

NATIONAL GUIDELINES FOR THE
ACCREDITATION OF NURSING AND
MIDWIFERY PROGRAMS LEADING
TO REGISTRATION AND
ENDORSEMENT IN AUSTRALIA

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PURPOSE OF THE NATIONAL ACCREDITATION GUIDELINES

The Australian regulatory environment in which nurses and midwives are registered and programs of study are accredited and delivered has undergone significant changes since the introduction of the *Health Practitioners Regulation National Law Act 2009* (Qld) (The National Law) and the subsequent implementation of the National Registration and Accreditation Scheme. Further national reforms in health policy, the education sector, governance and funding are being effected and have ongoing implications for nursing and midwifery education.

Professional accreditation is concerned with the quality of the profession and its work, from the perspective the public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and are able to practice in a safe and competent manner equipped with the necessary foundation knowledge, professional attitudes and essential skills.

The National Accreditation Guidelines (the Guidelines) are designed for all persons interested and involved in the accreditation of nursing and midwifery programs leading to registration or endorsement, including education providers, members of assessment teams, Accreditation Managers and others. The Guidelines describe the structures, personnel and processes of accreditation of nursing and midwifery education providers and programs.

Part 1: Contains information on the ANMAC governance and organisational structure and the principles underpinning the accreditation function of ANMAC as well as the role of key personnel involved in the ANMAC accreditation function.

Part 2: Describes in detail the scheme of accreditation, including the individual processes that are involved in the accreditation of providers and programs.

Part 3: Contains other relevant information relating to accreditation such as quality improvement, evaluation and notification of major and minor modifications to accredited programs.

The Guidelines should be read in conjunction with the National Standards and Criteria relevant to the provider and/or program being accredited. In addition, if you are an education provider they should be read in conjunction with the relevant application pack. If you are an assessor, the Assessor Handbook is an important additional component.

Table 1: GLOSSARY

TERM OR ABBREVIATION	EXPLANATION
Academic Integrity	Documentation in the submission or in support of the submission is true and correct and is the original work of the education provider except in so far as acknowledgement is made to other sources
Accreditation Guidelines	The <i>National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia</i> .
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANMAC Determination	The ANMAC Board has delegated the accreditation determination to the ANMAC CEO where the assessment process has been straightforward and without controversy. Where the assessment process raises questions that require application of material conditions, burdensome reporting requirements or refusal of accreditation; the accreditation determination will be referred to the Board for their decision
AMC	Australian Medical Council.
ASQA	Australian Skills Quality Authority. ASQA is the national regulator for Australia's vocational education and training sector and regulates courses and training providers to ensure nationally approved quality standards are met.
AQF	The Australian Qualifications Framework is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.
Audit	An audit performed by ANMAC on an education provider of an accredited nursing and midwifery program under the monitoring requirements of the National Law.
CDNM	The Council of Deans of Nursing and Midwifery (Australia and New Zealand), formerly known as the Australian Council of Deans of Nursing, is the peak organisation representing the deans and heads of the schools of nursing and midwifery in universities offering undergraduate and postgraduate programs in nursing and midwifery throughout Australia and New Zealand.
Combined degree	A pre-registration degree in nursing or midwifery combined with a degree that is not accredited by ANMAC eg Bachelor of Nursing/Bachelor of Public Health, Bachelor of Arts/Master of Nursing.
Course	A single subject of study, usually part of an education program leading to a qualification in nursing and/or midwifery, generally leading to registration and endorsement in Australia.
Dual degree	Two pre-registration degrees accredited by ANMAC e.g. Bachelor of Nursing/Bachelor of Midwifery.
Education Provider	A university or other higher education institution, or a registered training organisation, responsible for a program, the graduates of which are eligible to apply for registration and endorsement as a nurse or midwife.

Mandatory Interim Report	A report required from the education provider six months after the first cohort of students graduates from an ANMAC accredited program.
Ministerial Council	Australian Health Workforce Ministerial Council.
Modification of a program	Changes to a currently accredited nursing or midwifery program that does not constitute accreditation of a new program eg new campus, new Head of School, new delivery mode etc.
Monitoring	Section 50 of the National Law places an obligation on the accreditation authorities to monitor accredited programs and education providers <i>“to ensure the authority continues to be satisfied that the programs and provider meet an approved accreditation standards for the profession.”</i>
National Law	The National Law is contained in the Schedule to the <i>Health Practitioners Regulation National Law Act 2009 (Qld)</i> .
NMBA	Nursing and Midwifery Board of Australia.
NRAS	National Registration and Accreditation Scheme
Procedural fairness	Is underpinned by the following principles <ul style="list-style-type: none"> • The decision-maker must be impartial and unbiased regarding the matter to be decided, and must have no pecuniary or propriety interest in the outcome. • Those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to answer the case and present their own case. • The decision must be based on sound argument and evidence. • Those affected must be given the reasons for the decision.
Program	A full program of study and experiences that are required to be undertaken before a qualification recognised under the Australian Qualifications Framework, such as a Bachelor of Nursing, can be awarded.
Special Interim Report	A progress report from an education provider who is six months into their accredited program.
Special Reports	Reports required by ANMAC under the monitoring function of the National Law. A report required from the education provider six months after the first cohort of students graduates from an ANMAC accredited program.
Submission	Documents provided to ANMAC for either accreditation of a new program or modifications of a currently accredited program.
TEQSA	Tertiary Education Quality and Standards Agency. TEQSA is the regulatory and quality agency for higher education in Australia.

PART ONE – Background and Governance

1 THE AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

On 1 July 2010, ANMAC became the independent accreditation authority for the nursing and midwifery professions under the National Registration and Accreditation Scheme (NRAS).

In accepting appointment to this role by the Australian Health Workforce Ministerial Council (Ministerial Council) ANMAC accepted the challenge to become a proficient and sustainable accreditation authority. The vision of ANMAC is articulated in the following statement:

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is respected for its leadership in nursing and midwifery accreditation.

The purpose of ANMAC is:

The Australian Nursing and Midwifery Accreditation Council (ANMAC) will ensure that standards of nursing and midwifery education promote and protect the health of the Australian community.

The role and functions of ANMAC are intended to give the community confidence that nurses and midwives who successfully complete programs accredited by ANMAC are able to practise in a safe and competent manner to achieve quality outcomes for people in their care. A primary function of ANMAC as the accreditation authority for the nursing and midwifery professions is to ensure that programs leading to registration and endorsement of nurses and midwives in Australia, meet the Nursing and Midwifery Board of Australia (NMBA) approved standards for accreditation.

2 THE NATIONAL ACCREDITATION FRAMEWORK

These Guidelines form part of a broader policy framework developed for the accreditation of nursing and midwifery programs leading to registration and endorsement in Australia, referred to as the National Accreditation Framework. The National Accreditation Framework comprises the:

- Health Practitioner Regulation National Law Act 2009 (QLD) - (the National Law)
- National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – (the National Accreditation Framework statement)
- Approved Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration and Endorsement in Australia
 - Enrolled Nurses
 - Midwives
 - Nurse Practitioners
 - Registered Nurses
- Approved Standards and Criteria for the Accreditation of Nursing and Midwifery Courses:

- Re-entry to the Register
- Enrolled Nurses
- Midwives
- Registered Nurses

Note: These are also currently being used for the assessment of entry programs for internationally qualified nurses and midwives seeking to register in Australia.

- Approved Standards for Eligible Midwives
- Professional Practice Review Programs
- Education standards for endorsement for scheduled medicines

Each of the documents in this suite of policy documents that make up the National Accreditation Framework have been developed in consultation with key stakeholders and incorporates national standards of health professional education, professional registration and quality improvement.

It should be noted in reading these Guidelines that:

- Retrospective accreditation of a nursing or midwifery program is not supported by ANMAC.
- Each application for accreditation is treated as a discrete application and is dealt with comprehensively; not linked to any previous accreditation for a similar program. Therefore the notion of 're-accreditation' is not a concept supported by ANMAC.

3 PRINCIPLES GUIDING THE NATIONAL ACCREDITATION SCHEME

The National Guidelines for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia (the National Accreditation Guidelines) incorporates all the relevant provisions of the National Law and the Principles outlined in the National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia originally developed in 2007 to reflect the commitment of each of the jurisdictions to a consistent and principled approach to this accreditation scheme. These principles have been amended and reflect the national approach to accreditation and are outlined below.

LEGALITY

The Accreditation Standards, Criteria and the accreditation assessment and monitoring processes must be consistent with current legislation in respective jurisdictions.

LEGITIMACY

The Accreditation Standards, Criteria and the accreditation assessment and monitoring processes must be legitimate and acceptable to key stakeholders (ANMAC, NMBA and education providers) and to other stakeholders (including professional representative organisations, major employers, health consumers, and community representatives such as for Aboriginal and Torres Strait Islander peoples). Such legitimacy includes real and apparent impartiality in relation to particular stakeholder groups; and appropriate respect for the academic autonomy of education providers.

VALIDITY

The Accreditation Standards, Criteria and the accreditation assessment and monitoring processes must be valid in that the procedures are appropriate for assessing the determination of criteria. These criteria must be evidence-based and explicitly related to the necessary graduate competency outcomes and other specified purposes of the accreditation process.

To ensure and assure the validity of accreditation, those involved in accreditation must have appropriate expertise and standing. The alternative perspectives of appropriate individuals outside the profession should be sought. Orientation, induction and any necessary preparation should be provided. Potential or perceived conflicts of interest must be avoided or declared.

There must be sufficient financial, human and other resources to conduct the operations of accreditation effectively.

The period and status of accreditation must be appropriate to the general nature of the programs and developments in the professional field.

EFFICIENCY

The accreditation assessment and monitoring processes must cover what is necessary and sufficient to attain the purposes. These must not be unnecessarily burdensome for education providers, assessment team members, accreditation committee members or other participants. Financial costs should not be excessive. Rather, they should be proportionate to the benefits and allocated fairly and transparently.

Duplication with other processes should be avoided. Joint accreditation or joint elements of accreditation should be undertaken where appropriate and possible. Similarly, common use of documentation by different accreditors (such as education providers and NMBA); and common preparation of accreditation committee members across professions should be undertaken wherever possible.

The accreditation period should not be so long as to raise questions of validity, nor so short that subsequent accreditation creates an unnecessary administrative burden.

ACCOUNTABILITY

The accreditation assessment monitoring processes and outcomes must be accountable to key stakeholders (the ANMAC, NMBA and education providers) and to relevant government authorities (this may be through ANMAC and NMBA). The accreditation process and its outcomes should also be accountable to the professions, students, other stakeholders and the community through appropriate dissemination and publication of reports and information.

TRANSPARENCY

The accreditation assessment and monitoring processes and outcomes must be transparent to key stakeholders (ANMAC, NMBA and education providers) so the validity and appropriateness of decisions are apparent. The accreditation assessment and monitoring processes and outcomes should also be transparent to other stakeholders, including the community and the professions of midwifery and nursing while ensuring confidentiality and protection of privacy is maintained.

Transparency is especially important within the National Framework when processes in different jurisdictions are not identical because of different legislative requirements or local circumstances eg legislation regulating medicines and poisons.

INCLUSIVENESS

While ANMAC have final responsibility for the development, implementation and evaluation of the Accreditation Standards, Criteria and the accreditation assessment and monitoring processes, other stakeholders must also participate or be consulted. ANMAC will consult with the NMBA about development, implementation and evaluation of the Accreditation Standards and Criteria to ensure they are compatible with current policy and contemporary practice. Other stakeholders may also include education providers, professional representative organisations, students, employers, health consumers and community groups such as Aboriginal and Torres Strait Islander community representatives.

ENSURES PROCEDURAL FAIRNESS

The accreditation assessment and monitoring processes must accord with principles of procedural fairness (see Glossary of Terms). Education providers should have early access to the Accreditation Standards and Criteria. These must be public and accessible; and be provided with full information about the process. Education providers must have the opportunity to correct or add factual information, and to respond to evaluative judgements. Accreditation Standards and Criteria should be interpreted and applied fairly and without bias; and the reasons for decisions made clear to those affected. There should be appropriate opportunities for review or appeal. All participants should be treated equitably.

FACILITATES QUALITY AND IMPROVEMENT

The Accreditation Standards, Criteria, assessment and monitoring processes should facilitate the development of programs of the highest academic and professional quality; and facilitate the continuous improvement of programs over the period for which they are accredited. Requirements for reporting on programs and for approval of program changes during a standard accreditation period should not inhibit changes that would lead to program improvement.

EXHIBITS FLEXIBILITY AND RESPONSIVENESS

The Accreditation Standards, Criteria, assessment and monitoring processes should be flexible and responsive to the different circumstances, institutional contexts and orientations of providers and programs without compromising the primary purpose of accreditation. Other principles are to be given adequate weight.

SUPPORTIVE OF DIVERSITY AND INNOVATION

The Accreditation Standards, Criteria, assessment and monitoring processes should support diversity and innovation to meet the current and future needs of the Australian and international nursing and midwifery professions.

INVOLVES AN ONGOING CYCLE OF REVIEW

The Accreditation Standards, Criteria, assessment and monitoring processes must undergo an ongoing cycle of review to maintain consistency with these principles in this section and for ongoing improvement. All stakeholders should have an opportunity for input or participation. There must also be periodic review of the Framework as a whole.

4 THE GOVERNANCE STRUCTURE FOR THE ANMAC ACCREDITATION SCHEME

The following section outlines the relevant governance structures and personnel involved in the national ANMAC accreditation scheme.

There are a number of ANMAC Board Committees and expert advisory committees that have a key role in the accreditation processes of the ANMAC. These include:

- The ANMAC Standards, Accreditation and Assessment Committee
- The ANMAC Registered Nurse Accreditation Committee
- The ANMAC Enrolled Nurse Accreditation Committee
- The ANMAC Nurse Practitioner Accreditation Committee
- The ANMAC Midwifery Accreditation Committee.

4.1 The ANMAC Standards, Accreditation and Assessment Committee

Purpose:

To ensure the standards, policies and procedures that underpin assessment and accreditation are effective, fair and based on contemporary research and best practice in the interests of promoting and protecting the health of the community.

Objectives:

- Ensure that all Accreditation Standards are in place and reviewed from time to time and in accordance with the National Law.
- Advise on policy and procedures relative to accreditation, assessment and monitoring of programs of study and ensure they operate effectively and efficiently and in a framework of risk management and quality improvement including for International Services
- Monitor and evaluate feedback from clients and other stakeholders for the purpose of improving systems and processes
- To oversee the policy analysis, review and response of external policies relevant to the accreditation functions of ANMAC.
- To commission research or best practice reviews to improve the effectiveness of assessment, accreditation and the monitoring of programs of study.

4.2 The ANMAC Accreditation Committees

Purpose:

To review the outcomes of assessments undertaken by ANMAC assessment teams in relation to programs of study leading to registration and endorsement and make recommendations to ANMAC and the ANMAC Board concerning accreditation, in order to effectively assure the quality of nursing and midwifery education to promote and protect the health of the community.

Objectives:

- To review the reports from individual assessment teams and ensure that the evidence relating to a program being assessed meets the Accreditation Standards.
- To make recommendations to the Board concerning whether accreditation should be granted, granted conditionally or not granted.
- To recommend the establishment of a review panel if irreconcilable differences arise between the accreditation committee (and assessment team) and an education provider.

Membership includes:

- An academic expert – Chair
- A person with specific expertise in education, curricula development and review – Deputy Chair
- Other persons who are academics with expertise in education, curricula development and review and/or expertise relevant to program being accredited
- Clinicians with expertise relevant to program being accredited
- A person or persons with a background in pharmacology and teaching pharmacology to nurses and midwives – for programs for nurse practitioners and eligible midwives
- Other persons with skills, knowledge and experience as deemed appropriate by the Board for the programs being assessed.

A number of ANMAC staff and other persons attend the Accreditation Committee meetings and may include:

- ANMAC CEO
- ANMAC Director of Accreditation Services
- The ANMAC Accreditation Manager coordinating assessments under consideration by the Committee will attend the meeting for the part of the meeting dealing with the programs concerned
- The Chair of the assessment team (or another member of the assessment team if the Chair is unavailable) for the program under consideration by the Committee will attend the meeting for the part of the meeting dealing with the programs concerned.

Each of the ANMAC Accreditation Committees oversee the individual accreditation assessments and reviews undertaken by ANMAC relating to the specific Standards and Criteria for each of these nursing and midwifery registration and endorsement categories. The relevant ANMAC Accreditation Committee is responsible for reviewing in detail all information prepared by the assessment team outlining whether the program submitted by an education provider meets the pertinent ANMAC Standards and Criteria. The Accreditation Committee may seek further clarification from the assessment team prior to submitting their recommendation to ANMAC for its consideration.

4.3 ANMAC Determination

The ANMAC CEO has the delegation to make an independent accreditation determination based on the recommendations of the relevant accreditation committee where the assessment process has been straightforward and without controversy. Where the assessment process raises questions that require application of material conditions, burdensome reporting requirements or refusal of accreditation; the accreditation determination will be referred to the Board for their decision.

For those matters requiring the consideration of the Board, the Board generally meets every two months. The Reports and recommendations from ANMAC Accreditation Committees will be provided to the ANMAC in a timely manner prior to a Board meeting to allow its recommendations to be considered by the Board. The Board may also consider Reports from ANMAC Accreditation Committees out-of-session in the interim month when the Board does not sit.

4.4 ANMAC assessment teams

An ANMAC assessment team will generally be formed for each program requiring accreditation or the assessment of a major modification to an already accredited program. An assessment team may also be convened for the purposes of carrying out functions under the ANMAC monitoring responsibilities. The individuals appointed to the team will have specific knowledge and skills relevant to the type of program being accredited and be drawn from the ANMAC Register of Assessors – a directory of persons who have been selected as assessors for the body of relevant knowledge, skills, experience and standing they have within the nursing and midwifery professions.

An assessment team for the assessment of a full, single education program will usually consist of:

- Two persons with relevant academic/educational expertise
- At least one person with clinical expertise or clinical management expertise relevant to the program being accredited
- An ANMAC Accreditation Manager
- Others as a specific program requires.

In the first instance a senior academic will be asked to be the chair of the assessment team.

The two academic members of an assessment team will generally come from a different jurisdiction to that where the education provider is based. One will have particular expertise in the development and review of education curricula.

Assessors with clinical expertise (clinicians, clinical service managers and clinical educators) will, where possible, be drawn from the State or Territory where the education provider is based.

The selection of assessment teams is undertaken from the ANMAC head office in Canberra, and is generally done in consultation with the Director of Accreditation and the allocated Accreditation Manager.

All members of assessment teams will be provided with an ANMAC Assessor Handbook and other tools and instruments to supplement the documents incorporated in the National Accreditation Framework that they will be utilising during the course of the assessment.

In the case of a modification to a currently accredited education program that has been identified as a 'major modification' to the program, an assessment team will be convened that is appropriate for the complexity and type of assessment required for the modification submitted. In most cases this will be an ANMAC Accreditation Manager and one other assessor with the appropriate skills, knowledge and experience to review the change to the program.

Education providers will be given the names and background information for the individual assessment team members identified by ANMAC and have the capacity to veto the participation of persons who they identify as having real or perceived conflicts of interest participating in the assessment team.

4.5 Accreditation Manager

The Accreditation Manager is responsible for:

- Leading the Assessment Team throughout the assessment process.

- Providing a key coordination role for the accreditation process.
- Facilitating the efficient and ethical operation of the assessment team.
- Liaising with stakeholders during assessment and monitoring.
- Providing information and assistance to education providers in relation to accreditation assessment or review.
- Planning and coordinating the conduct of accreditation assessments and monitoring of nursing and midwifery education providers and their programs of study as delegated.
- Coordinating the accreditation site visits and ensuring that they are completed within the timeframes agreed in conjunction with the Chair of the assessment team.
- Record keeping.
- Researching and contributing to the development and refinement of contemporary accreditation policies, procedures, process and practices.
- Liaising with education providers on the refinement of accreditation requirements, assimilating feedback.
- Maintaining lines of communication with the Director of Accreditation Services and the Accreditation Services team in relation to all aspects of accreditation assessments underway.
- Contributing to ANMAC research, innovation and policy development.
- Preparing reports for consideration by Accreditation Committees in conjunction with the assessment teams.

4.6 Chair of assessment team

The Chair of the assessment team is responsible for:

- Leading the team during the assessment process, working closely with the allocated ANMAC Accreditation Manager.
- Guiding the discussions and the reaching of consensus by the assessment team on assessment outcomes based on the Accreditation Standards.
- Chairing site visit meetings.
- Where possible, reviewing any Special Reports required by ANMAC (these may be the result of conditional Accreditation being granted or where opportunities for improvement or other matters are identified requiring additional monitoring to that afforded by the routine Mandatory Interim Report).

4.7 Assessment team member

To be eligible for selection for an Assessment Team, an Assessor must:

- Hold current registration without conditions relating to conduct as a nurse and/or midwife with the Nursing and Midwifery Board of Australia (NMBA).
- Have the requisite knowledge, skills and experience for the type of program being assessed.
- Be available to participate in all stages of the assessment of the program, including any site visit(s) and drafting and/or review of reports by the Assessment Team.

- Have no personal or professional interest or duty that may, or may not be perceived to, interfere or conflict with the individual's ability to fulfil their responsibilities as a member of the Assessment Team.

Upon appointment to an assessment team assessors will:

- Sign a confidentiality agreement.
- Sign a statement outlining any real or potential for perceived conflicts of interest, if any.
- Review accreditation submission documents to verify that they meet the relevant Accreditation Standards.
- Provide comment to the Accreditation Manager about the submission, using the Assessment Team Review document.
- Attend assessment team meetings – these may be face-to-face or by teleconference or video conference.
- Attend the site visit(s) with the team to meet with key personnel, clarify aspects of the submission and view the services and facilities of the organisation.
- Contribute to the preparation of a site visit assessment report by the Accreditation Manager.
- Contribute to the development of the assessment team's outcome of accreditation assessment report.
- Review and verify the final report of the assessment team prior to referral to the relevant Accreditation Committee.

NOTE: when part of an assessment team, the Accreditation Manager and Chair are also referred to as assessors. ANMAC administrative staff will support assessment teams as required.

4.8 Director of Accreditation Services

The Director of Accreditation oversees all functions within ANMAC Accreditation Services and delegates the following functions where appropriate to other ANMAC Accreditation Services staff including:

- Identification of the Accreditation Manager to coordinate the accreditation assessment.
- Identification of the Chair for the assessment team.
- Ensuring effective communication between all parties including between the assessment team and the appointed Accreditation Manager during the assessment.
- Reviewing the final report in conjunction with the Accreditation Manager and in consultation with the chair and the assessment team.
- Forwarding the final report of assessment team to the Executive Coordinator, Board and Board Committees for the relevant Accreditation Committee.
- Providing the final report of the Accreditation Committee to the ANMAC CEO for their consideration and determination (refer to 4.3 ANMAC Determination).
- Reviewing and maintaining procedures and processes for monitoring the accreditation status of education providers and programs of study to ensure fair and consistent outcomes.

PART TWO – The Accreditation Process

5 THE ANMAC ACCREDITATION SCHEME

The processes outlined in these National Accreditation Guidelines are drawn from best practice national and international models for accreditation in health and other areas of industry and across the former nursing and midwifery regulatory authorities in each of the Australian states and territories.

Under section 49(1) of the National Law graduates of programs will not be eligible for registration unless the program undertaken is accredited by ANMAC and that accreditation is approved by the NMBA. The approval process by the NMBA is separate to and in addition to the accreditation by ANMAC. A new program or modification to accredited programs must not be introduced until the approval for the qualification is given by NMBA.

It should be noted that all timeframes are indicative only and ongoing discussion, clarification and negotiation of issues between ANMAC and a provider is a feature of the scheme and may have bearing on the projected timeframes. The accreditation of new providers and programs may take up to nine (9) months for the ANMAC process to complete.

The timeframe described in these guidelines does not apply to the assessment of dual degrees (programs leading to registration as a registered nurse and registered midwife) or where a complex array of programs are being assessed at the same time. The assessment of a dual degree that leads to registration in both nursing and midwifery requires review by the assessment team members against both sets of Accreditation Standards and then consideration by both the Registered Nurse Accreditation Committee and the Registered Midwife Accreditation Committee. For dual and combined degree programs; programs where there may be a number of sites across Australia; or where there are multiple programs being assessed at the same time, the assessment process is likely to take longer than nine months, depending on the complexity and extent of the assessment required. Also, where major amendments to submissions are required, this time period may be increased.

Where a nursing or midwifery Bachelor or Masters degree is combined with another qualification eg Bachelor of Nursing/Bachelor of Public Health it is assessed as a discrete entity and not as part of the assessment of the stand-alone Bachelor of Nursing degree that may be being assessed at the same time. Assessment of dual degrees (Bachelor of Nursing/Bachelor of Midwifery) and combined degrees (where the second qualification does not lead to registration or endorsement as a nurse or midwife) requires the assessment teams to assess the core programs against the National Accreditation Standards. This is to confirm that the timing of competency assessment and workplace experience is appropriately scheduled and mapped to ensure the beginning practitioner is equipped in a timely way to enter the nursing and/or midwifery workforce.

In the case of the assessment for modifications to accredited programs, the timeframe for the assessment will relate to the extent and complexity of the change or changes to the program.

Retrospective accreditation of a nursing or midwifery program is not supported by ANMAC. Also, each application for accreditation is treated as a discrete application and is dealt with comprehensively; not linked to any previous accreditation for a similar course. Therefore the notion of 're-accreditation' is not a concept supported by ANMAC.

SUMMARY OF STAGES OF ACCREDITATION SCHEME

The following is a summary of the stages of the accreditation scheme with indicative timeframes (Table 1).

STAGE 1 – PRE-APPLICATION:

1. The education provider obtains all necessary information and forms to meet ANMAC accreditation application requirements including the Intention to Submit application form and the comprehensive application package for the program concerned. This information is available from the website and by contacting ANMAC at www.anmac.org.au.
2. Notice of intention to submit an application for accreditation of an education program is made to ANMAC by the provider completing an *Intention to Submit* application form. ANMAC should receive this at least two months before submission of the application for accreditation. This enables the planning for the accreditation assessment.

STAGE 2 – ACCREDITATION ASSESSMENT:

3. Indicative estimate of fees sent to education provider
4. Submission of application for accreditation requires the provider to formally lodge an application for accreditation, including all relevant documentation.
5. ANMAC commences management of the application including the allocation of the application to an Accreditation Manager. A preliminary review of application is undertaken and early contact with potential assessment team members is made.
6. Discussion, clarification and negotiation of issues identified in preliminary review may occur and the education provider may be asked to revise the submission and resubmit. The assessment team is finalised.
7. The education provider is provided with the names of the assessment team and has the opportunity to notify ANMAC of any perceived conflicts of interest or issues of concern related to the team membership.
8. The education provider is sent an invoice for the accreditation assessment once the scope of the assessment has been confirmed.
9. Assessment team reviews the submission individually and meets as a team (usually by teleconference) prior to a site visit. In addition, at this meeting the issues to be specifically reviewed at the site visit are identified. A collated team member review document is finalised and sent to the education provider with the site visit agenda.
10. A site visit is conducted with the assessment team has the opportunity to consult with the education provider at their establishment and visit all delivery sites. The assessment team also carry out interviews with staff, students and stakeholders nominated by the assessment team in the site visit agenda. Further evidence may be requested at and following the site visit. The accreditation assessment report is being continuously developed over this time. The final site visit report is approved by the assessment team members and sent to the education provider for checking of fact only.
11. Should an education provider decide to withdraw the program following the Site Visit, ANMAC will not refund any portion of the fee paid for assessment. Withdrawal of the

program prior to the Site Visit stage may result in a refund however this will be assessed by ANMAC on an individual basis.

12. A Draft Outcome of Accreditation Assessment Report is prepared for the ANMAC Accreditation Committee collaboratively between the Accreditation Manager and the assessment team. The report is then reviewed by the education provider for clarification and negotiation of any outstanding issues prior to the finalisation of the report by the ANMAC assessment team.
13. An electronic copy of the final submission is provided by the education provider containing all the amendments and additional information negotiated through the course of the assessment process and provides this to ANMAC for presentation to the relevant ANMAC Accreditation Committee. This becomes the definitive accreditation document and will be held by ANMAC and the education provider for determination and monitoring purposes.

STAGE 3 – ANMAC DETERMINATION OF ACCREDITATION STATUS:

14. Review and recommendation by relevant ANMAC Accreditation Committee. Further information may be sought or the committee may agree to accept the report making the recommendation to the ANMAC CEO (and where necessary the ANMAC Board Refer to 4.3) that accreditation status to be granted (full accreditation or accreditation with conditions) or refused. Where accreditation is granted the period is for five years.
15. ANMAC determination is made. The ANMAC CEO may accept the Accreditation Committee recommendation or seek further information from the Accreditation Committee or assessment team before making a determination. If the recommendation involves the imposition of substantive conditions or is for a refusal of accreditation, the CEO refers this to the ANMAC Board with reasons.
16. Final version of the submission is provided to ANMAC in electronic form following the determination of the ANMAC CEO or the ANMAC Board.
17. Provider may seek a review of the ANMAC decision if they are dissatisfied with the outcome of the accreditation process within 14 days.

STAGE 4 – NMBA DETERMINATION ON ACCREDITED PROGRAM:

18. ANMAC informs NMBA of its determination on the accreditation status of the provider and NMBA makes its own determination as to whether it will approve the accredited program that provides the necessary education eligibility to meet the NMBA competency standards and hence qualification for registration. It should be noted that the NMBA time line is independent of the ANMAC processes.

STAGE 5 – ONGOING MONITORING AND REVIEW DURING PROGRAM OF ACCREDITATION PERIOD:

19. Special and Mandatory Interim Reports – Mandatory Interim Reports are routinely required by ANMAC during the course of an accreditation period. Special Reports may also be required where conditions have been applied, opportunities for improvement or other matters generating the need for a report identified. This is an essential part of on-going monitoring (under Section 50 of the National Law) to ensure that terms and conditions of accreditation are being met. The reporting requirements will be outlined in the correspondence and Final Outcome of Accreditation Assessment report provided

to the education provider after the accreditation determination has been made. Mandatory Interim Reports are generally required 6 months after the first cohort of students complete the program.

20. Monitoring and audit - random audit, or review in response to report, notification or complaint may occur at any time. An annual declaration is required to be made by education providers concerning ongoing compliance with terms of accreditation for each accredited program.

Table 2: Summary of Stages of Accreditation Scheme with indicative timeframes.

	PROVIDER	ANMAC	NMBA
STAGE 1 – PRE-APPLICATION:			NMBA appoints ANMAC to accredit all nursing and midwifery programs.
	The education provider obtains all necessary information to meet the ANMAC accreditation application requirements.		
	Notice of intention to submit an application for accreditation of an education program is made to ANMAC by the provider completing an Intention to Submit application form.	<ul style="list-style-type: none"> • Unique identifying code created • Submission preparation started • Electronic location created • Physical location created 	
	Provider prepares the submission	Indicative estimate of fees sent to education provider.	
STAGE 2 – ACCREDITATION ASSESSMENT:	The provider formally lodges an application using the application pack for the relevant	Allocation of application to an Accreditation Manager. A preliminary review	

	PROVIDER	ANMAC	NMBA
	program and includes all relevant documentation. A declaration of academic integrity is included in all application packs and requires confirmation by signature from the education provider.	of the application is undertaken and early contact with a potential assessment team is made.	
	Following the preliminary review, discussion, clarification and negotiation of issues identified in preliminary review occurs and the education provider may be asked to revise the submission and resubmit.	ANMAC sends the education provider an invoice for the accreditation assessment once the scope of the assessment has been identified.	
		The education provider is provided the names of the assessment team and has the opportunity to notify ANMAC of any perceived conflicts of interest or issues of concern related to the team membership.	
		The assessment team reviews the submission individually and meets as a team (usually by teleconference) to assess the submission and	

	PROVIDER	ANMAC	NMBA
		identify whether additional evidence is required for review at the site visit. A Collated Assessment Team Review is sent to education provider with a site visit agenda.	
	A site visit is conducted with the assessment team having the opportunity to consult with the education provider, students and stakeholders at their establishment and visit all delivery sites. Further evidence may be requested during or following the site visit.	The accreditation assessment report is being continuously developed over this time.	
		The accreditation assessment report is being continuously developed over this time.	
	The report is reviewed by the provider for clarification and negotiation of any outstanding issues prior to finalisation of the report by the ANMAC assessment team.		
	Electronic copy of the final submission is provided by the education provider		

	PROVIDER	ANMAC	NMBA
	containing all the amendments and additional information negotiated through the course of the assessment process. This becomes the definitive accreditation document and will be held by the education provider and ANMAC for determination and monitoring purposes.		
STAGE 3 – ANMAC DETERMINATION OF ACCREDITATION STATUS:		Review and recommendation by the relevant ANMAC Accreditation Committee.	
		Further information may be sought by the Committee or the Committee may agree to accept the report.	
		The Committee will then make the recommendation to the ANMAC CEO (Refer 4.3) that accreditation status be granted (full accreditation or accreditation with conditions) or refused. Where accreditation is granted the period is for 5 years.	
		ANMAC determination is	

	PROVIDER	ANMAC	NMBA
		made. The ANMAC CEO or the ANMAC Board may accept the Accreditation Committee recommendation or seek further information from the Accreditation Committee or assessment team before making a determination. If the recommendation involves the imposition of substantive conditions or is for a refusal of accreditation, the CEO refers this to the ANMAC Board with reasons	
	The education provider may seek a review of the ANMAC determination if they are dissatisfied with the outcome of the accreditation process. This must occur within 14 days of the provider being notified of the ANMAC determination.		
	The education provider provides the final version of the submission to ANMAC in both electronic and hard copy form.		

	PROVIDER	ANMAC	NMBA
STAGE 4 – NMBA DETERMINATION ON ACCREDITED PROGRAM:		ANMAC informs NMBA of its determination on the accreditation status of the provider and advises the education provider approval has been sought from NMBA.	
		ANMAC notify education provider of NMBA decision	NMBA makes its own determination as to whether the accredited program provides the necessary education eligibility to meet the NMBA competency standards and hence for registration. The NMBA time line is independent of the ANMAC processes. NMBA notifies ANMAC of decision.
STAGE 5 – MONITORING AND REVIEW	Special and Mandatory Interim Reports – Mandatory Interim Reports are routinely required by ANMAC during the course of an accreditation period.		
	Monitoring and audit - random audits, or review in response to report, notification or complaint may occur at any time. An annual declaration is required to be made		

	PROVIDER	ANMAC	NMBA
	education providers concerning ongoing compliance with terms of accreditation for each accredited program.		

6 SITE VISITS TO EDUCATION PROVIDER'S ESTABLISHMENT

A site visit to the education provider's organisation may be made by an assessment team in three circumstances:

- During the course of an assessment for accreditation where the site visit is made by all or the majority of the assessment team, prior to accreditation or non-accreditation of the program.
- During a routine monitoring phase for a program that has been accredited by ANMAC.
- On receipt of a complaint, report or notification where concerns have been raised about the program not being conducted in accordance with the ANMAC Accreditation Standards and the terms of the accreditation that was granted.

Normally the timing of site visits will be negotiated with the education provider, but it should be noted that some site visits may be undertaken without notice where this may be indicated.

Site visits enable the assessment team and ANMAC to meet the education provider at the location(s) where the education program is to be, or is being provided. These on-site visits enable the opportunity for the education provider to:

- Expeditiously provide further documentary evidence to the assessment team and ANMAC without a time lag. This evidence is required in electronic format.
- Have the relevant academic and administrative personnel, students, graduates and industry stakeholders available to meet with the assessment team and ANMAC staff to provide relevant information relating to the provider's capacity to meet the requirements of the Accreditation Standards.
- Demonstrate the adequacy of human and physical resources are in line with the accreditation submission and Standards and Criteria.
- Generally give the assessment team and ANMAC staff a clear understanding of the environment, personnel and resources for the conduct of the program.

A site visit of each campus where a program is conducted will generally be undertaken.

A site visit provides the assessment team and ANMAC staff with the opportunity for:

- Verifying the program meets the Standards and Criteria before accreditation can be granted; or continues to meet those for which the accreditation was originally approved.
- Clarification of the human and physical resources of the provider.

- Assessing the amenities at each campus thereby ensuring that students have equitable access to the required facilities.
- Accessing records where required.
- Face-to-face discourse between the assessment team and representatives of the education provider.
- The opportunity for formal and informal follow up to the response to the preliminary review.

Information is presented to the education provider by the ANMAC assessment team on the following elements in order for all parties to achieve the maximum benefits from these site visits to the provider establishments:

- Preliminary meeting of the assessment team face-to-face and to review the schedule for the site visit.
- Site visit schedule and personnel attending.
- Expectations in relation to time commitments for meetings and discussion with providers during the site visit.
- Reasons for site visits
- Reporting on site visits

The Director of Accreditation Services is responsible for supporting the assessment teams' site visit to the education providers' establishment and may join assessment teams and ANMAC Accreditation Managers on these site visits from time to time. ANMAC may organise other observers to attend site visits from time to time eg newly recruited Accreditation Managers and assessors, Committee members, consumers and students.

6.1 Components of a site visit

Normally the following components will be examined during a site visit:

- Resources for students, academic and administrative staff eg:
- Library and clinical/science laboratory and simulation equipment
- Sufficient available teaching facilities and other areas for planned numbers of students
- Office and other accommodation.
- Meetings with key stakeholders eg students and providers of clinical placements for the program.

The site visit can also provide an opportunity for the staff to discuss the affiliated clinical placements and any omissions from the original submission

It should be noted that additional components may be added at the discretion of ANMAC or at the request of the education provider.

6.2 Reporting of site visits

The Accreditation Manager working with the assessment team will coordinate the incorporation of the information gathered during the site visit into the draft accreditation report. The report will identify issues raised by the assessment team from the site visit. There will be an opportunity at the end of an assessment site visit for the education provider and the

assessment team to meet. The assessment team will report key findings and provide the opportunity for the education provider to respond.

7 THE ACCREDITATION REPORT

The Accreditation Manager, in consultation with the assessment team will prepare a draft Outcome of Accreditation Assessment Report in relation to the program being assessed. The Report will make clear whether or not the assessment team consider the education provider has demonstrated that the program and education provider have met the requirements as outlined in the Standards. The assessment team will provide adequate reasons and justification to support their findings to enable the Accreditation Committee to make a recommendation to ANMAC. The assessment team will take the opportunity to constructively comment on aspects of the proposed program in relation to any responses to the Standards, with a view to quality improvement and affirmation of positive features.

8 EDUCATION PROVIDER'S RESPONSE TO THE REPORT

The education provider will have an opportunity to respond to the accuracy of the draft Outcome of Accreditation Assessment Report prior to submission to the Accreditation Committee. Feedback should be provided in a timely manner to allow the final report to be drafted in line with the indicative timeframes. Following the response from the provider the assessment team will review the material and may seek further clarification from the education provider. Additional site visits may be required.

The Accreditation Manager then submits the final version of the Outcome of Accreditation Assessment Report to the education provider and the relevant Accreditation Committee.

9 INDEPENDENT REVIEW OF ASSESSMENT

While the assessment processes are founded on the principles of procedural fairness and ongoing dialogue between the ANMAC assessment team and the education provider, at times there may be irreconcilable difference of views between the parties. To enable a resolution of these prior to consideration by the ANMAC Accreditation Committee or ANMAC CEO/Board a review by a person or persons with no previous involvement with the provider or current assessment may be requested.

If the education provider has concerns with the process and or substantive outcomes outlined in the Report, they may seek a review before the Accreditation Committee provides its recommendation to ANMAC (Refer to Section 12).

10 REVIEW BY THE ANMAC ACCREDITATION COMMITTEE

The Director of Accreditation Services provides the Outcome of Accreditation Assessment Report to the ANMAC Accreditation Committee. The Committee will consider the report. At times, the Committee may request further information be provided verbally by the Director of Accreditation, the Accreditation Manager concerned and/or the chair of the assessment committee; or examples of the evidence considered during the assessment. The Accreditation Committee has the responsibility of making a recommendation to the ANMAC CEO/Board regarding the accreditation status that should be granted to the education provider. There are three possible recommendations that may be made:

- Accreditation is granted

- Accreditation with conditions is granted
- Accreditation is refused.

It should be noted that the power to make the final decision as to the accreditation status of a provider is vested in the ANMAC Board.

11 OUTCOMES OF THE ACCREDITATION PROCESS

The outcomes of the accreditation process will be valid and transparent. They will be based on the fulfilment or lack of fulfilment of the ANMC Standards and Criteria for the accreditation of nursing and midwifery programs leading to registration and endorsement in Australia, according to evidence provided.

ACCREDITATION

Accreditation is granted when all the Accreditation Standards and Criteria are considered to have been met, and is awarded for up to five years.

In addition, accreditation may be awarded if the program is assessed as satisfactorily providing educational preparation for the graduate to meet the NMBA competency standards for registration although some criteria may not be fully satisfied in terms of excellence in all areas of program quality. In such a case relevant recommendations will be made as part of the accreditation report.

An education provider's accreditation status may alter should there be major modifications to the program or education provider within this period.

ACCREDITATION WITH CONDITIONS

Conditional accreditation may be granted when essential Standards and Criteria are not met but when any inadequacies are assessed as not necessarily materially compromising the final achievement of graduate outcomes by individual students (that is, that the graduates of the program are deemed to be ready for registration, endorsement and for competent practice). Such Criteria are those judged normally necessary for the achievement of the required professional graduate outcomes.

Therefore inadequacies must be compensated for during the enrolment of all affected students. For example, if certain essential physical facilities or staff expertise are not available at the time of program commencement they must be available in an educationally and practically appropriate way to students during the course of the program.

Where conditions are imposed the details of these and the timelines required to meet these must be explicit and monitored with a view to full accreditation being achieved as expeditiously as possible during the accreditation period. This will normally be within a defined time.

Students considering or undertaking the program should be fully informed by the education provider of the conditional accreditation status of the program and progress towards full accreditation.

It is the education provider's responsibility to adequately address the conditions and supply ANMAC with a comprehensive report as to how the conditions have been addressed. The report should provide evidence that the education provider has met the conditions including compliance with specified timeframes. The report is also a medium for education providers to

demonstrate the use of continuous quality improvement principles described in the initial application.

Should the conditions on the accreditation not be met within the timeframe allocated the ANMAC CEO/Board will review the education provider's accreditation status to determine whether ongoing accreditation should be refused.

The length of conditional accreditation shall be determined by the conditions, but will usually be a maximum of three years.

REFUSAL OF ACCREDITATION

ANMAC may refuse to grant accreditation when essential criteria are not met, in such a way that students cannot attain the required graduate outcomes through their participation as students of the program.

If the ANMAC CEO/Board determines to refuse accreditation to a program of study written notice of the decision will be sent to the education provider.

In accordance with section 48(4) of the National Law the notice will state:

- The reasons for the decision
- That, within 30 days after receiving the notice, the education provider may apply to the accreditation authority for an internal review of the decision
- How the provider may apply for the review.

Outcomes of an accreditation report (not containing material withheld on legitimate confidential or privacy grounds) will be available to the public.

DETERMINATION OF RISK RATING

ANMAC's monitoring requirements for each program are proportional to the overall level of risk rating of the respective education provider and approved program and will differ between education providers and approved programs. ANMAC must be able to defend the application of different monitoring requirements by:

- Being accountable, transparent, consistent and fair in its dealings with education providers by notifying the education provider about their risk rating.
- Being responsive to changes identified in monitoring that raise or lower the risk rating.
- Achieving a culture of shared responsibility with education providers for compliance with monitoring requirements.
- Implementing monitoring requirements that are proportionate to the level of risk that the approved program will fail to continue to meet the approved Accreditation Standards.

During the course of the assessment process the Assessment Team and Accreditation Committee will be undertaking a formalised risk rated assessment of the Education Provider and the program of study.

Table 3: Relationship between Determination of Risk Rating and ANMAC’s monitoring requirements.

DETERMINATION OF RISK RATING			
LOW RISK	MODERATE RISK	HIGH RISK	EXTREME RISK
ANMAC’S MONITORING REQUIREMENTS			
Annual declaration Mid-term report Notice of changes that may impact on ability to meet Accreditation Standards	Annual declaration Mid-term report and may have conditions placed on accreditation that require reporting Notice of changes that may impact on ability to meet Accreditation Standards	Subject to more intensive monitoring and conditions placed on accreditation that require reporting Notice of changes that may impact on ability to meet Accreditation Standards	Revoke accreditation or place strict conditions on accreditation as appropriate to the non-compliance.

12 REVIEW OF AN ACCREDITATION DETERMINATION

As noted above, prior to any determinations being made, an opportunity for early review is available in the process, prior to any accreditation recommendations being made to the ANMAC CEO/Board.

Review mechanisms are also available after decisions have been made.

After the ANMAC CEO has made an accreditation determination a provider may request a review of a decision only on the basis of an alleged failure of the assessment team to follow appropriate processes or to meet specified Standards for decision-making and reporting (including basing decisions on accurate and relevant evidence).

Requests for such a review must be received from the provider within 14 days of notification of the outcome of ANMAC accreditation assessment.

Requests for review must be received in writing and include a description of the elements on which the provider considers the assessment team has failed to undertake the appropriate processes or to meet reasonable grounds for the decision-making and reporting process.

Requests for review of decision are forwarded to ANMAC to the attention of the Director of Accreditation. All requests for review of decisions will be dealt with expeditiously.

An education provider may also formally appeal a decision in relation to a program granted conditional accreditation, on a new program or a currently accredited program.

ANMAC will select an appropriate person to conduct the review who was not involved in the original assessment of the program for ANMAC. This person will conduct the review with or without the assistance of a panel of appropriately qualified person(s), who were not part of the original assessment team. Depending on the extent of the review issues, the reviewer may or may not require further members to assist with the review process, in which case the lead

reviewer above will become the chair of the panel. The review panel will consult with the ANMAC Director of Accreditation in relation to procedural issues that may arise.

The reviewer (who will be chair if a panel is used) will review the original report and recommendations; discuss the issues with the provider; seek further information from the original committee if necessary; and any other reasonable steps that are required. Once the review is completed they will finalise a report and provide this report to the ANMAC Director of Accreditation, the relevant ANMAC Accreditation Committee, the ANMAC CEO, the ANMAC Board, the provider and the NMBA.

Providers are given the opportunity to respond to the draft report of the reviewing panel and submit further evidence in support of the accreditation application through the ANMAC accreditation process.

PART THREE Quality Improvement and Risk Management

13 COMPLAINTS, CONCERNS, REPORTS OR NOTIFICATIONS CONCERNING ACCREDITED EDUCATION PROVIDERS AND PROGRAMS

When ANMAC is in receipt of information in relation to an accredited education provider that questions the legitimacy of their accreditation, whether obtained by way of a formal complaint, notification, report; or if ANMAC reasonably believes the program of study and education provider no longer meet Accreditation Standards, ANMAC, after investigating the matter and finding it substantiated, must under section 50(2) of the National law decide to:

- impose the conditions on the accreditation that ANMAC considers necessary to ensure the program of study will meet the requisite Standard(s) within a reasonable time; or
- revoke the accreditation of the program of study; and
- provide NMBA written notice of ANMAC's decision in order for NMBA to review its decision to approve the program as a providing a qualification leading to registration or endorsement.

14 MONITORING AND MODIFICATIONS TO EXISTING ACCREDITED PROGRAMS

ANMAC requires the education provider to lodge in writing an

- • Annual Declaration
- • Notification of modifications to accredited programs
- • Notification of any decision to suspend or discontinue an accredited program.

The education provider is responsible for notifying ANMAC of any planned or unplanned major modifications that may go to the validity of the accreditation, as soon as they are identified by the education provider.

14.1 Annual Declaration

Section 50 of the Health Practitioner Regulation National Law Act (National Law) requires ANMAC to monitor education providers and programs that have been accredited by ANMAC and approved by the NMBA. To meet this obligation ANMAC requires all education providers to submit an Annual Declaration. The Annual Declaration is a legal statement submitted by the education provider describing the current details of an approved program and whether the education provider has any plans to modify the program. An Annual Declaration must be submitted for each accredited program. The lodging of an Annual Declaration enables ANMAC to monitor whether the education provider and the program continue to meet the approved Accreditation Standards.

14.2 Modifications

ANMAC defines a major modification as substantive matters that will affect the policy or practices of an education provider and that could impact upon the delivery of a program of study, including

- modification
- alteration
- addition
- amendment
- substitution or
- deletion

of any aspect of the program or education provider, that causes the changes to the:

- substance
- structure
- form;
- delivery or
- outcomes of the program

such that students are completing a program that is different to the program that was accredited.

Examples

Change to an approved program, includes, but is not limited to:

- Change to the level of award of a program.
- Change to the award title of a program.
- Changes to the underpinning philosophy, emphasis or objectives of a program.
- Increase or decrease in duration of a program.
- Change to the curriculum of study, including content, structure and assessment, after the program was accredited.
- Change to any core (compulsory) or elective components of the program, regardless of whether the overall credit value is different.
- Change to the teaching methods, or method of delivery, of all or any part of program.
- One or more significant changes to the composition of staffing such as substitution of full time staff by sessional staff, or change in academic level of teaching staff.
- Change in the financial resources, or financial arrangements, for the program such as elimination of a dedicated budget for the program.
- Changes to the education provider's organisational structures such changes to the governance of a program.
- Changes to, or addition of, the sites at which all or any part of program is offered.

The notification of a major modification by a provider must allow sufficient time for evaluation of continued compliance with the ANMC Standards for the Accreditation of Nursing and

Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – with Evidence Guide.

Generally, major modifications will be considered by an assessment team as outlined above.

Table 4: Examples of modifications and required evidence:

NATURE OF PROPOSED CHANGE	EVIDENCE THAT MAY BE PROVIDED
Merger with another entity.	Full details of changes proposed and supporting documentation.
Changes to the legal status of the corporate entity, such as from or to incorporated, not-for-profit etc or change of trading name.	Full details of changes proposed and supporting documentation. Evidence that agreements made by the institution under previous status or trading name remain valid, or have been amended.
Contracting with another body to deliver a significant proportion of a course or services.	Full details of changes proposed and agreements between parties.
Changes in ownership and/or shareholdings.	Full details of changes proposed and supporting documentation
Significant organisational changes such as those which have a major impact on governance, quality assurance and staffing (such as restructuring of academic governance arrangements, or changes involving senior academic or administrative staff).	Full details and rationale for change CVs for new senior staff appointments
Any incident or circumstance which could be deemed to affect the probity of the institution or its staff particularly in relation to the 'fit and proper person' requirements.	Full details and supporting evidence
A decline in financial position.	Full details and supporting documentation.
Major alterations to teaching premises.	Full Details of alterations, including floor plans. Evidence of relevant government and council approvals and that legislative requirements are met.
Changes to delivery location by moving to a new site, adding an additional site (including any offshore sites) or withdrawing from an existing site.	Details and rationale for change, relevant staff and facilities and student support

NATURE OF PROPOSED CHANGE	EVIDENCE THAT MAY BE PROVIDED
Changes to the mode of delivery of a course, such as from face-to-face to distance education or online.	Adequate infrastructure and evidence of sufficient clinical placements to support increased cohort
A substantive change in enrolment numbers over baseline	Adequate infrastructure and evidence of sufficient clinical placements to support increased cohort.
Withdrawal of professional or industry course accreditation.	Full details and outline of any rectification action proposed.
Changes to learning outcomes for a course, or core subjects within the course.	Full details and rationale for changes.
Changes to core subjects within a course.	Full details and rationale for changes. Details of proposed course structure, subject titles and outlines.
Changes to course entry requirements.	Old and new requirements and rationale for change.
Changes to course structure, such as to the proportion of core to elective subjects.	Full details and rational for changes. Details of proposed course structure, subject titles and outlines. Transitional arrangements for currently enrolled students.
Changes to elective subjects, including addition, substitution or deletion of subjects in a course, where such changes affect more than 25% of the total number of subjects in the course, measured over the duration of the course accreditation period.	Full details and rational for changes. Details of proposed course structure, subject titles and outlines. Details of changes to staff and facilities required. Transitional arrangements for currently enrolled students.
A reduction in student contact hours in a course	Full details and rationale for changes.

14.3 Minor Modifications

The provider is responsible for notifying ANMAC of any planned or unplanned minor modifications as soon as they are identified by the provider.

Minor modifications are refinements to program (course) and course (subject) delivery and content that do not significantly affect the objectives and outcomes; or change the nature or emphasis of the program.

Minor modifications are considered by the Chair of the relevant Accreditation Committee and subsequently noted by the full Accreditation Committee.

15 QUALITY MONITORING AND ASSESSMENT

15.1 Reporting and monitoring during the accreditation period

As required under section 50(1) of the National Law ANMAC will monitor approved programs of study during the period of accreditation. This monitoring will include the requirement of the education provider to submit regular and timely reports, including Mandatory Interim Reports and or Special Reports. It is the responsibility of the education provider to submit the reports on or immediately before its due date. The date of the expected report(s) will be outlined in correspondence to the education provider when formal notification of accreditation is communicated.

ANMAC will routinely audit a percentage of education providers and programs annually where a risk profile has been identified or if ANMAC is in receipt of any concerns or complaints in relation to the education provider of the program.

As noted above, ANMAC and an assessment team may undertake a site visit to the education provider's establishment as part of the monitoring process.

15.2 Monitoring during accreditation period

A Mandatory Interim Report on each accredited program must be completed by the education provider and submitted to ANMAC at the time outlined in the correspondence sent by ANMAC giving notice of the ANMAC Board's determination after the accreditation assessment was completed.

This report should include, but is not limited to:

- Evaluations conducted at the completion of the first cohort(s) of students
- Changes to senior staff
- Changes to physical resources eg new laboratories, classrooms, equipment etc.
- Current numbers and demographics of students eg variations to enrolments and attrition rates
- An account of progress towards meeting any recommendations contained within the final report of the assessment for the current accreditation
- Data and analysis of the routine evaluations of staff, students and clinical agencies
- An account of what has been done to address any issues raised within the evaluations
- Any deviations from the original program at the time accreditation was granted – noting how and if these changes will impact on that original program.

15.3 Other reports

The provider must notify ANMAC of any change relevant to the certification or accreditation status of the program, including a change in status emanating from the quality body within the relevant educational sector, as soon as possible (also see above section on modifications).

15.4 Outcomes of monitoring and auditing

The outcome of ongoing monitoring and auditing will be formally conveyed to the provider. ANMAC may determine that a provider or a program is no longer able to meet essential standards and criteria in such a way that students cannot attain the required graduate outcomes through their participation as students of the program. In accordance with section 50(2) of the National Law, ANMAC is required to decide to impose conditions on the accreditation that the accreditation authority considers necessary to ensure the program of study will meet the standard within a reasonable time; or revoke the accreditation of the program of study.

ANMAC is also required to give NMBA written notice of their decision.

16 CONTINUITY OF ACCREDITATION

While education providers have students enrolled in a program where their expectation is to register or be endorsed as a nurse or midwife upon the program's completion, the provider is obliged to ensure that these programs remain accredited. Sometimes this may require transitioning students from an accredited program where the accreditation expires during the person's studentship to a newly accredited program to ensure their qualification will lead to registration or endorsement.

Each accreditation cycle is regarded by ANMAC as an exclusive process. There is no recognition of the concept of 're-accreditation'. Each application, while having the capacity to draw on past curricula, evaluations and previously submitted information, should be presented by a provider as a totally new application. Therefore providers must be aware of the timelines for an accreditation application as there is no fast track process available.

It remains the provider's responsibility to submit documents for consideration in accordance with the timelines outlined above in order to mitigate the risk of accreditation expiring prior to further accreditation being granted.

17 NATIONAL MANAGEMENT OF DATA

Accreditation reports and Mandatory Interim Reports for programs should be prepared according to the ANMAC National Guidelines to enable efficient analysis and review.

A brief summary of the outcome of each assessment will be maintained in a database or electronic library that is accessible to stakeholders including, the community, the nursing and midwifery professions, government and relevant ANMAC Committees and staff. Information that comes from monitoring activities may also be publically available on the ANMAC website.

The purposes for this include:

- Maintaining transparency of process
- Maintaining consistency of process
- Monitoring the continuous improvement of programs
- Contributing to the community's confidence in the educational standards of the nursing and midwifery professions
- Facilitating efficient and effective accreditation
- Ensuring consistency in assessment

- Providing a reference resource for assessment teams
- Fulfilling reporting and audit obligations.

18 QUALITY CYCLE FOR THE NATIONAL ACCREDITATION GUIDELINES

ANMAC's quality cycle includes the regular review of all aspects of the standards, policies and procedures in relation to accreditation, and will include:

- review of the National Guidelines for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia, and will include all policies, processes and procedures that make up the scheme.
- review of the Accreditation Standards and Criteria.

18.1 Formal review

A formal process of review of procedures and policies will take place every three to five years. The review is undertaken through formal planning and in conjunction with the relevant accreditation staff.

The process includes reviews of the accreditation process, policies and procedures. Information is gathered through research and wide-ranging stakeholder consultation.

The collated information is provided to the ANMAC for further discussion and action.

18.2 Informal or continuous quality improvement

The second part of the quality cycle occurs in addition to the formal review process and is in line with the ANMAC commitment to continuous quality improvement. Evaluation feedback is sought from providers and assessment team members following each accreditation outlining any issues arising during the accreditation process. All issues arising with the accreditation process will be dealt with in a timely manner. For example: These guidelines are dynamic and will be constantly evolving as the internal and external government policy, educational health and business environments change. Education providers are urged to review the ANMAC website regularly.

18.3 ANMAC review of ANMAC accreditation standards and criteria

This process includes review of the approved accreditation standards for the accreditation of nursing and midwifery programs leading to registration and endorsement in Australia within three years in the first term of ANMAC and every five years thereafter.

The review is undertaken by a committee set up for the purpose of the review. A draft of the revised standards will be made available for wide consultation with relevant stakeholders.

19 FURTHER INFORMATION

19.1 Enrolment of students

A program of study leading to a qualification that will enable persons to register or be endorsed as nurses or midwives must be accredited by ANMAC for the entire duration of the students' enrolment and receipt of testamur.

19.2 Advertising for students to apply

Education providers must ensure that any advertising material developed and used to inform potential students contains accurate information regarding the accreditation status of both the education provider and the program being advertised and must include a notation that the program of study is 'subject to accreditation by ANMAC and approval by NMBA'.

19.3 Planning, development and resource acquisition

Education providers may choose to plan and develop, as well as acquire the necessary resources to offer a program of study, prior to receiving accreditation from ANMAC. This is done at the risk of the provider.

It should be noted that the Accreditation Standards are designed to accredit both the education provider and the program of study. Whilst it is acknowledged that some education providers may have more than one program of study accredited it is necessary for education providers to address all nine standards within their submission. This is to enable the assessors to determine that necessary human and physical resources as well as clinical placement opportunities are in place prior to the accreditation of the program.

19.4 Industry accreditation for education providers

Under the ANMAC Accreditation Standards the education provider is required to demonstrate to ANMAC their current education provider accreditation status with their relevant accrediting body. For the higher education sector this is with the Tertiary Education Quality and Standards Agency (TEQSA) and for the Vocational Education and Training sector this is generally with the Australian Skills Quality Authority (ASQA) or the relevant state VET sector regulatory authority. If the education provider is seeking this required accreditation, but the final certification has not been received, the education provider may lodge an application for the accreditation of a program with ANMAC. However, this is undertaken at the education providers own risk. ANMAC cannot grant accreditation without the education provider having the necessary evidence of educational accreditation.

19.5 Assessment of dual degrees

Assessment of dual degrees is conducted against two sets of Accreditation Standards – those leading to registration as a registered nurse and those leading to registration as a registered midwife. The dual degree leads to the graduate having two discrete qualifications that on registration will enable them to practise in one or both of these professions. This complex assessment of dual degree programs, usually undertaken by an assessment team made up of nursing and midwifery academic and clinical leaders, is significantly different from the accreditation assessment where the application is for a single program leading to a single qualification and registration by the Nursing and Midwifery Board of Australia in only one category of registration. Therefore ANMAC provides the following information in relation to the assessment of dual degrees to education providers planning to seek accreditation for the dual degree in both nursing and midwifery:

- Time Taken for Review of Submission: The ANMAC National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia outline the features and stages of the ANMAC Accreditation Scheme. The Guidelines note that the accreditation of new programs may take up to nine (9) months to complete for a stand-alone program. This time frame does not apply to the assessment of dual degrees (programs leading to registration as a registered

nurse and a registered midwife). The Assessment of a dual degree requires review by the assessment team members against both sets of Accreditation Standards and then consideration by both the Registered Nurse Accreditation Committee and the Registered Midwife Accreditation Committee.

- Length of Program for a Dual Degree: While ANMAC does not state a definitive length of program for a dual degree education providers wishing to offer a dual degree must refer to the individual requirements for entry to practice nursing AND midwifery programs as stated in the Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – with Evidence Guide for requirements on course length and structure. Education Providers must also conform to the Australian Qualifications Framework specification for the Bachelor Degree for each degree offered, as part of the dual degree must equip graduates with the national competencies required of registered nurses AND registered midwives.
- Previously accredited units of study associated with a stand-alone Bachelor of Nursing or stand-alone Bachelor of Midwifery cannot automatically transfer to a dual degree program, unless both programs are assessed at the same time. For the units of study in the stand-alone programs to be accredited for inclusion in a dual degree program, ANMAC would require the education provider to comprehensively map the newly accredited units of study against the units it is proposed will be replaced in the dual degree to demonstrate that the learning goals for students of each program are met.

20 SUPPORTING DOCUMENTS

Australian Government, Department of Health and Ageing, *A National Health and Hospitals Network for Australia's Future (2010)* and *A National Health and Hospitals Network: Further Investments in Australia's Health (2010)*. Viewed at: <http://www.health.gov.au/internet/publishing.nsf/publications>

Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse*. Viewed on the Nursing and Midwifery Board Australia website at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards>

Council of Australian Governments (2008), *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*. Viewed at: <http://www.ahpra.gov.au/Legislation-and-Publications/Ministerial-Directives-and-Communiqués.aspx>

World Health Organisation 2009 *Global Standards for the Initial Education of Professional Nurses and Midwives*. Viewed at: Global Standards for the Initial Education of Professional Nurses and Midwives

Health Practitioner Regulation National Law Act 2009 (QLD). Viewed at: <http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx>

Preston, B (2007) '*National framework for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia*', Australian Nursing and Midwifery Council.

Ryan, D. (2009) *'Standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia'*, Australian Nursing and Midwifery Council.

21 SUPPORTING POLICIES, GUIDELINES AND FORMS

ANMAC Assessor Handbook

ANMAC Application Pack for Education Providers (RN,EN, RM & NP)

ANMAC Preliminary Review Report

ANMAC Assessment Team Review Report

ANMAC Site Visit Information

ANMAC Accreditation Committee Handbook

ANMAC Outcome of Accreditation Report

ANMAC Notification of Minor Changes to an Accredited Program form.