

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

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

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VERSION	DATE	AMENDMENTS
1.0	November 2010	First document
1.1	November 2013	Update job titles
2.0	February 2015	Insert education provider accreditation information Insert non-standard entry to practice information Revise information sharing Update complaints management Remove outdated documents and references Reformat document Update glossary
2.1	August 2015	Expand information regarding modifications

Responsible Officer  
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# PURPOSE OF THE NATIONAL GUIDELINES

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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 (NRAS).

Professional accreditation is concerned with the quality of the profession and its work, from the perspective of 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. These practitioners are able to practice in a safe and competent manner equipped with the necessary foundation knowledge, professional attitudes and essential skills.

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

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 and ANMAC staff. The Guidelines describe the personnel, structures and processes of accreditation and monitoring of nursing and midwifery education providers and programs.

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

**Part 2:** Contains information about the accreditation scheme including the processes that are involved in the accreditation of programs and modifications to accredited programs including appeals.

**Part 3:** Contains information relevant once a program has been accredited including modifications to an accredited program, monitoring and assurance of programs, enrolment of students and the quality cycle for Accreditation Standards and Guidelines.

# PART ONE – Background and Governance

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## 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 NRAS. The role and functions of ANMAC are to provide the community with confidence that nurses and midwives who 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 is to ensure that programs leading to registration or endorsement of nurses and midwives in Australia meet the Nursing and Midwifery Board of Australia (NMBA) approved Accreditation Standards.

## 2 THE ACCREDITATION FRAMEWORK

The Guidelines form part of a broader policy framework that is comprised of the National Law and the approved standards for the accreditation of nursing and midwifery courses leading to registration or endorsement in Australia.

These documents have been developed in consultation with key stakeholders and incorporate national standards of health professional education, professional registration and quality improvement.

Each application for accreditation is treated as a discrete application and is dealt with comprehensively and is not linked to any previous accreditation for a similar program. Retrospective accreditation of a nursing or midwifery program is not supported by ANMAC.

## 3 RELEVANT DOCUMENTS

The following policies and documents should be read in conjunction with this document:

- *ANMAC Transition and Teach Out Arrangements Policy*
- *ANMAC Accreditation Standards*
- *ANMAC Assessors Handbook*
- *Health Practitioner National Law Bill 2009*
- *ANMAC Explanatory Notes*

## 4 PRINCIPLES GUIDING THE NATIONAL ACCREDITATION SCHEME

### LEGALITY

The accreditation standards, assessment and monitoring processes must be consistent with current legislation in respective jurisdictions.

### LEGITIMACY

The accreditation standards, 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, 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 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 standards, 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 the NMBA); and common preparation of accreditation committee members across professions should be undertaken wherever possible.

The program 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 standards, assessment and monitoring processes must be accountable to key stakeholders, relevant government authorities (this may be through ANMAC and the NMBA), the professions, students, other stakeholders and the community through appropriate dissemination and publication of reports and information.

### **TRANSPARENCY**

The accreditation standards, assessment and monitoring processes and outcomes must be transparent to key stakeholders so the validity and appropriateness of decisions are apparent. They should also be transparent to other stakeholders, including the community and the professions while ensuring confidentiality and protection of privacy is maintained.

Transparency is important within the framework when processes in different jurisdictions are not identical because of different legislative requirements or local circumstances e.g. legislation regulating medicines and poisons.

**INCLUSIVENESS**

While ANMAC has final responsibility for the development, implementation and evaluation of the accreditation standards 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 to ensure they are compatible with current policy and contemporary practice. Other stakeholders 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 standards, assessment and monitoring processes must accord with principles of procedural fairness. Education providers should have early access to the accreditation standards. 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 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, 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, 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.

**SUPPORTIVE OF DIVERSITY AND INNOVATION**

The accreditation standards, 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.

**5 ACCREDITATION GOVERNANCE**

The following section outlines the relevant governance structures and personnel involved in the national ANMAC accreditation scheme. In addition to the ANMAC Board, there are a number of ANMAC Board Committees and expert advisory groups that have a key role in the accreditation processes of ANMAC. These include:

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



- ANMAC Midwife Accreditation Committee
- Expert Advisory Group for Standards Development and Review.

The ANMAC Board, Board Committees and expert advisory groups through their work, contribute to an environment that provides, promotes and assures world-class education accreditation and assessment services. This in turn fosters better nursing and midwifery performance and high quality and safe health care for the Australian community. All Committee members are bound by the ANMAC Board and Board Committees Policy and Terms of Reference.

### 5.1 ANMAC Decision

The ANMAC Board delegates the decision of accreditation to the ANMAC Chief Executive Officer (CEO). The ANMAC CEO makes decisions 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, significant reporting requirements or refusal of accreditation the accreditation decision will be referred to the Board for their decision.

For those matters requiring the consideration of the Board, the Board generally meet every two months. The reports and recommendations from ANMAC Accreditation Committees are provided to ANMAC in a timely manner prior to a Board meeting to allow the 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.

### 5.2 The ANMAC Standards, Accreditation and Assessment Committee

The purpose of the Standards, Accreditation and Assessment Committee (SAAC) is 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. The objectives of SAAC are:

- 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 the monitoring of programs of study and ensure they operate effectively and efficiently and in a framework of risk management and quality improvement including 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 functions of ANMAC.
- To commission research or best practice reviews in areas that will improve the effectiveness of assessment, accreditation and the monitoring of programs of study where evidence is equivocal or lacking.

#### Membership includes:

- ANMAC Board Director – Educational Expert
- ANMAC Board Director/Nominee of the Council of Deans of Nursing and Midwifery
- ANMAC Community Board Director

- ANMAC Board Director
- ANMAC Board Director – State and Territory
- ANMAC Board Director – VET Higher Education
- CATSINaM Nominee
- Chair Registered Nurse Accreditation Committee
- Chair Midwife Accreditation Committee
- Chair Enrolled Nurse Accreditation Committee
- Chair Nurse Practitioner Accreditation Committee

### 5.3 The ANMAC Accreditation Committees

The purpose of the ANMAC Accreditation Committees is to promote and protect the health of the community by reviewing the assessment outcomes of nursing/midwifery programs of study leading to registration or endorsement and make recommendations regarding their accreditation to the Board. Each Committee is made up of a panel of academic and clinical experts. There are four accreditation committees:

- Enrolled Nurse Accreditation Committee
- Midwife Accreditation Committee
- Nurse Practitioner Accreditation Committee
- Registered Nurse Accreditation Committee

Each of the accreditation committees oversee the individual accreditation assessments and reviews undertaken by ANMAC relating to the specific standards for each of these nursing and midwifery registration or 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 relevant accreditation standards. The Accreditation Committee may seek further clarification from the Assessment Team prior to submitting their recommendation to ANMAC for consideration.

### 5.4 ANMAC assessment teams

An ANMAC assessment team will generally be formed for each program requiring accreditation or the assessment of a modification to an 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 with relevant knowledge, skills, experience and standing in the nursing and midwifery professions.

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

- an ANMAC Associate Director for Professional Programs.
- two persons with relevant academic/educational expertise.
- at least one person with clinical expertise or clinical management expertise relevant to the program being accredited.

- others as a specific program requires.

The two academic members of an assessment team will generally come from a different jurisdiction to 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 work in the state or territory where the education provider is based.

The selection of assessment teams is undertaken from the ANMAC office in Canberra, and is generally done in consultation with the Executive Director Accreditation and Assessment Services and the allocated Associate Director for Professional Programs.

All members of assessment teams will be provided with an ANMAC *Assessor Handbook* and other tools and instruments to support the assessment.

For a modification to a currently accredited education program an assessment team may be convened that is appropriate for the complexity and type of assessment required for the modification submitted. In some cases the assessment team will comprise of one or two ANMAC Associate Director for Professional Programs.

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

#### **Associate Director for Professional Programs**

The Associate Director for Professional Programs is a member of the Assessment Team and is responsible for:

- leading the Assessment Team throughout the assessment process
- undertaking the preliminary review of the submission
- 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 assessment team
- liaising with education providers on the refinement of accreditation requirements, assimilating feedback
- preparing reports for consideration by accreditation committees in conjunction with the assessment teams
- maintaining lines of communication with the Executive Director Accreditation and Assessment Services and the Accreditation Services Team in relation to all aspects of accreditation assessments underway
- contributing to ANMAC research, innovation and policy development

- researching and contributing to the development and refinement of contemporary accreditation policies, procedures, process and practices.

### **Assessment Team Chair**

In addition to the assessment team member responsibilities the Chair is also responsible for:

- supporting the Associate Director for Professional Programs in the accreditation process
- attending (by teleconference) the relevant accreditation committee for presentation of the submission.

### **Assessment Team member**

Assessment Team members are responsible for:

- reviewing accreditation submission documents to verify that they meet the relevant Accreditation Standards
- providing comment to the Associate Director for Professional Programs about the submission, using the Assessment Team Review document
- providing feedback and correspondence within the timeframes agreed by the assessment team
- attending assessment team meetings – these may be face-to-face or by teleconference or video conference
- attending the site visit(s) to meet with key personnel, clarify aspects of the submission and view the services and facilities of the organisation
- contributing to the preparation of a site visit assessment report by the Associate Director for Professional Programs
- contributing to the development of outcome of accreditation assessment report
- reviewing and verifying the final report prior to referral to the relevant accreditation committee.

## **5.5 Executive Director Accreditation and Assessment Services**

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

- identifying the Associate Director for Professional Practice to coordinate the accreditation assessment
- ensuring effective communication between all parties including between the assessment team and the appointed Associate Director for Professional Programs during the assessment
- reviewing and maintaining procedures and processes for monitoring the accreditation status of education providers and programs of study to ensure fair and consistent outcomes
- support the Assessment Team on site visits.

## PART TWO – The Accreditation Process

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Under section 49(1) of the National Law, graduates of nursing and midwifery programs will not be eligible for registration or endorsement unless the program undertaken is accredited by ANMAC and approved by the NMBA.

### 6 ACCREDITATION TIMEFRAME

The accreditation of programs and subsequent modifications takes approximately nine months. All timeframes are indicative only and ongoing discussion, clarification and negotiation of issues between ANMAC and a provider is a feature of the process.

For programs such as dual and combined degrees; programs where there may be a number of sites; 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.

The approval process by the NMBA is separate to, and in addition to, the accreditation by ANMAC and may add an extra three months to the timeframe. A new program or modifications to accredited programs must not commence until the program is listed on the NMBA 'Approved Programs of Study' list.

### 7 ACCREDITATION FEES

ANMAC applies fees in order to carry out its accreditation functions that are set out in the National Law. [Fees](#) apply for the accreditation of programs and may also apply to accredit modifications to an accredited program or investigate a complaint.

#### 7.1 Fees and payment for the accreditation of programs of study and modifications to an accredited program

The cost of assessment is determined by a number of factors including the program type, the length of the program, the type of accreditation i.e. full submission or modification to an existing program and the complexity of accreditation i.e. multiple sites, dual degrees, combined degrees or program variations.

An invoice for the accreditation of programs will be issued to the education provider after ANMAC has received the submission and the preliminary review has been completed. Full payment within 30 days of invoicing is required.

#### 7.2 Refunds

An education provider may be eligible for a refund if the program is withdrawn after the assessment process has commenced. The refund amount will be determined by the point in the process when the program is withdrawn. Generally an education provider is not eligible for a refund after the site visit has been undertaken.

### 8 EDUCATION PROVIDER REGULATION AND ACCREDITATION

In the accreditation process an 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 in the process of acquiring educational provider accreditation but the final certification has not been received, the education provider may lodge an application for the accreditation of a program with ANMAC. This is undertaken at the education providers own risk.

## 9 SUMMARY OF ACCREDITATION STAGES

The following is a summary of the stages of accreditation of a new program or modification to an accredited program.

### STAGE 1 – PRE-APPLICATION:

1. The education provider obtains all necessary information, [resources, forms and application packs](#).
2. The Intention to Submit Form is submitted to ANMAC by the education provider.
3. The submission is sent to ANMAC by the education provider.

### STAGE 2 – ACCREDITATION ASSESSMENT:

4. ANMAC receives the submission.
5. ANMAC commences the management of the submission including allocation to an Associate Director for Professional Programs. A preliminary review is undertaken and early contact with potential assessment team members is made.
6. Discussion, clarification and negotiation of issues identified in the preliminary review occurs and the education provider may be asked to revise the submission and resubmit.
7. An Assessment Team is established. The Education Provider is provided with the names of the Assessment Team members and has the opportunity to notify ANMAC of any perceived or real 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. The 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. For some modifications a site visit may not be required.
10. A site visit is usually conducted and the Assessment Team has the opportunity to consult with the Education Provider at their establishment and visit relevant delivery sites. The Assessment Team also conduct interviews with staff, students and stakeholders. Further evidence may be requested following the site visit. The Site Visit Report is written and approved by the Assessment Team and sent to the Education Provider to check for accuracy of fact.
11. The Associate Director for Professional Programs, in consultation with the Assessment Team prepare an Outcome of Accreditation Assessment Report. 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 Accreditation 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 Accreditation Standards with a view to quality improvement.

12. The Outcome of Accreditation Assessment Report is sent to the Education Provider. The Education Provider has the opportunity to respond to the accuracy of the Report prior to submission to the Accreditation Committee. The Associate Director for Professional Programs then submits relevant documentation to the Accreditation Committee including the final draft version of the submission and the Outcome of Accreditation Assessment Report.

### **STAGE 3 – ANMAC DECISION OF ACCREDITATION:**

13. The relevant ANMAC Accreditation Committee review the submission. Further information may be sought by the Committee or the Committee may agree to make a recommendation to ANMAC that accreditation be granted. Conditions may be placed on the accredited program. Where accreditation for a new program is granted the accreditation period may be up to five years. Accreditation of a modification is for the term of the accreditation period originally granted.

14. ANMAC may accept the Committee recommendation or seek further information from the Committee or Assessment Team before making a decision.

15. If the program is accredited the final version of the submission is provided to ANMAC by the Education Provider in electronic form. This becomes the definitive accreditation document and will be held by ANMAC and the Education Provider.

If the program is not accredited by ANMAC, ANMAC will notify the Education Provider. The Education Provider may appeal the ANMAC decision within 30 days.

### **STAGE 4 – NMBA DECISION ON ACCREDITATION:**

16. ANMAC's role is to accredit a program or modification and the NMBA's role is to approve the accreditation decision. ANMAC informs the NMBA of its decision on the accreditation of the program. The NMBA make the final decision at the scheduled monthly meeting:

- If the NMBA approve the program then ANMAC notifies the Education Provider detailing the accreditation outcome and monitoring requirements.
- If the NMBA do not approve the program then ANMAC notifies the education provider informing them of the outcome.

17. The Education Provider may appeal the NMBA decision within 30 days.

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

Section 50 of the National Law requires ANMAC to monitor accredited programs. The ANMAC monitoring and assurance scheme consists of reports, annual declarations and complaints management. Reporting requirements for accredited programs are outlined in the Final Outcome of Accreditation Assessment letter provided to the education provider after the

accreditation decision has been made. Further information on monitoring and assurance is detailed in Section Three.

## 10 SITE VISITS TO EDUCATION PROVIDERS

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.
- 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 Accreditation Standards and the terms of the accreditation that was granted.

ANMAC adopts a flexible approach to site visits which are usually a face to face meeting and may include:

- An overview of the education provider's vision and strategic plan.
- Discussion of the relevant Accreditation Standards.
- A tour of the relevant areas of the facility.
- Demonstration of the online learning platform.
- Interviews with:
  - industry and other stakeholders
  - student support services staff
  - library staff
  - current /graduated students.

## 11 NON STANDARD ENTRY TO PRACTICE

The term 'non-standard' refers to programs exceeding the program minimum qualification as stated in the relevant ANMAC Standards. Non-standard program submissions for accreditation would be expected to contain:

### **Evidence demonstrating how students will achieve program and AQF requirements.**

The underpinning principle (consistent with TEQSA guidelines) is that all students should start a program with a basis of prior knowledge and skills to achieve, within a prescribed timeframe, the learning outcomes of the program commensurate with the presumed AQF level of the program.

### **Clarification of research content to meet AQF requirements.**

This is relevant to graduate entry programs at AQF Level 9 that require the application of knowledge skills in planning and executing a substantial research project, capstone experience and/ or piece of scholarship. This is in contrast to the requirement of a 'typical' program leading to registration as a nurse or midwife at AQF Level 7.



**Evidence demonstrating how industry partners will manage varied AQF level student participation and entry to practice skills requirements.**

Clear expectation and knowledge of industry partners in relation to variations in curriculum content and cohort distinctions should be reflected in corresponding provision of Professional Experience Placements. This includes learning opportunities and models of supervision for students enrolled in non-standard programs leading to initial registration.

**Evidence demonstrating specific preparation of Professional Experience Placement supervisors.**

Supervisors of Professional Experience Placements should be prepared to flexibly accommodate students enrolled in non-standard programs who may demonstrate assumed advanced cognitive and problem solving skills in addition to novice technical skills.

**Evidence of curriculum design and student support to meet the required volume of learning plus entry to practice requirements.**

Curriculum design, learning and teaching strategies, provision of Professional Experience Placements and student support should be developed to enable students enrolled in non-standard programs to demonstrate within a truncated timeframe all requirements for application for registration.

## 12 ASSESSMENT OF DUAL DEGREES

Nursing and Midwifery are discrete disciplines, each with their own philosophies, educational and competency or practice standards. 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 midwife and then considered by both the Registered Nurse Accreditation Committee and the Registered Midwife Accreditation Committee.

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 NMBA. The Education Provider must demonstrate how a dual degree program will meet the Accreditation Standards for the Registered Nurse and Registered Midwife demonstrating sound pedagogical philosophies and frameworks that allow the subjects to work together and yet ensure that each discipline remains discrete<sup>1</sup>.

Unlike single degrees, ANMAC does not stipulate program length 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 relevant Accreditation Standards.

## 13 OUTCOMES OF THE ACCREDITATION PROCESS

The outcomes of the accreditation process are based on meeting the Accreditation Standards. There are three possible decisions:

- Accreditation is granted.
- Accreditation is granted with conditions.

<sup>1</sup> Douglas, J. (2014). *Dual Degrees: A review of the evidence*. Unpublished paper.

- Accreditation is refused.

Once an outcome of accreditation decision is made ANMAC notifies the NMBA. The NMBA may approve, or refuse to approve, the accredited program of study as providing a qualification for the purpose of registration<sup>2</sup>. If the program is approved by the NMBA the approved program is noted on the NMBA website under the Approved Program of Study list. ANMAC then notify the education provider detailing the outcome of accreditation and monitoring requirements.

### 13.1 ACCREDITATION IS GRANTED

Accreditation is granted when all Accreditation Standards are considered to have been met. Accreditation is usually awarded for five years.

### 13.2 ACCREDITATION IS GRANTED WITH CONDITIONS

Where conditions are imposed the details and timelines (if relevant) required to meet these must be explicit. 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.

Should the conditions of the accreditation not be met within the timeframe allocated ANMAC will review the education provider's accreditation status to determine whether ongoing accreditation should be revoked.

The education provider must inform students considering or undertaking the program of the conditional accreditation status of the program and progress towards removal of the condition.

### 13.3 ACCREDITATION IS REFUSED

Under Section 48 of the National Law, if ANMAC decides to refuse to accredit a program of study ANMAC must provide written notice of the decision to the education provider that states:

- the reason for the decision, and
- 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<sup>3</sup>.

### 13.4 REFUSAL BY THE NMBA TO APPROVE THE ANMAC ACCREDITED PROGRAM

If the NMBA decide to refuse to approve a program of study that ANMAC has accredited, then in accordance with section 49 of the National Law the NMBA will give written notice of the refusal including the reasons for refusal to ANMAC<sup>4</sup>. ANMAC then informs the Education Provider.

<sup>2</sup> Office of the Queensland Parliamentary Counsel. (2014). *Health Practitioner Regulation National Law Bill 2009*. Section 49. <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf>.

<sup>3</sup> Office of the Queensland Parliamentary Counsel. (2014). *Health Practitioner Regulation National Law Bill 2009*. Section 48. <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf>

<sup>4</sup> Office of the Queensland Parliamentary Counsel. (2014). *Health Practitioner Regulation National Law Bill 2009*. Section 49. <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf>.

## 14 APPEAL OF ACCREDITATION DECISION

Under section 48 of the National Law an Education Provider may appeal an accreditation decision. Requests for appeal must be received from the provider within 30 days of notification of the outcome of the accreditation decision. Requests for appeal must be in writing and addressed to the Executive Director of Accreditation and Assessment Services and include details of why ANMAC should reconsider the decision.

In accordance with Section 48 of the National Law the appeal will be dealt with as an internal review and will not be carried out by a person who assessed the program of study for ANMAC<sup>5</sup>. ANMAC will select an appropriate person to conduct the review. 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 Executive Director of Accreditation and Assessment Services in relation to procedural issues that may arise.

The Reviewer will review the original report and recommendations; discuss the issues with the provider; seek further information from the original accreditation committee if necessary; and take any other reasonable steps that are required. Once the review is completed the Reviewer will finalise the report and provide this to the ANMAC Executive Director of Accreditation and Assessment Services, the relevant ANMAC Accreditation Committee, the ANMAC CEO, the ANMAC Board, the education provider and the NMBA. Providers are given the opportunity to respond to the report and submit further evidence in support of the accreditation application through the ANMAC accreditation process.

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<sup>5</sup> Office of the Queensland Parliamentary Counsel. (2014). *Health Practitioner Regulation National Law Bill 2009*. Section 49. <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf> National Health Practitioner Regulation National Law Act 2009.

# PART THREE - Modifications, Monitoring and Assurance

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## 15 MODIFICATIONS TO ACCREDITED PROGRAMS

Education providers are responsible for notifying ANMAC of planned or unplanned modifications that may affect the validity of accreditation, as soon as they are identified.

ANMAC must be informed of the nature of the intended change, the rationale for the change and the impact that the change will have on the program as a whole. ANMAC will then assess the modification and determine whether it is major or minor in nature.

### Major modifications

ANMAC defines a major modification as substantive matters affecting the policy or practices of an education provider that could impact upon the delivery of a program of study such that students are completing a program that is different to the one that was accredited. This includes alteration, addition, amendment, substitution or deletion of any aspect of the program or, changes to the education provider's operations, altering the substance, structure, form, delivery or outcomes of the program.

The notification of a major modification by an education provider must allow sufficient time for evaluation of continued compliance against the relevant ANMAC accreditation standards. The accreditation standards that the original program was accredited against are the standards that program will be subject to for its lifetime. Any modification to a program must be described in the context of these accreditation standards regardless of whether new accreditation standards have been developed.

Major modifications are subject to a fee and must be submitted to ANMAC in an application pack accompanied by evidence against each of the criteria that are relevant for the particular, planned changes.

Major modifications are assessed by ANMAC and, in most instances, an assessment team and are presented to the relevant Accreditation Committee for acceptance of the changes.

### Minor modifications

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

The education provider is responsible for notifying ANMAC of any planned or unplanned minor changes to a program as soon as they are identified. Upon assessment, ANMAC may determine that the proposed modification is substantial and may request that the education provider submit the change as a major modification employing an application pack to support the change.

Minor modifications are assessed by ANMAC and subsequently noted by the relevant Accreditation Committee.

Modifications to an approved program include, but are not limited to:

- i. level of award
- ii. award title

- iii. program governance including the education provider's organisational structures
- iv. underpinning philosophy, emphasis or objectives
- v. increase or decrease in program duration
- vi. curriculum of study, including content, structure and assessment
- vii. core (compulsory) or elective components, regardless of whether the overall credit value is different
- viii. teaching methods, or method of delivery, of all or any part of the program
- ix. the composition of staffing, such as reduction or increase in staffing levels, substitution of full-time staff by sessional staff or changes in academic level of teaching staff
- x. human or physical resources that affect student access to any aspect of the program, including teaching and learning structures, clinical laboratories or access to clinical placements
- xi. financial resources or financial arrangements, such as cessation of a dedicated budget
- xii. alteration or addition of sites at which all or any part of program is offered.

## 16 MONITORING OF THE ACCREDITED PROGRAM

Section 50 of the National Law requires ANMAC to monitor programs of study approved by the NMBA to ensure that the program and the education provider continue to meet the approved Accreditation Standards. Monitoring and assurance occurs by:

- Reports
- Annual Declarations
- Complaints Management

### 16.1 Reports

Reports may be required where conditions have been applied or other matters are identified. This is an essential part of on-going monitoring to ensure that the terms and conditions of accreditation are being met. The reporting requirements will be outlined in the Final Outcome of Accreditation letter provided to the education provider after the accreditation decision has been made.

### 16.2 Annual Declarations

As a general condition of accreditation, ANMAC requires education providers to submit an Annual Declaration for the period of accreditation on the anniversary of the program approval, confirming that the program is being delivered as accredited. ANMAC will send the annual declaration to the education provider prior to the anniversary of accreditation.

Submitting the completed Annual Declaration by the due date is a condition of continued accreditation. If an education provider fails to submit the Annual Declaration on time, ANMAC will take all reasonable steps to determine that the approved Accreditation Standards are being met. The outcome of these activities may place the ongoing accreditation of the program in jeopardy.

Where the Annual Declaration has not been submitted by an education provider all costs associated with ensuring that the program of study continues to be offered as accredited are the responsibility of the education provider. ANMAC will issue an invoice to the education provider for reimbursement of these costs.

### 16.3 Complaints Management

ANMAC values complaints, recognising effective complaints management fosters an environment of safety, continuous quality improvement and promotes accountability and transparency. ANMAC will receive complaints from staff, students, graduates, health services, health providers and the community about programs and education providers where ANMAC has authority. ANMAC will also receive the referral of complaints from other accreditation, regulatory and statutory authorities.

The complainant should provide as much detail and evidence as possible to ensure that ANMAC is able to investigate the complaint. ANMAC will accept anonymous complaints, acknowledging it can be difficult to undertake a full investigation of a complaint without being able to contact the complainant to verify or clarify information or to seek further information. For complaints where the complainant does identify, the identity of the complainant will not be disclosed to the education provider and will remain confidential. ANMAC acknowledges that complaints can highlight systemic weaknesses in program, policy or service delivery and that an effective management process strengthens administration, accountability and improves relationships with the community.

ANMAC is committed to working cooperatively with all stakeholders to manage and resolve complaints in an impartial and confidential environment. ANMAC recognises those responsible for administering a program are often best placed to decide how to resolve a grievance. However, compliance with Accreditation Standards remains a key focus of the ANMAC strategy for managing complaints.

Please refer to the ANMAC Complaints Management Framework for further information relating to complaints management.

## 17 CONTINUITY OF ACCREDITATION

While education providers have students enrolled in a program that leads to registration or endorsement as a nurse or midwife, 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 to a newly accredited program to ensure their qualification will lead to registration or endorsement.

Each accreditation is regarded by ANMAC as a discrete process. Each application, while having the capacity to draw on past curricula, evaluations and previously submitted information, should be presented by a provider as a new application. Providers must be aware of the timelines for an accreditation application as there is no fast track process available.

## 18 QUALITY CYCLE FOR ACCREDITATION GUIDELINES AND STANDARDS

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 or endorsement in Australia, and will include all policies, processes and procedures that make up the scheme
- review of the Accreditation Standards.

### 18.1 ANMAC review of policy and process

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 ANMAC review of ANMAC accreditation standards

This process includes the review of the approved Accreditation Standards for the accreditation of nursing and midwifery programs leading to registration or endorsement in Australia generally every five years.

The process of developing or reviewing Accreditation Standards requires consideration of the purpose of professional education accreditation. It is concerned with the quality of the profession and its work, from the perspective of 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 practise in a safe and competent manner equipped with the necessary foundation knowledge, professional attitudes and essential skills. This process itself however, relies on two fundamental principles:

- That the education providers themselves are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates (TEQSA/ASQA/AQF).
- That there exists a set of agreed and contemporary competency standards for the profession, against which the capability of intending graduates of entry to practice programs can be assessed (National Competency Standards).

For further information on the review of nursing and midwifery standards please refer to the *ANMAC Protocol for the Review of Nursing and Midwifery Standards*.

## 19 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.

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. Advertising prior to the completion of the accreditation process must include a notation that the program of study is 'subject to accreditation by ANMAC and approval by the NMBA'.

Education providers may choose to plan, develop and 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.

### Teach out and transition arrangements on expiry of accreditation period

The most appropriate option for students in an expired program is to enable students to transition into the equivalent point in a new program. It is acknowledged that it is not always possible to transition students because of major changes to a new program or for other reasons. In this instance, a 'teach-out' arrangement is needed where the student may

complete the program they entered, despite the fact that its accreditation may have expired. The length of the 'teach-out' period is related to the length of the program and is time limited. The 'teach-out' period is designed to be a reasonable period that will enable a student to complete or transition at a later date and not lose their opportunity to register with the NMBA with a qualification from an accredited nursing or midwifery program of study. The length of the 'teach-out' period for each program is related to the length of the program based on a student being enrolled on a full-time basis. For example:

- Programs of 12 months or less: Length of program after expiry +  $\frac{1}{2}$  the length of the program;
- Programs of 18 months: Length of program +  $\frac{1}{2}$  the length of program from beginning of 5th year of accreditation;
- Programs of 2 years: Length of program +  $\frac{1}{2}$  the length of program from beginning of 5th year of accreditation;
- Programs of 3 years: Length of program +  $\frac{1}{2}$  the length of program from beginning of 5th year of accreditation
- Programs of 4 years (e.g. dual degrees): Length of program +  $\frac{1}{4}$  the length of program from beginning of 5th year of accreditation

#### **NMBA Approved Programs of Study list**

An education provider may only enrol students into a program once it appears on the NMBA Approved Programs of Study list. For accredited programs that are no longer being delivered by the education provider or no longer approved for new enrolments they will appear on the NMBA Approved Program of Study Inactive list. A student who holds a qualification that is listed as 'inactive' still qualifies for registration, endorsement or notation dependent on the qualification type, provided they enrolled in the program when it was approved or before the program became inactive.



TERM OR ABBREVIATION	EXPLANATION
<b>Academic Integrity</b>	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.
<b>Annual Declaration</b>	A Declaration made by the education provider each year for the life of the accredited program. ANMAC uses this Annual Declaration to monitor whether education programs and the education providers offering them are continuing to meet approved Accreditation Standards.
<b>ANMAC</b>	Australian Nursing and Midwifery Accreditation Council.
<b>ASQA</b>	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.
<b>AQF</b>	Australian Qualifications Framework. This 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.
<b>Combined degree</b>	A pre-registration degree in nursing or midwifery combined with a degree that is not accredited by ANMAC e.g. Bachelor of Nursing/Bachelor of Public Health, Bachelor of Arts/Master of Nursing.
<b>Dual degree</b>	Two pre-registration degrees accredited by ANMAC e.g. Bachelor of Nursing/Bachelor of Midwifery.
<b>Education Provider EP</b>	A university or other higher education provider, or a registered training organisation, responsible for a program, the graduates of which are eligible to apply for registration or endorsement as a nurse or midwife.
<b>Modification of a program</b>	A change to an accredited program.
<b>Monitoring</b>	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>
<b>National Guidelines The Guidelines</b>	The National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration or Endorsement in Australia.
<b>National Law</b>	The National Law is contained in the Schedule to the <i>Health Practitioners Regulation National Law Act 2009 (Qld)</i> .
<b>NMBA</b>	Nursing and Midwifery Board of Australia.

<b>NRAS</b>	National Registration and Accreditation Scheme.
<b>Procedural fairness</b>	<p>Is underpinned by the following principles:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The decision must be based on sound argument and evidence.</li> <li>• Those affected must be given the reasons for the decision.</li> </ul>
<b>Program</b>	A program of study that must be completed before a qualification recognised under the Australian Qualifications Framework, such as a Bachelor of Nursing, can be awarded.
<b>Reports</b>	Reports required by ANMAC under the monitoring function of the National Law.
<b>Subject</b>	A unit of study taught within a program.
<b>Submission</b>	Documents provided to ANMAC for either accreditation of a program or modifications to a currently accredited program.
<b>TEQSA</b>	Tertiary Education Quality and Standards Agency. TEQSA is the regulatory and quality agency for higher education in Australia.