



**NURSING COUNCIL OF PAPUA NEW GUINEA**

**NATIONAL FRAMEWORK  
FOR THE  
ACCREDITATION, MONITORING AND  
EVALUATION  
OF  
NURSING AND MIDWIFERY  
EDUCATION PROGRAMS**

January, 2005

## ACKNOWLEDGEMENTS

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# **NURSING COUNCIL OF PNG**

## **PURPOSE**

This document has been developed to provide guidance to organizations that provide or intend to provide educational programs leading to registration as a nurse in any category<sup>1</sup> or midwife.

The document reflects the approach that education providers, in collaboration with stakeholders, are responsible for the development, implementation and evaluation of educational programs.

The responsibility of the Nursing Council of PNG (“the Council”) is to protect and promote the public interest through the maintenance of nurses’ standards of conduct and competence. To assist it in achieving this purpose, the Council has a statutory mandate to approve and monitor educational programs that lead to registration.

## **POLICY STATEMENT**

The standards identified within this document were developed with key stakeholders and reflect the Council’s statutory responsibility. In developing these standards for the accreditation, conduct and monitoring of nursing programs, the Council aims to:

- Ensure a safe standard of nursing care is provided to the people of Papua New Guinea;
- Ensure that nursing graduates are prepared with the appropriate knowledge, skills and values to meet community requirements; and
- Encourage nurses to demonstrate high standards of conduct and competence by promoting continuous improvement in nursing practice.

The ultimate goal of the Council is to ensure that graduates of nursing education programs are competent practitioners who recognize and value the importance of the partnership the profession has with the community.

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<sup>1</sup> Categories include general nursing, mental health nursing and paediatric nursing

## **PROCEDURES**

The accreditation, monitoring and evaluation processes are directed by the standards established in this document.

Within the accreditation process, the Council will:

- Continue to approve educational and clinical facilities as having sufficient resources, both human and physical, to facilitate students demonstrating the National Competency Standards.
- Establish a consultative process with education providers in the development and approval of programs leading to registration.
- Provide an advisory service to education providers in the course development stage.

## **ACCREDITATION**

The Council will issue one of two types of accreditation – full or provisional. Provisional accreditation will be granted for a specified period of time detailed in the Notice of Accreditation and may, or may not be, subject to conditions. Full accreditation will be granted for a period not exceeding five years.

Any changes to an accredited education program, including changes that may constitute a new program, changes to major concepts or major changes to allocated resources must be submitted to the Council for review prior to their implementation.

## STANDARDS FOR EDUCATION PROGRAMS

### STANDARD (1)

Development, implementation and evaluation of the education program occurs in collaboration to ensure the program meets the needs of stakeholders.

<b>PERFORMANCE CRITERIA</b>	<b>CUES</b>
1. Details of discussions and agreements with stakeholders is documented.	<ul style="list-style-type: none"> <li>• Minutes of meetings held with stakeholders' record discussions and agreements.</li> <li>• Documented support from clinical facilities is provided.</li> </ul>
2. Relevant cultural issues are discussed with stakeholders and included in the program.	<ul style="list-style-type: none"> <li>• Minutes of meetings demonstrate that cultural issues have been discussed with appropriate stakeholders e.g. Women, elders etc.</li> <li>• Inclusion of cultural issues is evident in the education program.</li> </ul>
3. Evaluation is focused on program outcomes and occurs in collaboration with stakeholders.	<ul style="list-style-type: none"> <li>• Staff from clinical facilities, students, health service administrators and other stakeholders are given the opportunity to evaluate the program at least once per year.</li> <li>• All evaluation tools are designed to measure program outcomes</li> </ul>
4. Policies are developed and implemented that demonstrate the process of collaboration.	<ul style="list-style-type: none"> <li>• Policy is developed that identifies the method of collaboration to be used by the educational institution.</li> <li>• Admission policy for the educational institution is inclusive (e.g. No discrimination due to gender/family) and takes into account the needs of stakeholders.</li> </ul>

**STANDARD (2)**

The assessment process of the education program demonstrates that the graduate has achieved the National Competency Standards.

<b>PERFORMANCE CRITERIA</b>	<b>CUES</b>
<p>1. Policies are developed and implemented that clearly identify assessment methodologies used in the education program.</p>	<ul style="list-style-type: none"> <li>• Assessments will test whether students have achieved unit/program objectives.</li> <li>• Assessment load is appropriate to the unit weighting and is consistent with similar academic programs.</li> <li>• The frequency and timing of the assessments reflect the nature of the program and its progression requirements.</li> <li>• Assessment processes are developed on the basis of collaboration between education providers, consumers, industry and clinical staff.</li> </ul>
<p>2. Policy is developed that reflects the diversity of student profiles.</p>	<ul style="list-style-type: none"> <li>• Monitoring and support of students takes into accounts their gender, marital status, and cultural background.</li> </ul>
<p>3. Policy is developed that clearly identifies how validity and reliability in assessment will be achieved.</p>	<ul style="list-style-type: none"> <li>• A variety of methods are used in assessing students.</li> <li>• Determination of a student's progress is made based on examination of the cumulative assessment.</li> <li>• Documented evidence is available to show that all staff who utilize clinical assessment tools have been instructed in their use.</li> </ul>
<p>4. Policy is developed for review of all assessment decisions.</p>	<ul style="list-style-type: none"> <li>• Procedures for appeal processes are available.</li> <li>• Documented evidence is available to demonstrate how students are informed about their appeal rights and the appeal process.</li> <li>• Support staff are available to assist students in appeal processes.</li> <li>• Documented evidence is available detailing the process for finalizing student gradings.</li> <li>• Documented evidence is available detailing the appointment of an external examiner.</li> </ul>

### STANDARD (3)

Graduates of the program achieve the National Competency Standards.

<b>PERFORMANCE CRITERIA</b>	<b>CUES</b>
1. The current Ethics and Code of Professional Conduct form the basis of the education program.	<ul style="list-style-type: none"><li>• The Nursing Council of PNG Code of Professional Conduct are included in the teaching of the education program.</li><li>• Students are taught clinical care based on the current Standard Treatment Books.</li><li>• The curriculum describes the full program of studies and their relationship to each other.</li></ul>
2. The objectives of units in the education program are directed towards the students achieving the National Competency Standards.	<ul style="list-style-type: none"><li>• Each unit of the program demonstrates how the unit will assist the student in developing competence to meet the National Competency Standards.</li><li>• Each unit identifies the relationship of the unit objectives to specific National Competency Standards.</li></ul>
3. Both formative and summative assessment of students is based on the National Competency Standards	<ul style="list-style-type: none"><li>• All theory examinations are based on the unit objectives.</li><li>• All clinical assessment tools are based on the National Competency Standards.</li></ul>
4. Evidence demonstrates that the assessors of student's clinical competence have undergone education about the National Competency Standards.	<ul style="list-style-type: none"><li>• All teaching and clinical staff must have undergone education in the function of the National Competency Standards.</li><li>• The National Competency Standards are applied in the teaching and are incorporated in the assessment of the program.</li></ul>



**STANDARD (4)**

Quality management processes are documented, implemented and evaluated regularly to maintain educational standards.

<b>PERFORMANCE CRITERIA</b>	<b>CUES</b>
1. The education program has sufficient evaluation processes in place to ensure the quality of the program.	<ul style="list-style-type: none"> <li>• A variety of mechanisms are used including student evaluation of teaching and learning, peer evaluation of teaching and learning; performance development systems for staff, and evaluation by clinical staff.</li> </ul>
2. The National Competency Standards are linked and integrated into the curriculum.	<ul style="list-style-type: none"> <li>• All units and unit objectives are linked to the National Competency Standards.</li> </ul>
3. The results of evaluation processes are incorporated into the program.	<ul style="list-style-type: none"> <li>• Documented procedures exist that ensure the results of evaluations are utilized to improve quality.</li> <li>• Results of evaluations are documented and available.</li> </ul>
4. Policies are implemented that facilitate quality improvement.	<ul style="list-style-type: none"> <li>• The educational institution has a documented policy/policies on quality improvement processes.</li> <li>• Minutes of quality improvement activities are documented and available.</li> <li>• Adequate time and resources are devoted to quality improvement.</li> <li>• Human resource management policies are in place in the following areas:               <ul style="list-style-type: none"> <li>Conflict of interest</li> <li>Staff selection</li> <li>Minimum qualifications</li> </ul> </li> <li>• Physical and financial resource policies are in place that ensure effective use of teaching and learning resources.</li> </ul>

### STANDARD (5)

The curriculum provides learning experiences necessary for students to achieve the National Competency Standards.

PERFORMANCE CRITERIA	CUES
1. The curriculum demonstrates a holistic approach to health care.	<ul style="list-style-type: none"><li>• Theoretical foundations include physical, mental, spiritual and social aspects of health and culture.</li></ul>
2. The curriculum reflects the National Policies and health priorities of PNG.	<ul style="list-style-type: none"><li>• The National Health Plan, Medium Term Development Framework and the national health priorities are incorporated in the curriculum.</li></ul>
3. The curriculum demonstrates that the theoretical and practical components of the course are adequate to achieve the outcomes, and are integrated through out the program.	<ul style="list-style-type: none"><li>• The curriculum meets the determined minimum number of theory and clinical hours as set by the Nursing Council of PNG.</li><li>• Content is taught in a logical manner and links theory to practice.</li></ul>
4. The curriculum reflects current developments in health care practices and education.	<ul style="list-style-type: none"><li>• The curriculum is based on theory and clinical practice that is evidence based.</li><li>• The delivery method of the program is reflective of current educational theory.</li></ul>
5. Evidence demonstrates that the students have gained appropriate knowledge and skills to meet community requirements and the National Competency Standards.	<ul style="list-style-type: none"><li>• The assessment methods in the program will be adequate to test both the students' theoretical and clinical knowledge.</li><li>• The clinical assessments included in the program are adequate to ensure the student has demonstrated the National Competency Standards.</li></ul>

## STANDARD (6)

Educational institutions must have sufficient resources so that learners can achieve the National Competency Standards.

<p>1. Adequate numbers of appropriately qualified and experienced health professionals staff the educational institution.</p>	<ul style="list-style-type: none"><li>• The Head of the educational institution has appropriate qualifications and experience for the job.</li><li>• Teaching staff are appropriately qualified and experienced.</li><li>• The organizational structure shows the reporting and supervisory relationship of staff.</li><li>• Teaching staff are encouraged and supported to undertake research and other scholarly activities.</li></ul>
<p>2. The educational institution has adequate physical resources to implement the curriculum.</p>	<ul style="list-style-type: none"><li>• Library resources are adequate, current and there is sufficient supply.</li><li>• Library resources include a variety of materials including books and journals.</li><li>• Teaching aids are available and in adequate supply.</li><li>• Audio-visual equipment is available for teaching/learning purposes.</li><li>• Classrooms and other spaces for teaching/learning are adequate to meet the requirements of the education program e.g. Private area for student feedback, clinical practice areas, and study space.</li><li>• Accommodation and other facilities are appropriate and adequate for the number of students.</li></ul>
<p>3. The educational institution has adequate financial resources to implement the curriculum.</p>	<ul style="list-style-type: none"><li>• Subject to HCAC Approval, the educational institution will have sufficient funding for the duration of the course and for the number of students.</li></ul>

## STANDARDS FOR CLINICAL FACILITIES

### STANDARD (1)

The clinical facilities and experience in the education program is suitable for the purpose of assisting students to demonstrate the National Competency Standards.

<b>PERFORMANCE CRITERIA</b>	<b>CUES</b>
1. The educational institution ensures that relevant cultural issues have been considered prior to the placement of individual students.	<ul style="list-style-type: none"> <li>• Developed policy on the allocation of students to clinical facilities.</li> <li>• Good rapport between students, communities and clinical facility staff.</li> <li>• Risk factors have been considered and a risk management plan developed.</li> <li>• Cultural practices and behaviour at specific clinical facilities are made known to students prior to commencing their clinical placement.</li> </ul>
2. The casemix of the clinical facility demonstrates the ability to facilitate students meeting their learning objectives.	<ul style="list-style-type: none"> <li>• The monthly statistics demonstrate that the quantity and variety of clinical cases is large enough to provide for students' clinical learning.</li> <li>• Cases are adequately and safely managed.</li> </ul>
3. The environment of the clinical facility is conducive to students meeting their learning objectives.	<ul style="list-style-type: none"> <li>• The clinical environment is secure and students feel safe at their designated clinical facilities.</li> <li>• Infection control practices are in accordance with National Standards.</li> <li>• Clinical facility is supportive of the students and provides clinical supervision.</li> </ul>

## STANDARD (2)

The clinical facilities is accessible to students enrolled in the education program.

PERFORMANCE CRITERIA	CUES
1. The clinical facility is in a location that provides a safe environment for student learning.	<ul style="list-style-type: none"> <li>• The institution has established physical safety mechanisms in place.</li> <li>• The student accommodation has established physical and environmental safety mechanisms in place e.g. secure doors, fly wire, mosquito nets etc.</li> </ul>
2. There is adequate logistical support to facilitate student's clinical learning.	<ul style="list-style-type: none"> <li>• There is a working communication linkage e.g. radio or phone.</li> <li>• The clinical facility is accessible by affordable means of transport e.g. road, sea or air.</li> </ul>
3. There is a documented agreement in place between the educational institution and the clinical facility.	<ul style="list-style-type: none"> <li>• A Memorandum of Understanding (or similar documentation) is available indicating the clinical facilities agreement to provide clinical experience and setting out the responsibilities of each party.</li> </ul>

## STANDARD (3)

The clinical facility complies with minimum National Quality Standards.

PERFORMANCE CRITERIA	CUES
1. The clinical facility complies with the current National Minimum Standards for District Health Facilities.	<ul style="list-style-type: none"> <li>• Adequate numbers of qualified and experienced staff.</li> <li>• Basic services, equipment and therapeutics are available.</li> <li>• Health outcome statistics for the facility are equal to or better than the National Average (e.g. HIS).</li> </ul>
2. The clinical facility has quality improvement processes in place.	<ul style="list-style-type: none"> <li>• Staff of the clinical facility are provided with in-service education as needed.</li> <li>• Staff of the clinical facility are subject to performance review.</li> <li>• Feedback from client surveys.</li> <li>• Chart audit and other audit processes.</li> </ul>

#### STANDARD (4)

The clinical facility has adequate resources to safely and competently provide learning opportunities for students.

<b>PERFORMANCE CRITERIA</b>	<b>CUES</b>
1. The clinical facility has adequate qualified and competent staff to facilitate and support the educational program.	<ul style="list-style-type: none"><li>• Staff development plan for facility staff.</li><li>• Adequate numbers of specialists to support clinical learning e.g. obstetricians, paediatricians.</li><li>• Adequate numbers of support staff.</li></ul>
2. The physical resources of the clinical facility are safe and adequate to meet the educational program requirements.	<ul style="list-style-type: none"><li>• Teaching and learning facilities available.</li><li>• Adequate space provided for student learning e.g. private area for study or for giving feedback.</li><li>• Buildings are secure and safe.</li></ul>
3. The clinical facility has adequate financial resources to facilitate students' achieving their learning objectives.	<ul style="list-style-type: none"><li>• The facility has stable finances and has processes in place for developing annual budgets.</li><li>• Sound financial administrative practices are in place to ensure accountability.</li><li>• Adequate administrative support is available and documentation is available showing the clinical facilities support for the education program e.g. MOU.</li></ul>

# EDUCATION PROGRAM ACCREDITATION PROCESS

## **Submission**

At least 1 year prior to the proposed implementation of a nursing/midwifery education program, the Tertiary Institution submits the proposed curriculum and supporting documentation (the Curriculum) to the Nursing Council of PNG Education Committee (NCEC). The submission **MUST** address **ALL** of the performance criteria in the *Standards for Education Programs* and the *Standards for Clinical Facility*. Tertiary institutions are responsible for ensuring that the appropriate documentation addressing the standards is supplied when the submission is made. Failure to do so will result in delays in the Accreditation process. Affiliated institutions will need to allow additional time to ensure approval from their affiliated Tertiary Institution prior to submission to the NCEC.

## **Nursing Council Education Committee**

The NCEC evaluates the Curriculum against the standards and recommends approval or rejection. When the NCEC approves the Curriculum, they will forward the Curriculum to the Nursing Council of PNG (NC) for formal accreditation. If the NCEC does not accept the Curriculum, the Tertiary Institution is notified and suggested amendments provided. Once these have been met, the revised Curriculum is resubmitted to the NCEC.

## **Nursing Council of PNG**

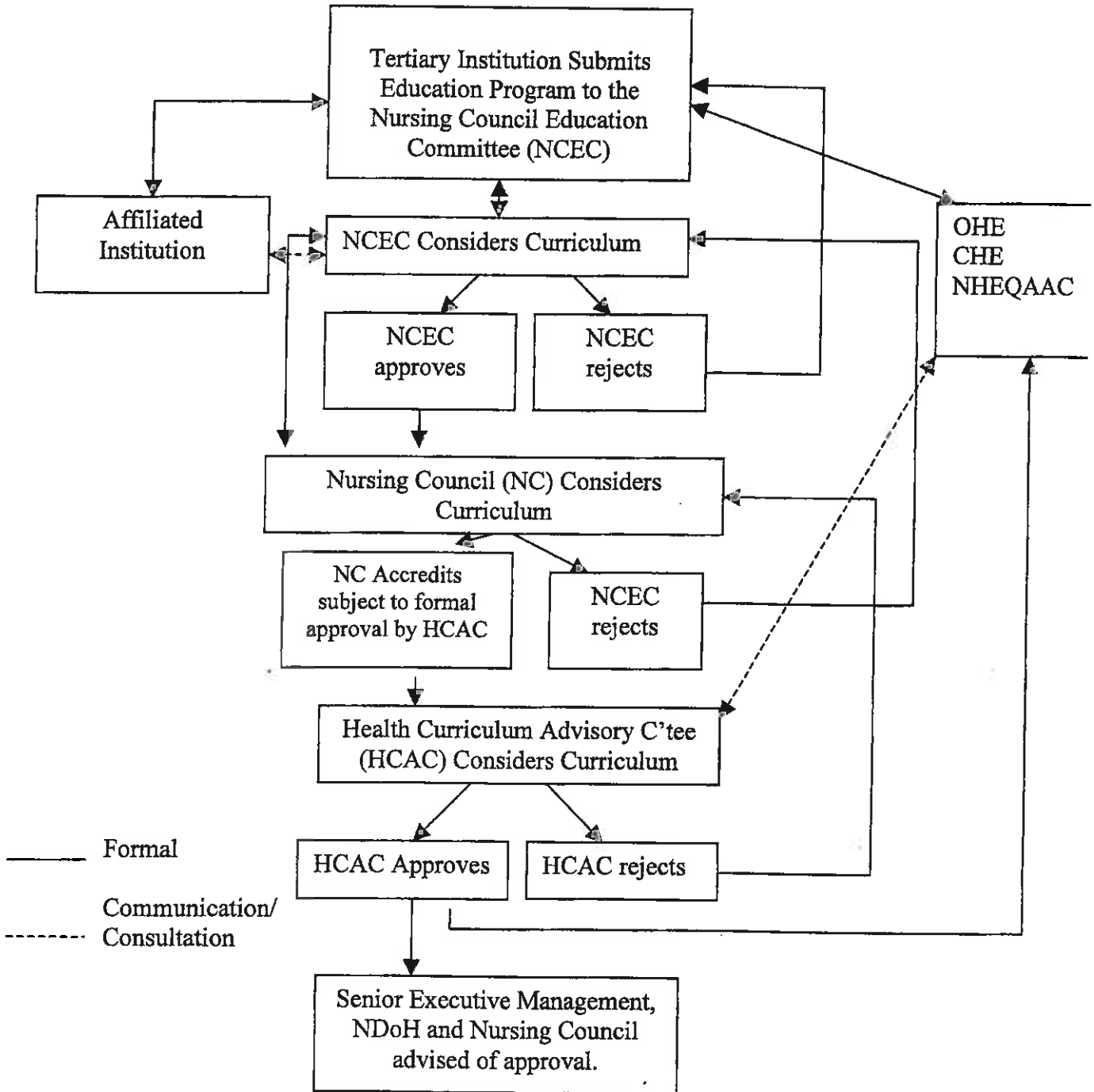
When the NCEC approves the Curriculum, it is forwarded to the Nursing Council of PNG (NC) for formal accreditation. If the NCEC does not accept the Curriculum, the HCAC is advised and they will liaise between the NCEC and the Tertiary Institution to facilitate the necessary amendments. Once these have been met, the revised Curriculum is resubmitted. When the NC formally accredits the Curriculum, notification of the accreditation is forwarded to the Health Curriculum Advisory Committee advising that Accreditation has been granted subject to formal approval by the Health Curriculum Advisory Committee (HCAC).

## **Health Curriculum Advisory Committee**

When the HCAC formally approves the Curriculum, notification of the approval is forwarded to the Senior Executive Management, NDoH, NC, and the National Higher Education Quality Assurance Accreditation Committee (NHEQAAC). If the HCAC does not Approve the Curriculum, the Curriculum is returned to the NC with written reasons for its rejection by HCAC.

The accreditation process is detailed in the flowchart on the following page.

# EDUCATION PROGRAM ACCREDITATION PROCESS FLOWCHART





# **EDUCATION PROGRAM MONITORING PROCESS**

## **Submission**

As a component of the quality process, all Tertiary Institutions conducting an accredited Nursing/Midwifery education program must submit an Annual Monitoring Report (the report) on the progress of the course to the Nursing Council Education Committee (NCEC). This report must provide the following information:

- Results of all evaluations of program Units.
- Documented evidence of any changes made to the curriculum as a result of evaluations.
- Summary of student grades (academic and clinical) for all Units and all years.
- Evaluation report(s) from clinical facilities.
- Report detailing any changes in staff or staff/student ratio.
- Any risk factors which may affect the program e.g. increasing violence, withdrawal of clinical facility support, lack of teaching staff etc.
- Any other information specifically requested by the Nursing Council.

## **Nursing Council Education Committee**

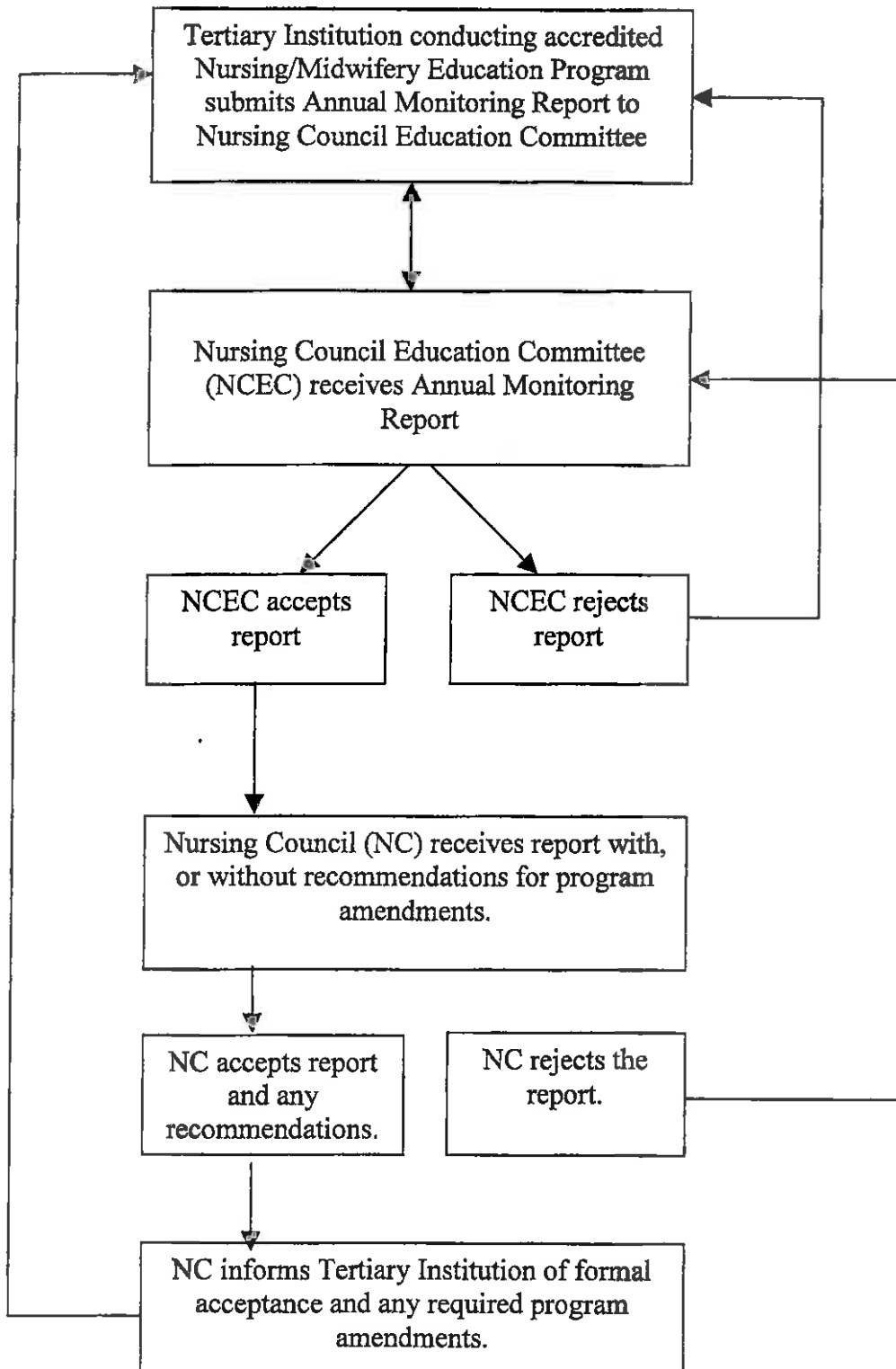
When the NCEC accepts the report, it is forwarded to the Nursing Council of PNG (NC) for formal acceptance with, or without, recommendations for amendment to the program. If the NCEC does not accept the report, the Tertiary Institution is advised and the NCEC will liaise with the Tertiary Institution to facilitate the necessary amendments. Once these have been met, the revised report is resubmitted together with any recommended program amendments.

## **Nursing Council of PNG**

When the NC formally accepts the report, notification of this, together with any required amendments to the program, is forwarded to the Tertiary Institution. If the NC does not accept the report, the report is returned to the NCEC to facilitate the necessary amendments.

The monitoring process is detailed in the flowchart on the following page.

# EDUCATION PROGRAM MONITORING PROCESS FLOWCHART



# **EDUCATION PROGRAM EVALUATION PROCESS**

## **Submission**

A condition of the granting of accreditation of a Nursing/Midwifery Education Program by the Nursing Council is that an evaluation must be conducted in the final year of the accreditation period. This evaluation report must be submitted, together with the required documentation for re-accreditation of the program. Failure to do so will result in the submission for accreditation being delayed until such time as the evaluation report is received. The following information is to be contained in the evaluation report:

- Results of an evaluation of the education program by all stakeholders including graduates.
- Documented evidence of any changes made to the curriculum as a result of evaluation.
- Evaluation report(s) from clinical facilities.
- Evaluation report(s) from employers of graduates of the accredited education program detailing the ability of graduates to function in the clinical area.
- Any other information specifically requested by the Nursing Council.

This information is in addition to the information required for re-accreditation of the education program – see Education Program Accreditation Process. The evaluation report and if appropriate, documentation for re-accreditation of the education program, is to be submitted to the Nursing Council Education Committee. The process followed is as detailed in the Education Program Accreditation Process.