

# Accreditation Policy and Procedure

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| <b>Name of the Policy</b>    | Accreditation Policy and Procedure   |
| <b>Policy Number</b>         | POLS2021ACC100   |
| <b>Description of Policy</b> | The Accreditation Policy and Procedures outlines the procedures and processes associated with the accreditation of nursing and midwifery education programs that lead to eligibility for registration or endorsement with the Nursing and Midwifery Board of Australia |
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|--------------------------|--|
| <b>Related Documents</b> | <p>Accreditation Internal Review policy</p> <p>Complaint Handling Policy</p> <p>Credit transfer and recognition of prior learning explanatory note</p> <p>English language skills requirements explanatory note</p> <p>EPIQ RN and Re-entry RN governance arrangements explanatory note</p> <p>Fee Schedule</p> <p>Health informatics and health technology explanatory note</p> <p>Integrating new NMBA Standards for practice explanatory note</p> <p>Monitoring policy</p> <p>Offshore components in Australian programs explanatory note</p> <p>Prolongation of accreditation Policy</p> <p>Qualifications of academic teaching staff explanatory note</p> <p>Supernumerary definition explanatory note</p> <p>Transition and teach-out policy</p> <p>Transition to new accreditation standards policy</p> |
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# Definitions

As defined in Section 5 of *Health Practitioner Regulation National Law Act 2009* (National Law)

**Accreditation authority means –**

- a. an external accreditation entity; or
- b. an accreditation committee

**Accreditation expiry date –**

The date the program ceases to be accredited for the purpose of enrolling new students. Accreditation expiry dates are stipulated by ANMAC and are based on when the program is published on the Nursing and Midwifery Board of Australia's Approved Program of Study list.

**Accreditation standard**, for a health profession, means a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.

**Approved accreditation standard** means an accreditation standard—

- a. approved by a National Board under section 47(3); and
- b. published on the Board's website under section 47(6).

**Accredited program of study** means a program of study accredited under section 48 by an accreditation authority.

**Approved program of study**, for a health profession or for endorsement of registration in a health profession, means an accredited program of study—

- a. approved under section 49(1) by the National Board established for the health profession; and
- b. included in the list published by the National Agency under section 49(5).

**Approved qualification—**

- for a health profession, means a qualification obtained by completing an approved program of study for the profession; and
- for endorsement of registration in a health profession, means a qualification obtained by completing an approved program of study relevant to the endorsement.

**COAG Agreement** means the agreement for a national registration and accreditation scheme for health professions, made on 26 March 2008 between the Commonwealth, the States, the Australian Capital Territory and the Northern Territory.

**Education provider** means—

- a. a university; or
- b. a tertiary education institution, or another institution or organisation, that provides vocational training; or
- c. a specialist medical college or other health profession college.

**National Board** means a National Health Practitioner Board continued or established by regulations made under section 231.

**National registration and accreditation scheme** means the scheme—

- a. referred to in the COAG Agreement; and
- b. established by this Law.

**External accreditation entity** means an entity, other than a committee established by a National Board, that exercises an accreditation function.

**Program of study** means a program of study provided by an education provider.

**Student** means a person whose name is entered in a student register as being currently registered as a student under the National Law.

# Purpose of the Accreditation Policy and Procedures

The purpose of the Accreditation Policy and Procedures (the Policy and Procedures) is to communicate how ANMAC meets its obligations under the National Law as implemented in each state and territory and to outline the policies and procedures associated with the accreditation of nursing and midwifery programs of study that lead to eligibility to apply for registration or endorsement with the Nursing and Midwifery Board of Australia (NMBA). The policy and procedures are written for stakeholders of accreditation of nursing and midwifery programs of study and ANMAC staff.

The principles of these policies and procedures have been informed by national and international best practice accreditation models for health practitioner education.

# 1 Australian Nursing and Midwifery Accreditation Council

This section outlines accreditation functions under the National Law and communicates how ANMAC meets its obligations to accredit and monitor programs of study and education providers as delegated by the NMBA.

In accordance with Section 43 of the *Health Practitioner Regulation National Law Act 2009* (the National Law) the National Board established for a health profession must decide whether an accreditation function for the health profession for which the Board is established is to be exercised by –

- a. an external accreditation entity; or
- b. a committee established by the Board

The Australian Nursing and Midwifery Accreditation Council (ANMAC) has been appointed as the external accreditation entity by the Australian Health Practitioner Regulation Agency (Ahpra) in consultation with the NMBA.

ANMAC's accreditation functions are set out in the Health Practitioner Regulation National Law (the National Law), which is the legislative instrument used to implement the National Registration and Accreditation Scheme.

## 1.1 Legislative framework

### 1.1.1 Health Practitioner Regulation National Law

1. The object of this Law is to establish a National Registration and Accreditation Scheme for—
  - a. the regulation of health practitioners; and
  - b. the registration of students undertaking—
    - i. programs of study that provide a qualification for registration in a health profession; or
    - ii. clinical training in a health profession.
2. The objectives of the National Registration and Accreditation Scheme are:
  - a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
  - b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
  - c. to facilitate the provision of high-quality education and training of health practitioner; and
  - d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
  - e. to facilitate access to services provided by health practitioners in accordance with the public interest; and
  - f. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.
3. The guiding principles of the National Registration and Accreditation Scheme are that:
  - a. the scheme is to operate in a transparent, accountable, efficient, effective and fair way
  - b. fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme
  - c. restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

### 1.1.2 Accreditation functions

In accordance with Section 42 accreditation function means—

- a. developing accreditation standards for approval by a National Board; or
- b. assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards; or
- c. assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or
- d. overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- e. making recommendations and giving advice to a National Board about a matter referred to in paragraph (a), (b), (c) or (d).

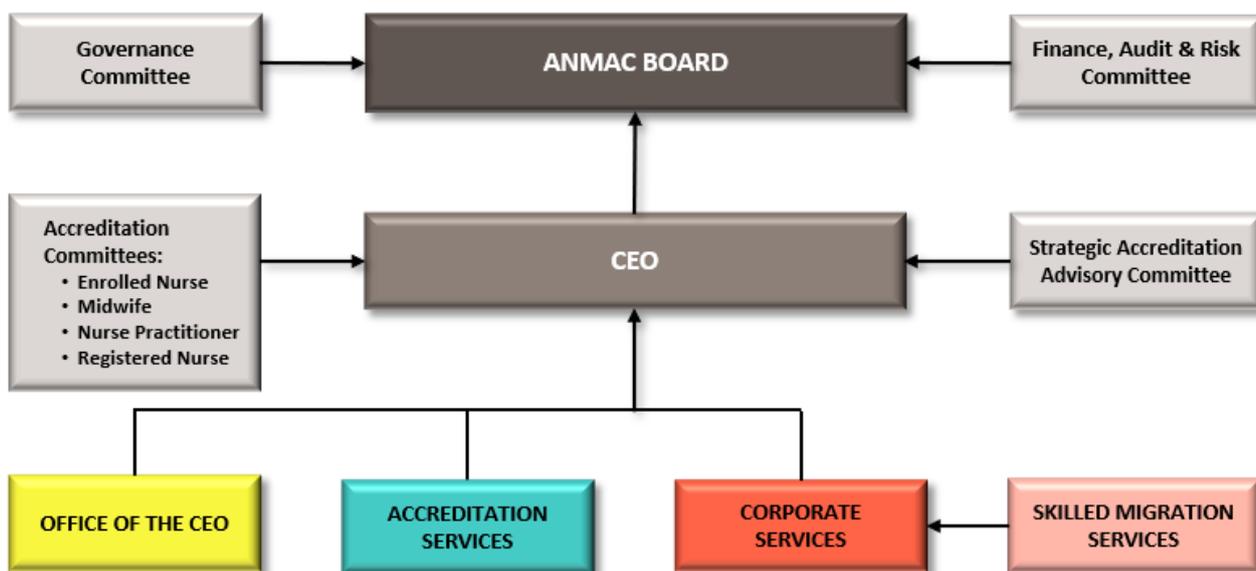
ANMAC is not responsible for assessing authorities in other countries (c) or assessing overseas qualified practitioners seeking registration in the professions (d) under the National Law.

## 1.2 Delegations and decisions

The ANMAC Board is the governing committee of the company and is established in accordance with and governed by the provisions of our *Constitution*. The ANMAC Board is responsible for the management and good governance of the organisation.

ANMAC’s governance and organisational structure are shown in Figure 1.

**Figure 1 ANMAC Governance Structure**



### 1.2.1 Delegations

The ANMAC Board has approved and implemented a Delegations of Authority Policy to ensure the ANMAC CEO and other employees have the appropriate legal authority to exercise powers and carry out identified actions for which he/she is personally accountable (Table 1).

In accordance with Clause 42 of the ANMAC Constitution and Delegations of Authority Policy, accreditation decisions are authorised by the ANMAC Board, CEO or Director Accreditation Services depending on the

decision required (Table 1). Accreditation decisions are based on the information and recommendations provided by the accreditation assessment teams, Associate Directors and Accreditation Committees to the Director Accreditation Services and the CEO.

**Table 1 Accreditation decisions and authority holder**

| ACCREDITATION  | AUTHORITY                       |
|--|---------------------------------|
| Accreditation of program or change to program with, or without, conditions   | Chief Executive Officer         |
| Refusal of accreditation or change to program  | ANMAC Board                     |
| Accept change to program where committee review is not required  | Director Accreditation Services |
| Approve prolongation of accreditation of program expiry date in accordance with the ANMAC <a href="#">Prolongation of accreditation policy</a> | Chief Executive Officer         |

## 1.2.2 Decisions

In accordance with section 48 of the National Law, ANMAC assesses programs of study and the education providers that provide the programs of study, to determine whether nursing and midwifery entry to practice programs of study meet the relevant approved accreditation standards.

1. An accreditation authority for a health profession may accredit a program of study if, after assessing the program, the authority is reasonably satisfied—
  - a. the program of study, and the education provider that provides the program of study, meet an approved accreditation standard for the profession; or
  - b. the program of study, and the education provider that provides the program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.
2. If the accreditation authority decides to accredit a program of study, with or without conditions, it must give to the National Board established for the health profession a report about the authority's accreditation of the program.
3. If the accreditation authority decides to refuse to accredit a program of study it must give written notice of the decision to the education provider that provides the program of study.
4. The notice must state—
  - a. the reasons for the decision; and
  - b. that, within 30 days after receiving the notice, the education provider may apply to the accreditation authority for an internal review of the decision; and
  - c. how the education provider may apply for the review.
5. An education provider given a notice under subsection (3) may apply, as stated in the notice, for an internal review of the accreditation authority's decision to refuse to accredit the program of study.
6. The internal review must not be carried out by a person who assessed the program of study for the accreditation authority.

In accordance with section 49 of the National Law, ANMAC's accreditation decision is reported to the Nursing and Midwifery Board of Australia and the Nursing and Midwifery Board of Australia is responsible for approving the programs of study.

### Chief Executive Officer

In accordance with Clause 42 of ANMAC's Constitution the Board has delegated certain powers and authorities for accreditation decisions to the CEO. The CEO receives the accreditation recommendation from the accreditation committees. The CEO makes the accreditation determination and reports the final accreditation decision in ANMAC's report to the NMBA. A flow chart for accreditation recommendations and decisions is shown in Figure 2.

## Director Accreditation Services

The Director Accreditation Services supervises all aspects of accreditation and standards review and delegates the following functions, where appropriate to other Accreditation Services' staff:

- allocating accreditation and program changes and monitoring projects to Associate Directors to coordinate the accreditation assessment
- reviewing and maintaining policies and processes for accrediting and monitoring education providers and programs of study, to ensure fair and consistent outcomes
- supporting the Associate Directors and Accreditation Committees throughout the process of accreditation or monitoring an education provider or assessing a program.

## Accreditation Committees

Four accreditation committees review the accreditation assessment outcomes for nursing and midwifery programs leading to eligibility to apply for registration and make recommendations to ANMAC's CEO. These are the Enrolled Nurse Accreditation Committee, Midwife Accreditation Committee, Nurse Practitioner Accreditation Committee and Registered Nurse Accreditation Committee. Each accreditation committee comprises members with academic, education or clinical experience and expertise.

**Figure 2: Flow chart for accreditation recommendations and decisions**



## 1.3 Development of accreditation standards

In accordance with Section 46 of the National Law, ANMAC has been appointed to develop accreditation standards for the nursing and midwifery professions.

Accreditation standards undergo a cyclical review to ensure they are contemporary and aligned with Australian and international best practice for health professional education.

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.

### 1.3.1 Approval of accreditation standards

The accreditation standards are approved by the Nursing and Midwifery Board of Australia in accordance with Section 47 of the National Law.

1. An accreditation authority must, as soon as practicable after developing an accreditation standard for a health profession, submit it to the National Board established for the health profession.
2. As soon as practicable after a National Board receives an accreditation standard under subsection (1), the Board must decide to—
  - a. approve the accreditation standard; or
  - b. refuse to approve the accreditation standard; or

- c. ask the accreditation authority to review the standard.
3. If the National Board decides to approve the accreditation standard it must give written notice of the approval to—
  - a. the National Agency; and
  - b. the accreditation authority that submitted the standard to the Board.
4. If the National Board decides to refuse to approve the accreditation standard—
  - a. it must give written notice of the refusal, including the reasons for the refusal, to the accreditation authority that submitted the standard; and
  - b. the accreditation authority is entitled to publish any information or advice it gave the Board about the standard.
5. If the National Board decides to ask the accreditation authority to review the standard it must give the authority a written notice that—
  - a. states that the authority is being asked to review the standard; and
  - b. identifies the matters the authority is to address before again submitting the standard to the Board.
6. An accreditation standard approved by a National Board must be published on its website.
7. An accreditation standard takes effect—
  - a. on the day it is published on the National Board's website; or
  - b. if a later day is stated in the standard, on that day.

## 1.4 Accreditation authority to monitor approved programs of study

In accordance with section 50 of the National Law ANMAC is required to monitor all approved programs of study to ensure the program and provider continue to meet the relevant approved accreditation standard for nursing and midwifery. ANMAC is required to notify the NMBA if an approved program of study and education provider no longer meet an approved accreditation standard.

1. The accreditation authority that accredited an approved program of study must monitor the program and the education provider that provides the program to ensure the authority continues to be satisfied the program and provider meet an approved accreditation standard for the health profession.
2. If the accreditation authority reasonably believes the program of study and education provider no longer meet an approved accreditation standard for the health profession, the accreditation authority must—
  - a. decide to—
    - i. impose the conditions on the accreditation that the accreditation authority considers necessary to ensure the program of study will meet the standard within a reasonable time; or
    - ii. revoke the accreditation of the program of study; and
  - b. give the National Board that approved the accredited program of study written notice of the accreditation authority's decision.

### 1.4.1 Changes to approval of program of study

In accordance with section 51 Changes to approval of program of study means –

1. If a National Board is given notice under section 50(2)(b) that an accreditation authority has revoked the accreditation of a program of study approved by the Board, the Board's approval of the program is taken to have been cancelled at the same time the accreditation was revoked.
2. If a National Board reasonably believes, because of a notice given to the Board under section 50(2)(b) or for any other reason, that an accredited program of study approved by the Board no longer provides a qualification for the purposes of registration in a health profession for which the Board is established, the Board may decide to—

- a. impose the conditions the Board considers necessary or desirable on the approval of the accredited program of study to ensure the program provides a qualification for the purposes of registration; or
  - b. cancel its approval of the accredited program of study.
3. If a National Board makes a decision under subsection (2), it must give written notice of the decision, including the reasons for the decision, to the accreditation authority that accredited the program.

## 2 Accreditation Procedures

This section provides an overview of the accreditation processes including phases, monitoring, fees and complaints management. The aim of the accreditation process is not just quality assurance but also to support continuous quality improvement of professional education and training to respond to evolving community need and professional practice.

### 2.1 Registration as an education provider

Education providers must provide evidence of their current higher education or vocational education and training (VET) provider status. For the higher education sector, this is with the Tertiary Education Quality and Standards Agency (TEQSA). For the VET sector, this is with the Australian Skills Quality Authority (ASQA) or state VET sector regulatory authority. The education provider must notify ANMAC immediately if their accreditation status changes, has conditions applied or is under investigation from the TEQSA, ASQA or state VET regulator.

VET organisations who do not have the current Diploma of Nursing qualification on scope should submit an application to ANMAC for accreditation of the program prior to applying to ASQA. When accreditation is granted by ANMAC, it will be conditional on the qualification being added to the VET organisation's scope of delivery.

### 2.2 Accreditation process

Prior to the commencement of the accreditation process an education provider is required to send ANMAC a notification of their intention to submit an application for accreditation of a program of study. Education providers are then provided with access to an application pack and suite of templates.

There are three accreditation phases:

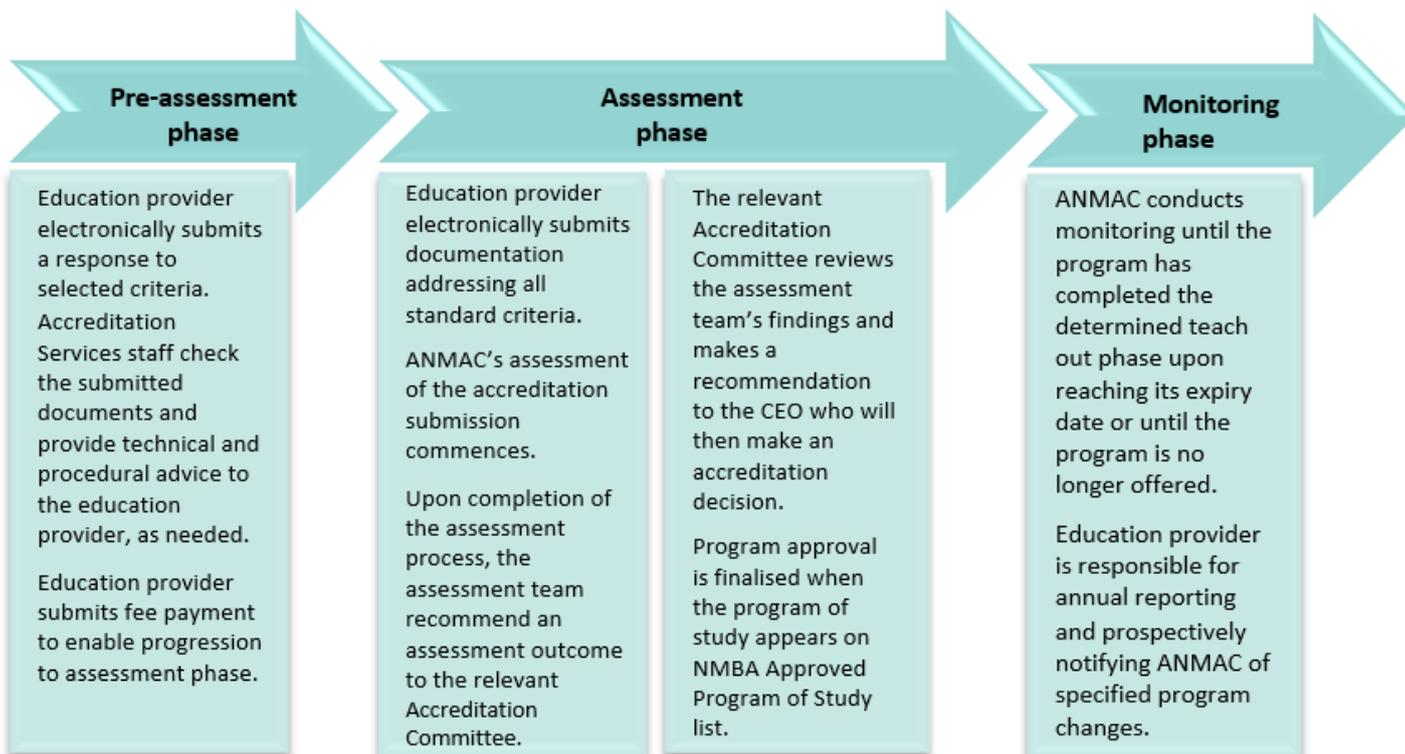
**Pre-assessment phase:** No assessment of content is undertaken on submitted evidence. In this phase, the education provider is required to address selected criteria and submit associated supporting evidence to Accreditation Services so that advice can be given, as needed, on presenting assessment phase documents. In this phase the education provider is invoiced for the application assessment fee in preparation for the assessment phase.

**Assessment phase:** The ANMAC assessment timeline begins with the submission of the completed application pack, templates, all supporting evidence and fee payment. The education provider is required to address *all* criteria and submit *all* associated supporting evidence, including completed ANMAC templates. This phase includes a site visit and several cycles of evidence that are assessed by the Associate Director and assessment team to determine whether each criterion is met. Invoiced fees must be paid prior to the assessment phase.

The assessment team provides a recommendation on the outcome of accreditation assessment to the relevant Accreditation Committee and, after their review, the Accreditation Committee provides a recommendation to the CEO who will then determine the accreditation decision by ANMAC. The assessment phase is complete when the program is approved by and listed on the NMBA Approved program of study list (APoS).

**Monitoring phase:** Ongoing monitoring for the duration of the program continues until the program has completed the determined teach-out or transition arrangements upon reaching its expiry date or until the program is no longer offered. Routine monitoring is applied to all programs, targeted and ad-hoc monitoring may be applied to any program. Prospective and retrospective notification of program changes are included in program monitoring.

Figure 3: ANMAC accreditation phases



ANMAC considers each program submission as a new accreditation and, therefore, does not re-accredit programs. Accreditation Standards are cyclically reviewed, and program accreditations must meet these standards. They must also implement teaching and learning that reflects contemporary practices in nursing, health and education, and responds to emerging trends based on research, technology and other forms of evidence.

An education provider *must not commence* a program until the program is approved by and listed on the NMBA Approved Programs of Study (APoS) list. Prospective program changes *must not commence* before ANMAC has accepted the change and, if required, until the change has been listed on the APoS list. For example, teaching from a new campus must not start until the campus is added to the APoS list. Retrospective accreditation is not possible.

## 2.3 Accreditation timeframe

The process of accreditation, which commences with the Assessment phase, usually takes 6 to 12 months depending on the complexity and quality of the submission and responsiveness of the education provider. Timeframes are managed by negotiating key dates with the education provider. The education provider is solely responsible for providing requested evidence within the negotiated timelines.

ANMAC makes decisions to accredit programs of study and accept changes to approved programs. These decisions are then progressed to the NMBA for an approval decision. The process for NMBA approval is in addition to the 6 to 12 month ANMAC timeline.

## 2.4 Accreditation services staff

### 2.4.1 Director

The Director Accreditation Services oversees all functions of ANMAC’s Accreditation Services and provides oversight of:

- accreditation standards review
- program accreditation and change assessments
- accreditation committee meetings
- preparation of committee and NMBA reports for the CEO
- accreditation projects and quality improvement activities
- investigation of complaints made against education providers or programs
- communication with education providers and key stakeholders in matters relating to accreditation and complaints
- liaison with other regulatory authorities on matters relating to nursing and midwifery accreditation.

### **2.4.2 Associate Directors**

Associate Directors are responsible for:

- accreditation standards review as members of the Professional Reference Group
- management of assessment teams
- undertaking all aspects of program accreditation assessment
- presentation of accreditation and change recommendations to accreditation committees
- routine, targeted and ad-hoc monitoring, including program changes
- accreditation projects and quality improvement activities
- assisting Director in investigations of complaints against education providers or programs.

### **2.4.3 Administration Officers**

Administration Officers are responsible for:

- communication with education providers
- management of committee meetings
- formation of assessment teams
- travel and accommodation arrangements
- correspondence regarding accreditation decisions, invoices and certificates
- accreditation projects.

## **2.5 Assessment teams**

Assessment teams are led by an Associate Director.

Assessment team members are required to:

- assess evidence submitted by the education provider
- contribute to accreditation assessment reports (collated review, site visit, outcome of assessment).

An assessment team is formed for the purposes of assessing:

- program accreditation
- complex or significant program changes
- complex or significant monitoring functions

- complex or significant investigations of complaints.

An assessment team generally comprises four members:

- an Associate Director
- two academics
- a clinician, clinical educator or clinical manager.

The number of team members is determined by the Director Accreditation Services in conjunction with the allocated Associate Director. One member of the assessment team will be appointed as Chair, the Chair assists the Associate Director in managing site visit meetings and presentation of accreditation recommendations to the accreditation committee.

ANMAC staff will notify the education provider of the names and current places of employment of proposed assessment team members.

The education provider has three working days to advise ANMAC of acceptance of the proposed team. If notification of acceptance is not received within this timeframe, the proposed team is deemed to be accepted.

The education provider has the right to object to the selection of one or more team members on grounds of potential or perceived conflict of interest of a personal or professional nature. Examples:

- personal conflicts could include private, professional or business interests of a person, or between an assessor and a staff member of the education provider.
- professional conflicts could include affiliations with the education provider or associations with an institution competing with or aligned with the provider or program being accredited.

## 2.6 Accreditation committees

Accreditation committees review the accreditation assessment recommendations put forward by the assessment teams and make accreditation recommendations to ANMAC's CEO. There are four committees, including the Enrolled Nurse Accreditation Committee, Midwife Accreditation Committee, Nurse Practitioner Accreditation Committee and Registered Nurse Accreditation Committee.

Each accreditation committee comprises members with academic, education or clinical experience and expertise.

The terms of reference and membership for each accreditation committee is included in the [Committees Policy and Terms of Reference](#).

## 2.7 Monitoring

Under the National Law, ANMAC's responsibility extends to ensuring programs and education providers continue to meet relevant accreditation standards across the accreditation period. To fulfil this function ANMAC has in place a variety of monitoring mechanisms.

ANMAC manages monitoring activities and program changes in a transparent, fair and timely way, in accordance with the [Monitoring Policy](#).

### 2.7.1 Prospective notification of program changes

ANMAC supports innovation and continuous quality improvement and works with education providers to ensure program changes continue to meet accreditation standards.

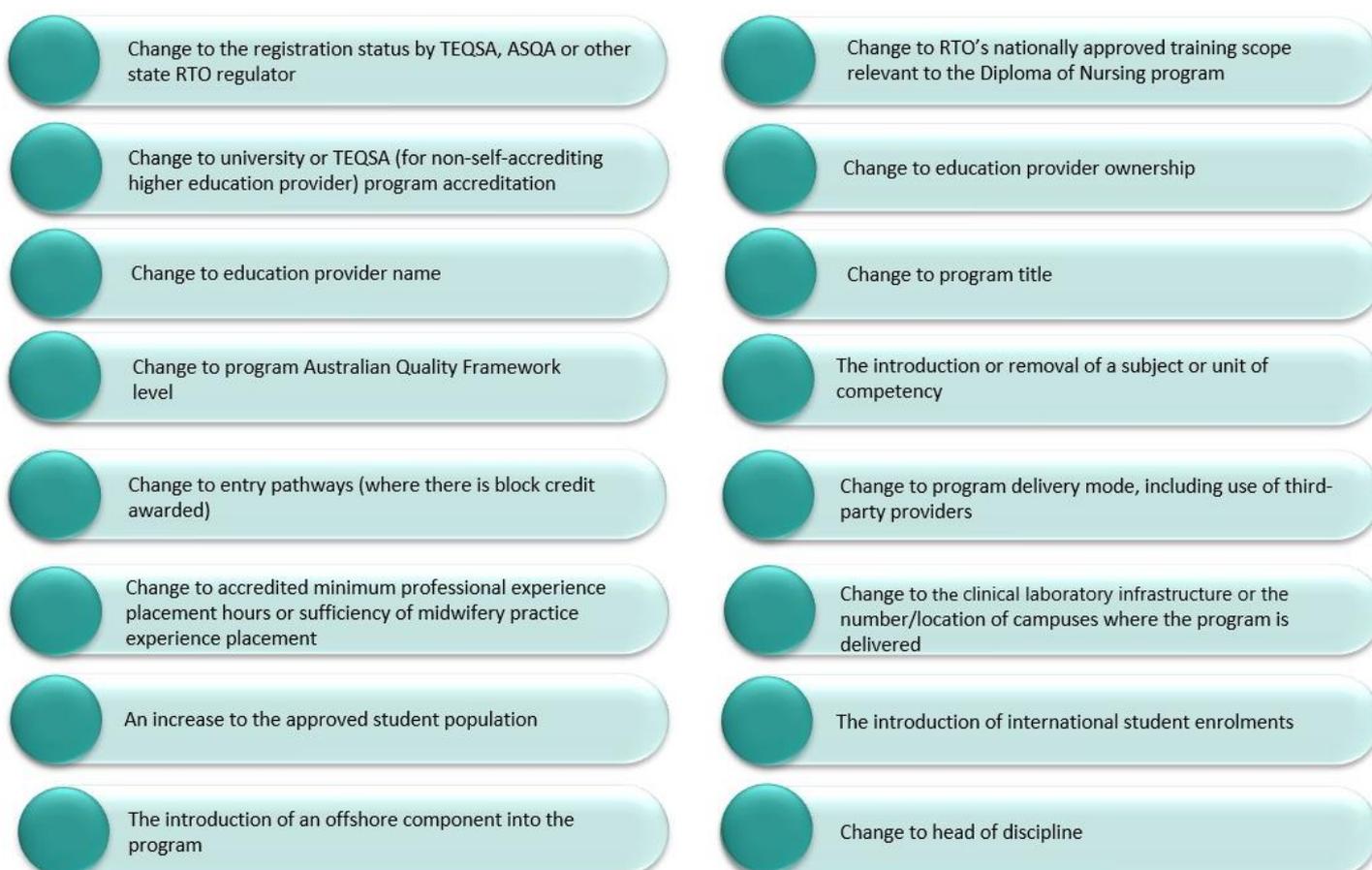
Selected program changes, as listed in Figure 4, require education providers to prospectively (i.e. in advance) notify ANMAC and seek approval *prior to implementation*. Other changes are to be reported retrospectively in the program monitoring report (PMR). When prospectively notifying ANMAC of program changes, the education provider needs to take into consideration the time required by ANMAC to assess and approve the desired changes, which may take up to 6 months.

ANMAC may require an education provider to report *all* program changes prospectively. The education provider will be formally notified when this is required.

ANMAC is to be *immediately* notified by the education provider if the Tertiary Education Quality and Standards Association (TEQSA), Australian Skills Quality Authority (ASQA) or other state Registered Training Organisation (RTO) regulator *proposes or commences* an investigation, implementation of conditions or change to the accreditation status.

All education providers must prospectively notify ANMAC of select program changes as listed in Figure 4.

**Figure 4: Prospective notification of select program changes**



To report a prospective change, the education provider needs to electronically submit an Intention to Submit form or contact Accreditation Services administration staff, via [accreditation@anmac.org.au](mailto:accreditation@anmac.org.au), for information about required documentation. Assessment of program changes may incur a fee.

### 2.7.2 Routine monitoring

Routine monitoring is undertaken through an annual Program Monitoring Report (PMR). The PMR is used to confirm a program continues to be delivered as accredited and to report program changes that are not required to be prospectively reported.

When an education provider does not submit a PMR, accreditation conditions may be imposed, or accreditation of the program may be revoked.

### 2.7.3 Targeted monitoring and accreditation conditions

ANMAC determines an appropriate level of program monitoring by undertaking a risk assessment based on outcomes of program assessment.

ANMAC will apply targeted monitoring:

- when assessment of evidence indicates a potential risk of criterion requirements not being met over time
- to ensure criterion requirements are implemented within a designated timeframe
- to mitigate potential risks.

ANMAC will apply accreditation conditions:

- when assessment of evidence indicates criterion requirements are only substantially met
- to ensure outstanding criterion requirements are met within a reasonable timeframe
- to minimise specific risks.

Targeted monitoring and accreditation conditions can be applied at any point in the accreditation cycle or when managing a complaint. Targeted monitoring can also be applied ad-hoc to address immediate concerns.

Where assessment outcomes do not indicate a need to instigate targeted monitoring or conditions, the program and education provider are assessed as being of low risk. Table 2 provides guidance on the relationship between assessment outcomes, risk assessment and levels of monitoring.

NB: Applied levels of monitoring are at the discretion of ANMAC.

**Table 2 Risk assessment and levels of monitoring**

| ASSESSMENT OUTCOME   | RISK   | MONITORING   |
|--|--------|--|
| <ul style="list-style-type: none"> <li>• Criteria met</li> </ul>   | Low    | <ul style="list-style-type: none"> <li>• Routine annual monitoring</li> <li>• Prospective notification of <i>selected</i> program changes</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Criteria met<br/>AND</li> <li>• Criteria met with targeted monitoring applied</li> </ul>  | Medium | <ul style="list-style-type: none"> <li>• Routine annual monitoring</li> <li>• Targeted monitoring requiring submission of evidence over a designated timeframe</li> <li>• Prospective notification of <i>selected</i> program changes</li> <li>• May include prospective notification of <i>all</i> program changes</li> </ul> |
| <ul style="list-style-type: none"> <li>• Criteria met<br/>AND</li> <li>• Criteria met with targeted monitoring applied<br/>AND/OR</li> <li>• Criteria substantially met with conditions applied</li> </ul> | High   | <ul style="list-style-type: none"> <li>• Routine annual monitoring</li> <li>• Targeted monitoring requiring submission of evidence over a designated timeframe</li> <li>• Conditions requiring submission of evidence by a designated timeframe</li> <li>• Prospective notification of <i>all</i> program changes</li> </ul>   |

### 2.7.4 Ad-hoc monitoring

Ad-hoc monitoring is applied as needed when immediate and specific concerns relating to a program, education provider or group of programs is identified.

## 2.7.5 Evidence requirements

Targeted monitoring and accreditation conditions require the education provider to submit supporting evidence, information and/or written reports to demonstrate specific criterion requirements are met. ANMAC can apply ad-hoc monitoring at any time to address immediate concerns relating to a program or an education provider. Additional site visits may also be required to support evidence gathering.

ANMAC will formally notify education providers about intended monitoring processes, including application of or change to monitoring requirements or accreditation conditions.

## 2.8 Advertising a program of study

Education providers must ensure that all advertising material used to inform potential students contains accurate information on the accreditation status of the education provider and program being advertised.

Advertising before the accreditation process is complete must include a notation that states:

*'This program of study is not yet accredited by ANMAC or approved by the NMBA and will not lead to registration as a nurse or midwife in Australia under the approved qualification pathway, National Law Section 53a.'*

Education providers cannot enrol students into a non-accredited program, this includes a program that ANMAC is currently undertaking an accreditation assessment for.

Education providers can choose to plan, develop and acquire the necessary resources to offer a program of study before receiving accreditation from ANMAC. This is at their own risk.

## 2.9 Quality cycle for accreditation standards, policies, procedures and processes

This section outlines ANMAC's quality cycle which includes the regular review of accreditation standards, policies, procedures and processes relating to accreditation. This includes the review of the:

- Accreditation Policy and Procedures
- ANMAC's accreditation standards
- Policies, processes and procedures that implement ANMAC's responsibilities under the National Law.

### 2.9.1 Review of accreditation policy and procedure

The Accreditation Policy and Procedure document is reviewed every two years, to ensure it is contemporary and transparent.

### 2.9.2 Review of accreditation standards

A formal review of ANMAC's approved accreditation standards for nursing and midwifery education programs in Australia takes place generally every five years.

The review is concerned with the quality of the profession and its work, from a public interest and community safety perspective. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and can practise in a safe and competent manner because they are equipped with the necessary foundational knowledge, professional attitudes and essential skills.

ANMAC's review of the accreditation standards relies on two fundamental principles:

1. education providers are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates (TEQSA,

ASQA and the Australian Qualifications Framework)

2. a set of agreed and contemporary Standards for practice exist for the profession, against which the capability of intending graduates of entry to practice programs can be assessed.

For more information on the review of nursing and midwifery accreditation standards, refer to ANMAC's [Protocol for the Review of Nursing and Midwifery Accreditation Standards](#).

### 2.9.3 Review of policies and processes

A formal review of ANMAC's policies and processes, including those relating to accreditation, takes place every two years. This review is undertaken through formal planning and with relevant accreditation staff. Information is gathered through research and wide-ranging stakeholder consultation.

## 2.10 Accreditation fees

ANMAC charges education providers to accredit programs of study. The cost is determined by factors including:

- length of program—over 12 months, between 6 and 12 months, or under 6 months
- type of accreditation—full submission, changes to an existing program or monitoring requirements
- complexity of accreditation—examples: if a program is offered from more than two sites; if dual degrees are involved if a joint site visit is required.

The education provider is invoiced at the time of submitting documents in the pre-assessment phase. Accreditation assessment will not commence until the invoice has been paid in full.

The [fee schedule](#) is on ANMAC's website.

### 2.10.1 Fees for monitoring and complaint management

When review of monitoring or complaints relating to an education provider or approved program lead to a decision to undertake a site visit, ANMAC may invoice the Education Provider to recover associated costs.

### 2.10.2 Refunds

An education provider may be eligible for a refund if they withdraw a program after the assessment process has started. Any refund is determined by how much work has been completed. An education provider is not eligible for a refund after ANMAC has conducted a site visit. All refunds are at the CEO's discretion.

## 2.11 Complaints management

ANMAC values feedback, recognising that effective continuous quality improvement fosters an environment of safety and promotes accountability and transparency.

ANMAC works cooperatively with all stakeholders to manage and resolve complaints in an impartial and confidential way. ANMAC recognises that those administering a program are often best placed to decide how to resolve a grievance. However, compliance with accreditation standards remains a key focus of ANMAC's strategy for managing complaints.

Refer to Accreditation Services [Complaints Handling Policy](#) and ANMAC's [Privacy Policy](#) for more information on ANMAC's complaints management processes.

### **3 Roles and responsibilities**

The Chief Executive Officer has overall responsibilities for ensuring that ANMAC accredits and monitors approved programs of study to ensure ANMAC continues to be satisfied the program and provider meet an approved accreditation standard.

### **4 Training**

The Director of Accreditation Services is responsible for implementing and ensuring compliance with this policy through creation and maintenance of effective training, procedures or processes consistent with this policy and procedures document.