



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

**POLICY AND GUIDELINES:  
ACCREDITATION OF PRESCRIBED NEW  
ZEALAND QUALIFICATIONS  
(NON-TERTIARY EDUCATION PROVIDERS)**

**JUNE 2020**

<b>Policy Title</b>	<b>Accreditation of Prescribed New Zealand Qualifications</b>
<b>Reference Number</b>	2020-Jun-V2-MSC Accreditation (Qualifications)
<b>Scope</b>	This policy document applies to providers of New Zealand qualification programmes accredited by the Medical Sciences Council for the purpose of registration in the medical laboratory science profession or the anaesthetic technology profession

<b>Associated Policy Documents</b>	
Competence Standards for Medical Laboratory Science Practitioners in Aotearoa New Zealand	
Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand	
Code of Ethics	

<b>Revision Schedule</b>			
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## Introduction

This document provides guidance to institutions and organisations that issue qualifications that enable graduates to apply for registration with the Medical Sciences Council (the Council) in either the medical laboratory science profession or the anaesthetic technology profession.

It explains the standards and criteria against which qualification programmes are assessed and the documentation a provider is required to submit in support of their accreditation application and ongoing monitoring reviews.

In 2014 the Council published three separate sets of accreditation standards:

- *Accreditation standards and procedures for the accreditation of education programmes leading to registration in the medical laboratory scientist scope of practice*
- *Accreditation standards and procedures for the accreditation of qualification programmes leading to registration in the medical laboratory technician scope of practice*
- *Accreditation standards and procedures for accreditation of education programmes leading to registration as an anaesthetic technician in New Zealand*

This 2020 edition presents the accreditation standards for New Zealand qualification programmes that are provided by non-tertiary qualification providers.

The current version takes cognisance of the substantial experience demonstrated by all currently accredited programmes, while still allowing for the entry of new (and previously non-accredited) qualification programmes.

## Legislative Context

As a responsible authority under the Health Practitioners Competence Assurance Act 2003 (the Act), the Council is charged with describing the work of the medical laboratory science and anaesthetic technology practitioners it regulates.

Section 118 of the Act requires the Council to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

## Definitions

### Accreditation

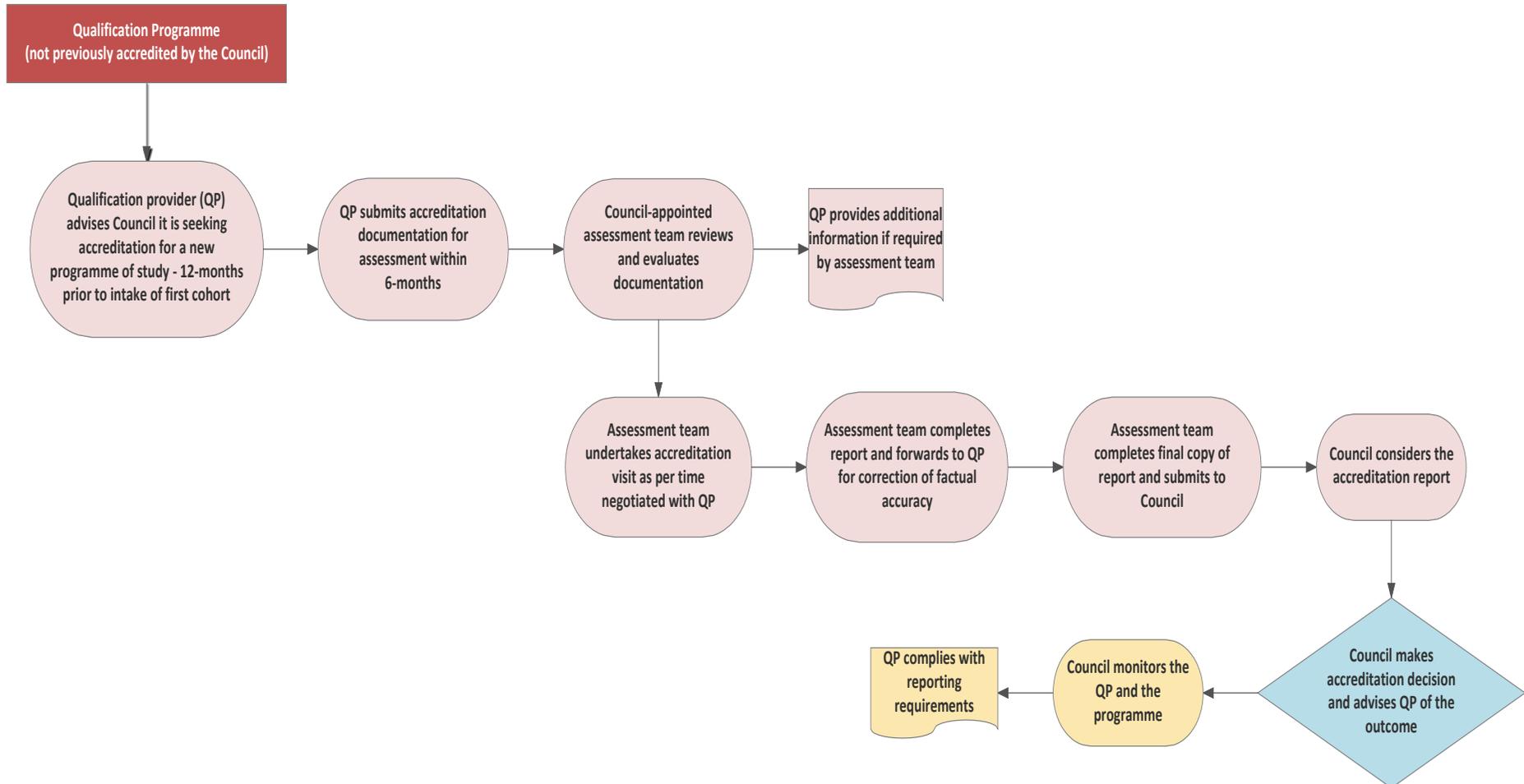
Accreditation is the status granted in recognition that a qualification meets the standards to be prescribed as a medical laboratory science or anaesthetic technology qualification for the purpose of registration under the Health Practitioners Competence Assurance Act 2003.

### Monitoring

Monitoring is the process used by the Council to ensure an accredited qualification programme continues to meet the specified standards.

# Accreditation of a Qualification Programme

## Process Overview



## Accreditation Application: Submission of Information

A provider planning to develop a new qualification programme, or to enrol students in a new programme, must contact the Council's Registrar at least 12-months before commencement of the new programme.

The provider is to provide the following information to the Council:

- contact details for the person responsible for the programme
- the month and year the programme is planned to commence
- the planned NZQA level and duration of the programme
- an overview of the structure of the programme
- an overview of the learning outcomes and objectives of the programme
- any other details the provider considers relevant to its plans such as staff recruitment or third party arrangements for the programme

## Initial Consideration of Information

The Council will consider the information pertaining to a new qualification programme, and delegate the Registrar to liaise with the provider to agree the details for a full accreditation assessment of the programme.

## Assessment Information

A qualification provider is required to submit its application for an accreditation assessment by the date as specified in writing by the Council.

The due date for submission will normally be no less than 6-months before the commencement of the first cohort of students to allow sufficient time for completion of the assessment before students commence the new programme.

In addition to this publication of the Council's accreditation standards, the provider will be issued with copies of other relevant Council publications:

- *Competence Standards for Medical Laboratory Science Practitioners in Aotearoa New Zealand*; or
- *Competence Standards for Anaesthetic Technicians in Aotearoa New Zealand*; and
- *Code of Ethics*

The accreditation process requires the qualification provider to complete a self-audit against a set of assessment standards.

Supporting materials that the provider considers to be the best available evidence of the statements made in their self-audit must also be included. Identification of the overall strengths and weaknesses of the programme and planned strategies to address the latter is a key element of the provider's self-audit.

## Receipt of Information

The Registrar (or delegate) oversees an initial overview of the accreditation application and submitted information and will advise the provider of any gaps that will need to be addressed.

## Review and Assessment of Accreditation Application

The Council will appoint an assessment team to review the application information submitted by the provider. The team will typically discuss their assessment via audio-visual conferencing and advise the

Registrar of any further information required from the education provider (either prior to, or during the accreditation visit).

### Assessment Team

An accreditation assessment team typically comprises two-three assessors who collectively have a number of attributes:

- experience in academic management and best teaching practice and learning methods
- expertise in the delivery of academic programmes relevant to the professions
- senior experience and expertise within the relevant health profession

The Council's Registrar is also a member of each assessment team.

### Accreditation Visit

The assessment team will conduct an accreditation visit which is typically of 1-2 days duration and within 3-months of having received the accreditation application.

The Registrar (or delegate) oversees the coordination of arrangements for the accreditation visit in consultation with the qualification provider and the assessment team.

During the visit, the qualification provider supplies the assessment team with:

- information that can be assessed only during an accreditation visit
- access to key personnel who contribute to the delivery of the qualification programme
- further supporting information in respect of how the provider and the qualification programme meets, or plans to meet, the accreditation standards (with a particular focus on any standards not adequately evidenced in the application information)
- any information specifically requested by the assessment team prior to the accreditation visit

The assessment team may require the provider to submit further information subsequent to the visit. Additional information will generally be required if the provider has made claims the assessment team has been unable to verify either through earlier documentation and/or during the visit.

## Accreditation Report

An accreditation report is prepared by the Registrar (or delegate) on behalf of the assessment team and forwarded to the Council for a final accreditation decision.

### Preparing the Draft Accreditation Report

The Registrar (or delegate) prepares a draft report on behalf of the assessment team, ensuring it clearly articulates the key findings of the accreditation review. The report is to be formatted so as to align with each of the relevant assessment standards. The report is reviewed by the assessment team and is not released to the next stage until the team has reached a consensus as to the report's content.

### Provider Review of the Draft Report

A draft report is sent to the qualification provider for their comment on any factual corrections required. The report is exclusive of any references to accreditation status recommendations.

### Preparation of the Final Report

Upon receipt of the feedback from the provider, the Registrar (or delegate) includes any corrections of factual content within the report and forwards the report to the assessment team for a consensus agreement on the final version.

## Accreditation Decisions

It is the Council's responsibility to make the final decision as to the accreditation of a qualification programme (medical laboratory science or anaesthetic technology).

For existing programmes the Council does not accredit a qualification programme for a set period, however an accredited provider is subject to an ongoing programme of monitoring by the Council. A programme remains accredited only if the Council continues to be satisfied that both the programme and the qualification provider meet the accreditation standards. If, during the monitoring process, it is found that the standards are no longer being met, the Council may impose conditions or revoke accreditation of a programme.

A decision to decline or revoke accreditation of a qualification programme is taken very seriously and would only be a last-resort option. The Council will take all necessary steps to work with a provider to enable them to address deficits in the programme within agreed timeframes.

### Accreditation with No Conditions

The Council may decide to accredit a programme if the final accreditation report indicates the qualification programme meets all of the accreditation standards.

### Accreditation with Conditions

The Council may decide to impose conditions on the initial accreditation of a programme if the final accreditation reports indicates the qualification programme substantially meets the accreditation standards. It is expected the imposition of conditions will ensure all of the accreditation standards are met within a reasonable period of time.

### Accreditation Not Granted

The Council may decide to not accredit a programme if the final accreditation report indicates the qualification programme does not substantially meet the accreditation standards. In this situation it is considered that even with the imposition of conditions, the qualification programme would be unable to meet all of the accreditation standards within a reasonable period of time.

### Notification of Accreditation Decisions

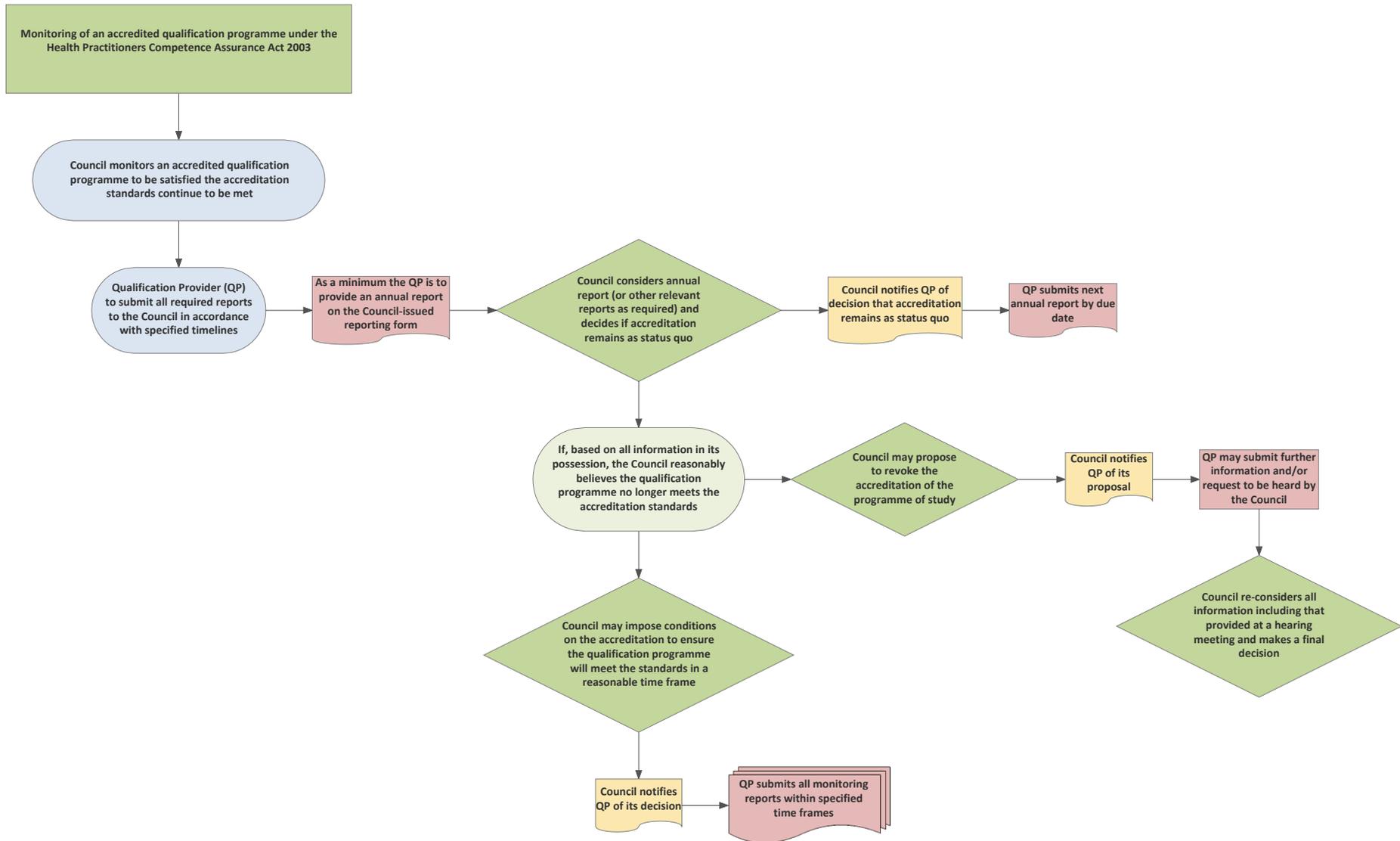
The Registrar has delegated authority to advise the provider of the Council's final accreditation decision. The advice is to be in writing and includes a copy of the final accreditation report.

When a qualification programme is accredited with the inclusion of conditions, the provider is to be issued a schedule that outlines how the conditions will be monitored, the timeframe within which the conditions must be addressed, and the reporting requirements to the Council.

When the Council proposes to decline or revoke accreditation, the provider will be issued with written notice including the reasons for the proposal. The provider will be given opportunity to make further submissions and to be heard by the Council prior to a final decision being made.

# Monitoring of an Accredited Qualification Programme

## Process Overview





## Monitoring Principles and Methods

Following initial accreditation a qualification programme will be subject to an ongoing monitoring schedule.

Monitoring allows for early intervention by the Council if concerns are raised about an accredited qualification and maximises the likelihood that students/trainees enrolled in the programme can complete their studies and graduate with a qualification recognised by the Council for the purpose of registration under the Health Practitioners Competence Assurance Act 2003.

Monitoring whether an accredited qualification programme continues to meet the accreditation standards includes (but is not limited to) the Council:

- Evaluating reports submitted by the qualification provider
- Evaluating information that comes to the Council's attention. This may include complaints about a provider; details published by the provider, the government, and/or respective professional associations; reports in the media; staff advertisements
- Regularly scheduling interviews with key stakeholders in respect of the ongoing quality and delivery of the programme

## Reporting Requirements

When the Council advises a provider of its decision to accredit a qualification programme, either with or without conditions, they will provide details of the reporting requirements for that provider.

The reporting requirements may be revised in response to the outcomes of the Council's monitoring of the programme.

A general requirement of accreditation monitoring reports includes:

- Reporting against specific dates in respect of compliance with accreditation conditions imposed by the Council
- Submission of key statistical data and other details in the form of an annual report to the Council (refer to Appendices 1 and 2)
- Written notification of any planned and/or implemented changes to an accredited qualification (refer to Appendices 3 and 4)
- Responding to a request by the Council for information as required, to ensure the Council continues to be satisfied the accreditation standards are being met.

The provider must comply with its reporting requirements by submitting information in the required format and by the due dates.

The provider is required to provide the Council with relevant information to enable access to students/trainees and other personnel (such as clinical supervisors) to enable ongoing monitoring interviews with these key stakeholders.

### Reporting on Conditions

If a qualification programme is accredited with conditions, the Council will issue the provider with details on the types of reports required to demonstrate compliance with the conditions, and the timing for those reports.

Conditions imposed by the Council may be addressed through a variety of reporting formats including:

- Written submissions
- Site visits
- Meetings with groups or individuals, including representatives of the provider
- Any other type of report the Council considers appropriate in the circumstances

### Annual Report

An accredited qualification provider must submit an annual report, using the Council-issued report template as set out in Appendices 1 or 2.

### Monitoring Interviews

A key component of the monitoring process is for the Council to talk with key stakeholders to gain their perspectives on the content and delivery of the qualification programme. This information helps to confirm if the qualification continues to meet the accreditation standards.

The Council will liaise with the accredited provider to advise on a timetable for arranging interviews with stakeholder groups. For non-tertiary education sector providers monitoring interviews will typically include trainees, registered practitioners who supervise trainees, and managers of sites where trainees are employed.

The interview timetable is likely to span across a 3-5 year period with different groups being targeted for interviews in different years. This allows the Council to undertake a rolling cycle of stakeholder interviews across all accredited qualification providers.

### Qualification Programme Change Notice

The Council must be satisfied that an accredited qualification continues to be fit for the purpose of graduates being eligible for registration in the profession of medical laboratory science or the profession of anaesthetic technology in Aotearoa New Zealand.

Qualification programmes should be subject to ongoing review and it is expected that this will naturally result in a qualification being subject to ongoing change through the adoption of a continuous quality improvement framework. However there are certain types of changes that must be formally notified to the Council.

The *Change Notification* in Appendices 3 or 4 sets out the circumstances in which a provider must advise the Council of a change to its accredited qualification.

## Accreditation and Monitoring Costs

As a not-for-profit body, the Council's operational revenue is derived from fees and charges. There is no general taxpayer contribution to any of its operations. Currently the Council does not set a standard fee for carrying out an accreditation review, but rather issues an invoice for reimbursement of the actual costs incurred to complete a review. Under the previous regime of 5-yearly accreditation reviews this has meant a qualification provider is liable for payment of each successive review on a cost-recovery basis.

With a change to the accreditation process whereby there will be an ongoing cycle of monitoring (i.e. accreditation status is not issued for a finite period), the Council is proposing to adjust its accreditation charges framework:

- For an accreditation review of a new/previously non-accredited qualification, the Council will invoice the provider for reimbursement of the actual costs incurred to complete the review. Those costs include travel and accommodation for the assessment team, and a daily fee for assessment team members (exclusive of the Registrar and any other staff delegates).
- There will be no fee for usual ongoing monitoring activities. However if a follow-up site visit is required at any time during the ongoing monitoring process, the Council will invoice the provider on a cost recovery basis for reimbursement of the actual costs incurred.

Council staff will consult with each qualification provider prior to each accreditation and/or monitoring review to provide an indication of the expected costs. This will normally be done six-nine months prior to the review.

## Standards for Prescribed Qualifications from a Non-Tertiary-Education-Sector Provider

These standards apply to qualification programmes provided through a New Zealand non-tertiary education sector provider such as a professional body, or a training organisation.

Non-tertiary education sector providers seeking accreditation of a medical laboratory science qualification programme or an anaesthetic technology qualification programme will be assessed against five standards:

1. Governance and Quality Assurance
2. Qualification Programme
3. Public Safety
4. Assessment
5. The Trainee Experience

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## Standard One: Governance and Quality Assurance

**The programme is supported by effective academic governance and quality assurance processes**

1.1

The programme is supported through academic governance arrangements inclusive of systematic monitoring, review and improvement

1.2

The programme is subject to continuous quality improvement processes including evaluations from trainees, as well as internal and external academic and professional peer reviews

1.3

There is relevant external input to the design and management of the programme inclusive of Maori representation, and representatives of the relevant health profession

1.4

Mechanisms are in place to ensure the programme is responsive to contemporary developments in the delivery of qualification programmes

1.5

There are sufficient and appropriate resources allocated to the design, delivery, review, and monitoring of the qualification programme

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## Standard Two: Qualification Programme

**The design, delivery and resourcing of the qualification programme enables trainees to achieve professional attributes and competencies required for entry-level practitioners within the relevant health profession**

2.1

Learning outcomes address all the professional attributes and competencies required of entry-level practitioners in the relevant scope of practice

2.2

The programme includes mechanisms for being able to assess that a graduate will meet the competencies required for registration in the relevant scope of practice

2.3

Principles of inter-professional learning and practice are embedded in the curriculum

2.4

Cultural competence is clearly articulated in learning outcomes

2.5

The content and learning activities of the programme include

- understanding the relevance of Te Tiriti o Waitangi principles
- the promotion of health equality within the context of Maori health and practical application within the delivery of the relevant health profession

2.6

Learning methods are designed to ensure trainees achieve the stated learning outcomes

2.7

Personnel who set and/or monitor the content of the curriculum have relevant qualifications and laboratory experience within the relevant medical laboratory science discipline(s)

2.8

There is a process for examiner appraisal and development

2.9

There are clearly articulated guidelines for registered health practitioners providing supervisory oversight to trainees

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## Standard Three: Public Safety

### Public safety is protected throughout the delivery of the qualification programme

#### 3.1

Guiding principles of the qualification programme, clinical training, and learning outcomes clearly articulate the importance of public protection and the safe care of patients

#### 3.2

Ethical and professional conduct concepts and principles are embedded in the learning outcomes of the programme

#### 3.3

Appropriate levels of supervision are provided to trainees by registered practitioners who hold a current practising certificate within a relevant scope of practice

#### 3.4

Trainees have an appropriate level of knowledge and skills before engaging in supervised patient and/or laboratory practices

#### 3.5

Understanding the role of patient consent is embedded in the programme learning outcomes

#### 3.6

Employers of trainees are provided with guidelines and processes to effectively address any impairment issues of trainees

#### 3.7

The programme clearly articulates the procedures for notifying the Medical Sciences Council in respect of any trainee who is completing a course where it is believed they would be unable to perform the functions required for the practice of the relevant health profession because of some physical or mental condition (section 45(5) Health Practitioners Competence Assurance Act 2003)

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## Standard Four: Assessment

### Assessment is fair, valid and reliable

#### 4.1

Employers of trainees are provided with standards for the assessment of trainees to demonstrate they are meeting the curriculum and learning outcomes requirements

#### 4.2

There are clearly articulated policy guidelines on the provider's assessment philosophy, principles, and practices that encapsulate objectivity, fairness and transparency.

#### 4.3

Assessment of clinical competence is undertaken by suitably qualified and experienced health practitioners from the relevant scope of practice

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## Standard **Five**: The Trainee Experience

### **Trainees have equitable and timely access to information and support**

5.1

Programme information is clear and accessible

5.2

There are clear admission policies and processes which include specifics of sections 16(b) and (c) of the Act in terms of English language requirements and criminal convictions

5.3

Support is available to meet the learning needs of individual trainees including provision for those with specified disabilities

5.4

Trainees are informed of, and have access to personal support and/or remediation services provided by qualified personnel

5.5

There is an effective appeals process in respect of the examination available to trainees

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## Appendix 1: Accredited Non-Tertiary Qualification Sector Provider - Annual Report

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### Section 1: Provider and Qualification Details

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Item	Current Details
<b>Qualification Provider</b>	Insert name of qualification provider
<b>Qualification(s) Title</b>	Insert name of qualification (e.g. Qualified Medical Laboratory Technician Certificate)
<b>Title Abbreviation</b>	Insert the abbreviation the provider uses for the qualification(s) (e.g. QMLT; QSST)
<b>Qualification Level</b>	Insert the level of the qualification gained by qualification holders (e.g. level 5 diploma)
<b>Programme Length</b>	Insert current length of the programme in terms of a fulltime enrolment
<b>Modes of Delivery</b>	Insert current modes in which the qualification programme is delivered (e.g. online, mixed mode of .....)
<b>Contact</b>	Insert name and contact details of the current programme coordinator or equivalent position

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## Section 2: Questions<sup>1</sup>

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**Insert Yes/No**

Are the current details supplied above different to those previously supplied to the Council?

Have the governance arrangements of the organisation changed in any way from the information previously supplied to the Council?

Have any other aspects of the accredited programme in respect of the accreditation standards changed in any way from the information previously supplied to the Council?

Does the organisation plan to make any changes that may alter the current details you have supplied in the Details section and in response to the above questions?

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## Section 3: Statistical Information

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Please attach the following information with this document:

Name of any new personnel engaged since the last annual report and/or accreditation review, their role and relevant qualifications and experience

Number of trainees in each qualification programme

Pass and fail rates for each qualification examination in the previous 12-months

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<sup>1</sup> If you answer “Yes” to any of the questions, an *Accredited Non-Tertiary Education Sector Provider – Change Notification* will need to be submitted to the Council

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*Section 4: Declaration*

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I insert full name being a insert position declare that, to the best of my knowledge and belief (except as noted above):

- the qualification provider as named in section 1 continues to comply with the Medical Sciences Council *Standards for the Accreditation of Prescribed Qualifications*; and
- the information provided with this declaration is true and correct

Signature:

Date:

## Appendix 2: Accredited Non-Tertiary Education Sector Provider – Change Notification

Non-tertiary education sector providers of qualifications accredited by the Medical Sciences Council (the Council) are subject to an ongoing monitoring regime. Providers must give the Council timely notice of any planned and/or implemented changes to an accredited programme.

<b>Qualification Provider</b>		
<b>Title of Accredited Programme</b>		
<b>Name of Person Notifying the Programme Change</b>		
<b>Position of Notifying Person</b>		
<b>Date of Notification</b>		
<b>Qualification Programme Change</b>	<b>Tick all boxes as appropriate</b>	<b>Date of Change</b>
Level of award of a programme		
Award title of a programme		
Underpinning philosophy, emphasis, or objectives of a qualification		
Increase or decrease in the qualification programme duration		
A curriculum change of 25% or more has occurred in respect of content, structure, and/or assessment since the programme was accredited		
Significant change to the assessment framework		
Teaching methods, or method of delivery for all or any part of the programme <sup>2</sup>		
One or more significant changes to personnel engaged to review and/or moderate curriculum/examination content		
Financial resources or financial arrangements for the programme such as elimination of a dedicated budget for the programme		
Organisational structures such as changes to the governance of a programme		
Other change		

**Please attach** a detailed description of each change and a self-assessment of the potential or actual impact of the changes in respect of continuing to meet the accreditation standards

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<sup>2</sup> The Council recognises that best practice means teaching methods and delivery will be subject to continuous quality improvements. Provider notification should relate to significant changes, with the definition of “significant” being at the discretion of the provider