Accreditation Standards and Procedures
For the accreditation of education programmes leading to registration in the medical imaging and radiation therapy profession in New Zealand
June 2014
Table of Contents

FOREWORD ................................................................. 5

SECTION ONE: INTRODUCTION .................................................. 6

Purpose of Accreditation .................................................................. 6
Principles of Accreditation ................................................................. 6
Accreditation Standards ..................................................................... 7
Supporting Documentation Guidelines ................................................. 7
Accreditation Procedures ................................................................... 7
Accreditation Outcomes .................................................................... 8

SECTION TWO: ACCREDITATION STANDARDS ......................... 10

Standard 1: Programme Outcomes and Context ................................ 10
  1.1 Purpose .................................................................................... 10
  1.2 Programme Outcomes ............................................................... 10
  1.3 Governance .............................................................................. 10
  1.4 Academic Leadership ............................................................... 10
  1.5 Programme Management ......................................................... 10
  1.6 Educational Expertise ............................................................... 11
  1.7 Budget and Resource Allocation ............................................... 11
  1.8 Interaction with Health Sector and Community .......................... 11
  1.9 Staff Resources ........................................................................ 11
  1.10 Staff Appointment, Promotion and Development ....................... 11

Standard 2: Curriculum .................................................................. 12
  2.1 Duration of the Programme ....................................................... 12
  2.2 Content of the Curriculum ....................................................... 12
  2.3 Curriculum Design and Description ........................................... 12
  2.4 Maori Health ............................................................................ 12
Standard 3: Learning Teaching and Assessment .......................................................... 13

3.1 Learning and Teaching Methods .......................................................................... 13

3.2 Assessment Approach .......................................................................................... 13

3.3 Assessment Methods ........................................................................................... 13

3.4 Assessment Feedback .......................................................................................... 14

3.5 Assessment Quality ............................................................................................. 14

Standard 4: Monitoring ............................................................................................... 15

4.1 Monitoring ............................................................................................................ 15

4.2 Outcome Evaluation ............................................................................................. 15

4.3 Feedback and Reporting ...................................................................................... 15

4.4 Continuous Improvement ...................................................................................... 15

Standard 5: Students .................................................................................................. 16

5.1 Admission and Selection ...................................................................................... 16

5.2 Student Support ................................................................................................... 16

5.3 Professionalism and Fitness to Practise ............................................................... 16

5.4 Student Representation ......................................................................................... 16

Standard 6: Learning Environment ............................................................................ 17

6.1 Physical Facilities ................................................................................................ 17

6.2 Information Resources and Library Services ....................................................... 17

6.3 Clinical Learning Environment ............................................................................ 17

6.4 Clinical Supervision ............................................................................................. 17

SECTION THREE: SUPPORTING DOCUMENTATION GUIDELINES ............................. 19

Self-Assessment Report ............................................................................................. 19

Attachments to the Self-Assessment Report ............................................................. 23

Documentation to be Available during the Site Visit .............................................. 24
SECTION FOUR: ACCREDITATION PROCEDURES

Accreditation Assessment – Review of a Previously Accredited Programme

Accreditation Review Process: An Overview

Principles of the Accreditation Review Process

Preparation by the Education Provider

Accreditation Submission

Accreditation Team

Surveys

Accreditation Visit and Report

Annual Reports

Specific Reports

Board Representative on the Programme Advisory Committee

Accreditation Assessment – New Programme

Prior Notification of a Proposed New Programme

4.2.2 Stage One Assessment

Stage Two Assessment

Maximum Period of Accreditation for a New Programme

Accreditation Assessment: Major Changes to an Existing Programme

Definition: Major Changes

Notification of Major Change(s)

Review Process for a Major Change(s)

Accreditation Visit

Accreditation Surveys

Confidentiality of information

Unsatisfactory Progress

Accreditation Fees
Reference: Medical Technologists Board Competency Statements

Appendix 1: Clinical Placements – Undergraduate Programmes

Appendix 2: References
FOREWORD

This document provides guidance to education providers seeking accreditation (or re-accreditation) with the New Zealand Medical Radiation Technologists Board (the Board) for their medical imaging and/or radiation therapy education programmes.

It explains the standards and criteria against which the Board assesses education programmes for the purpose of accreditation and the documentation an education provider is expected to submit in support of its accreditation application/review. Accreditation processes are described according to three distinct categories of accreditation assessment:

1. Programmes that have been previously accredited by the Board
2. A new programme in medical imaging and/or radiation therapy
3. A major structural change in an accredited programme

The Board acknowledges that accreditation of education programmes pertaining to health professions is not unique to the practice of medical radiation technology. All sixteen health regulatory authorities (RA) in New Zealand have adopted models of accreditation in alignment with registration of health practitioners under the Health Practitioners Competence Assurance Act 2003. (Additionally many of these accreditation frameworks have been developed in collaboration with relevant Australian accreditation bodies and subsequently for a number of health profession-related education programmes, joint Trans-Tasman standards and procedures have been adopted).

The enclosed guidelines have drawn on the Board’s previous accreditation framework and the accreditation standards and processes of other health regulatory authorities. It is envisaged that this approach will attain a degree of consistency in the accreditation standards and processes required of New Zealand providers of health professions-related education programmes.
SECTION ONE: INTRODUCTION

Purpose of Accreditation

The Medical Radiation Technologists Board (the Board) has an obligation under Section 12 of the Health Practitioners Competence Assurance Act 2003 to accredit and monitor New Zealand providers of education programmes (the programme) prescribed by the Board for the purpose of registration in the profession of medical radiation technology (encompassing the practices of medical imaging and radiation therapy).

Accreditation is the status granted by the Board to medical imaging and radiation therapy education programmes that meet statements of educational quality expressed as education standards and criteria. Accreditation is about assuring the quality of education and promoting continuous improvement of quality to respond to evolving community needs and professional practice, and ensure the safety of the public.

Accreditation pertains to the procedures used to review and assess education programmes against the required standards and to recognise the programmes as meeting the stated accreditation standards.

The Board’s accreditation framework is focused on assuring graduates of Board-approved education programmes enter the profession with a sound knowledge and skills base to practise medical imaging and/or radiation therapy safely, ethically and effectively. There is an expectation that graduates of the programme will have a solid foundation for lifelong learning, continuing competence, and ongoing development of professional knowledge and skills.

The Board has separately published a series of documents (which are reviewed every three-years) to describe the core competencies required for registration in each of its defined scopes of practice. It is expected that education providers seeking to have their programmes accredited by the Board will use those documents to inform the development, implementation, and ongoing review and monitoring of the programme.

Principles of Accreditation

The various education providers involved in medical imaging and radiation therapy education have diverse teaching and learning approaches and the Board acknowledges that, providing there is a commitment to continuous quality improvement from each of the education providers, such diversity can strengthen the New Zealand education system.

Critical to the Board’s accreditation framework is the concept of fitness for purpose with a focus on the stated aims and objectives and the achievement of those in alignment with the required competencies for medical imaging and radiation therapy practitioners.
Accreditation Standards

The Board has defined six broad categories of accreditation standards:

1. Programme outcomes and context
2. Curriculum
3. Learning teaching and assessment
4. Monitoring
5. Students
6. Learning environment

Each standard encompasses a number of assessment criteria against which the programme is assessed.

Supporting Documentation Guidelines

The Board has listed a set of Supporting Documentation Guidelines to assist the education provider in their self-assessment and preparation of their accreditation submission responses. These have been presented as a separate section in an effort to provide education providers with a ready reference guide when preparing the documentation in support of their accreditation assessment.

Accreditation Procedures

In Section Four of these guidelines the Board describes the procedures it uses to undertake an accreditation assessment.

The Board undertakes accreditation assessments within three distinct circumstances:

1. A programme that has been previously accredited by the Board
2. A new programme in medical imaging and/or radiation therapy.
3. A major structural change in an accredited programme

The Board may also consider undertaking an accreditation review in response to significant concerns about an education programme as raised by stakeholder groups (including students).
Accreditation Outcomes

The Board has adopted the following framework in respect of the possible outcomes for a re-accreditation assessment:

<table>
<thead>
<tr>
<th>Accreditation Outcome</th>
<th>Outcome Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>The programme has achieved or exceeded the minimum standards for accreditation and has no serious deficits or weaknesses. Recommendations or suggestions relating to enhancement of the programme are generally included in the accreditation report. Retention of this accreditation status is for a period of 5-years and remains subject to receiving satisfactory annual reports which include progress on recommendations and suggestions in the accreditation report.</td>
</tr>
<tr>
<td>Accreditation with Conditions</td>
<td>The programme substantially meets the accreditation standards but has serious deficits or weaknesses in one or more areas. It is expected the deficits/weaknesses can be corrected within a specified period of time. The education provider is required to submit evidence-based progress reports at intervals as stated in the accreditation report (as a minimum, progress reports will be required annually).</td>
</tr>
<tr>
<td></td>
<td><strong>(a) Accreditation with Conditions: Maximum Period of Two Years:</strong> The deficits/weaknesses of the programme are considered to be able to be corrected within a period that does not exceed 2-years.</td>
</tr>
<tr>
<td></td>
<td><strong>(b) Accreditation with Conditions: Maximum Period of One Year:</strong> The deficiencies/weaknesses of the programme are considered to be of such a magnitude that, if not corrected, the programme will be on the pathway to refusal of accreditation. Evidence of significant progress must be demonstrated within 1-year in order to maintain accreditation of the programme.</td>
</tr>
<tr>
<td></td>
<td>If the serious deficits/weaknesses as in (a) and (b) above are not addressed within the specified period of time:</td>
</tr>
<tr>
<td></td>
<td><strong>(c) Notice of Intent to Refuse Accreditation:</strong> The programme has failed to submit a required progress report to address the conditions on its accreditation, or the report was considered unsatisfactory. The Board will inform the education provider of the intent to refuse accreditation at the end of the next academic year for the programme.</td>
</tr>
<tr>
<td>Refusal of Accreditation</td>
<td>Accreditation may be refused when the Board considers that the deficits in the programme are so serious as to warrant that action or where the education provider has not satisfied the Board that the complete programme can be implemented and delivered at a level consistent with the Board’s Accreditation Standards.</td>
</tr>
<tr>
<td></td>
<td>Should an education provider be denied accreditation status the Board may require the graduating class of the current programme to sit a Board-approved registration examination assessment as a pre-requisite to applying for New Zealand registration.</td>
</tr>
</tbody>
</table>
The following accreditation outcomes apply in respect of new programmes and programmes undergoing a major change:

<table>
<thead>
<tr>
<th>Accreditation Outcome</th>
<th>Outcome Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accreditation with Conditions</strong></td>
<td>Accreditation of a new programme (or programme undergoing a major change) is granted with conditions for a period of up to 2 years after the full programme has been implemented. This is subject to conditions being addressed within a specified period and submission of satisfactory reports (either annual or as otherwise specified). Conditions may relate to the progressive implementation of the new programme (or major change) and the provision of adequate staffing and facilities to support the developing programme.</td>
</tr>
<tr>
<td><strong>Refusal of Accreditation</strong></td>
<td>Accreditation may be refused if it is considered that a proposed programme has serious deficits. In situations where identified deficits are deemed as needing resolution prior to the programme commencing, accreditation is likely to be refused. The education provider will be advised on the deficits to be addressed prior to a reconsideration for a further accreditation assessment. Should an education provider be denied accreditation status the Board may require the graduating class of the current programme to sit a Board-approved registration examination assessment as a pre-requisite to applying for New Zealand registration.</td>
</tr>
</tbody>
</table>
SECTION TWO: ACCREDITATION STANDARDS

Standard 1: Programme Outcomes and Context

1.1 Purpose

1.1.1 The education provider has defined the purpose of the programme including learning, teaching, research, societal and community responsibilities.

1.1.2 The programme's teaching, service and research activities are related to the health care needs of the communities the education provider serves.

1.2 Programme Outcomes

1.2.1 The programme has defined graduate outcomes consistent with the Board's requirement for entry-level practitioners to demonstrate competence to practise safely and effectively in New Zealand, and who have an appropriate foundation for lifelong learning.

1.2.2 The principles of Mana Maori and the Treaty of Waitangi are upheld throughout the programme

1.3 Governance

1.3.1 Governance structures and functions, including the education provider's relationships both within the School/Faculty and with other relevant schools/faculties within the organisation, are clearly defined and understood by those delivering the programme.

1.3.2 Governance structures set out the education provider's committee structure which informs and supports the programme including the composition, terms of reference, powers and reporting relationships, and allow for relevant representation in decision-making.

1.4 Academic Leadership

1.4.1 The responsibilities of the academic head of the programme are clearly stated.

1.5 Programme Management

1.5.1 There is a designated committee or similar body that has the delegated authority, responsibility and capacity to plan implement and review the curriculum to achieve the objectives of the programme.

1.5.2 The level of qualification offered is assessed against any national standards.
1.6 **Educational Expertise**

1.6.1 The education provider directs resources to gain educational expertise in the development and management of the programme.

1.7 **Budget and Resource Allocation**

1.7.1 The education provider has identified the lines of responsibility and authority for the programme.

1.7.2 There is sufficient autonomy for the education provider to direct resources to achieve the purpose and objectives of the programme.

1.7.3 There are sufficient financial resources and financial management capacity to sustain the programme.

1.8 **Interaction with Health Sector and Community**

1.8.1 The education provider has effective partnerships with the profession and other health-related stakeholders, and communities to promote and inform the education of programme graduates.

1.9 **Staff Resources**

1.9.1 There are adequate staffing numbers to achieve the educational objectives of the programme.

1.9.2 Staff are appropriately qualified and experienced to deliver the curriculum.

1.9.3 The programme has an appropriate profile of administration staff to support the delivery of the programme.

1.10 **Staff Appointment, Promotion and Development**

1.10.1 The education provider has a defined policy for the appointment and promotion of academic staff that includes an appropriate balance of teaching, research, professional practice and service skills.

1.10.2 There are defined processes for the ongoing development and appraisal of academic, administrative, and technical staff.

1.10.3 The education provider has appropriate recruitment, support and training processes for practitioners formally engaged in planned learning and teaching activities.
Standard 2: Curriculum

2.1 Duration of the Programme

2.1.1 The programme is of sufficient duration to ensure the defined graduate outcomes can be achieved.

2.2 Content of the Curriculum

2.2.1 The curriculum contains the foundation clinical, diagnostic, communication, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the medical radiation technology profession and/or to the relevant postgraduate scope of practice level.

2.2.2 There is evidence the curriculum has been developed in alignment with the Medical Radiation Technologists Board’s competencies for the relevant scope(s) of practice.

2.2.3 The curriculum is based on principles of scientific method and evidence-based practice, and fosters the development of analytical and critical thinking.

2.3 Curriculum Design and Description

2.3.1 The curriculum is based on an integrated programme of academic and clinical study of medical imaging and/or radiation therapy that maintains currency of practice.

2.3.2 The education provider demonstrates effective communication of specific learning outcomes or objectives describing what is expected of students at each stage of the programme.

2.4 Maori Health

2.4.1 The programme provides curriculum coverage of Maori Health (studies of the history, culture and health of Maori people).
Standard 3: Learning Teaching and Assessment

3.1 Learning and Teaching Methods

3.1.1 A range of best practice learning and teaching methods are used to meet the outcomes of the programme.

3.1.2 Students are encouraged to evaluate and take responsibility for their own learning and prepare themselves for lifelong learning.

3.1.3 The programme enables students to develop core skills in readiness for using those skills in a clinical setting.

3.1.4 Students have sufficient supervised involvement with patients to develop their clinical skills\(^1\) to the required level and with an increasing level of participation in clinical care as they progress through the programme.

3.1.5 Learning and teaching methods in the clinical environment promote the concepts of patient-centred care and collaborative engagement.

3.1.6 The programme ensures that students work with and learn from and about other health professionals.

3.2 Assessment Approach

3.2.1 The education provider has clearly stated assessment policy that describes its assessment philosophy, principles, practices and rules. Assessment aligns with learning outcomes and is based on objectivity, fairness and transparency.

3.2.2 The programme clearly documents its assessment and progression requirements and ensures this information is accessible to all staff and students.

3.2.3 The assessment framework ensures a balance of formative and summative assessments.

3.3 Assessment Methods

3.3.1 Students are assessed throughout the programme through the use of fit-for-purpose assessment methods and formats that align with the intended learning outcomes

3.3.2 There is a blueprint to guide the assessment of students for each year of the programme.

\(^1\) See Appendix 1 for a detailed outline of clinical placement/position requirements
3.4 Assessment Feedback

3.4.1 There are processes for the timely identification of underperforming students and subsequent remediation.

3.4.2 Students’ learning is guided through the provision of regular feedback following assessments.

3.4.3 The education provider gives feedback to staff and clinical supervisors.

3.5 Assessment Quality

3.5.1 The education provider regularly reviews its programme of assessment including assessment policies and practices such as standard setting, psychometric data, quality of data, and attrition rates.

3.5.2 The education provider ensures the scope of the assessment practices, processes and standards is consistent across its teaching sites.
Standard 4: Monitoring

4.1 Monitoring

4.1.1 The education provider regularly monitors and reviews its programme including the curriculum content, quality of teaching and supervision, and assessment. (There is a schedule for all courses to be externally moderated by appropriate academic and clinical personnel). Concerns about, or risks to, the quality of any aspect of the programme are managed in a timely and effective manner.

4.1.2 Staff and student feedback is systematically sought and analysed and used to inform the monitoring and development of the programme.

4.2 Outcome Evaluation

4.2.1 The education provider analyses the performance of cohorts of students and graduates in relation to the objectives of the programme.

4.2.2 The education provider evaluates the outcomes of the programme.

4.2.3 The education provider examines performance in relation to student characteristics and uses this data to inform the committees responsible for student selection, curriculum, and student support.

4.3 Feedback and Reporting

4.3.1 Programme evaluation results are reported within the education provider’s governance structures and to academic staff and students.

4.3.2 Evaluation results are available to stakeholders with an interest in graduate outcomes.

4.4 Continuous Improvement

4.4.1 The education provider has addressed the recommendations made in the report of the previous accreditation visit (if applicable) and in any other reports since that time.
Standard 5: Students

5.1 Admission and Selection

5.1.1 The education provider has defined the size of the student intake in relation to its capacity to adequately resource the programme at all stages.

5.1.2 There are clear selection and admission policies and processes that are practically sustainable, consistently applied, and are free of discrimination and bias (other than explicit affirmative action in favour of nominated groups, including Maori as tangata whenua).

5.1.3 Information on the selection processes, including the mechanism for appeals is publicly available.

5.2 Student Support

5.2.1 The education provider offers a range of student support services including counselling, health, financial, and academic advisory services in response to the social and personal needs of students.

5.2.2 The education provider has mechanisms for identifying and supporting students who require health and academic advisory services including students with disabilities, students with mental health needs, and students at risk of not completing the programme.

5.3 Professionalism and Fitness to Practise

5.3.1 The education provider has policies and procedures for identifying and supporting students whose professional behaviour and/or health status (including physical and mental) raises concerns in respect of their fitness to practise medical imaging/radiation therapy or ability to interact with patients.

5.4 Student Representation

5.4.1 There are formal processes and structures to facilitate and support student representation in the governance of the programme.
Standard 6: Learning Environment

6.1 Physical Facilities

6.1.1 Students and staff have access to safe and well-maintained physical facilities in all teaching and learning sites.

6.2 Information Resources and Library Services

6.2.1 The education provider has sufficient information communication technology infrastructure and support systems (both on-campus and distance learning) to achieve the objectives of the programme.

6.2.2 Students have ready access to the information communication technology applications required to facilitate their learning in the clinical environment.

6.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.

6.3 Clinical Learning Environment

6.3.1 The education provider ensures the clinical learning environment offers students sufficient patient contact and is appropriate to achieve the outcomes of the programme and to prepare students for clinical practice.

6.3.2 The education provider has access to sufficient clinical teaching facilities to provide clinical experiences for each programme provided.

6.3.3 The education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent practice.

6.4 Clinical Supervision

6.4.1 There is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.

6.4.2 Every student is supervised (that is, on-site supervision) in their clinical placements by a registered medical radiation technology practitioner/relevant registered health practitioner who holds a current practising certificate in the relevant scope of practice.

6.4.3 The education provider ensures that objectives and methods of assessment in clinical competence are defined and known to students, supervisors, and staff.

6.4.4 The education provider has defined the responsibilities of medical health practitioners who support students during their clinical placements, and the responsibilities of the education provider to these practitioners.
6.4.5 The education provider works with healthcare facilities to ensure clinical placements for students are viable and sustainable in terms of their appropriateness and quality and available resources.
### SECTION THREE: SUPPORTING DOCUMENTATION GUIDELINES

#### Self-Assessment Report

<table>
<thead>
<tr>
<th>Information Required</th>
<th>Accreditation Standard Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>An overview of the programme including the date the programme was (will be) established and a description of the educational philosophy and objectives of the School/Faculty. Description of the purpose of the programme and the graduate outcomes.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>The committee structures within the School/Faculty for management of the programme, including names of staff with administrative responsibilities.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Decision-making process within the School/Faculty in relation to academic and resource issues.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Availability of resources to the programme to enable the provider to fulfill its educational objectives.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Have there been any significant changes to the budget over the past five years?</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>If aspects of the programme are provided outside the School/Faculty indicate how any financial arrangements are negotiated.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>What provisions are made for the purchase and replacement of teaching resources and equipment?</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>What proportion of the budget is available for educational and research activities?</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>The School/Faculty plan for recruitment of academic staff including procedures for appointment and promotion.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>List any current academic vacancies, how long they have been vacant and the plans for filling these positions.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Have there been any difficulties in recruiting suitably qualified academic staff?</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>What are the responsibilities of staff and how is their performance reviewed?</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Information Required</td>
<td>Accreditation Standard Reference</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
| Policies and strategies for upholding the principles of the Treaty of Waitangi throughout the programme, including the impact for curriculum design and content, student recruitment and selection, and student support. | Programme Outcomes and Context: 2.1  
Programme Curriculum: 2.2 |
<p>| Interactions with the profession, other education provider departments, and other education providers providing similar programmes, including any particular strengths and/or difficulties in these relationships. | Programme Outcomes and Context: 2.1 |
| How does the education provider promote medical imaging and/or radiation therapy in the community? | Programme Outcomes and Context: 2.1 |
| Management and review process of the programme’s curriculum and implementation of changes. | Programme Curriculum: 2.2 |
| Process for considering changes to programmes of study, including details of any changes to the programme curriculum and/or any significant changes planned within the 12-24 months. | Programme Curriculum: 2.2 |
| For programmes undergoing a major structural change indicate areas of overlap between the current and new programmes. | Programme Curriculum: 2.2 |
| Description of courses/topics included in the curriculum (including any elective courses offered) indicating how they are integrated both horizontally and vertically throughout the programme. Include how students are informed of the criteria for progression through the programme. | Programme Curriculum: 2.2 |
| Timetables for each of the years/stages of the programme clearly indicating the time commitments for students in each of the years/stages. | Programme Curriculum: 2.2 |
| How does the curriculum encourage students to apply theoretical knowledge to practice, and gain clinical experience in the profession? | Programme Curriculum: 2.2 |
| Describe the competencies students are expected to possess on graduation. | Learning Teaching and Assessment: 2.3 |
| What is the education provider’s philosophy on assessment of students? | Learning Teaching and Assessment: 2.3 |
| Describe the methods of assessment in each of the courses, including how students are encouraged to self-assess, and the relationship between those and the course objectives and teaching approaches. | Learning Teaching and Assessment: 2.3 |
| Are there any special arrangements for repeating students? | Learning Teaching and Assessment: 2.3 |
| What mechanisms are available to students to appeal assessments? | Learning Teaching and Assessment: 2.3 |
| If special “barrier examinations” are used whereby students are prevented from progressing unless a satisfactory performance is achieved, define in what areas and how | Learning Teaching and Assessment: 2.3 |</p>
<table>
<thead>
<tr>
<th>Information Required</th>
<th>Accreditation Standard Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the responsibilities of the practitioners who contribute to the clinical component of the programme and the responsibilities of the education provider to these practitioners</td>
<td></td>
</tr>
<tr>
<td>What supervision arrangements are made for students while in the clinical environment, including support and assistance provided to supervisors</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>Detail how the clinical standards are maintained across all clinical sites</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>Describe the procedures for assessing students' clinical competence</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>What arrangements are made to ensure students are exposed to a full range of examinations?</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>Perceived strengths and weaknesses of the programme and opportunities and threats (SWOT analysis)</td>
<td>Monitoring: 2.4</td>
</tr>
<tr>
<td>What evaluation processes are used to assess the quality of the programme including outcome results?</td>
<td>Monitoring: 2.4</td>
</tr>
<tr>
<td>Are there any plans for changes to the moderation and evaluation processes for the programme?</td>
<td>Monitoring: 2.4</td>
</tr>
<tr>
<td>What mechanisms are available to students to comment on the programme and teaching staff?</td>
<td>Monitoring: 2.4</td>
</tr>
<tr>
<td>How has each requirement/recommendation contained within the previous accreditation report (if applicable) been addressed?</td>
<td>Monitoring: 2.4</td>
</tr>
<tr>
<td>Are there any plans for changes to assessment and examination policies and practices within the next 12-24 months and if so, what are the reasons for those?</td>
<td>Monitoring: 2.4</td>
</tr>
<tr>
<td>Admissions criteria including information on pre-requisites, year entry, quotas, categories and numbers of applicants, and how the admissions process is administered (including any appeals process).</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>How is the admissions process evaluated?</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Have there been any changes to the admissions process since the last accreditation review and what were the reasons for those?</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>How are students encouraged to join and participate in student and professional organisations?</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Availability of student support and remedial services (including academic, language, health, social, and financial), including comment on accessibility and confidentiality.</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Provide details of any mentorship or role modeling schemes in operation.</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Information Required</td>
<td>Accreditation Standard Reference</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>How does the education provider deal with impaired students (e.g. drug and/or alcohol misuse, mental health issues)?</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Outline how students are protected from discrimination</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>What mechanisms are in place to manage student grievances?</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Outline the nature of student representation on programme committees.</td>
<td>Students: 2.5 Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Facilities available on campus for teaching and learning - e.g. lecture theatres, tutorial rooms, laboratories, clinical facilities, library and computer facilities and resources.</td>
<td>Learning Environment: 2.6</td>
</tr>
<tr>
<td>An overview of the external clinical facilities used in the programme.</td>
<td>Learning Environment: 2.6</td>
</tr>
<tr>
<td>Are there any areas where physical facilities need to be improved to enhance the programme?</td>
<td>Learning Environment: 2.6</td>
</tr>
</tbody>
</table>
# Attachments to the Self-Assessment Report

<table>
<thead>
<tr>
<th>Attached Documents</th>
<th>Accreditation Standard Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>A copy of the School/Faculty strategic/business plan.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>A list of all full-time and part-time academic staff and contracted teaching staff, including their main teaching responsibilities.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>A copy of the education provider’s charter and the School/Faculty mission statements in respect of the programme being assessed.</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>List the healthcare facilities where students undertake clinical placements, including staff in those departments responsible for student supervision.</td>
<td>Programme Curriculum: 2.2</td>
</tr>
<tr>
<td>Progression rates, withdrawals, deferrals and failures for all cohorts over the last five years.</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>Copies of moderation policies, procedures and reports for both academic and clinical courses.</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>Numbers of students in each year and graduating year for the last five years including gender, numbers failing or repeating, and local and international students.</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>Copies of any formal relationships/agreements between the education provider and the clinical sites engaged in practical teaching and supervision of students.</td>
<td>Learning Environment: 2.6</td>
</tr>
</tbody>
</table>
## Documentation to be Available during the Site Visit

<table>
<thead>
<tr>
<th>Documents</th>
<th>Accreditation Standard Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copies of CV's of academic staff</td>
<td>Programme Outcomes and Context: 2.1</td>
</tr>
<tr>
<td>Information on staff development processes.</td>
<td>Programme Curriculum: 2.2</td>
</tr>
<tr>
<td>Copies of the programme guide or handbook that is provided to students.</td>
<td>Programme Curriculum: 2.2</td>
</tr>
<tr>
<td>Information on staff development processes.</td>
<td>Programme Curriculum: 2.2</td>
</tr>
<tr>
<td>• Orientation processes for clinical placements.</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>• Copy of assessment policy provided to staff and students.</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>• Examples of a range of previous exams/assessments for each course within the programme.</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>• Samples of student work across a range of the courses (within the current cohort).</td>
<td>Learning Teaching and Assessment: 2.3</td>
</tr>
<tr>
<td>• Copy of information provided for prospective students.</td>
<td>Students: 2.5</td>
</tr>
<tr>
<td>• Outcomes of admissions evaluations (if available).</td>
<td>Students: 2.5</td>
</tr>
</tbody>
</table>
Accreditation Assessment – Review of a Previously Accredited Programme

The Board will notify education providers in advance about forthcoming accreditation reviews and key dates and to negotiate mutually acceptable timing and arrangements.
Accreditation Review Process: An Overview

- Board contacts education provider to advise of pending accreditation review and closing date
- Board liaises with education provider on dates and funding for accreditation visit and selects Accreditation Team
- Board consults the education provider and selects Accreditation Team, finalises accreditation protocol and funding arrangements
- Board undertakes a survey of employers of graduates and clinical sites involved in providing clinical practice experiencers for students. Report on the survey outcomes are prepared for the Accreditation Team
- Accreditation documentation submitted by the education provider in both hard copy and electronic format at an agreed time before the accreditation site visit (usually 6-12 weeks prior to the Accreditation Team visit)
- Accreditation Team provided with all accreditation documentation and has a teleconference prior to the visit to discuss the accreditation documentation received and confirm the programme for the visit. Education provider is contacted for any additional information required
- Accreditation visit commences. Interviews are conducted with relevant groups and individuals and views the various facilities as per the agreed accreditation visit programme.
- Accreditation Team compiles a draft report within 2-4 weeks of the accreditation visit
- Draft report sent to the education provider for correction of any errors of fact (usually within 4-6 weeks of receipt of the draft report)
- Accreditation Team finalises its report and submits to the Board's Education Committee
- Education Committee considers report and makes a recommendation to the Board on the accreditation status of the programme. The Board considers the recommendations and resolves the details of the accreditation decision
- The Board notifies the education provider and monitors the accredited programme. The education provider submits annual reports and details of changes made (and any other reports at intervals as required by any condition of accreditation)
Principles of the Accreditation Review Process

The accreditation review process is intended to be conducted through a positive, constructive and collegial approach, the critical driver being the best interests of the community's health needs and the protection of the public. The accreditation review is founded on a self-assessment process by the education provider to enable strengths and weaknesses of the programme to be identified.

The Board undertakes regular reviews of its accreditation processes including feedback from education providers, clinical facilities personnel, and accreditation teams.

Preparation by the Education Provider

The accreditation review is not limited to the Accreditation Team’s visit and meetings. The process starts with the education provider undertaking a process of self-assessment and analysis and the development of a documented accreditation submission.

Accreditation Submission

The education provider is expected to begin preparing its accreditation submission well in advance of the accreditation visit. A copy of the Board’s Accreditation Standards and Procedures are provided to the education provider prior to the review to assist with the development of the accreditation submission.

Typically, the completed accreditation submission will be required 6-12 weeks prior to the actual review visit.

The accreditation submission forms the basis for the review. It describes the education provider’s programme, policies and processes and contains the provider’s self-assessment of its strengths as well as actions to address any identified weaknesses and future challenges.

Accreditation Team

The Board appoints an Accreditation Team as recommended by the Education Committee. Team membership will provide for a blend of assessors from various practices within the profession and be balanced in terms of accreditation experience. Team members may be recruited from overseas if necessary to achieve independence of expertise.

An Accreditation Team typically comprises three assessors who have the following attributes:

- Experience in academic management and best practice teaching and learning methods
Expertise in the delivery of academic programmes relevant to the profession

Senior experience and expertise within a scope of practice appropriate to the programme being assessed

The Board Registrar is also a member of each Accreditation Team.

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**Surveys**

In addition to the education provider’s self-assessment and information gathered during the site visit, the accreditation review is also informed through a survey of employers of graduates of the programme. The Board conducts two surveys of 1) relevant employers of graduates and 2) clinical sites involved in providing clinical practice experiences for students. A summary report of the findings of those surveys is included in the pre-visit documentation provided to the Accreditation Team.

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**Accreditation Visit and Report**

The Accreditation Team's preliminary assessments of the appropriateness and effectiveness of the education provider's programme and processes are based on the provider's accreditation submission. The accreditation submission also informs the framework of the Accreditation Team's report.

The report follows the structure of the Board's Accreditation Standards and includes the Accreditation Team's comments and observations of the education provider's submission and arising from the accreditation visit. The report includes a summary of the Team's views and assessment and makes suggestions and recommendations arising from their assessment of all aspects of the programme.

The education provider is invited to comment on the factual accuracy of the Team's draft report prior to it being finalised for presentation to the Board's Education Committee. The Committee reviews the report and then forwards that along with its accreditation recommendation to the Board for the accreditation decision to be made.

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**Annual Reports**

A critical component of the accreditation process is the Board's ongoing monitoring for each of its accredited programmes.

An annual report, including details of any significant changes (planned or unplanned), is required from each education provider for each accredited programme. The education provider is responsible for ensuring the Board is informed, through the annual report, of any planned significant changes of programmes prior to them being implemented. The Board may seek external academic
and/or clinical advice as required. Suggestions and recommendations as contained in the accreditation report are to be addressed and documented in the annual report.

The annual report is considered by the Education Committee who then makes any recommendations to the Board in respect of the report (including any concerns about the continuing accreditation status for the education provider).

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**Specific Reports**

Specific reports (that are in addition to the annual report) may be required from education providers where programmes are granted a shorter period of accreditation or where there are conditions on accreditation. Additional reports may also be requested when information available to the Board indicates there may be matters of concern in respect of the continued accreditation status of a programme.

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**Board Representative on the Programme Advisory Committee**

Board representation on the education provider's programme advisory committee (or similar) is a further key component of the accreditation review process. The nominated Board representative is expected to attend all meetings of the programme advisory committee and report to the Board on matters pertaining to the delivery and development of the programme, and as raised in those meetings.
Accreditation Assessment – New Programme

Prior Notification of a Proposed New Programme

Existing accredited providers or new providers of a medical imaging and/or radiation therapy education programme, must advise the Board well in advance of their intention to introduce a new programme. Notice of a new programme is typically given 18-24 months prior to the intended commencement of the programme. (The Board acknowledges that in some circumstances these timeframes may not be possible).

Education providers making public announcements in respect of the proposed new programme (such as promotional material or course information) are to consult with the Board regarding any reference to the Board and the accreditation process.

New programmes are assessed against the same standards as established programmes. Proposals from education providers seeking accreditation of a new programme are managed through a two-stage process:

4.2.2 Stage One Assessment

A Stage One assessment is undertaken to determine if the education provider's plans are sufficiently well-developed to proceed with the accreditation process and to establish whether the planned curriculum is likely to comply with the Board's Accreditation Standards. Consequently a Stage One submission is a preliminary version of the Stage Two submission.

The education provider submits an initial plan of its proposal for the new programme including written assurances from any relevant authorities, approximately 18-24 months prior to the planned introduction of the programme. Where details have not yet been developed, there should be an indication of how further development is to be undertaken.

The Board's Education Committee then undertakes a Stage One assessment that considers an overview of the programme plans and its curriculum and the resources available to support the proposed programme.

The Education Committee may make one of two recommendations:

1. That the planned curriculum is likely to comply with the Board's Accreditation Standards and that the education provider has demonstrated that the new programme can and will be implemented. The Education Committee recommends to the Board that the education provider is invited to submit a more detailed accreditation submission.

2 Progression to Stage Two of the assessment process, that is, assessment of the curriculum plans will not proceed without written assurances that the programme can and will be implemented.
2. That further development is required before the Board can consider the programme in detail.

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**Stage Two Assessment**

In its Stage Two submission the education provider presents further details of the programme and the financial, physical and staff resources available to design and implement all years of the programme, and to support the programme when fully established.

The education provider is to submit Stage Two documentation according to a schedule as agreed with the Board's Education Committee.

A Stage Two assessment requires an accreditation review which follows the same process as for a previously-accredited programme (inclusive of an on-site accreditation visit).

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**Maximum Period of Accreditation for a New Programme**

Accreditation of a new programme can only be granted with conditions for a maximum period of up to two years after the full programme has been implemented. This is subject to conditions being addressed within the specified period and submission of satisfactory reports (either annual or as otherwise stated).

During the initial period of accreditation the Board may undertake a specific evaluation of a programme’s processes for assessing the clinical competence of graduates.
**Accreditation Assessment: Major Changes to an Existing Programme**

Major changes to an education programme that is accredited by the Board may affect that programme’s accreditation status and will be subject to an accreditation review.

**Definition: Major Changes**

The Board considers any of the following as a major change that may affect the accreditation status of an accredited medical imaging and/or radiation therapy education programme:

<table>
<thead>
<tr>
<th>Major Changes</th>
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</thead>
<tbody>
<tr>
<td>A change in the length (months/years) of the programme</td>
</tr>
<tr>
<td>A change in the format (delivery style) of the programme</td>
</tr>
<tr>
<td>An amendment to an existing course to provide for off-campus education</td>
</tr>
<tr>
<td>A significant change in educational philosophy or educational emphasis of the programme</td>
</tr>
<tr>
<td>A substantial change in learning objectives in one or more subjects in a year or in subjects across years of the programme</td>
</tr>
<tr>
<td>A significant change in assessment philosophy and/or methods</td>
</tr>
<tr>
<td>The introduction of a new area of study</td>
</tr>
<tr>
<td>A significant change in the patient group/scope of practice</td>
</tr>
<tr>
<td>Discontinuation of a course or part-of a course</td>
</tr>
<tr>
<td>A change in the number of units/time required to complete components of the programme</td>
</tr>
<tr>
<td>Changes to admission and enrolment processes, including arrangements for ongoing monitoring of processes</td>
</tr>
<tr>
<td>A substantial change in student numbers relative to resources</td>
</tr>
<tr>
<td>A change in the nature of funding</td>
</tr>
<tr>
<td>Significant changes forced by a major changes in resources leading to an inability to achieve the objectives of the existing programme</td>
</tr>
</tbody>
</table>

The gradual evolution of a programme in response to local initiatives and ongoing review is not considered to constitute a major change.
Notification of Major Change(s)

Inclusion of programme changes in the annual report is one forum the education provider can use to inform the Board of planned changes to the programme. However if the change is major the education provider must advise the Board as soon as possible through a notification to the Board’s Registrar. This allows for initiation of an accreditation review process well in advance of the proposed changes.
Review Process for a Major Change(s)

Notice of intent/annual report received from the education provider

Assessment by an Accreditation Team to determine:
(Note: At the Board's discretion, an Accreditation Team for review of a major programme change may not be the usual full accreditation team)

- If the change is major but can be approved for introduction within the current accreditation of the programme and does not require a full accreditation review. In this instance the provider is required to submit a broad outline of the new programme, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the programme, and evidence of engagement of stakeholders
- If the change is of comprehensive impact that an accreditation review of the whole programme is required
- If the change is not major and can be considered within the current status and period of accreditation

The Board's Education Committee considers the Accreditation Team's recommendations

Accreditation visit as required

Education Committee considers recommendations of the Accreditation Team following visit and forwards to the Board. Committee may consider revising any recommendations and/or conditions associated with the existing accreditation of the programme. In respect of the latter the education provider will be consulted and advised.

Accreditation decision by the Board
Accreditation Visit

The Accreditation Team’s accreditation visit is typically comprised of a series of meetings with selected individual staff and groups and committees that contribute to the delivery of the programme, consumers of the programme (current students and recent graduates), other stakeholders such as professional bodies, and clinical practice providers. The accreditation visit usually spans across two-three days.

The Accreditation Team focuses on two objectives: firstly to validate standards and secondly to review the academic curriculum through a process that recognises expertise on both sides and seeks to improve performance through discussion and constructive feedback.

The Accreditation Team must maintain a proper professional perspective throughout the process so as to deliver objective, unbiased and fair outcomes. Consequently team members limit their interaction with education provider staff and stakeholders during the period of the accreditation visit to occasions and purposes that are directly related to the visit. The team also allows adequate time throughout the duration of the visit for team discussion, review, writing and planning.

The Registrar liaises with the education provider on behalf of the Accreditation Team to advise of groups and individuals the team wishes to meet and the range of teachings sites/facilities it wishes to observe. The education provider then develops an accreditation visit plan which is agreed by the Accreditation Team prior to the visit.

Accreditation Surveys

In addition to information gained directly from the education programme the Accreditation also seeks feedback from relevant stakeholders through the use of survey questionnaires. Specifically survey questionnaires are sent to employers of graduate cohorts and staff who have specific roles in supporting students during their clinical practice.

Surveys of these stakeholder groups are conducted prior to the accreditation visit and are used to inform the Accreditation Team of any particular issues to be addressed with the education provider during the site visit.

Confidentiality of information

To meet the high standards of its accreditation framework, the Board requires a considerable amount of information from education providers, both in accreditation applications and in subsequent written submissions, as well as during site visits. This may include information of a sensitive nature such as staff plans, budgets, transparent appraisal of strengths and weaknesses, and commercial-in-confidence material.
The Board requires Accreditation Team, Education Committee and Board members and secretariat staff to maintain confidentiality in respect of all material received from the education provider for the accreditation of their programme. Such information will only be used for the purpose for which it was obtained in conjunction with the Board’s accreditation process. A final decision on accreditation is only made when the Education Committee and the Board have considered the report from the Accreditation Team. Consequently the recommendation on accreditation is confidential until the Board has confirmed the status and period of accreditation and any conditions that may apply to that accreditation.

**Unsatisfactory Progress**

The accreditation process encourages further improvements and developments in the education programme being assessed. In addition to identifying the relevant achievements and strengths of the education provider and the programme, it is expected that the education provider and the Accreditation Team will identify areas for improvement. The education provider reports on its actions in response to the recommendations and accreditation conditions (as applicable) as contained in the accreditation report through the annual reports it submits to the Board (through the Education Committee).

There may be circumstances where the Education Committee considers, on the basis of annual reports or specific reports submitted by the education provider, or through other available material/information, that there may be cause to consider:

- The imposition of new or amended conditions on an existing accreditation; or
- A reduction in the current period of accreditation; or
- The revocation of accreditation

The Education Committee is to inform the Board of its concerns including the grounds on which they are based. The education provider is to be given an opportunity to respond to the statement of concerns.

If required, the Board may establish a small committee to investigate the concerns and prepare a report. Membership of that team is determined by the Board in consultation with the Education Committee.

The investigating team may make one of the following recommendations to the Education Committee:

1. The conditions on the accreditation are being met or are likely to be met in the near future. In this circumstance the Board may affirm the accreditation of the programme for a specified period subject to satisfactory periodic reports.

2. The conditions on the accreditation are not being met and are unlikely to be met in the near future. In this circumstance, in accordance with the options for accreditation outcomes the Board may:

   a. Place further conditions on the accreditation. This may include specific actions to be taken or issues to be addressed by the education provider and/or further restrict the
period of accreditation. The Board may require graduating students to undertake a Board-approved registration examination as a pre-requisite to applying for New Zealand registration. The education provider may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for an accreditation review; or

b. Withdraw accreditation from the programme if it considers the education provider is unable to deliver the programme at a standard or in a manner compatible with the Board’s Accreditation Standards. In this circumstance the Board works with the education provider to facilitate arrangements for the enrolled students to complete an alternative accredited programme. The Board may require graduating students to undertake a Board-approved registration examination as a pre-requisite to applying for New Zealand registration.

**Accreditation Fees**

Education providers of accredited programmes are required to pay a fee to the Board. The accreditation fee is based on a cost-reimbursement framework, that is, the Board invoices the provider for all costs incurred to undertake an accreditation review.

Further information on accreditation fees is available through the Board’s Registrar.
Reference: Medical Technologists Board Competency Statements

The Board has published a series of statements of the professional attributes and competencies for the range of personal qualities, cognitive abilities and applied skills expected of new graduates:

- **Competencies Required for the Practice of:** Medical Imaging
- **Competencies Required for the Practice of:** Radiation Therapy
- **Competencies Required for the Practice of:** Nuclear Medicine
- **Competencies Required for the Practice of:** Magnetic Resonance Imaging
- **Competencies Required for the Practice of:** Sonography

These documents are available to education providers as reference materials to inform the development of curricula that aligns with the entry-level competencies required for the profession.
Appendix 1: Clinical Placements – Undergraduate Programmes

Real-life clinical experiences are critical to students gaining the necessary clinical and professional competencies to prepare them for entry into the medical radiation technology profession. The following list of recommended characteristics of clinical placement arrangements is intended to assist education providers in providing quality experiences for students in clinical placement arrangements:

<table>
<thead>
<tr>
<th>Clearly defined learning outcomes/teaching objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal relationships/agreements between the education provider and the healthcare providers engaged in the provision of teaching and supervision of students in the clinical settings</td>
</tr>
<tr>
<td>Appropriate educational, clinical and social facilities as well as suitable travel and accommodation (if required) arrangements to support this component of the student’s experience</td>
</tr>
<tr>
<td>Site specific student orientation processes</td>
</tr>
<tr>
<td>Clear supervision arrangements with defined responsibilities for the practitioners who contribute to the delivery of the clinical programme and the responsibilities of the education provider to these practitioners</td>
</tr>
<tr>
<td>The education provider facilitates the training of clinical supervisors and evaluates their effectiveness</td>
</tr>
<tr>
<td>An appropriate case mix complementing the programme curriculum</td>
</tr>
<tr>
<td>Clear student assessment procedures and processes to support supervisors in their assessment role and to assist them in their professional development in that role</td>
</tr>
<tr>
<td>Well developed quality assurance procedures</td>
</tr>
<tr>
<td>A robust financial plan based on sound costings</td>
</tr>
</tbody>
</table>
Appendix 2: References

The development of these accreditation standards and procedures has been informed by similar standards adopted by other health regulation authorities, both within New Zealand and overseas including:

*Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements.* Australian Medical Council.

*Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council.* Australian Medical Council (2011).

*Accreditation Standards: Education Programmes for Dentists.* Australian Dental Council and Dental Council of New Zealand (June 2010).

*Accreditation Guidelines and Explanatory Notes.* Australian Dental Council and Dental Council of New Zealand (May 2012).

*Education Programme Standards for the Registered Nurse Scope of Practice.* Nursing Council of New Zealand (July 2010).

*Education Programme Standards for the Enrolled Nurse Scope of Practice.* Nursing Council of New Zealand (April 2010).

*Standards and Procedures for the Accreditation of Qualifications Leading to Registration as a Psychologist in New Zealand.* New Zealand Psychologists Board (February 2012).