

The Midwives Council of Hong Kong

Handbook for Accreditation of Clinical Training Sites for Midwives Registration

June 2011

Revised in November 2013

Revised in July 2017

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I. Preamble

1. As a statutory body, the Midwives Council of Hong Kong (the Council) is accountable for maintaining the quality and standard of pre-registration midwifery education. To achieve this, one way is through the accreditation of the education programs and clinical training sites for midwives registration. The Accreditation Committee (AC) is established under the Council to deal with all matters relating to accreditation.
2. This document sets out the framework and procedures for the accreditation system so as to assist the midwives' education program providers and clinical training sites to comply with the standard and procedure in accreditation or re-accreditation, and to guide the AC in the accreditation decision-making process. It is accountable for reassuring the midwives' profession and the public that the programs are training or are going to train professional and competent midwives.

II. Definition of Accreditation

3. Education institutes and clinical training sites applying to the 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 Council sees fit and appropriate from time to time, failing which the application will be rejected. In the accreditation, the Council will in general:-
 - (1) review the educational facilities, environment and processes of the program providers;
 - (2) evaluate the curriculum of the midwives' education program, and assess its comparability with the local and international standards;
 - (3) ascertain the program provider's compliance with the Midwives Registration Ordinance, Cap. 162, Laws of Hong Kong (the Ordinance) and reference materials currently in force, which can be downloaded from the website of the Council at www.mwchk.org.hk, including:-
 - *"A Reference Guide to the Syllabus of Subjects & Requirements of Midwifery Training Program for Registered Nurse"*
 - *"Core Competencies for Registered Midwives"*
 - *"Code of Professional Conduct and Practice for Midwives in Hong Kong"*

- *“Handbook for Midwives”*
 - *“Standards for Midwifery Education”*
- (4) advise the program providers on the areas of strength and weakness and the ways to improve in the future, if necessary;
 - (5) determine whether the midwives’ education program meets the standards and requirements of the Council; and
 - (6) determine whether the clinical training sites that tied to the specific program meet the required professional standards.
4. The Council accredits:
- (1) midwives’ education programs provided by existing Gazetted Training Schools;
 - (2) midwives’ education programs to be provided by institutes;
 - (3) all clinical training sites that tied to an education program in connection with midwives’ registration under the Ordinance.

III. Accreditation Committee and (Re-) Accreditation Panel

5. To handle applications for accreditation/re-accreditation, the Council has set up the AC, which in turn forms Accreditation / Re-accreditation Panels [(R)AP] to assist it to carry out in-depth assessment.
6. The AC consists of members from the Council, as well as co-opted members appointed by the Council, having considered their relevant expertise. Members of the AC come from diverse backgrounds, including but not limited to midwives, doctors and other professionals from the 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 concerned midwives’ education program;
 - (2) to validate or re-validate the midwives’ education program for the purpose of registration;
 - (3) to promote good practices of accreditation and quality improvement;

- (4) to monitor the professional standard and quality in midwives' education;
 - (5) to advise the Council on matters pertaining to accreditation; and
 - (6) to carry out such other functions connected with accreditation as directed by the Council.
8. The (R)AP consists of 3 AC members (consisting at least 1 Council Member of the AC) and is responsible to make initial assessment of the "Self Study Report"/"Application Form" submitted by program providers/clinical training sites. The (R)AP may request program providers/clinical training sites to provide additional information/documents or make clarifications on the information/documents submitted.

IV. Accreditation Criteria for Clinical Training Sites

9. In assessing an application for accreditation/re-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 applying clinical training sites bear the burden of providing the Council with all documents which in their professional judgment and by reference to their individual circumstances are relevant for assessment, and ultimately satisfying the Council that they are accordingly qualified for accreditation/re-accreditation:-

(1) Student admission, assessment and support

The clinical training site 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 Ordinance. A record of student profile together with the overall academic attainment of the students upon admission to the program should be made available. In line with the spirit of admitting students of good character, students charged by the court with or without conviction have to report in details the charges on separate record.

Information required

- ☐ *Student admission and selection policy;*
- ☐ *Student profile, academic and achievement record;*
- ☐ *Assessment methods, passing criteria, appeal system and arrangement of re-examination; and*
- ☐ *Policy for weak performing students, etc.*

(2) Clinical practice

Clinical practicum is a key component of the curriculum and should be arranged to match with the education program. Different categories of clinical practices as stipulated in the “*A Reference Guide to the Syllabus of Subjects & Requirements of Midwifery Training Program for Registered Nurse*” should be ascertained before the start of the training.

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. For the ratio of clinical teaching, each clinical teacher should guide at most 8 students concurrently at any one time. There must be a clinical mentor assigned to each student.

Clinical assessors appointed by the Council shall act for the Council to certify students’ clinical competencies. The clinical assessors should meet the “*Criteria for Appointment of Clinical Assessors*”, which can be downloaded from the website of the Council at www.mwchk.org.hk.

To ensure sufficient learning opportunities and resources provided to students during their clinical practice, formal communication should be established between the education institutes, practical settings and students for operational issues, trouble-shooting and quality improvement. A system to assess students’ clinical knowledge, skills and problem solving ability and professional attitude should also be established. The clinical training site should ensure that the number of clinical placement offered to its cooperating training institute does not exceed its maximum allowable intake.

Information required

- ☐ *Profile of clinical training site;*
- ☐ *Maximum number of clinical placement offered by each clinical training site to the training institute for a particular intake (only applicable for first time accreditation)*
- ☐ *Clinical manpower designated for the education program for that particular intake, including:*
 - *Clinical expertise and updating of each teaching staff;*
 - *Profile of the clinical mentors and clinical assessors;*
 - *Preparation of clinical mentors and clinical assessors;*
 - *Clinical learning record;*
 - *Clinical assessment record;*

- *Clinical practice performance assessment system; and*
- *Channel of communication with its clinical training sites, etc.*

(3) Educational resources and facilities

The clinical training site 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 teaching staff, clinical teachers and students for evidenced based practice, learning, teaching and professional development.

Information Required

- ☐ *Library holdings including journal subscription and e-learning access;*
- ☐ *Facilities to support clinical practice and skills training; and*
- ☐ *Learning resources e.g. orientation program for students, learning objectives, clinical guidelines and protocols in various training areas, clinical learning records/log book, learning resource center/library.*

V. Process of Accreditation

Phase I - Initiation of Accreditation

10. According to the Ordinance, no course of training in midwifery carried out in Hong Kong shall be recognized by the Council unless it is carried out in an establishment declared by the Council in the Gazette as a training school for midwives.
11. The head of the clinical training site will initiate the process by sending a letter of intent to the Council. The process will take at least 12 months for new site and 6 months for existing ones. No intake of students should be made prior to the Council's accreditation. If the clinical training site chooses to commence the training against the advice, it proceeds at its own risk and shall forthwith inform the students concerned without delay of the practical and legal implications of studying in a training site not yet accredited.
12. For non-accredited training site or accredited training site with no intake of students for the last 3 years or more, an on-site assessment of the training facilities, focusing on the physical facilities like the provision of lecture rooms, practical rooms, library and

laboratories, etc., shall be conducted prior to initiating the accreditation process. Upon completion of the on-site assessment, the concerned training site will be notified within 4 weeks of the progress or the assessment result. Should the concerned training site fail the on-site assessment, the Council will not consider the application further. In the event of any material change in circumstances, the training site may need to arrange for an on-site assessment by the Council again.

Phase II – Submission of Application Form

13. A clinical training site interested in offering clinical practicum should fill in the “Application Form”, which can be downloaded from the website of the Council at www.mwchk.org.hk, and attach the supporting documents required.

It is the responsibility of the clinical training site to ensure the accuracy and currency of the information provided in the “Application Form”. To facilitate the work of the Council, the clinical training site is required to submit 7 copies of the form with the supporting documents required to the Secretary of the Council.

Phase III – Initial Assessment

14. The “Application Form” will be initially assessed by the (R)AP in accordance with the “Accreditation Criteria”.
15. When the AC is satisfied with the initial assessment of the (R)AP on the “Application Form”, the head of the clinical training site will normally be informed of the date and time of the upcoming accreditation visit.

Phase IV - Accreditation Visit

16. In this final phase of the accreditation process, an inspection team will be formed for conducting the accreditation visit. The inspection team consists of at least 5 members and the majority of them should be Council Members who are registered midwives, including the Council Chairman and a R(AP) Member who should also be a Council Member. The inspection should normally be led by the AC Chairman.
17. The accreditation visit is a professional peer review and is part of the accreditation process. It shall include visit to physical facilities, interaction with students, faculty, hospital staff and administrators.

(1) Date

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

(2) Program and Institutional Materials

The head of the clinical training site must prepare for the inspection team members' review the items listed in the accreditation criteria and any other interpretive materials that the site deems essential for the understanding of the training offered.

(3) Conduct of the Visit

- a) the length of visit depends on the size and complexity of the issues concerned and will normally last for not more than two days;
- b) a tentative agenda for the visit is prepared by the clinical training site before the visit. The agenda may include the followings:
 - i. private meeting of the inspection team (which should last for 15 minutes at the beginning of the visit);
 - ii. meeting with the head of the clinical training site;
 - iii. meeting with staff, students and graduates of the clinical training site;
 - iv. meeting with senior management;
 - v. visit to different facilities of the clinical training site; and
 - vi. review of other materials presented, etc.
- c) the clinical training site needs to arrange a temporary office in which the inspection team members can be assembled and in which they can read and work during the period of the visit;
- d) upon arrival, the inspection team meets with the head before the review or evaluation begins;
- e) if the inspection team stipulates some conditions for the clinical training site to meet before it starts its training, the clinical training site must provide evidence of such to the Council. Normally this can be done through written correspondence; and
- f) the clinical training site under review is normally informed of the areas of concerns at the end of the accreditation visit.

Outcomes of Accreditation

18. Depending on the degree that the clinical training site has met the accreditation criteria, the Council may declare the outcomes of the accreditation as follows:

- (1) accreditation for 5 years in maximum;
- (2) provisional accreditation for less than 5 intakes, subject to compliance with such condition or requirement as the Council sees proper and necessary to impose in the circumstances to put the clinical training site concerned under scrutiny;
- (3) withdrawal of accredited status;
- (4) 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 Council is adduced.

Accreditation Report

19. (1) Upon analysis of the information gathered, the inspection team shall make a professional judgment in relation to the established criteria for accreditation; and a report should be submitted to the AC. The AC shall then make recommendation with conditions, if any, to the Council.
- (2) The Council shall decide the accreditation status and formulates recommendations to the clinical training site for improvement (as set out at paragraph 18 above).

Notification of the Accreditation Results

20. (1) The clinical training site will be notified within 8 to 10 weeks after the accreditation visit of the Council.
- (2) The head of the clinical training site must submit an explanatory report to the Council for recommended conditions that could not be met. Failure to do so may lead to its removal from the list of accredited clinical training sites for midwives' education.
21. The Council shall publish the list of accredited clinical training sites in the web page of the Council.

VI. Review System

22. The applicant organisation may apply for a review of the Council's decision on the accreditation result. The application for review must be lodged in writing within 14 calendar days and include the following:-
- (1) a review lies only where it can be shown by the clinical training site that the decision is wrong. If an application for review is to be made, it should be submitted to the Council within 14 calendar days from the delivery date to the clinical training site of the decision served by the Council in writing, setting out clearly the sites of review, namely the basis on which the applicant organisation contends the subject decision to be wrong, and the supporting evidence and/or documents thereof;
 - (2) upon the receipt of the application, the Chairman of the Council will appoint a Review Panel consisting of 3 members who are all Council Members and independent of the accreditation process;
 - (3) the Review Panel shall study the submissions made by the applicant organisation under (1) above and review the accreditation process and any relevant documents with respect to the sites of review raised by the applicant organisation;
 - (4) the Council will then consider the Review Panel's recommendation and may affirm, vary or discharge the decision under review and such decision made by the Council will be final; and
 - (5) the applicant organisation will normally be notified of the Council's decision within 3 months from the date of submission of the application under (1) above.

VII Notification for Program Changes

23. The award of accreditation is based upon the information given and circumstances whereby the clinical training site is carried out. Clinical training sites are required to notify the Council of any major change that may affect the direction of the training; such as
- (1) title of award, training content and structure;
 - (2) staffing and resources;
 - (3) admission criteria and policy;

- (4) number of student intake;
 - (5) suspension of training, and/or
 - (6) change/addition of cooperating training institute, etc.
24. Supporting documents in respect of the changes should be submitted to the Secretariat of the Council for examination. If necessary, the AC may recommend further action be taken. The program provider will be informed of the recommendation in writing accordingly.

References

1. Guidelines for Evaluating Basic Nurses and Nursing Education and Training Programs in the African Region, World Health Organization, Regional Office for Africa, 2007.
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2. Guidelines on Institutional Review, Program Validation and Program Revalidation, Hong Kong Council for Accreditation of Academic & Vocational Qualifications, November 2007.
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http://www.swrb.org.hk/engasp/criteria_c.asp
4. Definition of Accreditation -
<http://www.euro.who.int/observatory/Glossary/TopPage?phrase=L>
5. Handbook for Accreditation of Education institutions for Pre-Enrollment / Pre-Registration Nursing Education
http://www.nchk.org.hk/doc/Accreditation_Manual_revised.pdf