June 2014

ACCREDITATION STANDARDS AND PROCEDURES

For the accreditation of education programmes leading to registration in the Medical Laboratory Scientist scope of practice

MEDICAL SCIENCES COUNCIL OF NEW ZEALAND

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

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Foreword

This document provides guidance to education providers seeking accreditation (or re-accreditation) with the Medical Sciences Council of New Zealand (the Council) for a qualification programme that is fit-for-purpose for registration in the medical laboratory scientist scope of practice.

It explains the standards and criteria against which the Council assesses education programmes for the purpose of accreditation and the documentation an education provider is expected to submit in support of its accreditation application/review. Accreditation processes are described according to three distinct categories of accreditation assessment:

1.   Programmes that have been previously accredited by the Council
2.   A new programme in medical laboratory science
3.   A major structural change in an accredited programme

The Council acknowledges that accreditation of qualification programmes pertaining to health professions is not unique to the practice of medical laboratory science. All sixteen health regulatory authorities (RA) in New Zealand have adopted models of accreditation in alignment with registration of health practitioners under the Health Practitioners Competence Assurance Act 2003. (Additionally many of these accreditation frameworks have been developed in collaboration with relevant Australian accreditation bodies and subsequently for a number of health profession-related education programmes, joint Trans-Tasman standards and procedures have been adopted).

The enclosed guidelines have drawn on the Council's previous accreditation framework and the accreditation standards and processes of other health regulatory authorities. It is envisaged that this approach will attain a degree of consistency in the accreditation standards and processes required of New Zealand providers of health professions-related education programmes.

Section One: Introduction

Purpose of Accreditation

The Medical Sciences Council of New Zealand has an obligation under Section 12 of the Health Practitioners Competence Assurance Act 2003 to accredit and monitor New Zealand education providers of qualification programmes (the programme) prescribed by the Council for the purpose of registration in the medical laboratory scientist scope of practice.

Accreditation is the status granted by the Council to medical laboratory science education programmes that meet statements of educational quality expressed as **education standards and criteria**. Accreditation is about assuring the quality of education and promoting continuous improvement of quality to respond to evolving community needs and professional practice, and ensure the safety of the public.

Accreditation pertains to the **procedures** used to review and assess education programmes against the required standards and to recognise the programmes as meeting the stated accreditation standards.

The Council's accreditation framework is focused on assuring graduates of Council-approved education programmes enter the profession with a sound knowledge and skills base to practise as a medical laboratory scientist safely, ethically and effectively. There is an expectation that graduates of the programme will have a solid foundation for lifelong learning, continuing competence, and ongoing development of professional knowledge and skills.

The Council has separately published a set of core competencies required for New Zealand registration as a medical laboratory scientist. It is expected that education providers seeking to have their programmes accredited by the Council will use those documents to inform the development, implementation, and ongoing review and monitoring of the programme.

Principles of Accreditation

The various education providers involved in medical laboratory scientist education have diverse teaching and learning approaches and the Council acknowledges that, providing there is a commitment to continuous quality improvement from each of the education providers, such diversity can strengthen the New Zealand education system.

Critical to the Council's accreditation framework is the concept of *fitness for purpose* with a focus on the stated aims and objectives and the achievement of those in alignment with the required competencies for medical laboratory scientists.

Accreditation Standards

The Council has defined six broad categories of accreditation standards:

1. Programme outcomes and context
2. Curriculum
3. Learning teaching and assessment
4. Monitoring
5. Students
6. Learning environment

Each standard encompasses a number of assessment criteria against which the programme is assessed.

Supporting Documentation Guidelines

The Council has listed a set of *Supporting Documentation Guidelines* (see Section 3) to assist education providers in their self-assessment and preparation of their accreditation submission responses. These have been presented as a separate section in an effort to provide education providers with a ready reference guide when preparing the documentation in support of their accreditation assessment.

Accreditation Procedures

In Section Four of these guidelines the Council describes the procedures it uses to undertake an accreditation assessment.

The Council undertakes re-accreditation assessments within two distinct circumstances:

1. A programme that has been previously accredited by the Council.
2. A major structural change in an accredited programme.

The Council also undertakes accreditation assessments for:

1. A new programme in medical laboratory science.

The Council may also consider undertaking an accreditation review in response to significant concerns about a qualification programme as raised by stakeholder groups (including students).

Accreditation Outcomes

The Council has adopted the following framework in respect of the possible outcomes for a **re-accreditation assessment** (4.1):

Accreditation Outcome	Outcome Description
Accreditation	The programme has achieved or exceeded the minimum standards for accreditation and has no serious deficits or weaknesses. Recommendations or suggestions relating to enhancement of the programme are generally included in the accreditation report. Retention of this accreditation status is for a period of 5-years and remains subject to receiving satisfactory annual reports which include progress on recommendations and suggestions in the accreditation report
Accreditation with Conditions	The programme substantially meets the accreditation standards but has serious deficits or weaknesses in one or more areas. It is expected the deficits/weaknesses can be corrected within a specified period of time. The education provider is required to submit evidence-based progress reports at intervals as stated in the accreditation report (as a minimum, progress reports will be required annually). **(a) Accreditation with Conditions: Maximum Period of Two Years:** The deficits/weaknesses of the programme are considered to be able to be corrected within a period that does not exceed 2-years. **(b) Accreditation with Conditions: Maximum Period of One Year:** The deficiencies/weaknesses of the programme are considered to be of such a magnitude that, if not corrected, the programme will be on the pathway to refusal of accreditation. Evidence of significant progress must be demonstrated within 1-year in order to maintain accreditation of the programme. If the serious deficits/weaknesses as in (a) and (b) above are not addressed within the specified period of time: **(c) Notice of Intent to Refuse Accreditation:** The programme has failed to submit a required progress report to address the conditions on its accreditation, or the report was considered unsatisfactory. The Council will inform the education provider of the intent to refuse accreditation at the end of the next academic year for the programme.
Refusal of Accreditation	Accreditation may be refused when the Council considers that the deficits in the programme are so serious as to warrant that action or where the education provider has not satisfied the Council that the complete programme can be implemented and delivered at a level consistent with the Council's *Accreditation Standards.*

The following accreditation outcomes apply in respect of **new programmes and programmes undergoing a major change:**

Accreditation Outcome	Outcome Description
Accreditation with Conditions	Accreditation of a new programme (or programme undergoing a major change) is granted with conditions for a period of **up to 2-years** after the full programme has been implemented. This is subject to conditions being addressed within a specified period and submission of satisfactory reports (either annual or as otherwise specified). Conditions may relate to the progressive implementation of the new programme (or major change) and the provision of adequate staffing and facilities to support the developing programme.
Refusal of Accreditation	Accreditation may be refused if it is considered that a proposed programme has serious deficits. In situations where identified deficits are deemed as needing resolution prior to the programme commencing, accreditation is likely to be refused. The education provider will be advised on the deficits to be addressed prior to a reconsideration for a further accreditation assessment.

Section Two: Accreditation Standards

Standard 1: Programme Outcomes and Context

1.1 Purpose

1.1.1 The education provider has defined the purpose of the programme including learning, teaching, and research.

1.1.2 The programme's teaching, service and research activities are related to the health care needs of the communities the education provider serves.

1.2 Programme Outcomes

1.2.1 The programme has defined graduate outcomes consistent with the Council's requirement for entry-level practitioners to demonstrate competence to practise safely and effectively in New Zealand, and who have an appropriate foundation for lifelong learning.

1.2.2 The principles of Mana Maori and the Treaty of Waitangi are upheld as appropriate in the programme.

1.3 Governance

1.3.1 Governance structures and functions, including the education provider's relationships both within the School/Faculty and with other relevant schools/faculties within the organisation, are clearly defined and understood by those delivering the programme.

1.3.2 Governance structures set out the education provider's committee structure (at a level relevant to the programme) which informs and supports the programme including the composition, terms of reference, powers and reporting relationships, and allow for relevant representation in decision-making.

1.4 Academic Leadership

1.4.1 The responsibilities of the academic head of the programme are clearly stated.

1.5 Programme Management

1.5.1 There is a designated committee or similar body (inclusive of professional and student representatives) that has the delegated authority, responsibility and capacity to plan implement and review the curriculum to achieve the objectives of the programme.

1.5.2 The level of qualification offered is assessed against any national standards.

1.6   Budget and Resource Allocation

1.6.1   The education provider has identified the lines of responsibility and authority for the programme.

1.6.2   There is sufficient autonomy for the education provider to direct resources to achieve the purpose and objectives of the programme.

1.6.3   There are sufficient financial resources and financial management capacity to sustain the programme.

1.7   Staff Resources

1.7.1   There are adequate staffing numbers to achieve the educational objectives of the programme.

1.7.2   Staff are appropriately qualified and experienced to deliver the curriculum.

1.7.3   The programme has an appropriate profile of administration staff to support the delivery of the programme.

1.8   Staff Appointment, Promotion and Development

1.8.1   The education provider has a defined policy for the appointment and promotion of academic staff that includes an appropriate balance of teaching, research, professional practice and service skills.

1.8.2   There are defined processes for the ongoing development and appraisal of academic, administrative, and technical staff.

1.8.3   The education provider has appropriate recruitment, support and training processes for practitioners formally engaged in planned learning and teaching activities (this may include guest lecturers).

Standard 2: Curriculum

2.1   Duration of the Programme

2.1.1   The programme is of sufficient duration to ensure the defined graduate outcomes can be achieved.

2.2   Content of the Curriculum[1]

2.2.1   The curriculum contains the foundation clinical, diagnostic, communication, management and procedural skills to enable graduates to assume responsibility for accurate patient results at entry to the medical laboratory scientist scope of practice.

2.2.2   The curriculum is based on principles of scientific method and evidence-based practice, and fosters the development of analytical and critical thinking.

2.3   Curriculum Design and Description

2.3.1   The curriculum is based on an integrated programme of academic and clinical study of medical laboratory science that maintains currency of practice.

2.3.2   The education provider demonstrates effective communication of specific learning outcomes or objectives describing what is expected of students at each stage of the programme.

2.4   Maori Health

2.4.1   The programme provides curriculum coverage of the Treaty of Waitangi and its application to medical laboratory science.

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[1] See Appendix 1 for a detailed description of the specific topics the Council would expect to be covered in curricula

Standard 3: Learning Teaching and Assessment

3.1 Learning and Teaching Methods

3.1.1 A range of learning and teaching methods, including student self-directed learning and self-evaluation, are used to meet the outcomes of the programme.

3.1.2 The programme enables students to develop core skills prior to using those skills in a clinical setting.

3.1.3 Students have sufficient supervised involvement with laboratory practices to develop their clinical skills[2] to the required level.

3.1.4 Learning and teaching methods in the clinical environment promote the concepts of patient-centered service and collaborative engagement.

3.1.5 The programme ensures that students work and interact with other health professionals.

3.2 Assessment Approach

3.2.1 The education provider has clearly stated assessment policy that describes its assessment philosophy, principles, practices and rules. Assessment aligns with learning outcomes and is based on objectivity, fairness and transparency.

3.2.2 The programme clearly documents its assessment and progression requirements and ensures this information is accessible to all staff and students.

3.2.3 The assessment framework ensures a balance of formative and summative assessments.

3.3 Assessment Methods

3.3.1 Students are assessed throughout the programme through the use of fit- for-purpose assessment methods and formats that align with the intended learning outcomes

3.4 Assessment Feedback

3.4.1 There are processes for the timely identification of underperforming students and subsequent remediation.

3.4.2 Students' learning is guided through the provision of regular feedback following assessments.

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[2] See Appendix 2 for a detailed outline of clinical placement requirements

3.5 Assessment Quality

3.5.1   The education provider regularly reviews its programme of assessment.

3.5.2   The education provider ensures the scope of the assessment practices, processes and standards is consistent across its teaching sites.

Standard 4: Monitoring

4.1   Monitoring

4.1.1   The education provider regularly monitors and reviews its programme including the curriculum content, quality of teaching and supervision, and assessment. (There is a schedule for all courses to be moderated by appropriate academic and clinical personnel).Concerns about, or risks to, the quality of any aspect of the programme are managed in a timely and effective manner.

4.1.2   Staff and student feedback is systematically sought and analysed and used to inform the monitoring and development of the programme.

4.2   Outcome Evaluation

4.2.1   The education provider analyses the performance of cohorts of students and graduates in relation to the objectives of the programme.

4.2.2   The education provider evaluates the outcomes of the programme.

4.3   Feedback and Reporting

4.3.1   Programme evaluation results are reported within the education provider's governance structures and to academic staff and students.

4.3.2   Evaluation results are available to stakeholders (as appropriate) with an interest in graduate outcomes.

4.4   Continuous Improvement

4.4.1   The education provider has addressed the recommendations made in the report of the previous accreditation visit (if applicable) and in any other reports since that time.

Standard 5: Students

5.1 Admission and Selection

5.1.1 The education provider has defined the size of the student intake in relation to its capacity to adequately resource the programme at all stages.

5.1.2 There are clear selection and admission policies and processes that are practically sustainable, consistently applied, and are free of discrimination and bias (other than explicit affirmative action in favour of nominated groups, including Maori as tangata whenua).

5.1.3 Information on the selection processes, including the mechanism for appeals is publicly available.

5.2 Student Support

5.2.1 The education provider offers a range of student support services including counselling, health, financial, and academic advisory services in response to the social and personal needs of students.

5.2.2 The education provider has mechanisms for identifying and supporting students who require health and academic advisory services including students with disabilities, students with mental health needs, and students at risk of not completing the programme.

5.3 Professionalism and Fitness to Practise

5.3.1 The education provider has policies and procedures for identifying and supporting students whose professional behaviour and/or health status (including physical and mental) raises concerns in respect of their fitness to practise as a medical laboratory scientist or ability to interact with patients.

5.4 Student Representation

5.4.1 There are formal processes and structures to facilitate and support student representation in the governance of the programme.

Standard 6   Learning Environment

6.1   Physical Facilities

6.1.1   Students and staff have access to safe and well-maintained physical facilities in all teaching and learning sites.

6.2   Information Resources and Library Services

6.2.1   The education provider has sufficient information communication technology infrastructure and support systems (both on-campus and distance learning) to achieve the objectives of the programme.

6.2.2   Students have ready access to IT applications required to facilitate their learning in all settings.

6.2.3   Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.

6.3   Clinical Learning Environment

6.3.1   The education provider ensures the clinical learning environment offers students sufficient laboratory experience and is appropriate to achieve the outcomes of the programme and to prepare students for clinical practice.

6.3.2   The education provider has access to sufficient laboratory facilities to provide clinical experiences in the core medical laboratory science disciplines.

6.3.3   The education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent practice.

6.4   Clinical Supervision

6.4.1   There is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.

6.4.2   Every student is supervised (that is, on-site supervision) in their clinical placements by a registered medical laboratory scientist/relevant registered health practitioner who holds a current practising certificate (or suitably qualified medical laboratory scientist if the clinical placement is in Australia).

6.4.3   The education provider ensures that objectives and methods of assessment in clinical competence are defined and known to students, supervisors, and staff.

6.4.4   The education provider has defined the responsibilities of medical health practitioners who support students during their clinical placements, and the responsibilities of the education provider to these practitioners.

6.4.5 The education provider works with laboratories to ensure clinical placements for students are viable and sustainable in terms of their appropriateness and quality and available resources.

Section Three: Supporting Documentation Guidelines

Self-Assessment Report

Information Required	Accreditation Standard Reference
↓ An overview of the programme including the date the programme was (will be) established, the educational philosophy and objectives of the School/Faculty, the purpose of the programme and the graduate outcomes.	**Standard 1: Programme Outcomes and Context**
↓ The committee structures within the School/Faculty for management of the programme (including administrative support).	**Standard 1: Programme Outcomes and Context**
↓ Please provide an overview of the funding structure to the programme and the framework for ensuring there are adequate teaching resources and equipment for programme delivery	
↓ The School/Faculty plan for recruitment of academic staff including procedures for appointment and promotion.	**Standard 1: Programme Outcomes and Context**
↓ List any current academic vacancies, how long they have been vacant and the plans for filling these positions.	**Standard 1: Programme Outcomes and Context**
↓ Have there been any difficulties in recruiting suitably qualified academic staff and what has been done to address those (if any)?	**Standard 1: Programme Outcomes and Context**
↓ How are the responsibilities of staff determined and how is their performance reviewed?	**Standard 1: Programme Outcomes and Context**
↓ Policies and strategies for respecting the principles of the Treaty of Waitangi where relevant in the programme, including the impact for curriculum design and content, student recruitment and selection, and student support.	**Standard 1: Programme Outcomes and Context** **Standard 2: Programme Curriculum**
↓ Interactions with the profession, other education provider departments, and other education providers providing similar programmes including any particular strengths and/or difficulties in those relationships.	**Standard 1: Programme Outcomes and Context**
↓ How does the education provider promote its medical laboratory science programme in the community?	**Standard 1: Programme Outcomes and Context**
↓ Process for the management, review and implementation of changes to the programme of study, including details of any changes to the programme curriculum and/or any major changes planned within the next 12-24 months	**Standard 2: Programme Curriculum**
↓ For programmes undergoing a major structural change indicate areas of overlap between the current and new programmes.	**Standard 2: Programme Curriculum**
↓ Provide a detailed description of courses/topics (and assessment methods for each of those) included in the curriculum indicating how they are integrated both horizontally and vertically throughout the programme.	**Standard 2: Programme Curriculum**

Information Required	Accreditation Standard Reference
✚ Pathway for each of the years/stages of the programme clearly indicating the time commitments for students in each of the years/stages.	**Standard 2: Programme Curriculum**
✚ Elective courses (if any) offered to students.	**Standard 2: Programme Curriculum**
✚ How does the curriculum encourage students to apply theoretical knowledge to practice?	**Standard 2: Programme Curriculum**
✚ Provisions for students to gain clinical experience in the profession.	**Standard 2: Programme Curriculum**
✚ What information is given to students on the criteria for progression through each year/stage of the programme?	**Standard 3: Learning Teaching and Assessment**
✚ How do students gain adequate experience in all areas of their area of specialisation prior to graduation?	**Standard 3: Learning Teaching and Assessment**
✚ What competencies are students expected to possess on graduation?	**Standard 3: Learning Teaching and Assessment**
✚ Philosophy on assessment of students.	**Standard 3: Learning Teaching and Assessment**
✚ Relationship/links between the assessment process and the programme's objectives and teaching approaches.	**Standard 3: Learning Teaching and Assessment**
✚ How are students encouraged to self-assess?	**Standard 3: Learning Teaching and Assessment**
✚ Are there any special arrangements for repeating students?	**Standard 3: Learning Teaching and Assessment**
✚ Mechanisms available to students to appeal assessments.	**Standard 3: Learning Teaching and Assessment**
✚ If special "barrier examinations" are used whereby students are prevented from progressing unless a satisfactory performance is achieved, define in what areas and how.	**Standard 3: Learning Teaching and Assessment**
✚ Responsibilities of the practitioners who contribute to the clinical component of the programme and the responsibilities of the education provider to these practitioners.	**Standard 3: Learning Teaching and Assessment**
✚ Supervision arrangements for students while in the clinical environment.	**Standard 3: Learning Teaching and Assessment**
✚ How are the academic standards maintained across the clinical sites?	**Standard 3: Learning Teaching and Assessment**
✚ Procedures for assessing students' clinical competence.	**Standard 3: Learning Teaching and Assessment**
✚ Processes to support supervisors in their assessment role and to assist them in their professional development in that role.	**Standard 3: Learning Teaching and Assessment**
✚ Perceived strengths and weaknesses of the programme and any opportunities and threats (SWOT analysis).	**Standard 4: Monitoring**

Information Required	Accreditation Standard Reference
Evaluation processes used to assess the quality of the programme including outcome results.	Standard 4: Monitoring
Are there any plans for changes to the moderation and evaluation processes for the programme?	Standard 4: Monitoring
Mechanisms available to students to comment on the programme and teaching staff.	Standard 4: Monitoring
How has each requirement/recommendation contained within the previous accreditation report (if applicable) been addressed?	Standard 4: Monitoring
Outline any plans for changes to assessment and examination policies and practices within the next 12-24 months and the reasons for those.	Standard 4: Monitoring
Admissions criteria including information on pre-requisites, year entry, quotas, categories and numbers of applicants.	Standard 5: Students
Any changes to the admissions process since the last accreditation review and the reasons for those.	Standard 5: Students
How are students encouraged to join and participate in student and professional organisations?	Standard 5: Students
Student support services available within the campus, including comment on accessibility and confidentiality.	Standard 5: Students
Any mentorship or role modeling schemes in operation.	Standard 5: Students
What financial aid provisions are available for students?	Standard 5: Students
Mechanisms to assist and follow-up students experiencing difficulties (e.g. academic, social).	Standard 5: Students
How are impaired students (e.g. drug and/or alcohol misuse, mental health issues) supported/managed?	Standard 5: Students
Remedial support available for students (e.g. study skills).	Standard 5: Students
Are there any specific language support programmes available for students?	Standard 5: Students
Mechanisms in place to manage student grievances.	Standard 5: Students
Outline the nature of student representation on programme committees.	Standard 5: Students Standard 1: Programme Outcomes and Context
Facilities available on campus for teaching and learning - e.g. lecture theatres, tutorial rooms, laboratories, clinical facilities.	Standard 6: Learning Environment
Library and computer facilities and resources.	Standard 6: Learning Environment
External clinical facilities used in the programme.	Standard 6: Learning Environment
Are there any areas where physical facilities need to be improved to enhance the programme?	Standard 6: Learning Environment

Attachments to the Self-Assessment Report

Attached Documents	Accreditation Standard Reference
A copy of the School/Faculty strategic plan.	**Standard 1: Programme Outcomes and Context**
A list of all full-time and part-time academic staff and contracted teaching staff, including their main teaching responsibilities.	**Standard 1: Programme Outcomes and Context**
A copy of the education provider's charter and the School/Faculty mission statements in respect of the programme being assessed.	**Standard 1: Programme Outcomes and Context**
List the healthcare facilities where students undertake clinical placements, including staff in those departments responsible for student supervision.	**Standard 2: Programme Curriculum**
Progression rates, withdrawals, deferrals and failures for all cohorts over the last five years.	**Standard 3: Learning Teaching and Assessment**
Copies of moderation policies, procedures and reports for both academic and clinical papers.	**Standard 3: Learning Teaching and Assessment**
Numbers of students in each year and graduating year for the last five years including gender, numbers failing or repeating, and local and international students.	**Standard 5: Students**
Sample copy of the formal relationships/agreements between the education provider and the clinical sites engaged in practical teaching and supervision of students.	**Standard 6: Learning Environment**

Documentation to be Available during the Site Visit

Documents	Accreditation Standard Reference
✦ Copies of CV's of all academic staff.	Programme Outcomes and Context: 2.1
✦ Information on staff development processes.	
✦ Copies (either electronic or paper format) of the student programme guide or handbook. Guide should include the name of programme and course coordinators, aims and objectives of subjects, topics covered, contact hours for lectures, laboratories, tutorials, clinics, etc., assessment processes, required texts and manuals, recommended reading.	Programme Curriculum: 2.2
✦ Laboratory site-specific student orientation processes.	Learning Teaching and Assessment: 2.3
✦ Copy of the assessment policy provided to staff and students.	Learning Teaching and Assessment: 2.3
✦ Examples of a range of previous exams/assessments for each course within the programme.	Learning Teaching and Assessment: 2.3
✦ Copy of information provided for prospective students.	Students: 2.5
✦ Outcomes (generically stated) of admissions evaluations (if available).	Students: 2.5

Section Four: Accreditation Procedures

Accreditation Review Process: An Overview

- The Council contacts education provider to advise of pending accreditation review and closing date

- The Council liaises with education provider on dates and funding for accreditation visit and selects Accreditation Team

- The Council consults the education provider and selects Accreditation Team, finalises accreditation protocol and funding arrangements

- The Council undertakes a survey of employers of graduates and laboratories involved in providing clinical practice experiencers for students. Report on the survey outcomes are prepared for the Accreditation Team

- Accreditation documentation submitted by the education provider in both hard copy and electronic format at an agreed time before the accreditation site vist (usually 6-12 weeks prior to the Accreditation Team visit)

- Accreditation Team provided with all accreditation documentation and has a teleconference prior to the visit to discuss the accreditation documentation recieved and confirm the programme for the visit. Education provider is contacted for any additional information required

- Accreditation visit commences. Interviews are conducted with relevant groups and individuals and team views the various facilities as per the agreed accreditation visit programme.

- Accreditation Team compiles a draft report within 2-4 weeks of the accreditation visit

- Draft report sent to the education provider for correction of any errors of fact (usually within 4-6 weeks of receipt of the draft report)

- Accreditation Team finalises its report and submits to the Council's ducation Committee

- The Council's Education Committee considers report and makes a recommendation to the Board on the accreditation status of the programme. The Board considers the recommendations and resolves the details of the accreditation decision

- The Council notifies the education provider and monitors the accredited programme. The education provider submits annual reports to the Council's Education Committee and details of changes made (and any other reports at intervals as required by any condition of accreditation)

Accreditation Review Process

Principles of the Accreditation Review Process

The accreditation review process is intended to be conducted through a positive, constructive and collegial approach, the critical driver being the best interests of the community's health needs and the protection of the public. The accreditation review is founded on a self-assessment process by the education provider to enable strengths and weaknesses of the programme to be identified.

The Council undertakes regular reviews of its accreditation processes including feedback from education providers, laboratory personnel, and accreditation teams.

Preparation by the Education Provider

The accreditation review is not limited to the Accreditation Team's visit and meetings. The process starts with the education provider undertaking a process of self-assessment and analysis and the development of a documented accreditation submission.

Accreditation Submission

The education provider is expected to begin preparing its accreditation submission well in advance of the accreditation visit. A copy of the Council's *Accreditation Standards and Procedures* are provided to the education provider prior to the review to assist with the development of the accreditation submission.

Typically, the completed accreditation submission will be required 6-12 weeks prior to the actual review visit.

The accreditation submission forms the basis for the review. It describes the education provider's programme, policies and processes and contains the provider's self-assessment of its strengths as well as actions to address any identified weaknesses and future challenges.

Accreditation Team

The Council appoints an Accreditation Team as recommended by the Education Committee. Team membership will provide for a blend of assessors from various practices within the profession and be balanced in terms of accreditation experience. Team members are recruited from New Zealand and Australia.

An Accreditation Team typically comprises four assessors who have the following attributes:

- Experience in academic management and best practice teaching and learning methods
- Expertise in the delivery of academic programmes relevant to the profession
- Senior experience and expertise within a scope of practice appropriate to the programme being assessed

The team will have a mix of assessors who have expertise in one or more of the major disciplines of medical laboratory science.

The Council's Registrar is also a member of each Accreditation Team.

Surveys

In addition to information gained directly from the education programme the Accreditation Team also seeks feedback from relevant stakeholders through the use of survey questionnaires. Specifically survey questionnaires are sent to employers of graduate cohorts and laboratory staff who have specific roles in supporting students during their clinical practice.

Surveys of these stakeholder groups are conducted prior to the accreditation visit and are used to inform the Accreditation Team of any particular issues to be addressed with the education provider during the site visit.

Accreditation Visit

The Accreditation Team's preliminary assessments of the appropriateness and effectiveness of the education provider's programme and processes are based on the provider's accreditation submission. The accreditation submission also informs the framework of the Accreditation Team's report.

The Accreditation Team's accreditation visit is typically comprised of a series of meetings with selected individual staff and groups and committees that contribute to the delivery of the programme, consumers of the programme (current students and recent graduates), other stakeholders such as professional bodies, and clinical practice providers. The accreditation visit usually spans across two-three days.

The Accreditation Team focuses on two objectives: firstly to validate standards and secondly to review the academic curriculum through a process that recognises expertise on both sides and seeks to improve performance through discussion and constructive feedback.

The Accreditation Team must maintain a proper professional perspective throughout the process so as to deliver objective, unbiased and fair outcomes. Consequently team members limit their interaction with education provider staff and stakeholders during the period of the accreditation visit to occasions and purposes that are directly related to the visit. The team also allows adequate time throughout the duration of the visit for team discussion, review, writing and planning.

The Registrar liaises with the education provider on behalf of the Accreditation Team to advise of groups and individuals the team wishes to meet and the range of teachings sites/facilities it wishes

to observe.   The education provider then develops an accreditation visit plan which is agreed by the Accreditation Team prior to the visit.

Accreditation Report

The accreditation report follows the structure of the Council's *Accreditation Standards* and includes the Accreditation Team's comments and observations of the education provider's submission and arising from the accreditation visit. The report includes a summary of the Team's views and assessment and makes suggestions and recommendations arising from their assessment of all aspects of the programme.

The education provider is invited to comment on the factual accuracy of the Team's draft report prior to it being finalised for presentation to the Council's Education Committee. The Committee reviews the report and then forwards that along with its accreditation recommendation to the Council for the final accreditation decision to be made.

Confidentiality of Information

To meet the high standards of its accreditation framework, the Council requires a considerable amount of information from education providers, both in accreditation applications and in subsequent written submissions, as well as during site visits. This may include information of a sensitive nature such as staff plans, budgets, transparent appraisal of strengths and weaknesses, and commercial-in-confidence material.

The Council requires Accreditation Team, Education Committee and Council members and secretariat staff to maintain confidentiality in respect of all material received from the education provider for the accreditation of their programme. Such information will only be used for the purpose for which it was obtained in conjunction with the Council accreditation process.

A final decision on accreditation is only made when the Education Committee and the Council have considered the report from the Accreditation Team. Consequently the recommendation on accreditation is confidential until the Council has confirmed the status and period of accreditation and any conditions that may apply to that accreditation.

Annual Reports

A critical component of the accreditation process is the Council's ongoing monitoring for each of its accredited programmes.

An annual report, including details of any major changes[3] (planned or unplanned), is required from each education provider for each accredited programme. The education provider is responsible for ensuring the Council is informed, through the annual report, of any planned significant changes of programmes prior to them being implemented. The Council may seek external academic and/or clinical advice as required. Suggestions and recommendations as contained in the accreditation report are to be addressed and documented in the annual report.

The annual report is considered by the Council's Education Committee who then makes any recommendations to the Council in respect of the report (including any concerns about the continuing accreditation status for the education provider).

Specific Reports

Specific reports (that are in addition to the annual report) may be required from education providers where programmes are granted a shorter period of accreditation or where there are conditions on accreditation. Additional reports may also be requested when information available to the Council indicates there may be matters of concern in respect of the continued accreditation status of a programme.

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[3] See Page 31 for criteria on what constitutes a "major change"

Accreditation Review of a Previously-Accredited Programme

The Council will notify education providers in advance about forthcoming accreditation reviews and key dates and to negotiate mutually acceptable timing and arrangements.

The accreditation review is carried out in accordance with the *Accreditation Review Process* as set out in the preceding section.

Accreditation of a New Programme

Accreditation of a new programme is a three-step process, commencing with the education provider advising the Medical Sciences Council that they wish to have a specific qualification programme considered for accreditation under the Health Practitioners Competence Assurance Act 2003.

Prior Notification of a Proposed New Programme

Existing accredited providers or new providers of a medical laboratory scientist education programme, must advise the Council well in advance of their intention to introduce a new programme. Notice of a new programme is typically given 18-24 months prior to the intended commencement of the programme. (The Council acknowledges that in some circumstances these timeframes may not be possible).

Education providers making public announcements in respect of the proposed new programme (such as promotional material or course information) are to consult with the Council regarding any reference to the Council and the accreditation process.

New programmes are assessed against the same standards as established programmes. Proposals from education providers seeking accreditation of a new programme are managed through a two-stage process:

Stage One Assessment

A Stage One assessment is undertaken to determine if the education provider's plans are sufficiently well-developed to proceed with the accreditation process and to establish whether the planned curriculum is likely to comply with the Council's *Accreditation Standards.* Consequently a Stage One submission is a preliminary version of the Stage Two submission.

The education provider submits an initial plan of its proposal for the new programme including written assurances[4] from any relevant authorities, approximately 18-24 months prior to the planned introduction of the programme. Where details have not yet been developed, there should be an indication of how further development is to be undertaken.

The Council's Education Committee then undertakes a Stage One assessment that considers an overview of the programme plans and its curriculum and the resources available to support the proposed programme.

The Education Committee may make one of two recommendations:

1. That the planned curriculum is likely to comply with the Council's *Accreditation Standards* and that the education provider has demonstrated that the new programme can and will be

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[4] Progression to Stage Two of the assessment process, that is, assessment of the curriculum plans will not proceed without written assurances that the programme can and will be implemented.

implemented. The Education Committee recommends to the Council that the education provider is invited to submit a more detailed accreditation submission.

2. That further development is required before the Council can consider the programme in detail.

Stage Two Assessment

In its Stage Two submission the education provider presents further details of the programme and the financial, physical and staff resources available to design and implement all years of the programme, and to support the programme when fully established.

The education provider is to submit Stage Two documentation according to a schedule as agreed with the Council's Education Committee.

A Stage Two assessment requires an accreditation review (as outlined in the preceding *Accreditation Review Process* section) including an on-site accreditation visit.

Maximum Period of Accreditation for New Programmes

Accreditation of a new programme can only be granted with conditions for a maximum period of up to two years after the full programme has been implemented. This is subject to conditions being addressed within the specified period and submission of satisfactory reports (either annual or as otherwise stated).

During the initial period of accreditation the Council may undertake a specific evaluation of a programme's processes for assessing the clinical competence of graduates.

Accreditation of a Major Change to an Existing Programme

Major changes to an education programme that is accredited by the Council may affect that programme's accreditation status and will be subject to an accreditation review.

Definition of Major Changes

The Council considers any of the following as a major change that may affect the accreditation status of an accredited medical laboratory scientist education programme:

A change in the length (months/years) of the programme

A change in the format (delivery style) of the programme

An amendment to an existing course to provide for off-campus education

A significant change in educational philosophy or educational emphasis of the programme or in the institutional setting

A substantial change in learning objectives in one or more subjects in a year or in subjects across years of the programme

A significant change in assessment philosophy and/or methods

The introduction of a new area of study

A significant change in the patient group/scope of practice

Discontinuation of a course or part-of a course

A change in the number of units/time required to complete components of the programme

Changes to admission and enrolment processes, including arrangements for ongoing monitoring of processes

A substantial change in student numbers relative to resources

A change in the nature of funding

Significant changes forced by a major changes in resources leading to an inability to achieve the objectives of the existing programme

The gradual evolution of a programme in response to local initiatives and ongoing review is not considered to constitute a major change.

Notification of Major Change(s)

Inclusion of programme changes in the annual report is one forum the education provider can use to inform the Council of planned changes to the programme. However if the change is major the education provider must advise the Council as soon as possible through a notification to the Council's Registrar. This allows for initiation of an accreditation review process well in advance of the proposed changes.

Review Process for a Major Change(s)

Notice of intent/annual report received from the education provider

Assessment by an Accreditation Team to Determine:
(Note: At the discretion of the Council an Accreditation Team for review of a major programme change may not be the usual full accreditation team)
- If the change is major but can be approved for introduction within the current accreditation of the programme and does not require a full accreditation review. In this instance the provider is required to submit a broad outline of the new programme, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the programme, and evidence of engagement of stakeholders
- If the change is of comprehensive impact that an accreditation review of the whole programme is required
- If the change is not major and can be considered within the current status and period of accreditation

The Council's Education Committee considers the Accreditation Team's recommendations

Accreditation visit as required

Education Committee considers recommendations of the Accreditation Team following visit and forwards to the Council. Committee may consider revising any recommendation and/or condition associated with the existing accreditation of the programme. In respect of the latter the education provider will be consulted and advised

Accreditation decision by the Council

Unsatisfactory Progress

The accreditation process encourages further improvements and developments in the education programme being assessed. In addition to identifying the relevant achievements and strengths of the education provider and the programme, it is expected that the education provider and the Accreditation Team will identify areas for improvement. The education provider reports on its actions in response to the recommendations and accreditation conditions (as applicable) as contained in the accreditation report through the annual reports it submits to the Council (through the Education Committee).

There may be circumstances where the Education Committee considers, on the basis of annual reports or specific reports submitted by the education provider, or through other available material/information, that there may be cause to consider:

- o The imposition of new or amended conditions on an existing accreditation; or
- o A reduction in the current period of accreditation; or
- o The revocation of accreditation

The Education Committee is to inform the Council of its concerns including the grounds on which they are based. The education provider is to be given an opportunity to respond to the statement of concerns.

If required, the Council may establish a small committee to investigate the concerns and prepare a report. Membership of that team is determined by the Council in consultation with the Education Committee.

The investigating team may make one of the following recommendations to the Education Committee:

1. The conditions on the accreditation are being met or are likely to be met in the near future. In this circumstance the Council may affirm the accreditation of the programme for a specified period subject to satisfactory periodic reports.

2. The conditions on the accreditation are not being met and are unlikely to be met in the near future. In this circumstance, in accordance with the options for accreditation outcomes the Council may:

    a. Place further conditions on the accreditation. This may include specific actions to be taken or issues to be addressed by the education provider and/or further restrict the period of accreditation. The education provider may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for an accreditation review; or

    b. Withdraw accreditation from the programme if it considers the education provider is unable to deliver the programme at a standard or in a manner compatible with the Council's *Accreditation Standards*. In this circumstance the Council works with the education provider to facilitate arrangements for the enrolled students to complete an alternative accredited programme.

Accreditation Fees

Education providers of accredited programmes are required to pay a fee to the Council. Further information on accreditation fees is available through the Council's Registrar.

Section Five: Appendices

Appendix One: Curricula - Courses and Topics

Reference: Standard 2: Programme Curriculum

The following table summarises the courses/topics and the core content the Council would expect to see included in a qualification programme accredited for the purpose of registration in the medical laboratory scientist scope of practice.

Scope of Practice: Medical Laboratory Scientist
Applied statistics
Biochemistry
Biological physics
Cell and molecular biology
Clinical chemistry
Communication in healthcare
Diagnostic pathology
DNA technology
Ethics and legal issues
Epidemiology
Genetics
Haematology
Histopathology
Human anatomy
Human biology
Immunology and virology
Medical cytology
Microbiology
Molecular genetics
Physiology
Professional practice
Research methods and enquiry
Transfusion science

Reference: Medical Laboratory Science Competency Statements

The Council has published a *Code of Competencies for the Practice of Medical Laboratory Science.* This document is available to education provides as reference material to inform the development of curricula that aligns with the entry-level competencies required for the medical laboratory scientist scope of practice.

Appendix Two: Clinical Placements

Real-life laboratory experiences are critical to students gaining the necessary clinical and professional competencies to prepare them for entry into the medical laboratory scientist scope of practice. The following list of recommended characteristics of laboratory placement arrangements is intended to assist education providers in providing quality experiences for students in laboratory placement arrangements:

Clearly defined learning outcomes/teaching objectives

Formal relationships/agreements between the education provider and the laboratories engaged in the provision of teaching and supervision of students in the laboratory settings

Appropriate educational, clinical and social facilities as well as suitable travel and accommodation (if required) arrangements to support this component of the student's experience

Clear supervision arrangements with defined responsibilities for the practitioners who contribute to the delivery of the clinical programme and the responsibilities of the education provider to these practitioners

An appropriate case mix complementing the programme curriculum

Clear student assessment procedures and processes to support supervisors in their assessment role and to assist them in their professional development in that role

Well-developed quality assurance procedures

A robust financial plan based on sound costings

Appendix Three: References

The development of these accreditation standards and procedures has been informed by similar standards adopted by other health regulation authorities, both within New Zealand and overseas including:

Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements. Australian Medical Council.

Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council. Australian Medical Council (2011).

Accreditation Standards: Education Programmes for Dentists. Australian Dental Council and Dental Council of New Zealand (June 2010).

Accreditation Guidelines and Explanatory Notes. Australian Dental Council and Dental Council of New Zealand (May 2012).

Education Programme Standards for the Registered Nurse Scope of Practice. Nursing Council of New Zealand (July 2010).

Education Programme Standards for the Enrolled Nurse Scope of Practice. Nursing Council of New Zealand (April 2010).

Standards and Procedures for the Accreditation of Qualifications Leading to Registration as a Psychologist in New Zealand. New Zealand Psychologists Board (February 2012).

Standards of Education and Training Guidance. Health and Care Professions Council, United Kingdom (May 2009).