



香港護士管理局
**NURSING COUNCIL
OF HONG KONG**

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To: all accredited providers of CNE

Dear Sir/Madam,

**Updated Manual for Accreditation
as a Provider of Continuing Nursing Education (CNE)**

To provide an overview of the CNE accreditation system, policies/procedures governing the operation as an accredited provider to provide CNE programmes/activities and accreditation criteria for organisations to develop and organise CNE programmes/activities, the Nursing Council of Hong Kong (“the Council”) has published the “Manual for Accreditation as a Provider of Continuing Nursing Education” (“the Manual”) which is subject to review and updating from time to time.

Having completed a comprehensive review, the Council has recently published the updated edition of the Manual (March 2016 version). Your organisation, as an accredited CNE provider, is required to strictly comply with the requirements as set out in the updated Manual **with immediate effect**. The electronic copy of the Manual is now available at the Council’s website at www.nchk.org.hk.

While there is no major change to the accreditation criteria under the updated Manual, some clauses in the Manual have been revised for clarity. To facilitate the completion of the application form for accreditation/re-accreditation as a provider of CNE and the report on organisational changes for accredited CNE providers, the application form has been updated with two new forms, namely “Curriculum Vitae (CV) of Nurse Planner” and “Form for Reporting Organisational Changes for Accredited Continuing Nursing Education Providers” devised for use by the applicant organisations/accredited CNE providers. The opportunity is also taken to draw your attention to the following issues:

- (a) as an accredited CNE provider, your organisation is required to:
- (i) strictly comply with the guidelines as laid down in the "Manual for Continuing Nursing Education System" for the award of Council-CNE points to CNE programmes/activities with clinical practicum/structured visit to hospitals or health care institutions by **awarding one Council-CNE point to every two-hour of clinical practicum/structured visit** included in the CNE programmes/activities;
 - (ii) report to the Council on the organisational changes, including changes of Nurse Planners, by using the prescribed form enclosed in the updated Manual **within 30 days after the changes** (a blank form is enclosed for ease of reference);
 - (iii) have at least one Nurse Planner who must be a nursing-related degree holder or above, currently registered/enrolled with the Council and has at least five years' post-registration/post-enrolment experience;
 - (iv) submit the application for re-accreditation in **no less than six months** before the expiry date of the current accreditation period. Otherwise, **the accreditation period may lapse** and no Council-CNE points should be awarded for the programmes/activities organised by the organisation beyond the accreditation period; and
- (b) if your organisation, as an accredited CNE provider, fails to comply with the requirements stipulated in the Manual, the Council reserves the right to withdraw the accreditation/re-accreditation status granted to your organisation any time and shall not be liable for any claim for damages or loss suffered by your organisation or any other parties arising therefrom. The Council may also require your organisation to rectify any non-compliance of the requirements set out in the Manual during the accreditation period or before the re-accreditation is granted.

If you have any enquiries about the updated Manual, please contact Mr Ivan WONG, Assistant Secretary of the Council, at 2527 8386.

Yours faithfully,



(Ms Alice TANG)

Secretary, Nursing Council of Hong Kong

Encl.

D. Changes to Name of the Provider Unit (Effective Date : _____)

Name of the Original Provider Unit: _____

Name of the New Provider Unit: _____

E. Changes to the Beliefs and Goals of the Organisation (Effective Date : _____)

New Beliefs and Goals of the Organisation:

F. Changes to the Educational Goals of the CNE Provider Unit (Effective Date : _____)

New Educational Goals of the CNE Provider Unit:

G. Changes to the Administrative and Organisational Structure (Effective Date: _____)

New Administrative and Organisational Structure *(please provide the organisational chart(s) or other schematic(s) that depict the provider unit's line of authority and organisational communication within the organisation as a whole as well as within the provider unit):*

NURSING COUNCIL OF HONG KONG
Form for Reporting Organisational Changes for
Accredited Continuing Nursing Education Providers

(According to Clause 4.8 of the "Manual for Accreditation as A Provider of Continuing Nursing Education", to maintain accredited status, accredited organisations must report changes in any of the reported data using this form within 30 days for Council's review and decision.)

Please fill in the relevant session(s):

A. Changes to the Organisation Name (Effective Date: _____)

Original Name (Eng): _____

(Chi): _____

New Name (Eng): _____

(Chi): _____

B. Changes to the Correspondence Address (Effective Date : _____)

New
Correspondence
Address: _____

C. Changes to the Person in-charge of the Organisation (Effective Date : _____)

Name: _____

Title or Position: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

H. Changes to the Person in-charge of the Overall Day-to-day Management and Operation of the Provider Unit (Effective Date : _____)

<i>(Name)</i>	<i>(Qualifications)</i>	<i>(Position/Title)</i>
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I. Changes to the List of Nurse Planners (Effective Date : _____)

Addition of Nurse Planner(s) to the list (please provide the CV(s) of the Nurse Planner(s) by using Appendix of the Application Form at the "Manual for Accreditation as a Provider of Continuing Nursing Education"):

<i>Name(s)</i>	<i>Professional Qualifications</i>	<i>Position/Title</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Removal of Nurse Planners from the list:

<i>Name(s)</i>	<i>Professional Qualifications</i>	<i>Position/Title</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Others

Please specify and provide supporting documents as appropriate:

[Empty rectangular box for content]

Submitted by the person-in-charge of the provider unit:

Name: _____ Signature: _____

Position/Title: _____ Date: _____

Contact No.: _____ Email: _____

Submitted for: _____
(Organisation Name)