

The Nursing Council of Hong Kong

Handbook for

Accreditation of Training Institutions

For Pre-Enrolment / Pre-Registration Nursing Education

Revised in September 2009

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References

I. Preamble

1. The Nursing Council is a statutory body established under the Nurses Registration Ordinance (“NRO”) (Cap. 164). It is accountable for reassuring the nursing profession and the public that the pedagogical practices in nursing education in Hong Kong are of distinguished quality and that the local training institutions seeking to offer nursing education are qualified as credible professional providers.
2. To achieve this, a set of system and procedures for external evaluation and review of training institutions and/or nursing programs, collectively known as accreditation¹, are developed.

II. Definition of Accreditation

3. Training institutions applying to the Nursing Council are required to prove to its satisfaction their standards, levels of educational and pedagogical practices and professional conduct. They are required to comply with the accreditation criteria (as mentioned in Part IV of this handbook), outlining the minimum requirements for accreditation and such other criteria relevant to the profession which the Nursing Council sees fit and appropriate from time to time, failing which the application will be rejected. In the accreditation, the Nursing Council will in general:-
 - (1) review the educational facilities, environment and processes of the training institution;
 - (2) evaluate the curriculum of the nursing program, and assess its comparability with the local and international standards;
 - (3) ascertain the training institution’s compliance with the NRO and guidelines, which can be downloaded from the website of the Nursing Council at www.nchk.org.hk, as set down by the Nursing Council for training of nurses, referring to:-
 - Reference Guide to the Syllabus of Subjects and Requirements for the Preparation of Registered / Enrolled Nurse in the HKSAR
 - Core Competencies for Registered / Enrolled Nurses
 - Code of Professional Conduct and Code of Ethics for Nurses in Hong Kong
 - Guide to Good Nursing Practice
 - (4) advise the training institution on the areas of strength and weakness and the ways to improve in the future, if necessary; and
 - (5) determine whether the training institution and/or nursing program meets the standards and requirements of the Nursing Council for provision of nursing education.

¹ Accreditation is defined by the World Health Organization (WHO) to mean “*the process by which an authorized agency or organization evaluates and recognises an institution or an individual according to a set of ‘standards’ describing the structures and processes that contribute to desirable patient outcomes*”.

4. The Nursing Council accredits training institutions and/or nursing programs for the purpose of registration or enrolment under the NRO.

III. Accreditation Committee, Preliminary Assessment Group and Accreditation Panel

5. To handle applications for accreditation, the Nursing Council has set up an accreditation committee (“AC”), which in turn forms preliminary assessment groups and accreditation panels to assist it to make in-depth assessment.
6. The AC consists of members from the Nursing Council, as well as co-opted members appointed by the Nursing Council, having considered their relevant expertise. Members of the AC come from diverse backgrounds, including but not limited to nurses, doctors and other professionals from public, private and academic sectors to maintain the fairness and objectivity of the accreditation.
7. The AC is required to carry out the following functions:-
 - (1) to review the professional standard and quality of the training institution and/or nursing program;
 - (2) to validate or re-validate the training institution and/or nursing program for the purpose of registration or enrolment;
 - (3) to promote good practices of accreditation and quality improvement;
 - (4) to monitor the professional standard and quality in nursing education;
 - (5) to advise the Nursing Council on matters pertaining to accreditation; and
 - (6) to carry out such other functions connected with accreditation as directed by the Nursing Council.
8. The AC shall form several Preliminary Assessment Groups (“PAG”) out of its members. Each PAG consists of at least three AC members. Each application for accreditation shall be assigned to one PAG for assessment. When assigning to the PAG, special attention is made that members of the panel are not associated with the training institution and/or nursing program concerned to avoid conflict of interest.
9. The PAG is required to carry out the following functions:-
 - (1) to study the submitted documents;
 - (2) to assess whether the training institution is operating in compliance with the guidelines set down by the Nursing Council as described under Part II, para 3 (3) above;
 - (3) to clarify issues and validate information upon submission by the training institution;

- (4) to submit a written report on its findings in relation to the accreditation criteria to the AC; and
- (5) to make recommendations for improvement if necessary.

IV. Accreditation Criteria

10. In assessing an application for accreditation, reference shall be made to the factors below. But these factors, as well as the information required in support, do not mean and shall not be treated as exhaustive. The training institutions applying bear the burden of providing the Nursing Council with all documents which in their professional judgment by reference to their individual circumstances are relevant for assessment, and ultimately satisfying the Nursing Council that they are accordingly qualified for accreditation:-

(1) Governance and administration

There should be a governing body responsible to ensure that the mission of the institution is properly implemented. An academic board or committee should be in place to ensure sufficient resources available for the sustainable development of the program.

Information required

- Membership of the governing body, academic board or committee;
- Terms of Reference of the governing body, academic board or committee;
- Annual reports and minutes of meetings related to the development of the training program in application; and
- Strength of the administrative staff, including full time and part time etc

(2) Organizational structure and decision making

There should be clear organization structure with committees and departments showing the line of authority pertaining to academic decision processes; such as the planning and development of new programs.

Information required

- An organization structure showing the major committees and departments;
- Membership and terms of reference of major committees and advisory bodies;
- Information on the academic decision-making process; and
- Statements on the role and duties of department heads / course leaders and external advisors / examiners etc

(3) Program planning, development and design

The training institution should have well-defined policies and regulations governing the award of qualifications. Training programs are developed and designed in accordance to the stipulated procedures endorsed by the institution. Reference should be made to the existing nursing programs accredited by the

Nursing Council of Hong Kong. A master plan for the next three to five years should be developed to cover the existing and new cohorts of students.

Information required

- Organization policy for awarding qualification;
- Procedures in approval of new programs;
- Policy and regulation relating to curriculum design, credit weighting, assessment, graduation, grading award, disciplinary and appeal system; and
- The development and implementation plan of the training program etc

(4) Curriculum and Syllabus

The curriculum should be developed taking into account the reference framework listed in “Reference to the Nursing Council Reference Guide to Syllabus” and should meet the requirements of the Core Competencies for Registered/Enrolled Nurses; the Code of Professional Conduct and Code of Ethics for Nurses prescribed by the Nursing Council.

Information required

- Program details including title, objective, award, admission requirement, length, mode of teaching, medium of instruction, pattern of attendance and assessment methods;
- Curriculum and syllabus of the training program including subjects, learning hours, mode of delivery and teaching methods;
- Samples of teaching and learning materials; and
- Samples of study projects and assessment records etc

(5) Staff

The training institution must have an explicit staff recruitment policy and selection criteria for the program leader, lecturers and clinical teachers; including formal qualifications, professional experience, research output, teaching experiences and peer recognition. There should be sufficient provision for different teaching setting and at least 50% of staff employed should be full time. In addition, the minimum teacher to student ratio should be maintained at: 1:25 for classroom teaching; 1:8 for clinical teaching and 1:3 for clinical mentoring.

Information required

- Profile and curriculum vitae of all teaching staff, including clinical teachers; and
- Teaching capacity and student load for each teaching staff and clinical teacher etc

(6) Staff development, research and scholarly activities

There should be explicit requirement for teaching staff to maintain their clinical proficiency including knowledge and skills. Provision should be made to enhance the teaching staff’s competencies. The academic output of individual

staff should be closely monitored to ensure that matches with the institution's requirement.

Information required

- Clinical expertise and updating of each teaching staff;
- Development program for teaching staff; and
- Report on academic achievement etc

(7) Student admission, assessment and support

The training institution should provide a student admission policy which includes the selection process and the entry requirement which is in compliance with the current requirements of the NRO. A record of student profile together with the overall academic attainment of the students upon admission to the program should be made available. The institution should also define and state the methods used for assessment of its students, including the criteria for passing examination.

Information required

- Student admission and selection policy;
- Student profile, academic and achievement record;
- Assessment methods, passing criteria and appeal system; and
- Policy for weak performing students etc

(8) Clinical practice

Clinical practicum is a key component of the training curriculum and should be arranged to match with the education program. Different categories of clinical practices as stipulated in the Reference Guide to the Subjects and Requirements for the Preparation of Registered Nurse / Enrolled Nurse should be ascertained before the start of the training program.

Clinical teachers and mentors are important resources for the students. They should be trained and appointed to provide clinical skills training and on-the-job coaching for students. The number of clinical teachers to student should be maintained at 1:8 and clinical mentors to students should be 1:3.

Clinical assessors as appointed by the training institutions shall act for the Nursing Council to certify the student's clinical competencies. They should be registered nurses who have at least three years of post-registration experience and have undertaken assessor trainings courses.

To ensure sufficient learning opportunities and resources provided to students during their clinical practice, formal communication should be established between the training institution, practical settings and students for operational issues, trouble-shooting and quality improvement. A system to assess the students' clinical knowledge, skills and problem solving ability and professional attitude should also be established.

Information required

- Profile of clinical training grounds;
- Clinical expertise and updating of each teaching staff;
- Profile of the clinical instructors and clinical assessors;
- Preparation of clinical instructors and clinical mentors;
- Clinical learning handbook;
- Clinical assessment record;
- Clinical practice performance assessment system; and
- Channel of communication between the training institution and clinical practice organizations etc

(9) Program evaluation

The training institution should have stipulated policies and procedures to monitor the quality and effectiveness of its program and operations. There should be committee structure set up for the approval, validation and re-validation of education programs and their monitoring. External bodies from renowned universities or institutions or those recognized by the profession are invited to advise on quality issues. Profile of the serving members and their contributions should be maintained as on-going basis.

Information required

- Committee structure such as advisory committee or academic board involved in the approval, validation and re-validation, and monitoring of training programs;
- Terms of reference of any external bodies invited to advice on quality issues of the training institution;
- Appointment criteria of external advisors, external examiners, advisory committee, consultant, etc; and
- Evidence of the work of the external bodies; such as program review reports and records of meetings etc

(10) Educational resources and facilities

The training institution should provide sufficient resources such as lecture rooms, library, practical rooms, laboratories, student amenities and other equipment to support the training at an acceptable level of quality. The training facilities should be increased to match with the increased number of student intake. Computers and internet access to clinical databases are made available for both clinical teachers and students for evidenced based practice, learning, teaching and professional development.

Information Required

- Class size and numbers of lecture rooms and practical rooms;
- Library holdings including journal subscription and e-learning access;
- Facilities to support clinical practice and skills training etc; and
- (For institution which organizes more than one nursing program) A comprehensive plan on the utilization of the facilities, specifying details such as the number of programs and students using the facilities and the utilization

schedule, so as to satisfy the Council that the facilities are sufficient to cater for all the programs

(11) Program leadership and management

A program leader who provides academic and professional leadership is crucial to ensure continuity in the development of the training program. He/she should have the demonstrable commitment and leadership to implement the program systematically according to the design and development plan. A system should be in place to ensure an annual review and updating of the structure, policies and functions as part of the program administration.

Information Required

- Profile of the program leader and head of the department;
- Formal involvement of stakeholders including students in the review process;
- Quality improvement strategies, action plan and outcomes; and
- Annual review report etc

V. Process of Accreditation

Phase I - Initiation of Accreditation

11. According to the NRO, no course of training carried out in Hong Kong shall be recognized by the Nursing Council for the purpose of the registration/enrolment of any nurse unless such courses has been carried out in one or more of the training schools as notified in the Gazette² (and such institutions shall be referred as Gazetted Training Schools below).
12. All pre-enrolment / pre-registration nursing education programs conducted in Hong Kong are to be accredited by the Nursing Council of Hong Kong. The head of training institution will initiate the process by communicating with the Nursing Council of its desire for accreditation. The process will normally take at least nine months for new program and six months for existing programs. During the process, the Nursing Council will publish the progress of accreditation on the Council's website. No intake of students should be made prior to the Nursing Council's accreditation. If the training institution chooses to commence the program against advice, it proceeds at its own risk and it shall forthwith inform the students concerned without delay of the consequence of studying a program not yet accredited by the Nursing Council to avoid confusion to the detriment of their interests.
13. For Non-Gazetted Training School or Gazetted Training School but with no intake of students for 5 years, an on-site assessment of the training facilities shall be conducted prior to initiating the accreditation process, including but not limited to the provision of lecture rooms, practical rooms, library and laboratories etc. Upon completion of the on-site assessment, the institution will be notified within 4 weeks of the progress or the assessment result. Should the institution fail the on-site assessment, the Nursing Council will not consider the application further. In the event of any material change

² Regulation 9(2) of Nurses (Registration and Disciplinary Procedure) Regulations, Cap. 164A

in circumstances, the institution may need to arrange for an on-site assessment by the Nursing Council again.

Phase II – Submission of Self Study Report

14. A training institution interested in offering professional nursing education should apply to the Nursing Council by way of submission of a self-study report. The report must contain requisite information, including but not limited to the following, in the order below:-
- (1) a short description of the training institution and its experiences in conducting nursing education programs;
 - (2) statement of mission, philosophy and objectives, which describes the educational process of producing a nurse who is competent at a basic level. The statement should be consistent with the goals of the institution and that of the profession;
 - (3) the education program with details of the curriculum, methods of instruction and evaluation;
 - (4) assessment of students which includes the methods used for student assessment and the reliability and validity evaluation of these methods;
 - (5) student admission policy and selection; size of student intake; student support and counseling; and student representation in the program development and evaluation process;
 - (6) academic staff or faculty, the balance between nursing and non-nursing staff; as well as full-time and part-time staff;
 - (7) educational resources; such as the physical facilities, learning environment, clinical training and the use of information and communication technology in the educational programs;
 - (8) mechanism for program evaluation, including the educational process, specific component of the curriculum, teachers and student feedback and the performance of students;
 - (9) governance structure, resources input and administration of the program; and
 - (10) continuous renewal and updating of the program, how the past experiences, present activities and future perspectives be incorporated in the structure, policies and practices etc.

It is the responsibility of the institution to ensure the accuracy and currency of the report. To facilitate the work of the Nursing Council, the institution is required to submit 7 copies of the report to the Secretary of the Nursing Council.

Phase III – Initial Assessment

15. The Self Study Report will be assessed by the PAG in accordance with paragraph 9 of the handbook.
16. When the AC is satisfied with the initial assessment of the Self Study Report, the head of the training institution will normally be informed of the date and time of the accreditation visit following.

Phase IV - Accreditation Visit

17. In this final phase of the accreditation process, an accreditation panel will be formed for conducting the accreditation visit. It consists of at least five members, including two members from the PAG, one Nursing Council member and one external member to the Nursing Council; together with Secretary of the Nursing Council or his / her designate. The Nursing Council shall invite renowned professionals who are respectable leaders in the healthcare system or academic field to serve as external members. They shall provide valuable contribution for the accreditation panel to make objective and comprehensive recommendations.
18. The accreditation visit is a professional peer review and is part of the accreditation process. It shall include visit to physical facilities; interact with students, faculty, hospital staff and administrators.

- (1) Dates

The accreditation visit shall normally take place before the program commences; and for re-accreditation, when the program is in full operation.

- (2) Program and Institutional Materials

The head of the training institution must prepare for the panel members' review the items listed in the accreditation criteria and any other interpretive materials the institution deems essential for the understanding of the program offered.

- (3) Conduct of the Visit

- a) the length of visit depends on the size and complexity of the issues concerned and the number of campuses the training institution has and will normally last for not more than two days;
- b) a tentative agenda for the visit is prepared by the panel before the visit. The head of the training institution is notified of the schedule at least two weeks before the visit. The agenda may include the followings:
 - i. private meeting of the accreditation panel (which should last for 15 minutes at the beginning of the visit);
 - ii. meeting with the head of the institution;
 - iii. meeting with staff, students and graduates of the institution;

- iv. meeting with senior management;
 - v. visit to different facilities of the institution;
 - vi. visit to clinical venues where clinical practicum takes place; and
 - vii. review of the curricula and other materials presented etc
- c) the training institute needs to arrange a temporary office in which the panel members can be assembled and in which the panel can read and work during the period of the visit;
 - d) upon arrival at the institution, the panel meets with the head before the review or evaluation begins;
 - e) when a training institution has more than one campus, all locations are reviewed before the institution and its program/s are accredited;
 - f) if the accreditation panel stipulates some conditions for the training institution to meet before its starts its program, the institution must provide evidence of such to the Nursing Council. Normally this can be done through written correspondence; and
 - g) the training institution under review is normally informed the areas of concerns at the end of the accreditation visit.

Outcomes of Accreditation

19. Depending on the degree that the institution has met the accreditation criteria, the Nursing Council may declare as outcomes of the accreditation and award as follows:
- (1) full accreditation for a period of 5 years or 5 intakes, whichever is shorter;
 - (2) provisional accreditation for less than 5 years or 5 intakes, whichever is shorter, subject to compliance with such condition or requirement as the Nursing Council sees proper and necessary to impose in the circumstances to put the institution or the program concerned under scrutiny;
 - (3) withdrawal of gazettal / accredited status;
 - (4) gazettal of nursing school; and/or
 - (5) rejection of the application and the same application would not normally be processed in 18 months unless evidence of substantial changes to the satisfaction of the Nursing Council is adduced.

Accreditation Report

20. (1) Upon analysis of the information gathered, members of the accreditation panel shall make a professional judgment in relation to the established criteria for accreditation; and a report should be submitted to the AC. Upon final clearance

of issues brought up by the accreditation panel, the AC shall then make recommendation with conditions, if any, to the Nursing Council.

- (2) The Nursing Council shall decide the accreditation status and formulates recommendations to the training institution for program improvement (as set out at paragraph 19 above).

Notification of the Accreditation Results

21. (1) The training institution will be notified within eight to ten weeks after the accreditation visit the decision of the Nursing Council.
- (2) The head of the institution must submit an explanatory report to the Nursing Council for recommended conditions that could not be met. Failure to do so may lead to removal of the institution from the approved list of accredited provider for nurse training.

VI. Appeal

22. An appeal system is set up for training institution against the Nursing Council's decision on the accreditation result. It shall include the following:-
 - (1) an appeal lies only where it can be shown by the training institution that the decision is wrong. If an appeal is to be made, it should be submitted to the Nursing Council within 28 days from the delivery date to the training institution of the decision served by the Nursing Council in writing, setting out clearly the grounds of appeal, namely the basis on which the appealing institution contends the subject decision to be wrong, and the supporting evidence and/or documents thereof;
 - (2) upon the receipt of the appeal, the Chairman of the Nursing Council will appoint an Appeal Panel with three Nursing Council members who are independent of the accreditation process;
 - (3) the Appeal Panel shall study the submissions made by the appealing institution under (1) above and review the accreditation process and any relevant documents with respect to the grounds of appeal raised by the appealing institution. The Appeal Panel shall report to the Nursing Council in four weeks of its result;
 - (4) the Nursing Council will then consider the Appeal Panel's recommendation and may affirm, vary or discharge the decision under appeal and such decision made by the Nursing Council will be final; and
 - (5) the appealing institution will be notified the Nursing Council's decision in ten weeks from the date of submission of appeal under (1) above.

VII Notification for Program Changes

23. The award of accreditation is based upon the information given and circumstances whereby the education program is carried out. Training institutions are required to notify the Nursing Council for any major change that affects the direction of the training program; such as
 - (1) title of award, program content and structure;
 - (2) staffing and resources;
 - (3) admission criteria and policy;
 - (4) number of student intake; and/or
 - (5) suspension of program etc.
24. Supporting document in respect of the changes should be submitted to the Secretariat of the Nursing Council for examination. If necessary, the Accreditation Committee may recommend further action be taken. The training institution will be informed of the recommendation in writing accordingly.

References

1. Guidelines for Evaluating Basic Nursing and Midwifery Education and Training Programs in the African Region, World Health Organization, Regional Office for Africa, 2007.
http://www.afro.who.int/hrh-observatory/documentcentre/guidelines_evaln_nm.pdf
2. Guidelines on Institutional Review, Program Validation and Program Revalidation, Hong Kong Council for Accreditation of Academic & Vocational Qualifications, November 2007.
http://www.hkcaavq.edu.hk/en/services_qualifications.asp
3. Manual for Accreditation Review Qualifications in Social Work for Registration
4. Definition of Accreditation -
<http://www.euro.who.int/observatory/Glossary/TopPage?phrase=L>