



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

**POLICY AND GUIDELINES:
ACCREDITATION OF PRESCRIBED NEW
ZEALAND QUALIFICATIONS**

JUNE 2020

Policy Title	Accreditation of Prescribed New Zealand Qualifications
Reference Number	2020-Jun-V2-MSC Accreditation Tertiary Ed Provider
Scope	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

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

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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 is a singular document that presents the accreditation standards for New Zealand qualification programmes prescribed by the Council for the purpose of registration in either the medical laboratory science profession (all scopes of practice) or the anaesthetic technology profession.

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

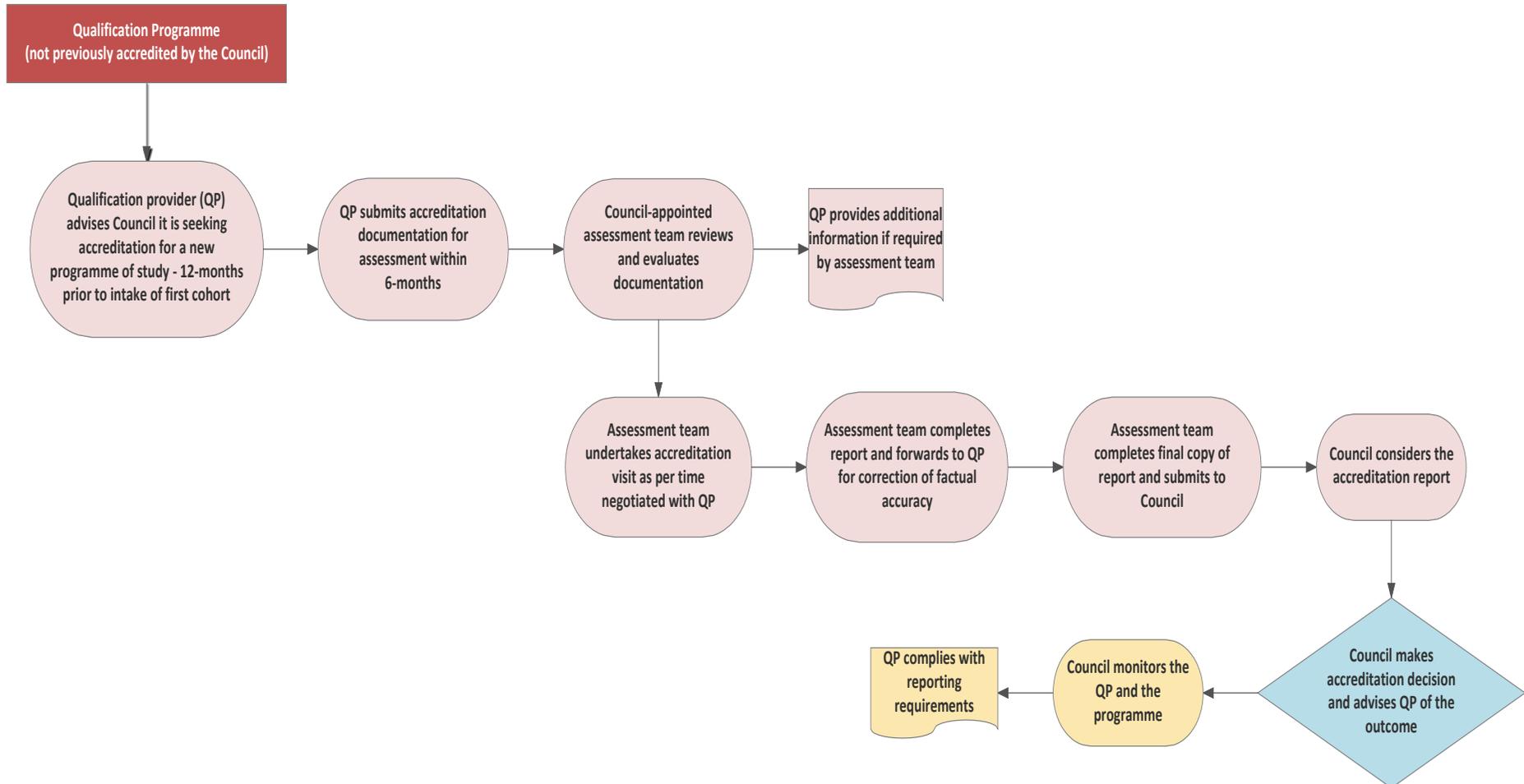
Accreditation is the status granted in recognition that a qualification meets the standards to be prescribed as a medical laboratory science or anaesthetic technology qualification for the purpose of registration under the Health Practitioners Competence Assurance Act 2003.

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:

- Standards for prescribed qualifications from a tertiary education sector provider

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 a new programme offered by a tertiary education provider, the initial accreditation period will allow for the rollover of one cohort of students (i.e. 3 or 4 years depending on the duration of the degree). Renewal of accreditation will be subject to a further full evaluation inclusive of a site visit.

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

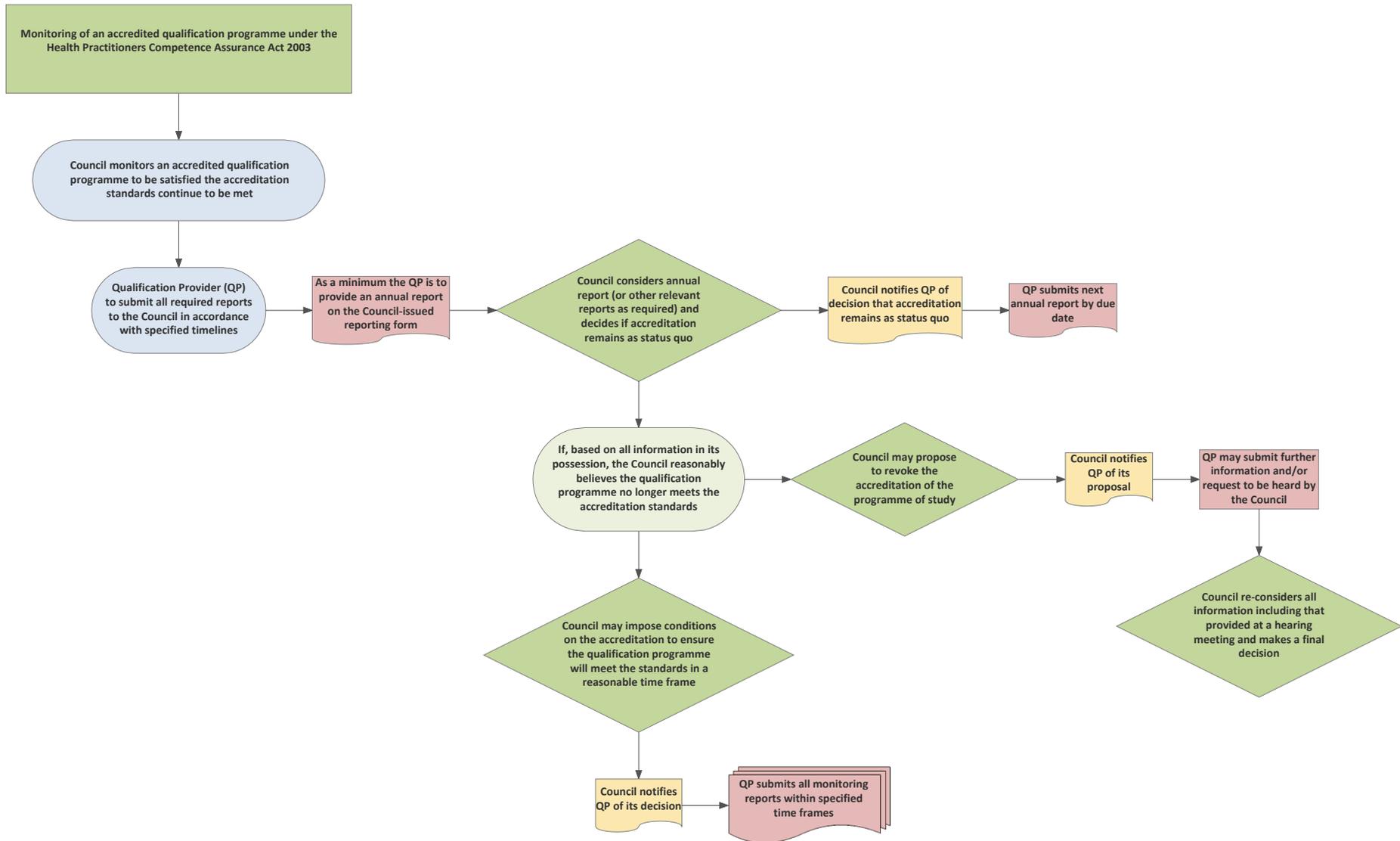
The Registrar has delegated authority to advise the provider of the Council's final accreditation decision. The advice is to be in writing and includes a copy of the final accreditation report.

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 tertiary education sector providers these will typically include student cohorts, clinical supervisors, and managers of sites where clinical placements occur.

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 Tertiary Education Sector Provider

These standards apply to qualification programmes provided through a New Zealand tertiary education sector provider such as a university or a polytechnic.

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 Student Experience

Standard One: Governance and Quality Assurance

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

1.1

The qualification provider holds current registration with the relevant higher education authority

1.2

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

1.3

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

1.4

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

1.5

Mechanisms are in place to ensure the programme is responsive to contemporary developments in health professional education

Standard Two: Programme of Study

The design, delivery and resourcing of the programme enables students to achieve professional attributes and competencies required for entry-level practitioners

2.1

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

2.2

Clinical learning includes an assessment of graduates' competence to practise across the lifespan in a range of environments and settings

2.3

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

2.4

Cultural competence is integrated within the programme and 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 services

2.6

Graduates have an appropriate level of competence in research literacy

2.7

Learning and teaching methods are designed and applied to ensure students achieve the stated learning outcomes

2.8

Teaching staff are appropriately qualified and experienced to deliver the papers they teach

2.9

Appropriately qualified and experienced clinical staff support the clinical learning components of the programme

2.10

The programme is sufficiently resourced to sustain the quality required to achieve the purpose and delivery of the programme

2.11

Facilities and equipment are accessible, well-maintained and fit for purpose to support the achievement of learning outcomes

Standard Three: Public Safety

Public safety is protected throughout the delivery of the qualification programme

3.1

Guiding principles of the 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 is embedded in the teaching and learning outcomes of the programme

3.3

Appropriate levels of supervision are provided to students during clinical placements by registered health practitioners who hold a current practising certificate in the relevant scope of practice

3.4

Students have an appropriate level of knowledge and skills before engaging in supervised patient care

3.5

There are appropriate quality and safety policies and processes in place at sites where clinical placements for students are provided

3.6

Patient consent is a cornerstone of the clinical programme

3.7

There are effective screening and management processes to address student impairment issues

3.8

The programme clearly articulates the procedures for notifying the Medical Sciences Council in respect of any student 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)

Standard Four: Assessment

Assessment is fair, valid and reliable

4.1

Learning outcomes and assessment strategies are clearly linked

4.2

The scope of assessment covers all learning outcomes relevant to the competencies and attributes required of the relevant scopes of practice

4.3

Multiple assessment tools, modes and sampling (including direct observation in the clinical setting) are used

4.4

Consistent and appropriate assessment and feedback to students is provided through programme management and coordination, inclusive of moderation procedures

4.5

The assessment of clinical competence is undertaken by suitably qualified and experienced health practitioners

Standard Five: The Student Experience

Students have equitable and timely access to information and support

5.1

Programme information is clear and accessible

5.2

There are fair and transparent processes in respect of admission and progression requirements 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 students including provision for those with specified disabilities

5.4

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

5.5

Effective grievance and appeals processes are available to students

5.6

Student representation in decision-making processes for the programme is facilitated and supported

5.7

The provider supports and encourages Maori recruitment, admission, participation, and completion of the qualification programme

Appendix 1: Accredited Tertiary Education Sector Provider Annual Report

Section 1: Provider and Programme Details

Item	Current Details
Qualification Provider	Insert name of qualification provider
Qualification Title	Insert name of qualification (e.g. Bachelor of Medical Laboratory Science; Diploma of Applied Science – Anaesthetic Technology)
Title Abbreviation	Insert the abbreviation the education provider uses for the programme (e.g. BMLS)
Qualification Level	Insert the level of the qualification gained by graduates of the programme (e.g. level 7 bachelor degree; level 5 diploma)
Sites	Insert location of all campuses where the programme is currently provided (suburb/town)
Student Numbers	Insert maximum number of students able to be enrolled in each cohort
Programme Length	Insert current length of the programme in terms of a fulltime enrolment
Modes of Delivery	Insert current modes in which the programme is delivered (e.g. online, on campus, mixed mode of)
Contact	Insert name and contact details of the current programme coordinator or equivalent position

Section 2: Questions¹

**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?

Section 3: Statistical Information

Please attach the following information with this document:

List of staff who teach into the programme, and their qualifications

Name of any changes within the last year to staff who are employed directly for the programme, their role and relevant qualifications and experience

Actual number of students in each year of the programme

Details of attrition for each year of the programme

Pass/fail rates for each year of the programme

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

Section 4: Declaration

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 Tertiary Education Sector Provider - Change Notification

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.

Qualification Provider		
Title of Accredited Programme		
Name of Person Notifying the Programme Change		
Position of Notifying Person		
Date of Notification		
Programme Change	Tick all boxes as appropriate	Date of Change
Level of award of a programme		
Award title of a programme		
Underpinning philosophy, emphasis, or objectives of a programme		
Increase or decrease in the programme's duration		
A curriculum change of 25% or more in respect of content, structure, and/or assessment since the programme was accredited		
A change of 25% or more for a single paper has occurred		
A change of 25% or more in the structure of any one year of the programme has occurred		
Deletion or addition of a paper		
Teaching methods, or method of delivery for all or any part of the programme ²		
Significant change to the assessment framework		
One or more significant changes to the composition of staffing such as substitution of fulltime staff by sessional staff, or change in academic level of teaching staff		
Financial resources or financial arrangements for the programme such as elimination of a dedicated budget for the programme		

² 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

Programme Change	Tick all boxes as appropriate	Date of Change
Organisational structures such as changes to the governance of a programme		
Site changes at which all or any part of the programme is offered		
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