MIDWIVES COUNCIL OF HONG KONG

Manual for
Accreditation of PEM Activities
and
Provider Institutes
for the PEM Pilot Scheme

January 2006

The Objective of the PEM Pilot Scheme

The Midwives Council has decided to launch the PEM pilot scheme while waiting for the preparation of relevant legislation for the implementation of the mandatory PEM. It is expected that the pilot scheme not only enables the registered midwives to become familiar with the PEM system but also enables the PEM providers and organizations providing PEM activities to become familiar with the accreditation criteria and procedures.

I. Accreditation Structure for the PEM Pilot Scheme

To ensure PEM standards, an Accreditation Subcommittee is to be set up under the Professional Development Committee of the Council.

The Accreditation Subcommittee is responsible for assessing and accrediting individual PEM activities and approving institutions as an accredited provider institute for providing PEM activities.

1. Accreditation of Individual PEM Activities

a. The provider institute shall submit to the Accreditation Subcommittee the following information in respect of each of its PEM activity for the determination of PEM points under paragraph (d) below:-
   i. Title of activity
   ii. Aims and objectives of activity
   iii. Outlines of contents
   iv. Target participants
   v. Date, time and venue of the activity
   vi. Name and qualification / curriculum vitae of the speaker(s)
   vii. Examination or assessment (if any)

b. A standard application form will be used by institutes to apply for accreditation. (Sample at Application Form I)

c. Applications should be submitted not less than 6 weeks before the commencement of the learning activity. Applications for retrospective approval will normally not be processed.

d. The Accreditation Subcommittee shall determine the number of PEM points to be granted for each and every accredited activity.

e. Accreditation of PEM activities shall, unless required otherwise, be considered by circulation of papers among members of the Accreditation Subcommittee.

f. Accreditation of repeated course within the 3-year period is not needed if there is no major change in the programme.

g. Any change to an accredited programme should be reported to the Accreditation Subcommittee. The Accreditation Subcommittee reserves the right to revoke any accreditation and amend any PEM points already awarded.

h. An accreditation fee will be charged only when the Mandatory PEM is implemented.

2. Accreditation of Provider Institutes

a. The Council will approve a list of organizations, which will be updated from time to time, as accredited provider institutes for the PEM pilot scheme to run PEM activities. Normally, only PEM activities conducted by these approved provider institutes will be counted for PEM points.

b. All provider institutes should apply in advance to the Council for the accredited status for organizing education programmes with PEM points for registered midwives.

c. Submission of Application
Application for accreditation should be forwarded to the Council at least 60 days prior to the start day of any course leading to PEM points. **Application for retrospective accreditation will not be accepted**. Please complete and return Application Forms II to IV to the Council.

d. Qualification
A provider institute should:-
   i. be either a local tertiary educational institute, a hospital or similar healthcare establishment or a professional body / association as may be recognized by the Accreditation Subcommittee from time to time;
   ii. have a good track record in organizing educational programmes in midwifery/nursing; and
   iii. be able to provide appropriate physical facilities for learning.

e. Provider institutes accredited by the Nursing Council of Hong Kong are required to apply for accreditation with the Midwives Council of Hong Kong if they wish to grant PEM points to the course participants.

f. At the discretion of the Council, a site-visit to the applicant provider institute may be arranged. The purpose of the visit is to verify the information submitted in the application documents and to explore any areas essential for conducting learning activities, as seen fit by the Accreditation Subcommittee.

g. An accreditation fee will be charged only when the Mandatory PEM is implemented.

h. Accreditation is for the PEM pilot scheme only.

i. The Accreditation Subcommittee reserves the right to revoke any accreditation granted to the provider institutes.

j. Granting of PEM Points

i. An accredited provider institute may accredit and grant PEM points to its own PEM activities in accordance with the Council's specifications.

ii. The accredited provider institute is not authorized to grant PEM points to other institutes.

iii. The accredited provider institute could grant PEM points to activities co-organized with other non-accredited institutes. However, the accredited provider institute must have active participation in the planning and conducting of the activities.

k. Changes in Accredited Status

i. The accredited institute must notify the Council, in writing within 10 working days, any changes in the organizational structure or facilities of the institute or the key personnel responsible for planning or administration of the PEM activities.

ii. The Accreditation Subcommittee may conduct a site visit, as deemed necessary, to decide on the capability of the institute to continue in providing quality PEM activities.

II. Record and Documentation

The decisions of the Accreditation Subcommittee shall be clearly documented.

The Council is not obligated to release any record or document.

III. Appeal

Any appeal against the decisions of the Accreditation Subcommittee should be made to and considered by the Professional Development Committee of the Council.

The appeal process:-

1. The appeal must be lodged in writing within 10 working days of notification by the Accreditation Subcommittee.
2. The appeal institute will normally be notified of the review result in writing within 20 working days on receipt of the appeal.
3. The decision of the Professional Development Committee will be final.

Midwives Council of Hong Kong
January 2006

Application Form I

MIDWIVES COUNCIL OF HONG KONG
Application for Accreditation of Individual PEM Activities

Instructions: Supply complete information either directly on this form or on a form developed in a similar format.

Part I: Fact Sheet

Name of Organization _____

Address _____

_____

_____

Name of Person in-charge _____

Title or Position _____

Academic and Professional Qualifications _____

Telephone Number _____ Fax. Number _____

E-mail Address _____

Part II: Details of the Activity

Title	Aims and objectives	Outlines of contents

Target participants	Date	Time	Venue

Details of speaker(s) of the activity [*Please also attach the curriculum vitae of the speaker(s)*]:

Name(s)	*Professional Qualifications*	*Position/Title*

Is there any assessment/ examination? ☐ Yes (*please provide details below*) ☐ No

Signature:

Name and post title:

Date:

Company chop:

Application Form II

MIDWIVES COUNCIL OF HONG KONG
Application for Accreditation as a Provider of PEM for the PEM Pilot Scheme

Part I: Fact Sheet

Instructions: Supply complete information either directly on this form or on a form developed in a similar format.

Name of Organization _____

Address _____

_____

_____

Name of Person in-charge _____

Title or Position _____

Academic and Professional Qualifications _____

Telephone Number _____ Fax. Number _____

E-mail Address _____

The provider unit administratively and operationally responsible for co-ordinating all aspects of PEM offered by the provider is:

_____

(i.e. department/ division/ unit within the organisation responsible for providing PEM)

Category of the organization (*Please tick as appropriate*)

☐ Educational institute

☐ Hospital

☐ Healthcare establishment

☐ Professional body/association

☐ Others (*please specify*)

_____

Is your organization an accredited provider of CNE of the Nursing Council of Hong Kong?

☐ Yes ☐ No

Application Form III

MIDWIVES COUNCIL OF HONG KONG
Application for Accreditation as Provider of PEM for the PEM Pilot Scheme

Part II: Documentation Report for Internal Evaluation of PEM Provision:
Data in response to Provider Accreditation Criteria

1. ~ Beliefs & goals of the organisation ~
2. ~ Educational goals of the PEM provider unit (if different to the above) ~
3. ~ Administrative & organisational structure ~ (Organisational chart(s) or other schematic(s) that depict the provider unit's line of authority and organizational communication within the organisation as a whole as well as within the provider unit.)

The person in-charge of the overall day-to-day management and operation of the unit is:

_____	_____	_____
(Name)	*(Qualifications)*	*(Position/Title)*

Midwife/Nurse(s)/other healthcare professionals responsible for the provider unit's PEM programmes/ activities are:

Name(s)	*Professional Qualifications*	*Position/Title*

Other non-healthcare professionals responsible for the provider unit's PEM programmes/ activities are:

Name(s)	*Professional Qualifications*	*Position/Title*

4. ~ PEM provision process ~

The following documents are attached:

- ☐ Record of continuous professional education in the last 12 months. (*Please complete Application Form IV on page 13*)
- ☐ Policies and procedures used by the provider unit to guide the operation of the unit e.g. system for awarding credit, performance assessment policies.

5. ~ Evaluation ~

(Describe all the methods used to evaluate the effectiveness of the provider unit and provide evidence of the implementation of each method. Examples include course planning committee, course handbook, information sheets, guide for designing programs, course evaluation reports, assessment of learners' performance, types of assessment, arrangement of clinical practicum, feedback from teachers & learners, etc.)

6. ~ List of infrastructure / facilities for educational activities ~

The following lists are attached:

- ☐ List of infrastructure / facilities owned by the organization.
- ☐ List of infrastructure / facilities in collaboration with other institute(s).
- ☐ List of infrastructure / facilities rental for PEM activities.

7. ~ List of audio-visual aids for educational activities ~

The following lists are attached:

- ☐ List of audio-visual aids owned by the organization.
- ☐ List of audio-visual aids in collaboration with other institute(s).
- ☐ List of audio-visual aids rental for PEM activities.

Application Form IV

Report Summary Sheet on Continuous Professional Education: Overview

(_____ - _____)
Month / Year Month / Year

Note: (i) For first time applicant, period to cover is last 12 months

Name of Accredited Provider _____ **Accredited Period** _____

Programme Title	Objectives	Period		Time Frame		Venue	Speaker(s) (Name(s) & Professional Qualifications)	No. of participants	Remarks
		From	To	Theory (Hrs)	Clinical (Hrs)				