minimising conflicts of interest;
 - (vi) **Timeliness:** complaints must be acknowledged and addressed within a reasonable timeframe;
 - (vii) **Support:** complainants must be provided with information about how to make a complaint and provided reasonable assistance;
 - (viii) **Communication of outcome:** participants must be informed of the process followed, the outcome of the complaint and the reasons for any decision within a reasonable time, subject to any limits required by law or by other minimum requirements;
 - (ix) **Escalation and review:** there must be a pathway for complaints to be escalated within the organisation of the Recognised Provider, and if necessary, to external review;
 - (x) **Record keeping and reporting:** reasonable records of complaints must be kept, with de-identified reporting to AMDRAS as required by these Standards; and
 - (xi) **Availability:** complaints must be received if lodged within 12 months of the relevant event (but acknowledging that complaints made significantly after a relevant event later may not be able to be fully considered due to difficulty obtaining information).
- (b) Recognised Providers may seek the approval of the Board of a different complaints-handling policy that:
- (i) meets the minimum requirements, and/or
 - (ii) may require a RAP to limit its role due to regulatory and statutory requirements.
- (c) To obtain and retain authorisation, Recognised Providers must provide:
- (i) evidence that they have adopted Appendix 5 or a different complaints-handling policy approved by the Board;

- (ii) evidence of their ongoing compliance with that policy; and
- (iii) a de-identified summary of the number and type of complaints that they have received in relation to their role as Recognised Providers and in regard to any Registered Practitioners accredited with them, at the end of each financial year or upon request of the Board for a specified period.

67. Additional requirements for authorisation as RTP

In addition to the requirements for authorisation under clause 66, to qualify for authorisation as a Recognised Training Provider, a person or entity must have and maintain the capacity and expertise to provide training services under the Training and Accreditation Framework.

68. Additional requirements for authorisation as RAP

In addition to the requirements for authorisation under clause 66, to qualify for authorisation as a Recognised Accreditation Provider, a person or entity must have and maintain all of the following:

- (a) the capacity and expertise to set up processes to find whether applicants meet the requirements under the Training and Accreditation Framework for:
 - (i) accreditation,
 - (ii) movement between levels of accreditation, and
 - (iii) renewal of accreditation;
- (b) the ability to provide, or refer Registered Practitioners to, CPD activities;
- (c) systems or mechanisms to meet their AMDRAS obligations; and
- (d) at least 10 Registered Practitioners who are bona fide members of the Recognised Provider, or panellists or employees of the Recognised Provider.

69. Additional responsibilities of RAPs

In addition to its obligations under other provisions of this document, a Recognised Accreditation Provider (RAP) must:

- (a) remind Registered Practitioners for whom they are responsible of the date on which their accreditation is due for renewal;
- (b) help the Board to update and maintain the National Register, including by uploading to the National Register, in the manner required by the Board, the particulars of Registered Practitioners the RAP has accredited;

- (c) notify the Board of the names of:
 - (i) Registered Practitioners who have not had their accreditation renewed (and the RAP must do this no later than two months after the accreditation expiry),
 - (ii) Registered Practitioners who have been granted leave of absence or issued a non-practising certificate, and
 - (iii) Registered Practitioners whose accreditation has been suspended or cancelled or has otherwise lapsed;
- (d) if a Registered Practitioner want to transfer their registration from one RAP to another, both RAPs involved must ensure that the Registered Practitioner:
 - (i) confirms in writing their request to transfer,
 - (ii) provides evidence of accreditation by the other RAP, including by supplying a copy of their application for accreditation or most recent renewal application, and
 - (iii) the RAP being requested to take over as the accrediting RAP must notify the board and the other RAP including the proposed date that the transfer is to take effect. This RAP must not collect the accreditation fee from the Registered Practitioner until their next renewal falls due;
- (e) pay to the Board the National Register registration fee it collects from Registered Practitioners it accredits;
- (f) keep confidential the National Register login identity, password, and other related information issued by the Board; and
- (g) subject to clause 71 below recognise accreditations of Registered Practitioners granted by another RAP.

70. No doubling-up of accreditation

- (a) This clause applies to a Recognised Accreditation Provider (RAP) where a Registered Practitioner has already been accredited under AMDRAS by another RAP.
- (b) The RAP must not:
 - (i) accredit that Registered Practitioner (including during a period of leave of absence);
 - (ii) upload details of that Registered Practitioner to the National Register; or

- (iii) collect the National Register registration fee from that Registered Practitioner.
- (c) However, nothing in this clause prevents a RAP from including, on its internal list or panel of Registered Practitioners, a Registered Practitioner accredited by another RAP.

71. Recognition of current accreditation by another RAP

- (a) This clause applies where a Recognised Accreditation Provider (RAP) is required to recognise the accreditation of a Registered Practitioner who is currently accredited under the AMDRAS by another RAP.

Note. For this requirement, see clause 69(g).

- (b) The RAP:
 - (i) must search the National Register to confirm the Registered Practitioner's most recent RAP and the Registered Practitioner's current accreditation status; and
 - (ii) require the Registered Practitioner to:
 - (A) provide evidence of accreditation by the other RAP, including by supplying a copy of their application to that other RAP, and
 - (B) give permission to the other RAP (and its delegate, if relevant) to disclose AMDRAS-related information, and
 - (C) disclose any complaints made to the Board or a RAP about their practice.
 - (iii) if not satisfied with the evidence provided in paragraph (b)(ii) of this clause refer the Registered Practitioner to their accrediting RP and/or require the Registered Practitioner to complete additional CPD and/or practice hours.

Part 7 – The National Register

72. Background: role of National Register

The Board is responsible for, and administers, the National Register.

Note. The Register enables consumers, advisers, and others to confirm whether Registered Practitioners are accredited and obtain details of their accrediting Recognised Accreditation Provider.

73. AMDRAS Board's powers and duties

- (a) In exercise of its responsibility for the National Register, the Board must:
 - (i) maintain the Register,
 - (ii) respond in a timely manner to complaints about the Register, and
 - (iii) provide RAPs with login identification, passwords, and other information they need to upload particulars of Registered Practitioners onto the Register.
- (b) The Board has power to carry out all functions and activities that are necessary or incidental to exercising its powers and duties under this clause 73.

Part 8 – The AMDRAS Board

74. Overview

This Part sets out how the Board exercises some of its powers and responsibilities in furthering the objects in the Constitution.

Note. See also Part 3 of this document.

75. Board administers AMDRAS

The Board administers the Training and Accreditation Framework (TAF) with a view to achieving consistency, quality, and public protection in:

- (a) training Registered Practitioners, and
- (b) accrediting Registered Practitioners and AMDRAS Members and related bodies.

76. Board provides support and encouragement

- (a) The Board provides support and encouragement to AMDRAS Members in their efforts to meet their responsibilities under the AMDRAS.
- (b) This includes supporting AMDRAS Members in ensuring relevant, workable, and up-to-date processes for complaints-management, accreditation, and re-accreditation.

77. Board can amend AMDRAS

The Board can amend all or any aspects of the AMDRAS, including this document.

78. Board's power to suspend, etc.

78.1 Suspending, etc., Registered Practitioners

The Board can suspend, remove, and de-register a Registered Practitioner, either at its own volition or upon request from a Recognised Provider, where the Board considers (after making reasonable enquiries) that the Registered Practitioner has breached, or has failed to meet the requirements of, the AMDRAS.

78.2 De-recognising AMDRAS Members

The Board can withdraw the recognition of an AMDRAS Member and/or annul its membership, where the Board considers (after making reasonable enquiries) that the Member has breached, or has failed to meet the requirements of, the AMDRAS Standards.

79. Board keeps register of trainers, assessors, etc.

The Board must keep and maintain a register of:

- (a) the members of each Recognised Training Provider's (RTP's) COT training teams, containing the information certified by the RTP under clause 24(g); and
- (b) the members of each Recognised Provider's (RP's) COA assessment teams, containing the information certified by the RP under clause 28.

Note. The register under this provision is different from the National Register.

80. Board can audit Recognised Providers

Subject to legal and regulatory requirements, the Board:

- (a) can audit Recognised Providers for the adequacy of their complaints-management, accreditation, re-accreditation, training, and related procedures; and
- (b) may provide advice about matters in paragraph (a) of this clause as it considers appropriate.

81. Board can hear complaints

- (a) The Board can hear complaints referred to it about the adequacy of processes, including complaint management, accreditation, re-accreditation, training, assessment, and related processes employed by Recognised Providers in relation to their functions under AMDRAS.
- (b) The Board can uphold, set aside, or vary any decision made by Recognised Providers in relation to a complaint, made under paragraph (a) of this clause, where the Board considers it appropriate and reasonable in the circumstances to do so.

82. Board's power to delegate

The Board can delegate to a person or another body the powers and responsibilities contained in these Standards.

83. Board's power to issue protocols

- (a) The Board may issue protocols in relation to the exercise of any of its powers, functions, responsibilities, or privileges under the AMDRAS or this document.

- (b) The power to issue protocols under this clause is in addition to any protocols the Board may issue under specific provisions of this document.
- (c) Unless a protocol states otherwise, they are binding and must be followed.
- (d) Protocols are to be interpreted so far as possible as being consistent with Parts 1–8 of this document. If there is an inconsistency between a guideline and a provision of Parts 1–8, then the provision of those Parts prevails. However, there is no inconsistency merely because a provision in the protocols is more detailed than the relevant provision in those Parts.

84. Board's incidental powers and functions

The Board has the power to carry out functions and activities that are necessary or incidental to the powers and responsibilities in this document, in accordance with its powers and responsibilities under the Constitution.

APPENDIX 1

AMDRAS TRAINING AND ASSESSMENT FRAMEWORK (TAF) PROTOCOLS

Background to protocols

1. Various provisions of the AMDRAS Standards authorise the Board to issue protocols governing the content and nature of the required training and assessment of Registered Practitioners. This Appendix 1 contains the current protocols. They form part of the Standards. These protocols provide a checklist of material relevant to the Certificate of Training (COT), the Certificate of Assessment (COA), and the Practicum Certificate. Their purpose is to ensure that Recognised Providers and others wishing to provide AMDRAS-recognised COT and COA courses, and the Practicum Certificate, provide courses that are consistent with the Standards. The Board may amend, add to, delete, or replace any or all of the protocols.
2. Under clause 83 of the Standards:
 - (a) protocols are binding and must be followed (unless the protocols state otherwise),
 - (b) protocols are to be interpreted so far as possible as being consistent with Parts 1–8 of the Standards, and
 - (c) there is no inconsistency merely because a provision in the protocols is more detailed than the relevant provision in Parts 1–8 of the Standards.
3. Terms defined in the AMDRAS Standards have the same meanings in this Appendix.

Summary of accreditation requirements

4. Table 1 summarises the requirements for accreditation at the different levels of Registered Practitioner.

Table 1: Accreditation Level Requirements

Level of Accreditation	Initial Course & Training Hours Required	CPD Hours Required for Accreditation Renewal*	Practice Hours Required for Accreditation Renewal*
Accredited Mediator	COT + COA: 45 hours initial training + assessed simulation(s) and written assessment(s)	25 hours	20 hours
Advanced Mediator	Practicum: 12 hours	25 hours	40 hours
Leading Mediator	Not applicable (see Standards, clause 16)	25 hours	40 hours
Specialist Dispute Resolution Practitioner	Variable (see Standards, clause 17)	25 hours	40 hours

** Note. These hours are calculated over the two-year accreditation period. A minimum of one-third of these hours should preferably be completed within the first year of the accreditation period.*

5. The AMDRAS also allows alternative ways of seeking accreditation.

Certificate of Training (COT)

6. The COT is awarded to persons who have completed the initial training course for AMDRAS accreditation.

Note. The course may be undertaken whether the person wishes to seek AMDRAS accreditation, or merely wishes to add dispute-resolution processes and skills to their qualifications.

Course objectives

7. The COT course has the following general objectives:
 - (a) to increase participants' self-awareness of their conflict and negotiation styles, and the relevance of those styles to professional dispute resolution (dispute resolution) practice generally and mediation practice specifically;
 - (b) to introduce participants to the conceptual basis of dispute resolution and mediation theory and practice;
 - (c) to improve participants' ability to provide dispute resolution and mediation services in a variety of contexts;

- (d) to introduce participants to a variety of skills, interventions, tactics and strategies employed in dispute resolution and mediation interventions;
- (e) to increase participants' awareness of the range of ethical and practice issues in dispute resolution and mediation practice;
- (f) to introduce participants to the Professional Domains and underlying Attributes and the Code of Ethics; and
- (g) to ensure that participants can find and interpret information within the AMDRAS, including AMDRAS's role in governing Registered Practitioners.

The course content must reflect these objectives.

Course format and duration

- 8. The COT course must:
 - (a) provide a balance between skills, theory, and reflective practice; and
 - (b) incorporate multiple approaches, including role-plays and exercises interspersed with presentations and discussions about the practical application of skills.

- 9. The Registered Training Provider (RTP) must give all participants:
 - (a) relevant written material through a workbook/handbook format, and/or relevant texts and online material; and
 - (b) links to appropriate texts and journal articles to support learnings.

The workbook/handbook (whether provided electronically or in hard copy) and texts used must include a selection of references and other resources to supplement the skills-development focus of the course.

- 10. The COT course must be at least 45 class contact hours.
- 11. The 45 hours must include:
 - (a) approximately one-half (or 22.5 hours) focused on the required nine simulated mediations in addition to at least one pre-mediation 'intake' simulation, relevant debriefing, and follow up course- specific sessions on issues that have arisen from the simulated mediations; and
 - (b) the remaining one-half (or 22.5 hours) focussed on the Professional Attributes (i.e., knowledge, skills, ethics and responsibilities, and professional development), and relevant conflict and negotiation theory.

12. The content delivery should encompass appropriate adult learning principles. This allows the actual ‘mix’ of various Professional Attributes to vary between courses, depending on the trainee cohort.

Course content

13. The COT course must:
- (a) emphasise the facilitative mediation process; and
 - (b) discuss other dispute resolution and mediation procedures (e.g. shuttle, co-mediation) and how they interact with legislative and other professional frameworks that may apply; and
 - (c) include content relating to the four Professional Practice Domains (Professional Knowledge, Professional Skills, Professional Ethics and Responsibilities, and Professional Development) as described in Part 5 of the Standards.
14. Table 2 in this Appendix outlines the course content for the Professional Knowledge Domain. It is designed to impart the essential knowledge that underpins the Professional Attributes in that domain. In preparing and delivering the course, Recognised Training Providers and trainers must be guided by Table 2 and Appendix 4 (which outlines the Professional Skills, and Professional Ethics and Responsibilities Domains).

Note. Recognised Training Providers and trainers must also take account of Appendix 2 (which is most relevant to the Professional Development domain).

Table 2: The Professional Knowledge Domain: attributes, focus areas, and indicative levels of attainment

Knowledge attributes	Focus areas	Indicative level of attainment
1. Understands conflict and the way people behave when they are in it.	1.1 Understands the characteristics of conflict and how people and groups respond to it.	1.1.1 Participants can list common types and sources of conflict that might arise between individuals or within groups. They can also compare conflict's constructive and unconstructive characteristics to identify the elements that tend to form the basis of disputes. (For example, constructive conflict may feature collaboration and problem solving to generate new ideas or important change. In contrast, unconstructive conflict may dehumanise people or attribute motives to

Knowledge attributes	Focus areas	Indicative level of attainment
		cast the 'other' as inherently bad or lesser).
	1.2 Understands the characteristics of people in conflict.	1.2.1 Participants can list the characteristics of people in conflict and situate them within an existing framework or structure (e.g. the five core concerns, the satisfaction triangle, Thomas Kilmann conflict modes, etc.).
	1.3 Understands the role of cognitive and social biases in decision making	1.3.1 Participants can describe what cognitive and social biases are and how they might influence decision making in a dispute resolution process.
2. Understands the key factors that play a role in conflict and dispute resolution.	2.1 Understands the role of self-determination, co-determination and cooperative decision making in conflict and dispute resolution.	2.1.1 Participants can explain the role of self-determination in conflict and dispute resolution, including the circumstances in which the context or situation may be a factor in shaping that role. 2.1.2 Participants should understand the role and impact on decision making of interventions such as reality testing.
	2.2 Understands the role of emotions in conflict and dispute resolution.	2.2.1 Participants can distinguish between typical and atypical manifestations of emotions in conflict, including the extent to which they may need to account for cultural, psychological, or other contextual differences. (For example, a typical manifestation of emotion in one culture may be atypical in another culture, or the presence of trauma may trigger an unanticipated emotional response.)

Knowledge attributes	Focus areas	Indicative level of attainment
	2.3 Understands the dynamics of power and violence in conflict and dispute resolution.	2.3.1 Participants can compare overt and covert manifestations of power and/or violence in conflict, including how this plays out in dispute resolution (e.g. understanding how the stress response can impact on participants in conflict, including through minimising, behavioural triggers, various forms of manipulation or intimidation, such as diversion, trivialising, impression-management, micro-aggressions, threats, etc).
	2.4 Understands that diversity and inclusion influence experiences of conflict and dispute resolution	2.4.1 Participants can identify ways in which experiences of conflict or dispute resolution may differ for those who vary in some way from the prevailing cultural or societal norms.
	2.5 Understands the role of empathy in conflict and dispute resolution.	2.5.1 Participants can distinguish the different roles that empathy may play in dispute resolution, including the practitioner showing empathy for the parties compared to the practitioner helping the parties to show empathy for each other.
	2.6 Understands the role of perspective taking in conflict and dispute resolution.	2.6.1 Participants can describe the role of perspective-taking in conflict and dispute resolution.
3. Knows the principles and models of dispute resolution, the process of mediation, and the roles or functions of the people involved with a focus on facilitative mediation.	3.1 Understands the principles of mediation, including what makes a matter suitable for a given process.	3.1.1 Participants can compare the principles of facilitative mediation with the principles of other forms of dispute resolution.
	3.2 Understands the mediation process.	3.2.1 Participants can explain the elements or features that distinguish the facilitative mediation process from other forms of mediation or dispute resolution and can understand

Knowledge attributes	Focus areas	Indicative level of attainment
		the interaction between these various elements.
	3.3 Understands the role of the third- party intervenor/mediator.	3.3.1 Participants can compare the role of the facilitative mediator with the role of practitioners in other forms of mediation or dispute resolution.
	3.4 Understands the role of the parties.	3.4.1 Participants can describe the role of the parties in facilitative mediation and how this may differ in different social contexts.
	3.5 Understands the role of support persons, lawyers, and other professionals	3.5.1 Participants can describe the role of support persons, lawyers, and other professionals in facilitative mediation.
4. Knows a range of strategies or techniques for resolving conflict and when to use them.	4.1. Understands negotiation strategies or techniques.	4.1.1 Participants can describe the characteristics of interest-based negotiation and their function in resolving conflict, particularly within a facilitative mediation context (e.g. seven elements, negotiation stage, prioritisation of interest-focused options, BATNA, etc.).
	4.2 Understands problem-solving strategies or techniques.	4.2.1 Participants can identify problem- solving strategies to achieve stated goals or fulfil parts of a given dispute resolution process (e.g. brainstorming, SWOT analysis, root cause analysis, 5 whys, considering alternatives, developing multiple options, etc).

Knowledge attributes	Focus areas	Indicative level of attainment
	4.3 Understands communication strategies or techniques, including transitional communications skills, reported speech, reframing skills, and reality-testing strategies or techniques.	4.3.1 Participants can identify communication strategies to achieve stated goals or fulfil parts of a facilitative mediation or other dispute resolution process (e.g. rephrasing to neutralise inflammatory language, open- ended questioning to elicit information, body posture to suggest openness to ideas, transitional questions and statements, timely exchange of documents). 4.3.2 Participants can identify reality-testing strategies to achieve stated goals or fulfil parts of a given dispute resolution process (e.g., seeking expert advice or opinion, providing statistical information about typical outcomes, etc).
5. Understands the requirement for fairness, safety, and protection against misuse of the process.	5.1 Can describe ways in which even-handedness typically manifests in dispute resolution.	5.1.1 Participants can describe ways in which even-handedness typically manifests in facilitative mediation and dispute resolution processes.
	5.2 Understands the requirement for managing power and safety.	5.2.1 Participants can identify managing power and safety as an inherent requirement in facilitative mediation and dispute resolution processes and can cite examples that would require the mediator to refuse to commence, to suspend and/or to terminate the process.
6. Understands their ethical, professional, and legal obligations.	6.1 Understands the professional obligations of an AMDRAS Registered Practitioner.	6.1.1 Participants can identify the AMDRAS as the framework governing the professional obligations of accredited mediators, including expectations about professional interactions and representations, ongoing professional development and competence, and complaints handling.

Knowledge attributes	Focus areas	Indicative level of attainment
	6.2 Understands the requirement for protecting against the misuse or abuse of the process.	6.2.1 Participants can identify protecting against misuse and abuse of the process as an inherent requirement in facilitative mediation and can cite examples where it would be appropriate for a mediator to refuse to commence, to suspend and/or to terminate the process.
	6.3 Understands the ethical obligations of a Registered Practitioner.	6.3.1 Participants can identify the legal and regulatory frameworks which typically apply to facilitative mediators and dispute resolution practitioners (e.g. the various federal and state- based Civil Procedure Acts, the Uniform Evidence Acts, the Legal Profession Uniform Laws, 'without prejudice' privilege, etc.).
7. Understands the scope and types of guidance or advice offered by non-determinative dispute practitioners.	7.1 Understands the scope and types of information, guidance, or advice on the cultural, psychological, or social context ('sociocultural or psychological') applicable.	7.1.1 Participants can list examples of 'socio-cultural or psychological' information, guidance or advice that are typically permissible within a facilitative mediation (e.g. advice to avoid scheduling a mediation during a religious festival, and guidance on the inclusion of young people).
	7.2 Understands the scope and types of information, guidance, or advice on procedural matters, including the process if no agreement is reached ('procedural').	7.2.1 Participants can list examples of 'procedural' information, guidance, or advice typically permissible within a facilitative mediation (e.g. what to expect from the facilitative mediation process, the role of mediator, at what stage the parties can suggest options for resolution, the process if the parties don't attend, etc).

Knowledge attributes	Focus areas	Indicative level of attainment
	7.3 Understands the scope and types of information, guidance, or advice respectively upon substantive matters, merits, options, and outcomes.	7.3.1 Participants can list examples of 'substance', merits, options and outcomes-based information, guidance or advice which are typically permissible within a mediation or dispute resolution process (e.g. information about common topics for the agenda as part of intake or during the agenda-setting phase, indirect guidance via reality testing in private sessions, suggesting further options, etc).

Certificate of Assessment (COA)

Overview

15. The Certificate of Assessment (COA) is awarded to candidates who have successfully completed the required assessment following their Certificate of Training (COT) or who have satisfied the 'alternative pathways' requirements.
16. The COA entitles its awardee to apply for accreditation as a Registered Practitioner.
17. The assessment must:
 - (a) be conducted by assessor(s) who were not part of the training team for the candidate's COT course; and
 - (b) use a standardised assessment tool to ensure fair and consistent assessment.

Assessment content and timing

18. The assessment is in addition to the COT class time and consists of:
 - (a) participation in a simulated mediation of at least two hours (but no more than 2.5 hours) that demonstrates the various stages (in the mediation process model; and
 - (b) a written assessment, of 1200 words, in the form of a test, journal or assignment (or a combination of these), designed to consolidate learning and promote reflective practice.

Note 1. Both the simulated mediation and the written assessment must be assessed in their own right, and each must be satisfactorily completed according

to the criteria and gradings scheme used by the Recognised Training Provider following guidance provided by the Board. To be clear these two assessments components are not to be combined or aggregated when assessed.

Note 2. The Recognised Training Provider should ensure that the assessment is conducted in an accessible and inclusive way, including through the facilitation of reasonable adjustments for candidates with disability, flexible training and assessment conditions, or other accommodations as required by the candidate.

19. Candidates for the COA must undertake their assessment within six calendar months of completing their COT course.

Simulated mediation

20. The simulated mediation may be conducted:
 - (a) live (either face-to-face or via an online platform), or
 - (b) as a recorded session (under appropriate supervision) for review by an assessor later.
21. The Board may provide RTPs with an outline of the various phases of the mediation process and the skills required to assist in assessment.
22. RTPs will provide the Board with a copy of their simulation assessment guide or template as part of their application to be an authorised AMDRAS training provider.
23. The simulation must include all stages of the mediation process with the exception of the intake phase, including reaching agreement (where possible). If the agreement stage is not reached or is not possible, then the RTP may require an additional assessment task that focuses on this aspect of the process.
24. Where possible, the Recognised Provider should record live simulations, for use in any later review process should the candidate be unsuccessful.
25. The Recognised Provider must ensure that:
 - (a) each candidate receives, at least 24 hours before the simulation, all relevant materials for the simulation, including any role play material relevant to the candidate's participation;
 - (b) each candidate's participation in the simulation is observed by an authorised and independent assessor, who must not provide any simultaneous feedback or coaching to the candidate; and
 - (c) the assessment results for simulations are completed within 10 working days of the live simulation or receipt of the recording.
26. The Recognised Provider should schedule no more than three simulated mediations in any one day for each assessor they employ.

27. Assessors must indicate start and finishing times for simulations, but otherwise participants must manage their own time.
28. The Recognised Provider may provide practice sessions in preparation for the simulated mediation or as part of an assessment workshop. However, practice sessions are not included in the formal assessment process.

Written assessment

29. Before or when releasing the topic(s) of the 1200-word written assessment, the Recognised Training Provider must advise candidates of:
 - (a) the assessment objectives,
 - (b) the process for submitting written material,
 - (c) the due date for submitting the assessment (normally within 10 working days of their simulated mediation), and
 - (d) who will assess the written assessment, which can be a member of the training team, an independent assessor or a combination of both.

Note. See clause 27.2(c) of the Standards.

Review process

30. Recognised Training Providers must have in place policies for reviewing assessments. They must give a copy of the policies:
 - (a) to the Board, and
 - (b) to candidates before they submit their assessments.
31. The Recognised Training Provider's policies must ensure that reviews of simulated mediations:
 - (a) are conducted by independent third-party assessors authorised by the Recognised Training Provider, and
 - (b) are documented.

Note. The same assessor can assess both the simulation and written assessment of any student or these functions can be performed by different assessors according to the arrangements made by the Recognised Training Provider as provided in clauses 29 and 30 above.

The Practicum Certificate

Overview

32. The Practicum Certificate course focuses on practical skills and self-reflection. It should give participants the opportunity to share and discuss

issues arising from their practice experience and allow them to give and receive constructive critical feedback.

33. A person may not apply for entry to the Practicum Certificate course unless they were awarded a Certificate of Assessment at least four years earlier.

Practicum Certificate course learning objectives

34. The Practicum Certificate course focuses on advanced or more complex issues, to update and refine participants' skills, practices, and theoretical perspectives. It has the following objectives:
- (a) to identify practice obstacles and challenges in mediation, and ways of overcoming them;
 - (b) to identify and demonstrate an understanding of the purpose, techniques and skills required for each stage of the mediation process;
 - (c) to be more aware of socio-cultural considerations when mediating with culturally and linguistically diverse communities, or with Indigenous Australians; and
 - (d) to identify and demonstrate the characteristics of a mindful and reflective mediator.

Practicum Certificate course duration and framework

35. The Practicum Certificate course is in workshop format, of 12 class-contact hours' duration, taken over a period of up to two months. It may be conducted in modules (e.g., two modules of 6 hours, or four modules of 3 hours, or any other equivalent).
36. Workshop groups should:
- (a) be limited to 18 participants to maximise cross-group discussion and involvement, and
 - (b) preferably be face-to-face unless circumstances preclude this, and if at all possible, comprise at least 75% face-to-face hours.
37. Each participant, either individually or in a small group, must present to the group a 30-minute case study (suitably de-identified) of a part of a mediation or other relevant dispute resolution session which they facilitated. The case study must include at least the following:
- (a) advanced consideration of the various elements of the Professional Attributes;
 - (b) consideration of an issue that confronted the mediator and how (in the participant's view) it could have been better or differently addressed; and

- (c) a short summary (prepared in advance) of the issues presented by the case study to be presented to the class (in point form if desired).

Participants should illustrate their case studies by role plays, exercises, simulations and other means of demonstrating the various skills and interventions. Whilst not formally assessed, the presentation is a requirement for completion of the Practicum Certificate.

Practicum Certificate assessment

- 38. Assessment is by means of an 800–1000 word written outline of their case presentation and discussion. The participant must give the outline to their Practicum facilitator within seven days after they have presented to the group. The facilitator must assess the outline as ‘satisfactory’ or ‘not satisfactory’, giving reasons, in conformity with the Practicum Certificate course learning objectives.
- 39. The Registered Provider must provide a template for the case study which outlines the component parts required for assessment purposes.

Further protocols, etc, may be provided by the Board

- 40. From time to time the Board may issue further protocols, templates, and resources to Recognised Providers. The Board must make them available on the Board’s website, readily accessible to Registered Practitioners and the public—unless required to be restricted for reasons of confidentiality or to protect the integrity of the courses or assessment exercises.

APPENDIX 2

CPD SCHEDULE AND RECORD SHEET

Overview

1. The AMDRAS requires all AMDRAS Registered Practitioners to undertake both Continuing Professional Development (CPD) activities and practice hours to meet the requirements of the Professional Development Domain and underlying attributes (see Part 5). The Professional Development domain includes the following Professional Attributes:
 - (a) engaging in reflective practice,
 - (b) engaging in continuing professional learning, and
 - (c) contributing to the field, including through mentoring and supervision of less experienced practitioners.

2. The required hours for each vary with the level of accreditation: see CPD Table 1, below.

The accreditation renewal period in all cases is two years.

Note 1. Registered Practitioners are encouraged to keep track of their CPD hours to ensure they complete them throughout the accreditation period in a timely and constructive manner. The responsibility is on the Registered Practitioner.

Note 2. The CPD and practice hours are specific to each level of accreditation and are not cumulative.

Example. A Leading Mediator must complete 25 CPD hours and 40 Practice hours, not 75 CPD hours and 100 practice hours.

Note 3. The CPD and practice hours for Specialist Dispute Resolution Practitioners are not additional to the requirements of other levels of accreditation.

Example. A Specialist Dispute Resolution Practitioner who is also a Leading Mediator must complete 25 CPD hours and 40 practice hours in total, not 50 CPD hours and 80 practice hours.

CPD Table 1: Hours required

Level of Accreditation	CPD Hours Required	Practice Hours Required
Accredited Mediator	25 hours	20 hours
Advanced Mediator	25 hours	40 hours
Leading Mediator	25 hours	40 hours
Specialist Dispute Resolution Practitioner	25 hours	40 hours

CPD element

3. To qualify for the required hours, CPD must contribute to the development or maintenance of the Professional Attributes and be relevant to the Registered Practitioner's level of accreditation.
4. The claimable CPD activities are divided into 10 categories, with varying allowable hours, as set out in CPD Table 2, below.

Note. Leading Mediators are restricted in certain areas as to the hours they can claim (see Table 2).

5. In Table 2, the 'Claimable Maximum Hours' column indicates the maximum number of hours that can be claimed for the specified type of activity.

Example. A Registered Practitioner has attended and participated in 60 hours of training activities and conferences over the two-year accreditation-renewal period. They can claim only up to 20 hours. If (as recommended) they keep a record sheet—see Table 3, below—they would mark on the sheet the actual number of hours they attended (60 hours) but would claim 20 hours.

6. To facilitate any audit required by the Board or a RAP Member body, Registered Practitioners must keep documentary or other proof of their CPD activities.
7. A Registered Practitioner who has a query about the CPD requirements should, in the first instance, enquire of their Recognised Accreditation Provider.
8. If a dispute arises between a Registered Practitioner and an AMDRAS Member body about the CPD requirements, and they cannot resolve it, then either party may refer the dispute to the Board for determination. The Board's determination is final and binds the parties.
9. A Specialist Dispute Resolution Practitioner's CPD and practice requirements may be further provided for pursuant to clause 17 of these Standards and criteria issued by the Board. In general, it is expected that

Specialist Dispute Resolution Practitioners shall devote one-third of their CPD and practice hours to their specialisation.

CPD Table 2: Activities and CPD Hours Master Table

Type of CPD Activity	Activity Code	Claimable Maximum Hours	Definition/Description	Special Provisions
Education and Conferences	C1	20	- Participating in formal structured activities such as training seminars and workshops (up to 20 hours). - Attending conferences (up to 10 hours).	
Structured Peer-Based Reflection	C2	7	Participating in structured peer-based reflection on dispute resolution cases.	
Professional Supervision or Coaching	C3	8	Receiving supervision in relation to practice issues.	
Providing Professional Development	C4	15	Includes: - Preparation of presentations on dispute resolution or related topics - Preparing presentations on dispute resolution or related topics – up to 5 hours. - delivering presentations on dispute resolution or related topics - providing professional supervision, assessment, coaching or mentoring of other RPs or trainees - contributions to leadership in the field – up to 5 hours.	Leading Mediators must provide a minimum of 10 hours.
Related Professional CPD	C5	5	CPD completed to maintain professional licensing or accreditation related to their practice, such as in:	

			• law • behavioural or social sciences • another professional field in which they practice	
Role Playing in dispute resolution Training	C6	4	e.g. in the Certificate of Training, Certificate of Assessment, or other approved AMDRAS-related training provided by a RTP or RAP.	
Representing Clients in dispute resolution Processes	C7	4	e.g. as part of a lawyer-client relationship or as a support person to a party.	A maximum of 2 hours can be claimed for each separate process.
Self-directed learning	C8	5	Private study, such as: • reading • listening to or viewing pre-recorded content such as podcasts • writing articles or books relevant to mediation and that are published in recognised journals or by recognised publishers.	
Publications and Research Participation	C9	8	• Writing articles or other publication types such as blogs, reports, submissions, and the like. • Participation in dispute resolution- related research.	A maximum of 4 hours can be claimed for any one activity.
Other	C10	5	Other activities as approved by the AMDRAS Board on application by a RAP.	

AMDRAS CPD and Practice Hours Self-Record

10. Table 3 is the recommended AMDRAS CPD and Practice Hours Self-Record. Completion of this record is not a mandatory element of the CPD requirements. However, it is designed to simplify the recording process, and to facilitate any audit of the CPD requirements.
11. Registered Practitioners must provide this completed record, or an equivalent, if requested by the AMDRAS Board, a RAP Member body, or an authorised delegate.

[illegible]

[illegible]

* The examples can be deleted when completing the form.

Comments:

Signed:

Date: / /

APPENDIX 3

AMDRAS CODE OF ETHICS¹

Registered Practitioners value the trust placed in them to help people manage differences, negotiate difficult situations, and resolve their disputes.

Therefore, as part of their commitment to protecting and upholding public and institutional confidence in their profession, Registered Practitioners commit to:

1. providing accessible and inclusive services;
2. supporting agency, self-determination, co-determination and cooperative decision making to ensure informed decision-making that is appropriate to the practise context;
3. facilitating an even-handed, safe, and ethical process, including:
 - 3.1. protecting against misuse or abuse of process, and
 - 3.2. declaring conflicts of interest and avoiding the use of information for personal gain;

Note. The existence of a conflict of interest does not necessarily mean that the Registered Practitioner must withdraw if the parties give informed consent and the Registered Practitioner and the parties are willing to proceed on that basis.

4. representing their services and competence honestly and transparently, with specific attention to information about:
 - 4.1. the approach they will take or the type of dispute resolution process to be used,
 - 4.2. any fees or charges,
 - 4.3. their competence or experience generally, or in a specialist context or area of expertise, and
 - 4.4. any inducements or affiliations;

Example. Some statutory RAPs employ contracted private mediators to conduct mediations, and the mediators come from different fields. This should be explained to the parties.

¹ There may be circumstances where this Code does not partly or fully apply and could include Indigenous Australian communities or other cultural contexts. For example, concepts of self- determination, conflicts of interest and confidentiality may apply differently in such settings.

5. meeting their legal, regulatory, and professional obligations, including:
 - 5.1. maintaining confidentiality and reasonable data protection,
 - 5.2. monitoring and maintaining compliance with their obligations under legislative or regulatory frameworks,
 - 5.3. monitoring and maintaining compliance with co-existing professional or specialist obligations related to their practice,
 - 5.4. meeting their continuing professional development (CPD) requirements, and
 - 5.5. interacting professionally and courteously with clients, colleagues, and members of the public;
6. providing information, guidance, and advice only when competent and authorised to do so, and specifically, only when:
 - 6.1. possessing the requisite level of knowledge, skills, or expertise,
 - 6.2. authorised by the parties,
 - 6.3. authorised by the relevant service provider or dispute-resolution context,
 - 6.4. authorised under their level of accreditation, and
 - 6.5. holding relevant professional indemnity insurance; and
7. notifying the parties of the complaints and feedback processes available under the AMDRAS and other relevant professional or statutory arrangements.

APPENDIX 4

PROFESSIONAL PRACTICE DOMAINS PROFESSIONAL SKILLS, ETHICS AND RESPONSIBILITIES

Protocols

Background to these protocols

1. Part 5 of the AMDRAS Standards describes the 4 Professional Practice Domains (i.e. Professional Knowledge, Professional Skills, Professional Ethics and Responsibilities, and Professional Development).
2. The Standards authorise the AMDRAS Board to issue protocols. The protocols in this Appendix 4 relate to the Professional Attributes outlined in Part 5 of the Standards, namely, Professional Skills, and Professional Ethics and Responsibilities.
3. These protocols are not meant to be exhaustive or definitive. However, Registered Practitioners must adhere to them as far as reasonably practicable and culturally appropriate. Registered Training Providers and trainers also must take account of them when providing training under the Standards.
4. The Board may amend, add to, delete, or replace any or all of these protocols.
5. Under clause 83 of the Standards:
 - (a) protocols are binding and must be followed (unless they state otherwise);
 - (b) protocols are to be interpreted so far as possible as being consistent with Parts 1–8 of the Standards; and
 - (c) there is no inconsistency merely because a provision in the protocols is more detailed than the relevant provision in the Standards.
6. Terms defined in the AMDRAS Standards have the same meanings in this Appendix.

Professional Skills Domain

- Table 1 below specifies the Indicative Levels of Professional Practice for each element of the Professional Attributes within that domain.

Table 1: The Professional Skills Domain: Attributes and Indicative Levels of Professional Practice

Professional Attributes	Indicative Levels of Professional Practice
1. Conducting an initial assessment including to determine if the matter is appropriate for a dispute resolution process.	Registered Practitioners (RPs) must ensure that participants are provided with the following: (a) a description of the dispute resolution process and the steps involved. (b) information on how to provide feedback or lodge a formal complaint in relation to the practitioner. The initial assessment or intake may be conducted by a person other than the RP. It can take the form of a preliminary conference with the parties and should include: (c) assessing what dispute resolution process is suitable and whether variations are required (for example, using an interpreter or a co-mediation model in culturally and linguistically diverse communities, Indigenous Australians, or introducing safeguards where violence is an issue). (d) explaining to participants the nature and content of any agreement or requirement to enter mediation or a dispute resolution process, including confidentiality, costs and how they are to be paid. (e) identifying who is participating in the process and to what extent participants have authority to make decisions. (f) deciding venue, timing, and other practical issues. (g) ensuring the provenance and verification of documents.
2. Providing support for agency, self-determination, co-determination, and cooperative and informed decision-making as appropriate	RPs should ensure that participants: (a) Are afforded equal opportunity to exercise their legal capacity including through the mediation process. (b) Receive sufficient, accessible information on the mediation process prior to

Professional Attributes	Indicative Levels of Professional Practice
	commencement and throughout the mediation process. (c) Identify and set their own outcomes in the mediation process. Where appropriate, support may be provided (from a support person or representative) but the outcomes will be determined by, and represent the wills and preferences of, the individual.
3. Facilitating a Fair Process 1	RPs should facilitate a fair process, giving the participants the opportunity to: (a) communicate with each other. (b) exchange information and seek understanding. (c) identify, clarify, and explore interests, issues, and underlying needs. (d) consider their alternatives. (e) generate and evaluate options. (f) negotiate with each other. (g) reach and make their own decisions through both the initial assessment and the process itself.
4. Facilitating a Fair Process 2	RPs should also: (a) ensure that participants are advised about the AMDRAS including complaints management protocols thereunder and how it can be accessed. (b) ensure that participants prepare for the process, including through considering any advice or information that may need to be sought and/or exchanged. (c) where appropriate, refer participants to other sources of information, advice or support that may assist them. (d) inform participants about their roles and those of advisors, support persons, interpreters, and any other attendees. (e) advise participants about how they or the RP can suspend or terminate the process. (f) confirm each participant's agreement to continue in the process. (g) ensure as far as possible that participants understand the process and substantive matters under consideration.

Professional Attributes	Indicative Levels of Professional Practice
5. Managing the dispute resolution process.	This covers a number of elements including the following: (a) RPs should conduct the process in a manner consistent with the process previously outlined to the participants and allowing variations consistent with the parties' perceived needs. (b) The dispute resolution process will ordinarily include a joint session of the participants in which they communicate directly with each other to identify, clarify, and explore interests, issues, and underlying needs. The process may also include separate sessions and shuttle negotiations. (c) The process can be conducted online and face-to-face, or a combination of both, as appropriate. (d) An RP may adjourn the process and conduct it over multiple meetings and in different locations. (e) The process may conclude regardless of whether the participants have reached an agreement. (f) An RP may suspend or terminate the process if they form the view that it is no longer suitable or productive, for example where: (i) a participant is unable or unwilling to participate or continue. (ii) a participant is misusing the process. (iii) a participant is not engaging in good faith, and/or the safety of one or more participants may be at risk. (g) An RP should, where possible, advise of their intention to suspend or terminate the process. (h) If terminating the process, the RP should, where appropriate, encourage the participants to consider alternative procedures for resolving or managing the dispute.
6. Supporting parties to participate in the dispute resolution process.	An RP should ensure that all participants are engaged at an appropriate level commensurate with the context (cultural or otherwise) of the process. The RP should also ensure that

Professional Attributes	Indicative Levels of Professional Practice
	participants in the process are engaged in a manner that is relatively equal or fair.
7. Managing risks to fairness, safety, and abuse of process.	An RP must be alert to changing balances of power in dispute resolution processes and manage them accordingly. In addition, an RP must consider the safety and comfort of participants and where necessary take steps, or modify the process, which may include: (a) agreeing protocols to encourage appropriate conduct. (b) activating appropriate security protocols. (c) using separate sessions, shuttle negotiation processes, communication technology, or other protective arrangements. (d) having a participant's friend, representative or professional advisor attend. (e) suspending or terminating the process, with appropriate steps to protect the safety of participants. (f) providing participants with information about other services or resources.
8. Meeting their ethical, professional, and legal obligations.	RPs must ensure that they understand the regulatory provisions which may affect their or the participants' conduct, or the process employed. See also Table 2, below.
9. Providing information, guidance, and advice as appropriate including through the use of reality testing.	This can include several aspects. One is where an RP uses a process such as advisory or evaluative mediation or other dispute resolution process that involves the provision of advice. In such a case, the RP must: (a) obtain consent from participants to use the process. (b) ensure that within the professional area in which advice is to be given, they: (i) have current knowledge, skills, and experience. (ii) hold professional registration, membership, statutory employment, or their equivalent; and (iii) are covered by current professional indemnity insurance or have statutory immunity.

Professional Attributes	Indicative Levels of Professional Practice
	(c) ensure that the advice is provided in a manner that maintains and respects the principle of self- determination and co- determination. Where the RP uses reality testing in the process, they must ensure that: (a) it does not undermine the self- determination, co- determination or cooperative decisions making of the parties. (b) is used fairly with and between the parties; and (c) is based upon sound contextual knowledge of the dispute and the parties' role(s) in that dispute.

Professional Ethics and Responsibilities Domain

2. Clause 61.3 of the Standards describes the Professional Ethics and Responsibilities domain. Table 2 below specifies the Indicative Levels of Professional Practice for each element of the Professional Attributes within that domain.

Table 2 – The Professional Ethics and Responsibilities Domain: Attributes and Indicative Levels of Practice

Professional Attributes	Indicative Levels of Professional Practice
1. Providing accessible and inclusive services.	(a) RPs should ensure that their services are provided in accordance with all current and applicable human rights and anti-discrimination legislation. (b) RPs may establish policies on accessibility and inclusion, which may include: - Processes for adjusting services based on the needs of the individual - Available accessibility measures, such as Auslan or other language interpreting services, flexibility of communication methods, among others. (c) RPs are responsive to the needs of their service users and do not provide or refuse services on a discriminatory basis. For example, in the refusal to conduct mediation based on a protected characteristic.
2. Supporting agency, self-determination co-determination, cooperative and informed decision making.	RPs must include this in all aspects of the dispute resolution process, including the initial assessment. See also Table 1.
3. Providing information to the participants about the confidentiality of the process and any obligations to release confidential information in the specific dispute resolution process.	(a) Confidentiality can vary depending upon the context of the dispute and the process employed. It can also be an important aspect of any settlement or agreement reached. This can include contractual, regulatory and referral aspects. RPs must ensure that they are both aware and understand these aspects and must discuss this with the participants as appropriate. See also Table 1. (b) RPs must respect the agreed confidentiality arrangements relating to participants and to information provided during the process, except:

Professional Attributes	Indicative Levels of Professional Practice
	(i) with the consent of the participant to whom the confidentiality is owed; or (ii) where non-identifying information is required for legitimate research, supervisory or educational purposes; or (iii) when required to do otherwise by law; or (iv) where permitted to do otherwise by ethical protocols or obligations; or (v) where reasonably considered necessary to prevent an actual or potential threat to human life or safety. (c) Before holding separate sessions with different participants, an RP must inform participants of the confidentiality which applies to the sessions. (d) With a participant's consent, an RP may discuss the process, or any proposed agreement, with that participant's advisors or with third parties. (e) An RP is not required to retain documents relating to a process, although they may do so if they wish, particularly where duty-of-care or duty- to-warn issues are identified. (f) An RP must take care to preserve confidentiality in the storage and disposal of written and electronic notes and records of the process. This includes taking reasonable steps to ensure that administrative staff preserve confidentiality.
4. Facilitating an even-handed, safe, and ethical process in accordance with the Code of Ethics.	See also Table 1 and Appendix 3 to the Standards. (a) An RP must conduct the process in a fair, equitable and impartial way, without favouritism or bias in act or omission. (b) An RP must identify and disclose potential grounds of bias or conflict of interest before the process or emerging at any time during the process. (c) An RP must not act in cases involving a conflict of interest without the participants' informed consent, and then only if, in the RP's view, the conflict would not impair his or her impartial conduct of the process. (d) An RP must support participants to reach agreements freely, voluntarily, without undue influence, and based on informed consent.

Professional Attributes	Indicative Levels of Professional Practice
	(e) An RP must give participants appropriate opportunities to speak to and be heard by one another in the process, and to articulate their interests, issues, and underlying needs. (f) An RP must ensure, so far as practicable, that participants have sufficient time and opportunity to access sources of advice or information necessary for their decision-making. (g) An RP must encourage and support negotiations that focus on the participants' respective interests, issues, and underlying needs, and must encourage participants to assess any proposed agreements accordingly and with reference to their long-term viability. (h) An RP who uses reality testing in the process must ensure that it: (i) does not undermine the parties' self-determination. (ii) is used fairly with and between the parties; and (iii) is based on sound contextual knowledge of the dispute and the parties' role(s) in that dispute.
5. Representing their services and competence honestly and transparently.	(a) RPs should ensure that their services are represented through promotional and other activities in a manner which clearly and accurately describes their areas of practice, expertise, fee structures, and means of referral to them and/or provision of their services. (b) A RP must obtain agreement from participants about the fees and charges payable and about how those fees and charges are to be apportioned between them. In particular: (i) An RP must not charge fees based on the outcome of a process or calculated in a way that could influence the way the RP conducts the mediation. (ii) If any fees or charges paid in advance exceed fees or charges payable for the process, the RP must return the excess promptly on conclusion or termination of the process. (c) An RP must not guarantee results or outcomes from the proposed process or

Professional Attributes	Indicative Levels of Professional Practice
	make statements likely to create false expectations about favourable results.
6. Meeting their legal, regulatory, and professional obligations.	(a) An RP must provide their professional services only where they have the competence to do so. (b) An RP must not use information obtained in a dispute resolution process for personal gain or advantage. (c) An RP must adhere to the ethical code or standards prescribed by the professional organisation or association of which they are a member or by whom they are employed. (d) An RP should encourage participants to consider the interests of any vulnerable stakeholders. (e) An RP should encourage participants to obtain other professional support when appropriate but should refrain from recommending the services of particular individuals or firms. (f) An RP may liaise with other relevant professionals with permission from the relevant participant. (g) An RP should extend professional courtesy to other professionals engaged by the participants. (h) An RP should, where possible, engage in professional debriefing, peer consultation, and mentoring of less experienced RPs. (i) An RP must ensure that their insurance cover is appropriate to the legal and regulatory framework in which they are practising. (j) An RP must ensure that their CPD and other obligations under the AMDRAS and other professional affiliations are up to date and accurately represented.
7. Providing guidance and advice only when competent and authorised to do so.	See also Table 1 and Appendix 3. Where an RP uses a process such as advisory or evaluative mediation or other dispute resolution process, which involves the provision of advice, the RP must: (a) obtain consent from participants to use the process.

Professional Attributes	Indicative Levels of Professional Practice
	(b) ensure that within the professional area in which advice is to be given, they (c) have current knowledge, skills, and experience. (d) hold professional registration, membership, statutory employment, or their equivalent. (e) are covered by professional indemnity insurance or have statutory immunity. (f) ensure that the advice is provided in a manner that maintains and respects the principle of self- determination.
8. Providing a feedback and complaints mechanism with the ability to escalate complaints to an independent complaint- handling service.	(a) An RP and/or the organisation for which they work must give participants details of the complaints- management system they have in place. (b) The complaints-management system should adhere to the principles inherent in the model policy provided in Appendix 5.

APPENDIX 5

COMPLAINT HANDLING BY RECOGNISED PROVIDERS: MODEL POLICY¹

1. Introduction

Purpose

Clause 66 of *The Australian Mediator and Dispute Resolution Accreditation Standards* (**AMDRAS Standards**) requires all Recognised Providers to have and maintain an approved complaints-handling policy.

Appendix 5 of the AMDRAS Standards provides a Model Policy, for adoption by Recognised Providers.

MODEL POLICY

[INSERT NAME OF RECOGNISED PROVIDER] formally adopted the Model Policy on [INSERT DATE].

This policy is intended to ensure that we handle complaints fairly, efficiently and effectively.

This policy provides guidance to our people who receive and manage complaints.

Scope

This policy applies to all officers, staff (paid and volunteer) and contractors (together, **our people** or **personnel**) receiving or managing complaints made to or about us, regarding our services, our people, Registered Practitioners accredited by us, or our management of complaints (under this policy, or otherwise).

This policy can be read alongside AS/NZ 10002 Guidelines for Complaints Management in Organisations which provides detailed guidance on managing customer complaints within organisations, and covers guiding principles, complaints management framework, planning and design, operation, and maintenance and improvement.

Organisational commitment

This organisation expects personnel at all levels to be committed to fair, effective and efficient complaint handling. The following table outlines the

¹ Adapted from *Model Policy: Complaint Handling by Charities and Not-For-Profits*, 2018 available at <https://www.acnc.gov.au/tools/templates/complaints-handling-model-policy-and-procedure>. It can be adapted to suit the purposes of particular organizations.

nature of the commitment expected from our people and the way that commitment should be implemented.

2. Roles and Responsibilities

Who	Commitment	How
CEO, Chair and senior officers 'the leadership team'	Promote a culture that values complaints and their effective resolution	Provide adequate support and direction to those responsible for handling complaints. Regularly review reports about complaint trends and issues arising from complaints. Encourage all personnel to be alert to complaints and assist those responsible for handling complaints to resolve them promptly. Encourage personnel to make recommendations for system improvements. Support recommendations for service, staff and complaint handling improvements arising from the analysis of complaint Report to the AMDRAS Board on our complaint handling in accordance with the AMDRAS data.
Personnel whose duties include complaint handling	Demonstrate exemplary complaint handling practices	Treat all people with respect, including people who make complaints. Assist people to make a complaint, if needed. Comply with our policy and associated procedures. Provide regular feedback to management and/or the governing body on issues arising from complaints. Provide suggestions to management on ways to improve our complaints management system. Implement changes arising from individual complaints and from the analysis of complaint data as directed by management.
All personnel	Understand and comply with our complaint handling practices.	Treat all people with respect, including people who make complaints. Be aware of our complaint handling policies and procedures. Assist people who wish to make complaints access our complaints process. Be alert to complaints and assist personnel handling complaints resolve matters promptly.

3. Terms and Definitions

Term	Meaning
AMDRAS (or 'AMDRAS Standards')	The Australian Mediator and Dispute Resolution Accreditation Standards. <i>Note. AMDRAS is a national accreditation scheme for dispute resolution practitioners and specialists. Amongst other things, it specifies minimum standards of training, assessment, and practice as expressed in these Standards.</i>
AMDRAS Board	The Board of AMDRAS. <i>Note. Formerly the board of the Mediator Standards Board Ltd. In that capacity it established the National Mediator Accreditation Standards (NMAS), now superseded by AMDRAS.</i>
Complaint	An expression of dissatisfaction made to or about us, our services, our people, Registered Practitioners accredited by us, or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.
Complaint handling / management system	All policies, procedures, practices, personnel, hardware and software used by us in the management of complaints.
Dispute	An unresolved complaint escalated either within or outside of our organisation.
Feedback	Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly, to or about us, about our services or complaint handling system.
Policy	A statement of instruction that sets out how we should meet our obligations.
Procedure	A statement or instruction that sets out how our policies will be implemented and by whom.
Recognised Provider	A person or body who is either a Recognised Accreditation Provider (RAP) and/or a Recognised Training Provider (RTP).
Registered Practitioner	A practitioner accredited under AMDRAS and listed on the National Register.
Unreasonable Conduct by Complainant	Any behaviour by a person which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for the people involved in the complaint process.

4. Guiding principles

An effective complaint handling system must be modelled on the principles of fairness, accessibility, responsiveness, efficiency and integration into organisational culture.

Overview

Step 1 Facilitate complaints

Step 2 Acknowledge & respond to complaints

Step 3 Manage and resolve complaints

Step 4 Learning, reporting and prevention

Step 1 – Facilitate complaints

1.1 People focus

We are committed to seeking and receiving feedback and complaints about:

- our services, people, systems, practices, procedures, products and complaint handling, and
- Registered Practitioners accredited by us.

Any concerns raised in feedback or complaints will be dealt with within a reasonable time frame.

People making complaints will be:

- provided with information about our complaint handling process and how to access it,
- listened to, treated with respect by our people and actively involved in the complaint process where possible and appropriate, and
- provided with reasons for our decision(s) and any options for redress or review.

1.2 No detriment to people making complaints

We will take all reasonable steps to ensure that people making complaints are not adversely affected because a complaint has been made by them or on their behalf.

1.3 Anonymous complaints

Complaints lodged without contact information, where it appears the complainant wants to retain anonymity, should be exempt from active

involvement. We will only address the content of such complaints where sufficient information enables us to do so.

We may accept anonymous complaints if there is a compelling reason to do so, and will carry out a confidential investigation of the issues raised where there is enough information provided.

This will be in rare circumstances where principles of due process and natural justice ordinarily require transparency to those against whom a complaint has been made.

Where a complainant wishes to remain anonymous and/or asks that certain information remain confidential, prevent us from carrying out a complete and fair investigation, we will not close or progress the matter without first informing the complainant of this.

1.4 Accessibility

We will ensure that information about how and where complaints may be made to or about us is well publicised, including on our website (if available). We will ensure that our systems to manage complaints are easily understood and accessible to everyone, particularly people who may require assistance.

If a person prefers or needs another person or organisation to assist or represent them in the making and/or resolution of their complaint, we will communicate with them through their representative if this is their wish.

Anyone may represent a person wishing to make a complaint with their consent (e.g., advocate, family member, legal or community representative, member of Parliament, another organisation). In certain circumstances (e.g. mediation), this may require the person or organisation representing a complainant to agree to keep their involvement and details of the complaint and process confidential.

1.5 No charge

A complainant should not be charged a fee to complain. Costs of any investigation or dispute resolution process will not be charged to complainants without prior agreement.

Step 2 – Respond to complaints

2.1 Early resolution

Where possible, complaints will be resolved at first contact with us.

2.2 Responsiveness

We will promptly acknowledge receipt of complaints, within 3 working days if possible.

We will assess and prioritise complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security the response will be immediate and will be escalated appropriately.

We are committed to managing people's expectations, and will inform them as soon as possible, of the following:

- the complaints process,
- the expected time frames for our actions,
- the progress of the complaint and reasons for any delay,
- the possible necessity of employing an impartial person or organisation to assist in investigating and/or processing of the complaint,
- their likely involvement in the process, and
- the possible or likely outcome of their complaint.

We will advise people as soon as possible when we are unable to deal with any part of their complaint and provide advice about where such issues and/or complaints may be directed (if known and appropriate).

We will also advise people as soon as possible when we are unable to meet our time frames for responding to their complaint and the reason for our delay.

2.3 Objectivity and fairness

We will address each complaint with integrity and in an equitable, objective and unbiased manner.

We will ensure that the person handling a complaint is different from any personnel whose conduct or service is being complained about.

Conflicts of interest, whether actual or perceived, will be managed responsibly. In particular, internal reviews of how a complaint was managed will be conducted by a person other than the original decision maker.

2.4 Responding flexibly

We will adopt flexible approaches to service delivery and problem solving to enhance accessibility for people making complaints and/or their representatives.

We will assess each complaint on its merits and involve people making complaints and/or their representative in the process as far as possible.

2.5 Confidentiality

We will seek permission before disclosing confidential information provided by or on behalf of a complainant.

Personal and confidential information, including that which may identify individuals, will only be disclosed or used by us as required or permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

Step 3 – Manage the parties to a complaint

3.1 Complaints involving multiple agencies

Where a complaint involves multiple organisations or individuals, we will work with the other organisation(s) where possible, to ensure that communication with the person making a complaint and/or their representative is clear and coordinated.

Subject to privacy, confidentiality, safety and mandatory reporting considerations, communication and information sharing will also be organised to facilitate a timely response to the complaint.

If another organisation or person is charged with investigating and handling a complaint, this will be made clear to the person making the complaint and/or their representative.

Where a complaint involves multiple areas within our organisation, responsibility for communicating with the person making the complaint and/or their representative will also be coordinated.

Where our services are contracted out, we expect contracted service providers to have an accessible and comprehensive complaint management system. We take complaints not only about the actions of our personnel but also the actions of our service providers.

3.2 Empowerment of staff

All personnel managing complaints are empowered to implement our complaint management system as relevant to their role and responsibilities.

Our people are encouraged to provide feedback on the effectiveness and efficiency of all aspects of our complaint management system.

3.3 Managing unreasonable conduct by people making complaints

We are committed to being accessible and responsive to all people who approach us with feedback or complaints. At the same time our success depends on:

- our ability to do our work and perform our functions in the most effective and efficient way possible,
- the health, safety and security of our people, and
- our ability to allocate our resources fairly across all the complaints we receive.

When people behave unreasonably in their dealings with us, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and will support our people to do the same in accordance with this policy.

3.4 Alternative avenues for dealing with complaints

We will inform people who make complaints to or about us about any internal or external review options available to them (including to the AMDRAS Board under clause 83 of the AMDRAS Standards).

Step 4 – Learning, reporting and prevention

4.1 Continuous Improvement

Responding to and learning from complaints is an essential part of our commitment to quality improvement for our organisation and the professional development of the registered practitioners we support. For further information see clause 6 below.

4.2 Record Keeping and Reporting

We will maintain a record of complaints for the purpose of:

- identifying trends and opportunities to improve our people, services and complaints handling processes, and
- meeting our reporting obligations to the AMDRAS Board (including pursuant to clauses 66.2(c), 69(c)(iii) and 80 of the AMDRAS Standards).

4.3 Disciplinary Action

Any cancellation, suspension or placing of special conditions on the accreditation of a Registered Practitioner accredited by us will be reported to the AMDRAS Board pursuant to clause 69(c)(iii) of the AMDRAS Standards.

5. The four levels of complaint handling



Level 1

Subject to the nature and details of the matters raised, we may invite those with concerns regarding services delivered by a Registered Practitioner to speak with that Registered Practitioner (or their employer) in the first instance.

If this occurs, we will require written confirmation from both the person making the complaint and the Registered Practitioner that the concerns raised have been resolved to the satisfaction of the person making the complaint, or not.

Level 2

We aim to resolve complaints at the first level, the frontline. Wherever possible our people will be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.

We may recommend and facilitate a non-determinative dispute resolution process (e.g. mediation) at this stage.

Cost recovery or contribution from Registered Practitioners and complainants may be appropriate at this stage.

Level 3

Where this is not possible, we may decide to escalate the complaint to a more senior officer within our organisation. This third level of complaint handling will provide for the following internal mechanisms:

- assessment and possible investigation of the complaint and decisions already made, and/or
- facilitated resolution (where a person not connected with the complaint reviews the matter and attempts to find an outcome acceptable to the relevant parties).

Subject to the nature, details and/or progress of the complaint, we may refer the complaint and/or decisions already made for external investigation and/or review to a person or body with the necessary expertise and resources to perform such investigations and/or reviews.

Cost recovery from Registered Practitioners may be appropriate at this stage.

Level 4

Where a person making a complaint is dissatisfied with the process and/or the final outcome of our review of their complaint, they may seek an external review of our decision (including a review of the complaints-management process by the AMDRAS Board under clause 81 of the AMDRAS Standards). It is noted that the AMDRAS Board also has power under clause 80 of the AMDRAS Standards to independently audit complaints management processes by Recognised Providers.

6. Accountability and learning

6.1 Analysis and evaluation of complaints

We will ensure that complaints are recorded in a systematic way so that information can be easily retrieved for reporting and analysis by our people and where required the AMDRAS Board.

We will run regular reports on:

- the number of complaints received,
- the outcome of complaints, including matters resolved at the frontline
- issues arising from complaints,
- systemic issues identified, and

- the number of requests we receive for internal and/or external review of our complaint handling.

Regular analysis of these reports will be undertaken to monitor trends, measure the quality of our customer service and make improvements.

Both reports and their analysis will be provided to our senior management and to the AMDRAS Board for review, at least annually (see clauses 55, 66.2, and 80 of the AMDRAS Standards).

6.2 Monitoring of the complaint management system

We will continually monitor our complaint management system to:

- ensure its effectiveness in responding to and resolving complaints, and
- identify and correct deficiencies in the operation of the system.

Monitoring may include the use of audits, complaint satisfaction surveys and online listening tools and alerts.

6.3 Continuous improvement

We are committed to improving the way our organisation operates, including the effectiveness and efficiency of our complaint management system. To this end, we will:

- support the making and appropriate resolution of complaints,
- implement best practices in complaint handling,
- recognise and reward exemplary complaint handling by our people,
- regularly review our complaint management system and complaint data, and
- implement appropriate system changes arising out of our analysis of complaints data and continual monitoring of our system.

MODEL PROCEDURE: Complaint handling by Recognised Providers

Introduction

When responding to complaints, personnel act in accordance with complaint handling procedures as well as any other internal documents providing guidance on the management of complaints.

Personnel should also consider the AMDRAS and any relevant legislation and/or regulations when responding to complaints and feedback.

Communication

Information about our complaint process should be accessible, written in easy English and provided in a variety of formats. Our complaint management policy is accessible from:

- our website [remove if no website],
- our front counter or reception area [remove if no public office], and
- in leaflets, newsletters or other relevant media generated by our organisation.

Information made publicly available about the complaints management system should include:

- where complaints can be made,
- how complaints can be made,
- when complaints can be made,
- when acknowledgement of complaints can be expected,
- what information should be provided by the complainant,
- our process for handling complaints,
- time periods associated with the various stages in the process,
- where appropriate, possible options for redress,
- the complainant's options for review, both internally and externally, and
- how the complainant can obtain feedback on the status of their complaint

The five key stages in our complaint management system are set out below



1. Receive

Unless the complaint has been resolved at the outset, we will record the complaint and its supporting information. We will also assign a unique identifier/number to the complaint file.

The record of the complaint will document:

- contact information of the person making a complaint and the date received,
- issues raised by the person making a complaint and the outcome(s) they want,
- any other relevant information to properly respond to the matter, and
- any additional support the person making a complaint requires.

The Organisation should track the progress of each complaint until its finalisation. Updates of the status of the complaint should be made available to the complainant upon request and at regular intervals, at least at the intervals following the pre-set deadlines.

Note. Organisations may wish to consider recording complaints resolved at first point of contact, the frontline. Such record keeping will arguably add to the pool of data organisations regularly analyse to identify system issues and track more accurately the complaint handling activities of staff.

2. Acknowledge

We will acknowledge receipt of each complaint promptly, and preferably within 3 working days. When appropriate we may offer an explanation or apology.

Consideration will be given to the most appropriate medium (e.g. email, letter) for communicating with the person making a complaint.

Note. The suggested time frame may vary according to the size and capacity of your organisation.

3. Assess and investigate

3.1 Initial assessment

After acknowledging receipt of the complaint, we will confirm whether the issue(s) raised in the complaint is/are within our control. We will also consider the outcome(s) sought by the person making a complaint and, where there is more than one issue raised, determine whether each issue needs to be separately addressed. When determining how a complaint will be managed, we will consider:

- how serious, complicated or urgent the complaint is,
- whether the complaint raises concerns about people's health and safety,
- impact on the individual, the general public or our organisation,
- the risks involved if resolution of the complaint is delayed,
- personnel that should and should not be involved in managing the complaint, and
- whether a resolution requires the involvement of other organisations.

After the initial assessment, the person allocated should consider how to address the issues raised in the complaint. This could include working with the complainant to see if the issues can be appropriately addressed, informal inquiries or a formal investigation of the complaint.

The nature and scope of any enquiry or investigation will depend on the circumstances of each case, the issue complained about, the parties involved and potential outcomes.

3.2 Addressing the complaint

After assessing the complaint, we will consider how to manage it. We should handle all complaints in a manner intended to address the complaint appropriately as quickly as possible.

We may:

- give the person making a complaint information or an explanation,
- gather information about the issue, person or area that the complaint is about, or
- investigate the claims made in the complaint.

We will keep the person making the complaint up-to-date on our progress, particularly if there are any delays. We will also communicate the outcome of the complaint using the most appropriate medium. Which actions we

decide to take will be tailored to each case and take into account any statutory requirements.

4. Determine outcome and provide reasons for decision

Following consideration of the complaint and any investigation into the issues raised, we will contact the person making the complaint and advise them:

- what actions were taken in response to the complaint,
- the outcome(s) of the complaint,
- the reason(s) for our decision,
- the remedy or resolution(s) that we have proposed or put in place, and
- information about any options for review that may be available to the complainant, such as an internal review, external review or appeal (including to the AMDRAS Board pursuant to clause 83 of the AMDRAS Standards).

If any adverse findings are made about a recognised practitioner or a particular staff member, we must consider whether privacy obligations impact on what information can be disclosed to the complainant.

5. Close the complaint: document and analyse data

5.1 Document

We will keep records about:

- the nature and details of the complaint,
- steps taken to address the complaint,
- the outcome(s) of the complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations), and
- any outstanding actions to be followed up, including analysing any underlying or root causes.

This will assist in responding to any further reviews or appeals as well as supporting quality improvements.

5.2 Implementation of outcomes and reporting

We will ensure that outcomes are properly implemented, monitored and reported to senior management and where appropriate the AMDRAS Board.

5.3 Data Collection

We will ensure that all staff are aware of the policies for identifying, gathering, classifying, maintaining, storing, securing and disposing of complaint related records.

Information collection includes:

- the steps involved in recording the handling of each complaint and appropriately maintaining these records,
- maintaining records of the type of training and instruction that individuals involved in the complaint management system have received,
- specifying our criteria for responding to requests for records made by a complainant or their agent including what kind of information will be provided, to whom and in what format, and
- specifying how and when de-identified complaint data may be disclosed to the public or other organizations to whom the complaint refers such as the AMDRAS Board in accordance with the AMDRAS.

5.4 Analysis and evaluation of complaints

We seek to identify possible systemic issues or breaches and when identified staff should report systemic issues or breaches internally and to the AMDRAS Board when needed.