

National Panel of Assessors Scheme

REQUIREMENTS FOR BODIES CERTIFYING PROVIDERS UNDER THE NATIONAL PANEL OF ASSESSORS PROGRAM

Issue 2, 1 July 2025

This conformity assessment Scheme was developed by the Department of Social Services with technical assistance from JASANZ.

Word count: 7418 i.e., a 16% reduction from existing NPA Scheme (8809 words in HS Part 1 [2012] + HS Part 7 [2024])

Note: As per Introduction section, the following design logic was used in revising Issue 1 to Issue 2 (excerpt below)

Issue 2 of this Scheme has been updated to replace the (repealed) Disability Services Act 1986 with the Disability Services and Inclusion Act 2023, and updates to normative references for schemes including international standards and documents. In determining the priority of updates where competing or conflicting norms apply, the following general hierarchy was used: 1) Terms and definitions from ISO/IEC 17000:2020 and related standards published by ISO/ committee for conformity assessment (ISO/CASCO); and 2) terms and definitions from international accreditation groups under the Global Accreditation Cooperation (formerly the International Accreditation Forum).

Table of Contents

0 Introduction	3
0.1 Background	3
0.1.1 National Panel of Assessors (NPA) Program.....	4
1 Scope	5
2 References	5
2.1 Normative references	5
2.2 Informative references	5
3 Terms and definitions	6
4 General requirements	8
4.1 Legal and contractual matters	8
4.1.1 Legal responsibility.....	8
4.1.2 Certification agreement.....	9
4.1.3 Use of license, certificates and marks of conformity.....	9

NPA Scheme Issue 2

4.2	Management of impartiality	9
4.3	Liability and financing	9
4.4	Non-discriminatory conditions	9
4.5	Confidentiality.....	9
4.6	Publicly available information	10
5	Structural requirements.....	10
5.1	Organizational structure and top management	10
5.2	Mechanism for safeguarding impartiality.....	11
6	Resource requirements	11
6.1	Certification body personnel	11
6.1.1	General	11
6.1.2	Management of competence for personnel involved in the certification process	12
6.1.3	Contract with personnel.....	12
6.2	Resources for evaluation	12
6.2.1	Internal resources	13
6.2.2	External resources (outsourcing)	13
7	Process requirements.....	13
7.1	General	13
7.2	Application	13
7.3	Application review	13
7.4	Evaluation.....	14
7.5	Review	18
7.6	Certification decision.....	18
7.7	Certification documentation	19
7.8	Directory of certified services.....	19
7.9	Surveillance and recertification	19
7.10	Changes affecting certification.....	20
7.11	Termination, reduction, suspension or withdrawal of certification	20
7.12	Records.....	20
7.13	Complaints and appeals.....	20
8	Management system requirements	21
8.1	Options	21
8.2	General management system documentation (Option A)	21

NPA Scheme Issue 2

8.3 Control of documents (Option A)	21
8.4 Control of records (Option A)	21
8.5 Management review (Option A)	21
8.5.1 General.....	21
8.5.2 Review inputs.....	21
8.5.3 Review outputs.....	21
8.6 Internal audits (Option A)	21
8.7 Corrective actions (Option A)	21
8.8 Preventive actions (Option A).....	21
Annex A – Audit Duration	22
Annex B - Audit planning and consumer or DES Provider sampling	23
B.1 Sampling principles.....	23
B.2 Consumer file sampling	25
B.3 Traceability of sampling processes.....	25
Annex C – Code of ethics for auditing and certification in the disability sector	27

0 Introduction

0.1 Background

The International Standards for the certification of service providers

ISO/IEC 17065 is the International Standard for bodies certifying products, processes or services, and invokes ISO/IEC 17021-1 as the International Standard for audit (evaluation) of management systems. The intended interaction of the two standards and the base underlying nomenclature standard (ISO/IEC 17000) collectively provides the ‘applicable’ process and resource requirements to undertake impartial, competent and reliable certification of services, processes, and management systems. These standards for undertaking conformity assessment (e.g. audit) are published by the international committee ISO/CASCO (Committee on conformity assessment), the membership of which is comprised of experts nominated by Government authorised National Standards Bodies from around the world.

This conformity assessment scheme document explains the additional requirements and guidance above ISO/IEC 17065 for the selection, evaluation, determination, review/ attestation, and surveillance functions, which are collectively referred to as the ‘functional approach’. The functional

NPA Scheme Issue 2

approach is a unifying set of minimum 'functions' of all conformity assessment schemes recognised by ISO/CASCO.

Issue 2 of this Scheme has been updated to replace the (repealed) Disability Services Act 1986 with the Disability Services and Inclusion Act 2023 (DSI Act), and updates to normative references for schemes including international standards and documents.

In developing updated nomenclature and informative definitions text the following general hierarchy was used:

1. terms and definitions from ISO/IEC 17000:2020 and related standards published by ISO/committee for conformity assessment (ISO/CASCO); and
2. terms and definitions from international accreditation groups under the Global Accreditation Cooperation (formerly the International Accreditation Forum).

The major headings used in this Scheme are reproduced from ISO/IEC 17065, with the term 'product' replaced by the term 'service'.

The term 'should' is used to indicate recognised means of meeting the requirements of the standard. A certification body (CB) can meet these in an equivalent way provided this can be demonstrated to JASANZ.

The term 'shall' is used to indicate those provisions which, reflecting the requirements of the relevant standard, are mandatory.

0.1.1 National Panel of Assessors (NPA) Program

The NPA program is a standing panel of independent assessment service providers contracted to provide assessments to support the needs of people with disability in the workplace. The NPA program is funded by the Australian Government Department of Social Services (the Department). NPA Providers can undertake three different independent assessment services to assist with the needs of people with disability in the workplace:

- **Supported Wage System (SWS)** provides Employers and eligible people with disability a reliable process of productivity-based wage Assessment.
- **Ongoing Support Assessments (OSA)** for Disability Employment Services (DES) Participants who have achieved a 26-week employment outcome and are likely to need ongoing support to retain their job.
- **Workplace Modifications Services (WMS)** Assessments are part of the Employment Assistance Fund (EAF), administered by Job Access on behalf of the Department, and recommend reasonable workplace modifications (such as equipment or assistive technology) that will assist people with disability to undertake their employment duties.

1 Scope

The NPA Scheme applies to providers that receive funding under the DSI Act to deliver assessment services as part of the program. The assessment services are considered to be employment services under the DSI Act.

2 References

2.1 Normative references

Certification Standard

National Standard for Disability Services (NSDS)

Note: This standard is currently specified in the Disability Services and Inclusion (Compliance Standards and Alternative Compliance Requirements) Rules 2023, but remains unchanged from Issue 2 of this Scheme.

International standards and documents

ISO/IEC 17000: 2020 - Conformity assessment — Vocabulary and general principles

ISO/IEC 17065 – 2012 Conformity assessment – Requirements for bodies certifying products, processes and services

IAF MD4 – IAF Mandatory Document for the use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes

United Nations Convention on the Rights of People with Disabilities; available at <http://www.un.org/disabilities/>.

Legislation and associated instruments

Privacy Act (Cwlth) 1988

Disability Discrimination Act (Cwlth) 1992

Disability Services and Inclusion Act 2023

Disability Services and Inclusion (Compliance Standards and Alternative Compliance Requirements) Rules 2023

Disability Services and Inclusion (Complaints and Incidents Management) Rules 2023

Disability Services and Inclusion (Regulated Activities) Determination 2023

2.2 Informative references

Information and resources published by the Centre for Inclusive Employment

NPA Scheme Issue 2

Note: *Informative references are not accreditation or certification requirements under the NPA Scheme.*

3 Terms and definitions

The following definitions also apply to NPA scheme:

Audit team	A team of one or more Persons appointed to conduct an audit.
Certificate of compliance (CoC)	A Certificate of Compliance is issued to a client after a certification or recertification audit with a conformity finding. A CoC is valid for three years and marks the commencement of a certification cycle. The certificate includes the current start and expiration dates of the client's certification and lists all of a client's sites that are covered by the certification.
Certification	A process by which a CB, accredited as conforming to the criteria in the relevant parts of this scheme, attests in writing that a client conforms to the standards.
Certification body (CB)	A body accredited as a conforming to the criteria specified in this scheme which audits and certifies to the standards.
Certification audit	All activities related to the initial certification of a client to determine whether the client meets the requirements of the standards. This will be done via a verification audit process.
Client	The client as defined in ISO/IEC 17065, and in the context of this scheme, any person or body providing NPA services that is also required to achieve and maintain third party certification in order to satisfy the requirements of a responsible body.
Close out	Verification by a CB that corrective action has been implemented by a client to address a major nonconformity or nonconformity and is effective.
Disability Employment Services (DES) Provider	Disability Employment Services (DES) Provider of the person with disability who had an assessment by the NPA Provider. DES Providers may be included

NPA Scheme Issue 2

	as part of the sampling component outlined at Annex B.
Department	Australian Government Department of Social Services, Owner of the NPA Scheme.
Indicator of practice	A measurable element of practice that may be used to assess whether practice meets a particular standard. Indicators ensure that the expectations for conformity with each standard are clear. Also known as standard indicator, evidence indicator or KPI.
Major nonconformity	The requirements of a standard, or an indicator, are not met, or the outcome is ineffective. Three related minor nonconformities within the same standard may also constitute a major nonconformity.
Minor nonconformity	The requirements of a standard, or an indicator, are not fully met, or the outcome is only partly effective.
Notifiable issue	Evidence or allegations of a serious health, safety or abuse risk, harm or risk of harm, financial impropriety and/or professional misconduct.
NPA Provider	Organisations that are funded under the NPA program to deliver SWS assessments, OSA and WMS assessments for people with disability in employment.
NSDS	National Standards for Disability Services are the applicable standards to the NPA Scheme. They are guided by the relevant Indicators of Practice.
Outcomes	The elements of quality support which should be achieved for people with disability receiving employment services, identified through NSDS and IPs
Ongoing support	Advocacy support that is or has been of an ongoing nature and shall not include phone calls or requests for information that are one-off in nature only.

NPA Scheme Issue 2

Person

Primarily, a person with disability who is receiving / has received support from the NPA Provider being audited.

Providers may use the term 'Participant'.
Participant is a defined term in the NPA Deed.

Person may also mean family member/s or an unpaid primary carer or advocate of that person with disability. The 'customer' in terminology of the international standards for audit and certification.

Rating scale

The system used to rate conformity of a disability employment/ support service.

The NSDS are to be rated as follows:

- a) major nonconformity rating = 0
- b) nonconformity rating = 1
- c) conformity rating = 2

Self-assessment

A critical review, conducted internally, that documents the extent to which the client's policies, procedures and practices ensure that they meet the standards. Self-assessments may be conducted by peer organisations. Also known as internal review or internal audit.

Support person

May be anyone that provides assistance for a Person (or other interviewee) to interface with the audit team, as nominated by and with the consent of the Person.

4 General requirements

4.1 Legal and contractual matters

4.1.1 Legal responsibility

No additional requirements

NPA Scheme Issue 2

4.1.2 Certification agreement

4.1.2.1 The certification agreement shall:

- a) extend to all the sites and/or outlets covered by the scope of certification
- b) where possible, extend to any sites and/or outlets of relevant subcontractors to the client. Note: this depends on whether the client can obtain its subcontractors' agreement to do this
- c) require the client to inform the CB of the opening or closing of a site and/or outlet. A CB may seek confirmation from the client's responsible body of the number of sites and/or outlets a client delivers services from
- d) require the client to make available to the CB the records of all communications and action taken in relation to the requirements of the standards. This includes correspondence, recommendations and actions documented by the client's responsible body; or correspondence with any other client, organisation or person relating to complaints about the client.

4.1.3 Use of license, certificates and marks of conformity

No additional requirements

4.2 Management of impartiality

No additional requirements

4.3 Liability and financing

No additional requirements

4.4 Non-discriminatory conditions

No additional requirements

4.5 Confidentiality

- 4.5.1 The CB shall treat all information about a client, Persons, comprising documentation, records, data either in hard copy or electronic format, or verbal information that comes into the possession of a CB or any of its representatives in accordance with the *Privacy Act 1998* and any relevant state or territory legislation.
- 4.5.2 The CB shall not disclose information about a Person of a client that is identifiable directly or indirectly to that Person without the written consent of that person, unless required by law. Where written consent is unobtainable or impracticable, the Person shall be supported by a family member, carer, guardian or advocate empowered to make an informed decision about consent.
- 4.5.3 The CB shall not use information about a Person for any purpose other than the assessment of conformity with the standards.

NPA Scheme Issue 2

- 4.5.4 Where the CB wishes to disclose information about a client or Person (other than a notifiable issue) to a relevant authority it must first seek the client's or Person's permission. If permission is denied it may only disclose this information to a relevant authority if it takes the view that to do so would be in the best interests of the client's Persons, or in accordance with any applicable legislation.
- 4.5.5 The CB shall clearly explain levels of confidentiality and how they are applied to every participant in the audit, including, but not limited to:
- a) Service Provider (organisational) staff and management;
 - b) Person;
 - c) families;
 - d) carers or advocates as applicable.

4.6 Publicly available information

4.6.1 CBs shall include the following in public information:

- a) Persons will be offered information about the audit process and independent support to engage in the process prior to any consent being obtained
- b) Participation by Persons in audits is at all times voluntary and shall be based on the principle of consent. Where possible, a Person's consent to participate in an audit shall also grant permission for the audit team to review that consumer's file. It is desirable to obtain consents in writing. Where the capacity of a consumer to provide consent is uncertain, an advocate should be involved to determine that capacity and to support an appropriate level of involvement by the consumer. Where written consent is not obtained, the reason for this, and evidence supporting the assumption that consent was sought and has been obtained, should be recorded in file notes. A Person shall also have the right to withdraw the consent at any time.
- c) Persons shall be invited to the opening and closing meetings of all audits (if appropriate)
- d) A description of the complaints handling process in a range of accessible formats
- e) The process for transferring certification, which shall be in accordance with the JASANZ Transfer of certification procedure.

5 Structural requirements

5.1 Organizational structure and top management

No additional requirements

5.2 Mechanism for safeguarding impartiality

- 5.2.1 The CB shall ensure that the mechanism for safeguarding impartiality shall be an impartial committee which includes at least one member with lived experience of the disability sector.

6 Resource requirements

6.1 Certification body personnel

6.1.1 General

- 6.1.1.1 All personnel involved in auditing and certifying clients shall comply with the code of ethics at Annex C.
- 6.1.1.1.1 All audit team members shall undergo a national police check (Australia) at least every two years, along with all necessary checks required by state or territory legislation before working with children or vulnerable people.
- 6.1.1.2 All audit team members shall have experience and/or training in disability sector auditing or evaluation.
- 6.1.1.3 All audit team members shall demonstrate that they have the following knowledge and skills:
- a) awareness of the DSI Act 2023 and related instruments, and the concerns that led to reforms of disability employment services and supported employment services.
 - b) awareness of the diversity of persons and their needs in relation to the audit process
 - c) awareness of the principles of quality and improvement
 - d) awareness of the diversity of organisational structures and context in the disability sector and how this impacts on management practices
 - e) understanding of the complaints mechanisms and independent advocacy/support options available to persons, applicable to the client
 - f) ability to communicate effectively in writing or orally or using alternative communication systems as required to involve all relevant parties in the audit process.
- 6.1.1.4 All auditors shall successfully complete training required by the Department before auditing in this scheme (if any available). The Department may advise a CB of any new training and the timeframes for its completion by all specified personnel.

NPA Scheme Issue 2

Note: Training may extend to personnel with other involvement in the certification body functions, including application review, audit planning, and certification decisions.

- 6.1.1.5 When selecting the audit team for any on-site audit, the CB shall ensure that the skills brought to each assignment are appropriate. The team shall:
- a) understand the geographic or cultural context in which the client operates
 - b) inform the CB, prior to the audit, of any potential, current or perceived conflict of interest they have in conducting the audit.
- 6.1.1.6 When directed by the responsible body, the CB shall ensure that it is represented at meetings coordinated by the responsible body to improve the consistency of audit outcomes.
- 6.1.1.7 Lead auditors who have undertaken audits as the lead auditor under NDAP & DEAIP Scheme and DES/SES Scheme may be immediately signed off as the lead auditor under the NPA scheme, provided that they have completed the relevant NPA scheme training.

6.1.2 Management of competence for personnel involved in the certification process

- 6.1.2.1 The CB shall have a process to ensure the competence of persons prior to independently functioning as an auditor. As a minimum, requirements shall include:
- a) completion of nationally or internationally recognised auditor/audit team leader training or equivalent
 - b) participation as an auditor-in-training under the guidance of an experienced auditor until the CB (or their delegate) is satisfied that the trainee auditor has demonstrated competency in the role of auditor
 - c) demonstrated ability to identify and gather objective evidence relating to the standards being assessed and effectively contribute to audit reporting.
- 6.1.2.2 The CB's process for monitoring the performance of personnel shall include all audit team members, including contracted personnel, to address any performance management issues that may arise. Processes shall include onsite observation. The CB should establish the frequency of observation to take account of the criticality and volume of the work being undertaken, the experience and performance history of the audit team members and any data obtained from other types of monitoring activity such as review of audit reports and client feedback.

- 6.1.3 **Contract with personnel**
No additional requirements

6.2 Resources for evaluation

No additional requirements

NPA Scheme Issue 2

6.2.1 Internal resources

No additional requirements

6.2.2 External resources (outsourcing)

No additional requirements

7 Process requirements

7.1 General

7.1.1 The scope of certification shall be based on the service agreement/s or other contract between the responsible body and the client.

7.2 Application

7.2.1 The CB shall require the client to supply the following information:

- a) a copy of its documented policies and procedures relating to its services
- b) evidence of its self-assessment processes
- c) if applicable, a copy of its current service agreement (or contract, funding agreement or transitional placement agreement) with its responsible body.
- d) a description of the NPA Provider organisation, the number of NPA Assessors and the services it delivers.

7.3 Application review

7.3.1 The CB shall have a process for reviewing applications. In particular, and as part of the review process applied to each application for certification, the CB shall:

- a) review the outcomes of observations and discussions during any pre-audit onsite visits
- b) review any legal requirements that may impact on the client's policies and procedures relating to its services
- c) confirm the availability of the required audit team competencies
- d) calculate the audit duration in accordance with Annex A
- e) plan its sampling of a client in accordance with Annex B

NPA Scheme Issue 2

- f) devote adequate time and resources so it can make appropriate arrangements for seeking consumer feedback in accordance with Annex B.

7.4 Evaluation

- 7.4.1 The evaluation program shall include:
 - a) a remote initial audit, and
 - b) a recertification audit every three years, prior to the expiration of the certificate of compliance but no earlier than six months before the expiry date.
- 7.4.2 The CB shall have documented procedures for:
 - a) conducting certification and recertification audits of a client (including reporting), in accordance with the provisions of ISO 19011. Note: if there is a conflict between ISO 19011 and NPA Scheme the requirements in this Scheme take precedence.
 - b) identifying and recording nonconformities and the need for appropriate corrective action by clients.
- 7.4.3 The determination of the audit process shall be proportionate to the size of the NPA Provider, including its demonstrated level of management system effectiveness and the results of any previous audits.
- 7.4.4 The CB shall plan audits to allow sufficient time and resources for the activities, e.g. to report compliance against each applicable indicator, and to fully comply with the reporting requirements in this scheme. The CB shall fully explain and clarify the requirements to the client during all stages of the certification process.
- 7.4.5 The CB shall consider the culture and capacity of NPA Providers in remote communities, including Indigenous and multi-cultural communities, when planning audits.
- 7.4.6 The CB shall inform the client of the name of the auditor, with sufficient notice to appeal against the appointment of the auditor.
- 7.4.7 The CB shall perform the initial certification audit remotely. During the audit, the CB will:
 - a) review the client's policies and procedures for complying with the standards,
 - b) conduct an interview(s) with the client to discuss how they comply with the standards, and
 - c) undertake interviews with relevant persons and/or DES Providers (refer to Annex B).
- 7.4.8 The CB shall contact up to three (3) persons/ DES Providers of the client for an interview to discuss whether the client/ NPA Provider acts in line with the requirements of the NSDS.
- 7.4.9 The CB should evaluate the following factors in determining whether an NPA Provider is compliant with the NSDS:

NPA Scheme Issue 2

- a) whether the NPA Provider has policies and procedures in place that directly relate to the applicable standards of the NSDS
- b) the information provided by persons and/or DES Providers
- c) optional self-assessments conducted by the NPA Provider
- d) the duration of the NPA Provider's contact with persons
- e) the level of contact required with the families and carers of persons, and
- f) whether the client can clearly articulate how the policies and procedures are implemented when delivering assessment services.

7.4.10 In conducting a certification audit the applicable NSDS and indicators of practice to be assessed are:

- a) Standard 1 – Rights
 - Indicators of Practice: 1:1, 1:2, 1:5, 1:6, 1:9
- b) Standard 2 – Participation and Inclusion
 - Indicators of Practice: 2:1, 2:6
- c) Standard 3 – Individual Outcomes
 - Indicators of Practice: 3:4, 3:5
- d) Standard 4 – Feedback and Complaints
 - Indicators of Practice: 4:1, 4:3, 4:6
- e) Standard 5 – Service Access
 - Indicators of Practice: 5:2
- f) Standard 6 – Service Management
 - Indicators of Practice: 6:1, 6:2

7.4.11 The purpose of the client interviews is to understand and evaluate how NPA Providers implement the policies and procedures when undertaking an assessment service. The purpose of the persons and/or DES Provider interviews is to understand whether NPA Providers are undertaking assessment work in line with the NSDS.

7.4.12 The CB shall follow up at audit any matters referred to it by the responsible body that relate to conformity with the standards or to a potential notifiable issue and provide any further information on them to the responsible body if requested. In addition, any breaches of statutory funding conditions, that have not been appropriately reported to the department should be reported to the Department by CBs.

Note: This information shall be sent to the following e-mail address NPA.Assessors@dss.gov.au

7.4.13 Upon completion of the audit, the CB shall hold a closing meeting with the client (NPA Provider) to:

- a) advise the client of the audit findings, their conformity with each standard (and indicator), and to provide the opportunity for questions about the findings
- b) if applicable, provide the client with documented major nonconformities and nonconformities (including the standards, KPIs or indicators they relate to, as applicable), explanatory comments and the close out dates. This may be provided in summary form initially, containing just the numbers of nonconformities, the grade, and the citation of the requirements that are not conformed to. In such cases, a

NPA Scheme Issue 2

complete documentation of nonconformities shall be followed up within one day, as per the first sentence in this subclause (7.4.13[b])

- c) summarise any notifiable issues during the audit, if applicable, unless there is a justifiable reason for not doing so
- d) summarise any audit follow-up activities
- e) briefly summarise all the available avenues for resolving complaints and appeals via the CB or JASANZ, and
- f) summarise the timing of, and requirements for, preparing and conducting the recertification audits.

7.4.14 The initial certification audit and recertification audit shall be conducted by a sole auditor. The auditor should consider the size and scale of the NPA Provider, including the complexity of the NPA service when undertaking the audit.

7.4.15 The CB shall complete an audit report that includes:

- a) a brief description of the client/NPA Provider (including services delivered)
- b) an executive summary of the overall findings of the audit, including comments on the client's policies, procedures and practices to ensure conformity with the applicable standards and a summary of any identified major nonconformities or nonconformities
- c) positive and negative observations. Where appropriate, the CB should advise the client to carefully consider negative observations (e.g. opportunities for improvement) and the need for preventive actions to address potential nonconformities
- d) timeframe allocated for the audit, and
- e) an adequate description of the main evidence and audit trails used to support the ratings of standards. Qualifying comments about indicators should reflect the varying language for different service types.

7.4.16 The CB shall provide the draft written report to the NPA Provider within 10 working days of the closing meeting, even if the draft decision is to not certify. The NPA Provider shall have 10 working days from receiving the draft written report in which to provide a response to the CB.

7.4.17 If a NPA Provider formally disagrees with its CB's audit findings, the CB shall notify the Department within 10 working days of learning of the disagreement if it has not been resolved in that time.

7.4.18 The CB shall consider any response provided by the NPA Provider, make the final certification decision, and provide the final report to the NPA Provider and the Department within a further seven working days, even if the decision is to not certify.

7.4.19 The CB's procedures shall ensure that in the instance of a major nonconformity:

NPA Scheme Issue 2

- a) the nonconformity is closed out before certification or re-certification.
- b) close out shall require a follow-up meeting by the CB. For a certified NPA Provider, evidence of a corrective action plan shall be presented to the CB within 5 working days of the date of issue of the major nonconformity, and close out shall require a follow-up visit by the CB within three months;
- c) the CB shall be able to justify circumstances where close out of a major nonconformity, or downgrading the major nonconformity to a nonconformity did not require a follow-up meeting;
- d) for a certified NPA Provider, failure to close out the major nonconformity within three months of the date of issue, or to take action to downgrade the major nonconformity to a nonconformity; shall result in certification suspension; and
 - i. If an NPA Provider has their certification suspended, referrals for new assessments will also be suspended. Assessment referrals will be turned back on once the certification is no longer suspended.
 - ii. If, after three months of the certification suspension, no action has been taken to downgrade the major nonconformity to a nonconformity, certification will expire.
 - iii. If certification expires, the NPA Provider will be required to organise for another initial audit to be undertaken. This audit will not be reimbursed by the Department.
 - iv. For a certified NPA Provider, if the major nonconformity is downgraded to a nonconformity, that nonconformity shall be closed out within a further three months (maximum of six months from the date of issue to fully action a major nonconformity).

7.4.20 The CB's procedures shall ensure that in the instance of minor nonconformity:

- a) for a certified NPA Provider, the nonconformity shall be closed out within six months of the date of issue or prior to the expiry of the certification, whatever is earlier; and
- b) a nonconformity which has been escalated to a major nonconformity shall lead to expiry of the certification.

7.4.21 In the instance of certification expiry, the CB should inform the Department that the NPA Provider's certification has expired due to a major nonconformity not being downgraded. The CB should advise the Department that the NPA Provider will require another initial audit. The new initial audit will be organised and funded by the NPA Provider.

7.4.22 An extension to certification may only be considered if an NPA Provider needs to delay a recertification audit due to natural disasters beyond their control (including flood, fire,

NPA Scheme Issue 2

earthquake, cyclone or other natural disasters), interruption of electricity or telephone service, or if an unprecedented event such as a national health crisis occurs, and communities have to go into lockdown. An application for extension will be considered by the Department on a case-by- case basis.

7.4.23 Where applicable, recertification audits shall document:

- a) close-out of each major nonconformity and nonconformity revealed previously,
- b) and any useful comparison with the results of previous audits.

7.4.24 If an audit team finds evidence of a notifiable issue or breaches of statutory funding conditions, the CB's procedures shall require it to record the details, and to immediately notify the client's manager (unless there is justifiable reason for not doing so, such as a risk of compromising collection of evidence in subsequent investigations), and responsible body.

7.4.25 The CB shall prepare stand-alone reports of any follow-up audits outlining any major nonconformity or nonconformity and clearly document the evidence provided to support decisions to close them out or downgrade them. It is not acceptable to report follow up activity as an amendment to the original report.

7.5 Review

No additional requirements

7.6 Certification decision

7.6.1 'Certification decision' includes the decision on initial certification and decisions to continue and renew certification. The CB shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of its review of the system over the period of certification, and complaints received.

7.6.2 The CB's processes shall ensure that any major nonconformity is closed out before certification or expiry of certification.

7.6.3 The CB shall advise the client's responsible body of all certification decisions within 5 working days of the date of the decision. The CB shall provide the responsible body with reasons for any decisions to vary, suspend or withdraw certification, together with a copy of the certification document(s) and any associated reports.

7.6.4 If a client ceases to provide its funded services or its funding or approval is revoked (as applicable) for any reason, the Department will notify JASANZ and the CB that issued certification within 10 working days of revocation becoming effective, and the CB shall amend the scope or withdraw the certificate as applicable.

7.6.5 The registration approval date (the effective date) will be the date at which the certificate of compliance with the NSDS is signed by the CB and provided to the NPA Provider. If the certificate of compliance is signed by the CB and then provided to the

NPA Scheme Issue 2

NPA Provider the following day, the effective date of certification would be the date at which the CB signed the certificate of compliance.

7.7 Certification documentation

- 7.7.1 Certification documents shall include the name of the NPA Providers' legal entity, and may also include the registered trading name. In all cases, certification documents shall clearly show that the services delivered by the organisation are certified, not the entire organisation.
- 7.7.2 Certification documents shall clearly state which indicators of practice under the NSDS the NPA Provider has been certified against for the particular service (assessments as part of the NPA program).
- 7.7.3 When certification is extended, the previous NPA Scheme certification expiry date shall also be clearly specified on the re-issued certificate.

7.8 Directory of certified services

No additional requirements

7.9 Surveillance and recertification

- 7.9.1 The certification cycle should not normally exceed three years.
- 7.9.2 Surveillance activities will require NPA Providers to complete a self-declaration every year, except the year of recertification, and provide it to the Department. The self-declaration will be proportionate to the size and scope of the services provided. The self-declaration will advise the Department whether there have been any changes that would affect compliance of the NPA Provider.
- 7.9.3 If the self-declaration indicates that there has been changes which affect compliance of the NPA Provider, the Department may request that the NPA Provider undertake a new audit. This audit will restart the certification cycle for the NPA Provider.
- 7.9.4 The certification cycle should restart with a recertification audit to confirm the continued conformity and effectiveness of the client's policies, procedures and practices relating to its services, against all the requirements of the standards. The recertification audit shall consider the performance of the client's policies and procedures over the period of certification.
- 7.9.5 Recertification audit activities may not need to include a detailed review of the client's policies and procedures unless there have been significant changes to the policies and procedures or to the services that the client operates.
- 7.9.6 Recertification activities should include interviews with relevant persons and/or DES Providers as per Annex B.

NPA Scheme Issue 2

- 7.9.7 When, during a recertification audit, instances of nonconformity or lack of evidence of conformity are identified, the CB shall define time limits for correction and corrective actions to be implemented prior to the expiry of certification.

7.10 Changes affecting certification

No additional requirements

7.11 Termination, reduction, suspension or withdrawal of certification

No additional requirements

7.12 Records

7.12.1 The CB's records shall include the following information:

- a) clear, up to date documentation of the supporting information and rationale for all audit decisions
- b) sufficient information to trace all on-site audit durations, the basis for the calculations and justification for the durations arrived at
- c) sufficient information for the duration of the remote audit, and
- d) justification for, and documentation of any departure from the requirements in all the applicable Annexes.
- e) the number of participants consulted during each audit and the methods of consultation
- f) how it ensured that participants provided their consent to participate in the audit and for the CB to access their files.

7.13 Complaints and appeals

- 7.13.1 The CB's complaints-handling process shall also cover advising the client, if the complaint cannot be resolved, to invoke the CB's appeals process, or escalate the complaint to JAS-ANZ if appropriate.
- 7.13.2 The CB shall copy matters referred to it by a responsible body into its complaints system and action them according to its procedures for handling complaints.
- 7.13.3 The CB shall also include a TE in each appeal hearing.

8 Management system requirements

8.1 Options

- 8.1.1 Regardless of which option the CB adopts, the CB shall have procedures for internal audits based on the provisions of ISO 19011.

8.2 General management system documentation (Option A)

No additional requirements

8.3 Control of documents (Option A)

No additional requirements

8.4 Control of records (Option A)

No additional requirements

8.5 Management review (Option A)

No additional requirements

8.5.1 General

No additional requirements

8.5.2 Review inputs

No additional requirements

8.5.3 Review outputs

No additional requirements

8.6 Internal audits (Option A)

No additional requirements

8.7 Corrective actions (Option A)

No additional requirements

8.8 Preventive actions (Option A)

No additional requirements

Annex A – Audit Duration

- A.1 Due to the size of organisations and services provided by NPA Providers, audits will be undertaken remotely.
- A.2 Audit duration calculations (i.e. auditor days) shall be based on an eight-hour working day including one hour for lunch and exclude all activities other than auditing.
- A.3 CBs shall determine the appropriate duration of the audit, in respect to the NPA Provider size. Audit timeframes should not exceed two business days per NPA Provider.

Annex B - Audit planning and consumer or DES Provider sampling

B.1 Sampling principles

- B.1.1 Seeking direct feedback from persons is a critical element of the audit process. CBs shall ensure that wherever possible, persons have been offered the opportunity to participate in the audit process. However, it is not usually practicable for all persons to provide direct feedback, and for this reason a sampling approach is normally required to ensure appropriate levels and types of feedback during the audit.
- B.1.2 Consumer sampling shall be determined at the site and/or outlet level on a case-by-case basis.
- B.1.3 When planning the audit, the CB shall negotiate a strategy for sampling persons in consultation with the client and relevant stakeholders, so that the CB may quote for certification services. The CB shall allow the client to make the strategy available to other CBs, on request. The strategy should cover:
- a) proposed sample numbers
 - b) sampling approach, including methods of communication and sampling methods (face-to-face interview, focus groups, telephone survey, mail or on-line survey)
 - c) support needs of persons (if applicable), including when, where and how consumer feedback is to be obtained.
- B.1.4 The CB should select the sample of consumer participants who have received a service over the last twelve months from a de-identified list provided by the client. This ensures that the sample is not influenced by other stakeholders, which might inhibit the collection of accurate data.
- B.1.5 In sampling persons, the CB shall have regard to the vulnerability of some persons which may lead to their being unable to participate.
- B.1.6 The CB shall ensure that the sampling approach is appropriate to the service delivery context of the client. A client with a small number of persons would not need an extensive consultation mechanism around sampling.
- B.1.7 The CB shall attempt to represent the demographics of the client's customers, when sampling persons. Some of the demographics to consider are:
- a) disability type (if applicable)
 - b) gender
 - c) age

NPA Scheme Issue 2

- d) frequency of the support provided by the client
- e) cultural, religious or language differences
- f) complexity of support needs, including communication
- g) length of tenure with the client (includes those exited, as applicable) h) location
- i) service type.

B.1.8 CBs should maintain a flexible approach to consumer involvement methods, ensuring that priority is given to methods encompassing face to face communication.

B.1.9 The sampling approach does not preclude persons talking to an audit team member if the opportunity arises and they choose to during an audit. However, the audit team shall not use any identifying information without the consumer's consent. B.1.10 The CB shall verify that the client has:

- a) consultation with relevant stakeholders on the proposed sampling approach.
- b) taken adequate and appropriate steps to obtain consents for the audit.
- c) made all reasonable attempts to inform all its persons in accessible and varying formats of all scheduled audits and provide them with an opportunity to participate in the process and in the consumer sample.
- d) made it clear to all persons that they are entitled to involve an independent advocate of their choice in the audit process if they wish. If an advocate is required during an audit process, the advocate shall not be a paid employee or volunteer of the client being audited.
- e) made it clear to all persons that they are entitled to involve a support person of their choice in the audit process if they wish. The support person shall not participate in audit.

B.1.11 Although the focus of this Annex is on sampling persons, auditors should always keep in mind the potential to gather useful evidence from other stakeholders, and sample accordingly. Other stakeholders can include:

- a) direct support staff
- b) families or carers of people using services
- c) suppliers or partners of the client, or other local organisations.

B.1.12 Persons and/or DES Provider sampling is required as part of the audit for NPA Providers. There is no requirement to have a mix of persons and DES Providers as part of the audit process for each client. For example, for an NPA Provider audit, all consumer interviews may be with DES Providers, and for another NPA Provider, all consumer interviews may be with a person with disability who received the assessment service.

NPA Scheme Issue 2

- B.1.13 At the commencement of the audit, the NPA Provider must provide the CB with a list of at least five persons and/or DES Providers who have been involved in an assessment in the three months prior to the audit. The persons and/or DES Providers must have provided consent to be contacted as part of the audit. The list should include consumer and/or DES Provider names, contact numbers and organisations (if relevant). The CB shall choose persons to interview at random based on the sampling numbers in table 1.
- B.1.14 The CB shall ensure that the sampling approach is appropriate to the size of the organisation. A client who only delivers a small number of assessments will not require extensive consumer sampling.
- B.1.15 CBs should conduct the consumer interviews remotely. This may include telephone or online interviews.
- B.1.16 The CB shall verify that the client has obtained appropriate consent from the relevant persons for the audit.

Table 1: Consumer sampling numbers

Organisation size	Minimum number of persons to be interviewed (initial audit)	Minimum number of persons to be interviewed (recertification audit)
Small – medium organisation – 10 assessments or less per month	2	2
Large organisation – greater than 10 assessments per month	3	3

B.2 Consumer file sampling

There is no requirement to audit consumer files as part of the audit.

B.3 Traceability of sampling processes

- B.3.1 A CB shall be able to justify how it samples persons for any audit. Any reduction in the sample size shall be justified and documented in each case (e.g. where an insufficient number of consumer consents are received). The CB shall pay particular attention to the validity of the results of the audit where the sample size is likely to be 30% or more below the numbers which would apply using the above sampling approaches. If in doubt about the validity, advice should be sought from the client's responsible body before the audit begins.
- B.3.2 Sampling strategies shall be sufficiently documented for each audit so as to be able to trace compliance with all the requirements of this Annex.

Annex C – Code of ethics for auditing and certification in the disability sector

- C.1 All personnel working on behalf of CBs in this scheme shall abide by the following code of ethics.
- a) Auditors and staff of CBs must abide by this code of ethics when auditing clients providing disability services.
 - b) Audit team selection, ongoing work and training should be inclusive and supportive of the unique needs and talents of individuals, and in line with legislation such as the Disability Discrimination Act.
 - c) Auditors and staff of CBs shall adhere to and uphold all relevant legislation and regulatory requirements.
 - d) CBs should be considerate of the working hours of their clients' staff when planning audits.
 - e) CBs should promote available complaint mechanisms to clients and participating consumers.
 - f) CBs shall facilitate transfer of certification if requested by a client it has certified. It shall not revoke certification simply because a client advises of its intent to change its CB.
 - g) CBs and their staff (external or internal) should promote the benefits of disability sector quality schemes to all interested parties.
 - h) CBs should actively participate in the continuous improvement of disability sector quality schemes by identifying and raising issues with the relevant funding body or JAS-ANZ.
 - i) Auditors and staff of CBs involved in audits within the disability sector must be free of conflicts of interest.
 - j) Auditors and staff of CBs must, at all times, act with honesty and professionalism. They should be committed to upholding the integrity of the quality frameworks that they operate under.