Acknowledgements

The Standard Operating Procedures Manual for Accreditation of Nursing and Midwifery Education Programs is an effort of the Myanmar Nurse and Midwife Council (MNMC), in collaboration with Department of Human Resources for Health (DHRH), Ministry of Health and Sports, with the technical support of Jhpiego and the funding support of Three Millennium Development Goals Fund (3MDG Fund). This document will provide the guideline on proceeding the accreditation process of quality Nursing and Midwifery Education Programs in Myanmar.

We gratefully acknowledge the Central Executive Members of MNMC for their leadership and contribution in development of this manual. We also would like to express our gratitude to the Accreditation Commission of Midwifery Education (ACME), from American College of Nurse-Midwives, which has granted permission to refer the Policies and Procedures Manual and the members of the Jhpiego for their facilitation and contribution of their expertise in this manual development.

MNMC also would like to express sincere thanks to the 3 MDG Fund for their funding support in development of this document and also for their generous contribution in publishing of it to make it available for nursing and midwifery educational programs in Myanmar.
Contents

TERMINOLOGY AND DEFINITION........................................................................................................ vii

1. BACKGROUND ................................................................................................................................. 1
2. THE MYANMAR NURSE AND MIDWIFE COUNCIL (MNMC) AND THE ACCREDITATION COMMITTEE OF MYANMAR NURSE AND MIDWIFE COUNCIL (AC-MNMC) .......................................................................................... 3
   Myanmar Nurse and Midwife Council .............................................................................................. 3
   Accreditation Committee of Myanmar Nurse and Midwife Council .............................................. 3
   2.1. AC-MNMC Goals ......................................................................................................................... 4
   2.2. AC-MNMC Mission ....................................................................................................................... 5
   2.3. AC-MNMC Values Statements .................................................................................................... 5
   2.4. Recognition as an Accrediting Agency ....................................................................................... 5
   2.5. Relationship to the Myanmar Nurse and Midwife Council (MNMC): ....................................... 6
   2.6. Organization ............................................................................................................................... 7
      2.6.1. General Composition .......................................................................................................... 7
      2.6.2. AC-MNMC Membership .................................................................................................... 7
   2.7. Responsibilities ........................................................................................................................... 8
3. ACCREDITATION OVERVIEW ......................................................................................................... 9
   3.1. Accreditation Descriptions ........................................................................................................ 9
      3.1.1. Pre accreditation Status ...................................................................................................... 9
      3.1.2. Accreditation Status ......................................................................................................... 10
   3.2. Procedural Steps ........................................................................................................................ 10
      3.2.1. Pre-accreditation ................................................................................................................. 10
      3.2.2. Initial Accreditation .......................................................................................................... 11
      3.2.3 Continuing Accreditation .................................................................................................. 11
   3.3. Academic Eligibility for Accreditation Processes ..................................................................... 12
      3.3.1. Programmatic Eligibility ................................................................................................. 12
      3.3.2. Denial or Non-renewal of accreditation by MNMC......................................................... 12
      3.3.3. Eligibility of Off Campus Format for Programs ................................................................. 13
   3.4. Expenses Related to Accreditation .......................................................................................... 13
      3.4.1. Accreditation Fees .......................................................................................................... 13
      3.4.2. Additional Fees (Off-cycle Review fees, Substantive Change Review fees, Late Payment Fees)... 14
   3.5. Confidentiality, Records and Conflict of Interest .................................................................... 14
   3.6. Publication of Accreditation Status ......................................................................................... 14
   3.7. Information to the Public .......................................................................................................... 15
3.8. Opportunities for Public Comments .................................................................16

4. THE ACCREDITATION COMMITTEE OF MYANMAR NURSE AND MIDWIFE COUNCIL .................................................................17

4.1. Composition ........................................................................................................18
  4.1.1. Chairperson ................................................................................................18
  4.1.2. Secretary AC-MNMC ...............................................................................19
  4.1.3. Members ......................................................................................................20

4.2. Specific Conflict of Interest Policy for the AC-MNMC ...................................21
  4.2.1. Conflict with Other Activities .....................................................................21
  4.2.2. Conflict of Interest Statement .....................................................................21
  4.2.3. Recusal .........................................................................................................21

4.3. AC-MNMC Administrative Unit/Office ..........................................................22
  4.3.1. Specific Conflict of Interest Policies for AC-MNMC Staff .........................22

4.4. Financial Operations ..........................................................................................22
  4.4.1. Budget .........................................................................................................22

5. REVIEWER TEAM ...............................................................................................23

5.1. Purpose of Reviewer Team ...............................................................................23

5.2. General Composition ......................................................................................23

5.3. Specific Composition .......................................................................................23

5.4. Meetings ...........................................................................................................25

5.5. Actions that may be taken ...............................................................................27

5.6. Mandatory Progress Report ..........................................................................34

5.7. Notification and Publication of Actions ..........................................................34

5.8. Delay in Schedule of Site Visit .......................................................................34

6. SITE VISITOR TEAM (SVT) .............................................................................36

6.1. Site Visit Purpose ..............................................................................................36

6.2. Purpose of the Site Visitor Team (SVT) ............................................................36

6.3. Composition of the Site Visitor Team (SVT) ......................................................36

6.4. Specific Conflict of Interest Policy for Site Visitors ........................................37

6.5. Site Visits ..........................................................................................................38
  6.5.1. Purpose of the Visit and the Site Visitors Report (SVR) ..............................38
  6.5.2. Scheduling Process ....................................................................................38
  6.5.3. Appointment of Site Visitors ......................................................................39
  6.5.4. Site Visit Arrangements .............................................................................39
  6.5.5. Site Visit Agenda ........................................................................................39
  6.5.6. Site Visitor Preparation ..............................................................................40
6.5.7. Use of Reports

6.5.8. Exhibits

6.5.9. Site Visit Conduct

6.5.10. Functions of Site Visitors

6.5.11. Site Visitor Responsibilities during site visit

6.6. Additional Information

6.6.1. Submission of Additional Information

6.6.2. Options for Submitting Additional Information

6.7. Additional Responsibilities of the Senior Site Visitor (AC-MNMC member)

6.7.1. Spokesperson

6.7.2. Site Visit Organizer

6.7.3. Orientation of New Site Visitors

6.7.4. Arrange Orientation

6.7.5. Site Visit Scheduling

6.7.6. Site Visit Conduct

7. APPLICATION FOR ACCREDITATION PROCESSES

7.1. Pre-accreditation

7.2. Initial/Continuing Accreditation

8. MONITORING ON CHANGES IN ACTIONS OF THE PROGRAM RELATED TO ACCREDITATION STATUS

8.1. Programmatic Changes

8.2. Accuracy of Public Information

8.3. Processes for Reporting Substantive Change(s) in the Nature of the Program

8.4. Teach-Out Agreements

8.5. Admission of Students in all Cases of Substantive Change

8.6. Change in Admission Cycle

8.7. Unreported Changes


8.9. Failure to Permit Reevaluation

9. CLOSING OF NURSING AND MIDWIFERY PROGRAM

9.1. Voluntary Withdrawal of Accreditation

9.2. MNMC Actions

9.3. Refusal to Submit a Closing Report

9.4. Continued Operation

9.5. Closure without Notice to AC-MNMC

9.6. Lapsed Accreditation
9.7. Notification of Accreditation Withdrawal .......................................................... 60
9.8. Fees...................................................................................................................... 60

10. APPEAL PROCEDURE FOR DENIAL OR WITHDRAWAL OF PRE-
    ACCREDITATION OR ACCREDITATION STATUS .............................................. 61

10.1. Written Notice of Appeal .................................................................................. 61
10.2. Appointment of Ad Hoc Appeal Team ............................................................... 61
10.3. Notice of Hearing ............................................................................................ 62
10.4. Conduct of Hearing ........................................................................................ 62
10.5. Timeline of Appeal Procedures ...................................................................... 64

Appendix A: Accreditation Process Flow Chart ...................................................... 65
Appendix B: Instructions for Preparation of, Pre-Accreditation Report (PAR), Self-
    Assessment Report (SAR) and Mandatory Progress Report (MPR) .................... 66
Appendix C: Sample Format for Information ........................................................... 69
Appendix D: Accreditation Fee Schedule ................................................................. 72
Appendix E: SOP Manual Development Members.................................................. 74
REFERENCES ........................................................................................................... 78
TERMINOLOGY AND DEFINITION

3MDG: Three Millennium Development Goals Fund

ACME: Accreditation Commission of Midwifery Education

AC-MNMC: Accreditation Committee of Myanmar Nurse and Midwife Council (AC-MNMC); the committee responsible for accreditation of nursing and midwifery education in Myanmar, which plans, implements and evaluates the accreditation process for programs offering nursing and/or midwifery education.

Accreditation: The status of public recognition that an accrediting body grants to an educational institution or program that meets its standards and requirements.

Affiliation: A written agreement between an organization, school, or nursing/midwifery program, and an institution to offer education cooperatively.

AMR: Annual Monitoring Report; Report prepared annually by the responsible person of the respective program of educational institution according to accreditation status.

BOR: Board of Review; The body that reviews education programs in relation to MNMC criteria and determines program pre-accreditation or accreditation status.

Certificate: A graduate level credential awarded for successful completion of the MNMC pre/accredited education program that includes all aspects of the MNMC ‘Core Competencies for Registered Nurses and Midwives’. The MNMC pre/accredited program may award a certificate or a postgraduate certificate. A post-graduate certificate may be awarded for those who already possess a graduate degree recognized by the program. Note that in accordance with the MNMC Position Statement ‘Mandatory Degree Requirements for Entry into Nursing and/or Midwifery Practice’, “completion of a graduate degree shall be required for entry into clinical practice.”

DHRH: Department of Human Resources for Health

EI: Education Institution; Institution that is responsible for the programs to be accredited.
**Education Program:** College, School, Institute, Department (e.g. nursing, public health, college of health related professions) within or affiliated with an academic institution.

**Faculty:** Professionals who teach nursing and/or midwifery students in any setting.

**MoHS:** Ministry of Health and Sports

**MNMC:** Myanmar Nurse and Midwife Council

**MPR:** If the AC-MNMC delineate the accreditation criteria that require a response, the program must prepare the Mandatory Progress Report, which is expected to address each criterion separately and in order as written in the relevant document.

**Nursing and Midwifery Core Curriculum:** Those courses that contain content that fulfill the MNMC Core Competencies for Registered Nurses and Midwives.

**Nursing and Midwifery Education Program:** The administrative/academic unit that offers the education content and oversees completion of the nursing and midwifery core curriculum in conjunction with the other requirements set by the institution and/or by MNMC for earning a certificate or a degree.

**PAR:** Pre-accreditation Report; Report submitted for programmatic pre-accreditation by institutions wishing to start an education program that addresses the Criteria for Programmatic Pre-accreditation of Nursing and Midwifery Education Programs with Instructions for Elaboration and Documentation.

**Pre-accreditation:** The status of public recognition that the accreditation committee grants to the nursing and midwifery program for a limited period of time and that the program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited period of time.

**Provision:** Status applied by the AC-MNMC to a program that fails to meet expectations when officially warned or that fails to follow MNMC criteria.

**SAR:** Self-Assessment Report; Report prepared by faculty of the education program seeking accreditation that addresses the Criteria for Programmatic Accreditation of Nursing and Midwifery Education Programs with Instructions for Elaboration and Documentation.

**SOP:** Standard Operating Procedures

**SVR:** Site Visitors Report; Report of the site visit prepared by the site visit team.
**Site Visitor Team (SVT):** Group of nurses and midwives with expertise in education and/or clinical practice who are selected and trained to conduct site visits to validate information submitted in an applicant’s PAR/SAR.

**Warning:** Action taken by the MNMC to inform a program that the review of the PAR, SAR and SVR demonstrate that it is not fully compliant with the MNMC criteria, policies or procedures and requires an approved improvement plan in order to remain accredited.

**Withholding and Termination:** The MNMC decision to deny, withdraw, suspend, revoke, or terminate accreditation or pre-accreditation based on failure to meet standards.
1. BACKGROUND

The nursing and midwifery workforce plays a significant role in the health system. Adequate numbers of competent health workers are important for health systems strengthening. Therefore, the World Health Organization (WHO) has recommended the transformative scale-up of health professional education that addresses the quantity, quality, and relevance of health care providers. Nursing and midwifery authoritative bodies play an important role in designing the regulatory mechanisms that ensure the quality of education (WHO, 2011).

In 2015, the Myanmar Nurse and Midwife Law was amended and approved as the Myanmar Nurse and Midwife Council Law (MNMC, 2015). According to the new law, the Myanmar Nurse and Midwife Council is the regulatory body of the nursing and midwifery professions responsible for controlling standards of educational programs to meet the health needs of the country’s population (MNMC, 2015). The MNMC shall act as the overall regulatory body to establish and control the standards and quality assurance of nursing and midwifery education in both the private and public sectors.

The MNMC Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar” has been developed with the inclusion of all standards required, while considering deeply the country needs and context. This guideline has been disseminated to private and public sector in 2017. Given the dissemination of accreditation guideline, it was followed by the development of “Criteria for Program Pre-accreditation and Accreditation of Nursing and Midwifery Educational Program” together with this manual: “Standard Operating Procedures for Accreditation of Nursing and Midwifery Education Programs in Myanmar” through series of workshop with MNMC Central Executive Members and technical assistance from Jhpiego.

This manual has been established by MNMC, to guide the AC-MNMC in the operationalization of accreditation process and to assist the Nursing and Midwifery programs in preparing for accreditation. “The Standard Operating Procedures Manual for Accreditation of Nursing and Midwifery Education Programs” shall be reviewed by MNMC as required.

The purposes of this document are to:

1. Provide the guidelines for Accreditation Committee of Myanmar Nurse and Midwife Council (AC-MNMC) on its setup, responsibilities and assessment procedures against professional education standards and criteria on accreditation
of nursing and midwifery programs for quality nursing and midwifery education within the country, and

2. Serve as a referencing document for all nursing and midwifery institutions as it clearly defines the characteristics of AC-MNMC and its accreditation process.

The companion documents to this manual are the most recent documents published by MNMC as follows:

- Myanmar Nurse and Midwife Council Law (2015),
- Code of Ethics and Nursing-Midwifery Professional Conduct,
- Core Competency for MNMC registered Nurse and Midwife,
- Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”.
2. THE MYANMAR NURSE AND MIDWIFE COUNCIL (MNMC) AND THE ACCREDITATION COMMITTEE OF MYANMAR NURSE AND MIDWIFE COUNCIL (AC-MNMC)

Myanmar Nurse and Midwife Council

Myanmar Nurse and Midwife Council reconstitutes in 2018 with 60 members, including the Central Executive Committee (CEC). CEC is organized with 15 members including president, vice president, secretary and joint secretary and responsible for overall functions of MNMC.

Objectives of MNMC

1. To regulate the practice of registered nurses, midwives or nurse-midwives according to the professional code of ethics.
2. To promote professional dignity of nurses, midwives and nursing-midwifery personnel.
3. To provide necessary suggestions to the Ministry of Health and Sports for effective implementation of primary health care.
4. To raise the standards of nursing or midwifery profession and practices.
5. To promote education, service, research and career advancement in nursing, midwifery and nursing-midwifery profession.

Authorities & Responsibilities

1. Register and issue license for nurses, midwives, and nurse-midwives.
2. Suspend or revoke a nursing, midwifery, or nurse-midwifery license.
3. Approve and recommend the nursing, midwifery or nursing-midwifery curriculum and education program.
4. Accredit academic Institution and training program to reach the International Level.
5. Scrutinize and accept the nursing and midwifery profession.
6. Urge to conduct continuing nursing education to upgrade competency of nurses, midwives and nurse-midwives.

Accreditation Committee of Myanmar Nurse and Midwife Council

The Accreditation Committee of Myanmar Nurse and Midwife Council is one of the Working Committees of MNMC, recognized by the Ministry of Health and Sports
(MoHS), which is responsible for accreditation of Nursing and Midwifery education programs in Myanmar.

The AC-MNMC will ensure the Nursing and Midwifery Education Programs to meet education standards stipulated by MNMC. Therefore, the AC-MNMC is responsible for planning, implementing and evaluating the process, used to accredit nursing and midwifery education programs in Myanmar. Graduates from MNMC accredited programs will be eligible for consideration of licensing and practice in Myanmar.

The accreditation process is a mandatory quality assurance activity conducted by both self-assessment by the educational institution and external evaluation by AC-MNMC. The institution must prepare the self-assessment report (SAR) and submit to MNMC-CEC for accreditation of education program; AC-MNMC site visitor team will conduct the site visit and submit the Site Visitor Report (SVR) to Reviewer Team. Reviewer Team will review the SVR and SAR for determination of pre-accreditation and accreditation. The pre-accreditation and accreditation status of the program, determined by AC-MNMC will be submitted to MNMC-CEC for approval.

To be in optimal operationalization of AC-MNMC, Standard Operating Procedures Manual for Accreditation of Nursing and Midwifery Programs is developed. AC-MNMC Services outlined in this Standard Operating Procedures manual are available to any nursing and midwifery education programs in line with the MNMC Accreditation Guideline.

2.1. AC-MNMC Goals

The goals of AC-MNMC are:

- To assist nursing and midwifery education programs in assessing the achievement of their stated purposes and outcomes/objectives in line with Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”.

- To foster the continuous development and improvement in the quality of nursing and midwifery education programs.

- To assure the institution, the education program, the administration, faculty, and the students that the highest possible standards of education and professional competence are maintained.

- To promote an understanding and ongoing evaluation of the accreditation process among institution administrators, faculty, students, and the public.
• To provide an external peer (assessor) review process for programs and institutions that offer nursing and midwifery education.

• To review of the criteria and policies periodically with its stakeholders, and discuss the accreditation issues.

2.2. AC-MNMC Mission
To ensure quality nursing and midwifery education in delivering safe and competent practice for the population in Myanmar.

2.3. AC-MNMC Values Statements
The AC-MNMC;

• Prohibits discrimination against race, color, national or ethnic origin, age, religion, disability and gender for any other Nursing and Midwifery Professional education.

• Values quality assurance in the education of nursing and midwifery students as a means of guiding the graduates of those nursing and midwifery education programs in providing competent, safe nursing and midwifery care.

• Promotes accreditation of the programs that provide nursing and midwifery education as an effective process for assuring the public that quality standards of nursing and midwifery education are implemented, maintained and advanced.

• Ensures the accreditation process includes setting criteria to be met by nursing and midwifery education providers, conducting periodic review and evaluation visits, identifying appropriate student outcomes, creating tools for conducting ongoing assessment for improvement and innovation.

• Acts as the leader in the accreditation of nursing and midwifery education programs, which is best achieved by communication and cooperation with the respective nursing and midwifery educational institutions.

• Recognizes accreditation of nursing and midwifery education as a means of promoting the profession of nursing and midwifery in Myanmar, advancing the field of nursing and midwifery education.

2.4. Recognition as an Accrediting Agency
The MNMC grants the following scope of recognition to AC-MNMC: “the pre-accreditation and accreditation of certificate, diploma, bachelor, post graduate programs and including distance education in nursing and midwifery education.”
AC-MNMC informs the CEC of the MNMC of any proposed changes in the agency's policies, procedures, or accreditation standards that might alter its scope of recognition.

Pre-accreditation and accreditation will be carrying out for the following programs:

- Diploma program of nurse-midwife or midwife
- Post-basic certificate, Diploma
- Bachelor program (Bridge and Generic)
- Distance Education Programs
- Post graduate diploma
- Master's degree programs
- Doctor of Nursing or PhD programs

2.5. **Relationship to the Myanmar Nurse and Midwife Council (MNMC):**

**Role of MNMC in accreditation process**

To ensure the quality of nursing and midwifery education, it is critically important that the nursing and midwifery professions have standards to describe the professional expectations and criteria to measure and evaluate professional performance. The Myanmar Nurse and Midwife Council (MNMC) is the body that regulates the nursing and midwifery professions.

The main functions of the MNMC are:

1. To maintain a register of qualified nurses and midwives through the licensure and re-licensure procedures
2. To set core competency standards for practice, and standards for all levels of education, including in management and research, for MNMC registered nurses and midwives
3. To regulate the ethical, legal, and professional conduct of nursing and midwifery professionals and
4. To accredit all nursing and midwifery education programs.

AC-MNMC operates according to specific foundational documents and formational requirements, stated in MNMC Law, rules & regulations, and procedure.

MNMC Law: Chapter 5, Article 15 (B-2)
Chapter 12, Article 31 to 34

MNMC Rules and Regulation: Chapter 9, Article 51 to 59

MNMC Procedure: Chapter 5, Article 9 to 11
AC-MNMC prepares an operational report annually and final accreditation report of the programs, and submits to the MNMC President and CEC for final decision and submission of the MoHS.

**Revenue and Budget**

Consistent with applicable law and regulations, AC-MNMC shall have sufficient budgetary and administrative autonomy to carry out its accrediting functions independently.

**2.6. Organization**

AC-MNMC has two underlying functional units:

1) Reviewer Team and
2) Site Visitors Team

**2.6.1. General Composition**

The Reviewer Team is responsible to recommend the MNMC CEC through the AC-MNMC Chair for the accreditation decision making.

**2.6.2. AC-MNMC Membership**

a. The MNMC president and MNMC-CEC appoint all AC-MNMC members. AC-MNMC prohibits discrimination against any employee or volunteer because of race, color, national or ethnic origin, age, religion, disability, gender identity and expression, or any other characteristic protected under applicable law.
When a member position becomes available, the members shall follow by rule and regulation, and procedures of MNMC in soliciting qualified candidates with expertise complementary to that of the current members to meet the purpose of the committee. The expertise may be in such areas as site visiting, accreditation, international nursing and midwifery and higher education.

b. Five members of AC-MNMC membership are active members of the Myanmar Nurse and Midwife Council (MNMC).

c. All appointed AC-MNMC members must have at least one reference of Registered Nurse Midwife (RNM), Registered Nurse (RN) and Registered Midwife (RM).

2.7. Responsibilities

The responsibilities of AC-MNMC are:

- To develop, approve, implement, and evaluate criteria, standard operating procedures, and other related documents for accreditation of nursing and midwifery education programs and institutions.
- To implement the accreditation process as defined in the Standard Operating Procedures Manual and documents pertaining to the criteria for pre/accreditation of education programs.
- To coordinate the activities of the Site Visitors (including the peers), Reviewers and other units as deemed necessary.
- To disseminate information regarding the accreditation processes and accredited programs.
- To provide at least a 90-day notice of changes substantially affecting the pre/accreditation processes to organizations; further, to accept formal public comments on such changes in the pre/accreditation processes.
- To maintain MNMC recognition of AC-MNMC as an accrediting agency.
- To establish, monitor, and evaluate fiscal management in Standard Operating Procedures for AC-MNMC to ensure its ongoing viability and effectiveness.
- To assure the pre/accreditation processes are conducted fairly and equitably, without conflict of interest or undue outside influence.
- To interact with other organizations that share related interests as required to represent AC-MNMC accreditation process.
3. ACCREDITATION OVERVIEW

The overall accreditation process is defined and used by AC-MNMC. That is reviewed periodically on nursing and midwifery education program that offers its students to become competent nurses and midwives. Within this framework, the program conducts a self-assessment study that analyzes its activities in relation to its stated philosophy, purpose, and outcomes/objectives and in relation to the standards and criteria established by MNMC; hosts a site visit from AC-MNMC; and is reviewed by the AC-MNMC for preparation and determination by MNMC on endorsing of pre/accreditation status. The education program uses the results of this process to maintain or improve program performance.

AC-MNMC implements its pre/accreditation process of programs based on the MNMC Accreditation Guideline. AC-MNMC may accredit multiple programs at an institution, each leading to its own degree or certificate credential.

AC-MNMC distinguishes between pre/accreditation review of nursing and midwifery education programs. Additional information distinguishing these may be found in ‘Monitoring Changes in and/or Actions of the Program related to pre/accreditation Status’ of this manual.

Review of an initial nursing and midwifery education program proceeds on the standard process of submitting an application Pre-Accreditation Report (PAR) for pre accreditation and subsequent application Self-Assessment Report (SAR) for accreditation, hosting a site visit for each review and undergoing review by the AC-MNMC on a periodic basis. A fee for AC-MNMC review of the program will be assessed according to the current fee structure as updated by MNMC.

3.1. Accreditation Descriptions

3.1.1. Pre accreditation Status

This is the description decided by MNMC-CEC for an education program that intends to initiate a nursing midwifery curriculum or an institution that has met the “Standards and Criteria for Pre-Accreditation of Nursing and Midwifery Education Programs in Myanmar” established by MNMC, to assure the development of a high quality education program. Programs are evaluated for pre accreditation status before the admission of students.

If an education institution (EI) is newly established, pre accreditation will be considered when determined criteria are met. Pre accreditation is for 1 year or until
the first graduation of students. During this time, the EIs have time to take actions to meet the rest of criteria and request a visit for accreditation before the first graduation of students.

3.1.2. Accreditation Status
This is the description decided by MNMC-CEC for a nursing and midwifery education program that offers nursing and midwifery education that is recognized as carrying out the philosophy, purposes and outcomes/objectives set forth by its faculty and having met the standards established by the profession for the preparation of competent nurse midwives and midwives outlined in the “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”.

3.2. Procedural Steps
AC-MNMC accreditation process includes three major steps. These are pre-accreditation, initial accreditation and continuing accreditation. Each step has its own requirements for eligibility, implementation and maintenance. This section of the MNMC Standard Operating Procedures Manual describes the steps in general terms. The manual provides in depth information and guidance on how to proceed with each required step. Appendix B provides directions on the preparation of reports.

3.2.1. Pre-accreditation
The process of pre-accreditation is AC-MNMC’s initial review and consideration of the proposed nursing and midwifery education program. The program should plan to meet the criteria in the MNMC Guideline for Programmatic Pre-accreditation Status. In summary, the process includes notifying AC-MNMC that the program is interested in seeking pre accreditation status; preparing a Pre-Accreditation Report (PAR) consisting criteria described in MNMC rules and regulations No. 51, Form 51 for private institution, and other require forms; hosting a site visit; if requested, providing additional information for the reviewers; being endorsed pre-accreditation by MNMC-CEC; and maintaining compliance with the MNMC pre-accreditation criteria.

Programs may not give the impression that AC-MNMC has conducted a favorable review of the program or advertise that a program is pre-accredited until MNMC-CEC has endorsed the pre accreditation to the program. Students who graduate from a program that was pre-accredited at the time of their admission are eligible to take
the national certification examination to become a certified midwife or certified nurse-midwife.

### 3.2.2 Initial Accreditation

The process of initial accreditation is AC-MNMC’s first review and consideration of the nursing and midwifery education program that are either pre accredited program or existing programs. The program should plan to meet all of the criteria in the MNMC’s accreditation standard and Guideline. Education program that have been pre accredited by accreditation committee of MNMC are revisited and evaluated for accreditation within **one year** after first graduation of the student. If an existing educational institution seeks for their initial accreditation status for their nursing and midwifery education program as it is being implemented, the program should plan to meet all of the criteria.

In summary, the process includes notifying AC-MNMC that the program is about to graduate its first class and its interested in seeking accreditation status; preparing self-assessment report (SAR), submit to MNMC and request for site visit. If requested, additional information for the reviewers; being endorsed pre-accreditation by MNMC-CEC; and maintaining compliance with the MNMC pre-accreditation criteria. Initial accreditation will be granted for no more than 5 years. During this period, the EI must submit annual monitoring report to AC-MNMC.

Programs may not give the impression that AC-MNMC has conducted a favorable review of the program or advertise that a program is accredited until MNMC has endorsed the accreditation to the program. Once the MNMC has granted the program accreditation status, the program is expected to maintain compliance with all accreditation criteria and will operate under the oversight of MNMC.

Students who graduate from a program that was endorsed initial accreditation are eligible to take the national certification examination to become a certified nurse/midwife or certified nurse-midwife. A program may have initial accreditation status for no more than 5 years.

### 3.2.3 Continuing Accreditation

Continuing the process of accreditation is AC-MNMC’s ongoing, periodic review of the nursing and midwifery education program as it is being implemented. The program should plan to continue to meet all of the MNMC Criteria. In summary, the process includes arranging with AC-MNMC to continue its accreditation status by
undergoing periodic AC-MNMC evaluation on the schedule set by the AC-MNMC; preparing a SAR; hosting a site visit; if requested, providing additional information for the MNMC Accreditation criteria.

If a previously accredited program fails to meet the minimum requirements upon another round of accreditation, the program will have accreditation withheld.

If an EI meets only some of the criteria, but has potential to meet the rest of the criteria, the program will develop and submit a formal progress plan to AC-MNMC. On approval of the plan by AC-MNMC, the program will have a period determined by MNMC to meet the criteria. During this time, the program will have accreditation with recommendation.

Programs may not give the impression that AC-MNMC has conducted a favorable review of the program or advertise that a program is accredited until MNMC has endorsed the program with accreditation.

3.3. Academic Eligibility for Accreditation Processes

Currently, AC-MNMC is recognized to accredit the programs that culminate in various awards, such as in a diploma, post-basic certificate, post-basic diploma, post-graduate certificate, post-graduate diploma, bachelor degree, master’s degree, and doctoral degree.

3.3.1. Programmatic Eligibility

The program eligibility is referred to the Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”

3.3.2. Denial or Non-renewal of accreditation by MNMC

MNMC does not endorse pre accreditation, or initial/continuing accreditation to a nursing and midwifery education program(s) during any period in which the institution and the nursing and midwifery program resides the subject of the actions in (a.), (b.) and (c.) below:

a. The institution is the subject of a pending or final action brought by MNMC to suspend, revoke, withdraw, or terminate the institution’s legal authority to provide postsecondary education in the state.

b. The institution is the subject of a decision by MNMC to deny accreditation.

c. The institution has been placed on provision or an equivalent status if it cannot be comply with MNMC requirement.
3.3.3. Eligibility of Off Campus Format for Programs
Off Campus Education can continue after completion of basic nursing and midwifery education. When distance education/ off campus is used as educational delivery for a program, access to programmatic and institutional resources and opportunities must be equitable for students regardless of learning location. Communication between/among faculty and students must occur on a regular basis. Credit awarded for coursework must conform to generally accepted practices and/or MNMC’s requirements and procedures must be implemented to assure student identity and the integrity of student work.

3.4. Expenses Related to Accreditation
AC-MNMC implements its accreditation processes with AC-MNMC members who are nursing and midwifery professionals in various fields. The members of AC-MNMC, and the Site Visitors contribute their time to the oversight of the various aspects of these processes. However, in order for AC-MNMC to carry out its quality assurance review and monitoring, funds are needed to cover basic functional costs. Current AC-MNMC fees may be found on the MNMC website: http://www.mnmcmynmar.org.

3.4.1. Accreditation Fees
(a) Pre Accreditation Fee for newly established programs
MNMC sets and assesses pre accreditation fees (including annual fees, site visit fees that include Lodging, air/ground transportation, and per diem for meals as actual cost) for newly established education programs seeking pre accreditation status, according to MNMC rules and regulations. Upon submission of the PAR and Form 51 (Rules and Regulation 2017, MNMC Law), the program will be billed the pre-accreditation fee by MNMC, according to the current fee established by MNMC. The fee is payable upon receipt of the bill. The AC-MNMC may review a program with priority according to the fee that has been paid by the program. See Appendix D.

(b) Accreditation Fees
MNMC sets and assesses accreditation fees (including annual fees, site visit fees which include lodging, air/ground transportation, and per diem for meals as actual cost) for education programs seeking accreditation depending on the status of program’s accreditation and the fees will be decided by MNMC. Upon submission of the SAR, the program will be billed the accreditation fee by MNMC, according to the current fee established by MNMC. The fee is payable upon receipt of the bill. The
AC-MNMC may review a program according to the fee that has been paid by the program. See Appendix D.

3.4.2. Additional Fees (Off-cycle Review fees, Substantive Change Review fees, Late Payment Fees)

If AC-MNMC must conduct a meeting by conference call or other electronic means at the request of the program. The program will be responsible for the off-cycle review fee. For AC-MNMC to review a substantive change, the program will be responsible for the substantive change review fee.

Failure to pay invoiced fees within 45 days will result in a late fee. See Appendix D.

3.5. Confidentiality, Records and Conflict of Interest

All information gained in the process of accreditation is confidential. Agreement to serve with AC-MNMC in any capacity also constitutes an agreement to assure confidentiality of observations, conferences and reports. At no time may individual persons or agencies be identified in subsequent reports or research.

The files of AC-MNMC, which are maintained at the MNMC office securely and may be used only at the discretion of MNMC. AC-MNMC will update files and an inventory of program and institution accreditation documents and correspondence systematically after each MNMC-CEC meeting.

AC-MNMC strives to ensure that no conflict of interest occurs in the accreditation processes. Additionally, in addressing specific issues or aspects of the process individual members in AC-MNMC may be recused as needed.

The following documents are maintained at the MNMC office: Records of the last two full accreditation reviews of each program. Inactive records from previous reviews are maintained at the MNMC archives and will not be available for public review for 10 years.

3.6. Publication of Accreditation Status

A list of accredited programs is on the MNMC website and MNMC’s office board. The list is also available upon request from AC-MNMC. The following standards apply to the publication of its accreditation status by a program:

1. Any reference by the education program to an accreditation status endorsed by MNMC must accurately reflect the education program’s status “accredited.”
2. When the accreditation status mentioned in published material does not reflect the current accreditation status, AC-MNMC will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices.

3. Failure to publish corrections in a timely fashion may result in unfavorable or adverse actions by MNMC, including placing the program on warning or on provision or withholding the program’s accreditation.

4. Programs are not required to take corrective action until after final action has been taken by MNMC, including the completion of any appeals.

5. Whenever a program publishes in print or electronic media, that it is accredited by MNMC, the name, address, telephone number and electronic address of MNMC must be included.

The following standards apply to the publication by a program of information about accreditation actions taken by MNMC.

1. AC-MNMC strongly prefers that information about MNMC actions—other than the notification of the endorsing of accreditation status—be released only by MNMC, as required by the notification requirements detailed in this manual.

2. Should a program, however, release information about MNMC actions regarding and information must be accurate.

3. When the actions mentioned in published materials are not accurately presented, MNMC will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices.

4. Failure to publish corrections in a timely fashion may result in unfavorable or adverse actions by MNMC, including placing the program on warning or on provision, or withholding the program’s accreditation.

3.7. Information to the Public

AC-MNMC maintains and makes available to the public, on its website and upon request. Materials describing are:

1. Accreditation Description
2. List of Programs with Current Status
3. AC-MNMC Standard Operating Procedure (SOP) Manual for pre accreditation and accreditation of Nursing and Midwifery Education Program
4. List of Documents used during the accreditation process
5. Names of Members (AC-MNMC)
3.8. Opportunities for Public Comments

AC-MNMC continuously welcomes comments from the public and actively seeks public comments at specific times.
4. **THE ACCREDITATION COMMITTEE OF MYANMAR NURSE AND MIDWIFE COUNCIL**

The AC-MNMC is responsible for the administration of its accreditation activities, formulation of accreditation policy, and the development of the criteria used by the site visitors to verifying MNMC education standards and the reviewers in reviewing performance against those standards and determining accreditation status. The AC-MNMC develops, implements, and evaluates the accreditation criteria; establishes the policies and procedures for accreditation of nursing and midwifery education programs; reviews and evaluates the accreditation process; and publishes and disseminates information regarding the accreditation process and accredited programs with the approval of MNMC-CEC. The AC-MNMC meets with MNMC-CEC monthly at MNMC conference as needed. Questions about the accreditation process or any of the AC-MNMC documents should be addressed to MNMC President. The MNMC President will determine if the matter needs to be addressed by the entire AC-MNMC and MNMC-CEC.

**Decision Making a Quorum and Voting**

a. A quorum shall consist of 2/3 of the voting membership of the AC-MNMC. Policy decisions are reached by a majority vote of members present at meetings, once a quorum has been reached.

b. During the intervals between meetings, necessary votes on policy changes may be taken via email, or other written means. In the case of an email, or written vote, a decision will be reached by a majority vote of those responding, once at least 2/3 of the voting membership of AC-MNMC has responded. In the case of votes taken between meetings, all reasonable effort shall be made to notify members of the proposed policy change, to give adequate rationale for the change, to allow adequate time for discussion/comment from members and adequate time to respond with a vote.

c. Under exceptional circumstances, the Chair of AC-MNMC, after consultation with AC-MNMC members, may allow an absentee vote.

**Ongoing Training of AC-MNMC Members**

Ongoing training of AC-MNMC members occur in the following ways:

a. Members attend various meeting such as those presented by Ministry of Health and Sports (MoHS), Ministry of Education (MoE), National Accreditation and Quality Assurance Committee (NAQAC) meeting, and Association of Specialized
& Professional Accreditors (ASPA) and other professional associations, including topics related to distance education. The attending member reports information learned back to all members at subsequent meetings.

b. The AC-MNMC Chair and other members share relevant presentations and publications related to accreditation and distance education. These are discussed at subsequent MNMC meetings.
c. At annual meeting, a minimum of two hours of the meeting is devoted specifically to training. Sessions may include expert guest speakers or literature reviewed by AC-MNMC members.

4.1. Composition

In accordance with MNMC laws Section 15 and MNMC Procedure Section 11 (C), AC-MNMC committee is formed with ten members. Composition of AC-MNMC consists of the following;

1. Chairperson (must be CEC member)
2. Secretary (must be CEC member)
3. Three AC-MNMC members (must be MNMC EC member)
4. Five AC-MNMC members (must be other selected suitable nurse, midwife educators)

AC-MNMC consists of a chair who shall be a member of MNMC-CEC, and not fewer than six, or more than nine voting members. A member of MNMC-CEC shall serve as an official. AC-MNMC Chair and Secretary shall attend all MNMC meetings. AC-MNMC members serve four years whereas site visitors and reviewers serve two years term in rotation.

4.1.1. Chairperson

a. Selection
Chairperson will be selected by MNMC-CEC.

b. Qualifications
- Nursing and Midwifery License holder
- Active member of MNMC-CEC
- Leadership ability
- Knowledge of AC-MNMC and MNMC's organization, philosophy, purpose, function, and documents
• Shall have a minimum of an earned graduate degree preferred with experiential knowledge of nursing and or midwifery education and standards based educational quality improvement
• May not hold a position in another committee or organization that might create even the appearance of a conflict of interest

c. **Tenure**

• Maximum of four years per term of MNMC

d. **Responsibilities**

• Provides overall leadership responsibility for accreditation systems of the Myanmar Nurse and Midwife Council
• Plans activities to meet the purpose of AC-MNMC
• Directs the coordination of all meetings
• Directs AC-MNMC activities of the AC-MNMC Administrative Office especially budgeting
• Monitors and evaluates AC-MNMC activities
• Appoints and orients site visitors and reviewer
• Communicates with other working committees of MNMC as necessary
• Submits monthly report to MNMC-CEC meeting and annual report to MNMC
• Maintains and facilitates functioning and communication between AC-MNMC members
• Disseminates Guideline on "Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar" to respective institution.
• Responds to questions that arise during site visits about AC-MNMC standard operating procedures manual for accreditation

### 4.1.2. Secretary AC-MNMC

**Responsibilities**

1) Assists in planning the activities to meet the purpose of AC-MNMC
2) Initiates coordination of conducting meetings
3) Assists in planning and monitoring the AC-MNMC activities
4) Coordinates orientation for new site visitors and update current site visitors
5) Participates in the accreditation process as a reviewer
6) Communicates and coordinate with other working committees of MNMC and respective institutions as necessary
7) Prepares monthly report to MNMC-CEC meeting and annual report to MNMC
8) Responds to questions that arise during site visits about AC-MNMC standard operating procedures manual for accreditation
9) Responsible for assisting the chair in all administrative activities, financial, coordination and communication activities of AC-MNMC
10) Arranges site visits
11) Receives and reviews evaluations of the Site Visitors
12) Ensures that site visitors receive appropriate feedback from the Reviewers
13) Works cooperatively with the Reviewers to improve continually the quality of information provided in the Site Visitors Report (SVR)

4.1.3. Members

a. Selection

Selected member must be:

(1) Three AC-MNMC members (MNMC EC member)

(2) Five AC-MNMC members (other selected suitable nurse, midwife educators)

b. Qualifications

Qualification and criteria for AC-MNMC member must be a person:

- holding a nurse midwife active license;
- of good morality;
- free from violated the code of ethics and nursing and midwifery professional conduct;
- who served as a nurse midwife in the government service at least five years continuously;
- who has knowledge and experience in teaching, curriculum development and accreditation process;
- may not hold a position in another organization that might create even the appearance of a conflict of interest

Tenure

- Minimum of four years
- When membership is vacated, a new member may be appointed by MNMC in line with AC-MNMC term

Orientation
The incoming members will be explained about the Standard Operating Procedures Manual for accreditation process and responsibility.

4.2. Specific Conflict of Interest Policy for the AC-MNMC

4.2.1. Conflict with Other Activities
During the term of appointment, AC-MNMC members may not also serve as:
• a position in another organization that might create even the appearance of a conflict of interest
• a position as a consultant or faculty at site visiting institution

4.2.2. Conflict of Interest Statement
At the time of initial appointment to the Reviewer Team and the site visit team, the Chair of AC-MNMC informs new members of AC-MNMC about conflict of interest and recusal policies. AC-MNMC has access to confidential and privileged information must sign a conflict of interest statement. The conflict of interest statement is signed by all members of AC-MNMC.

4.2.3. Recusal
An AC-MNMC member must report to the Chair of AC-MNMC any association that might create even the appearance of a conflict of interest. The Chair of AC-MNMC will determine if the member should be recused from discussions. AC-MNMC members will be recused under the following conditions:
• A member has been a site visitor to a program under review within the five years prior to appointment to the AC-MNMC
• A member has been a consultant to a nursing and midwifery education program within the past five years prior to appointment to the AC-MNMC
• A member who holds or has held a position related to the program being considered during the last five years
• A member requests to be recused
• A member who is recused will not receive any documents related to the program or issue under discussion, will be absent during the discussion and will not be included in any shared information, such as email, related to the discussion
• If the AC-MNMC Chair has a conflict, she/he should report this to the MNMC CEC and recuse themselves from the discussion. If the AC-MNMC chair is recused for any of the above situations, the MNMC CEC will chair that portion of the meeting and sign any correspondence resulting from the discussion.
4.3. **AC-MNMC Administrative Unit/Office**

In its administration of AC-MNMC, the MNMC-CEC employs chair and secretary of the AC-MNMC who are responsible for the day to day activities related to accreditation functions and assist in the financial operation of AC-MNMC.

4.3.1. **Specific Conflict of Interest Policies for AC-MNMC Staff**

a. May not serve as faculty or consultant to any nursing and midwifery education program or other accrediting agency

b. May not serve as staff for any nursing and midwifery education program or other accrediting agency

c. May not be a student in a nursing and midwifery education program

4.4. **Financial Operations**

AC-MNMC secretary oversees all financial operations of AC-MNMC, supported by a Treasurer. AC-MNMC secretary handles day-to-day operations within the following framework:

4.4.1. **Budget**

a. Estimate annual budget in line with financial policy in collaboration with the Treasurer

b. Budget is presented to AC-MNMC Chair, based on budget heading for approval from MNMC President, such as travel cost, per diem, lodging cost and accidental cost, etc.

c. An approved budget is submitted to AC-MNMC Treasurer for the implementation of the AC-MNMC activities

d. Submit utilized expenditure to MNMC President in line with financial policy
5. **REVIEWER TEAM**

5.1. **Purpose of Reviewer Team**

The Reviewer Team is the unit within AC-MNMC whose responsibility is the evaluation of nursing and midwifery education programs for the purpose of analyzing accreditation status and monitoring the programs’ continued compliance with accreditation standards and criteria. The reviewer is committed to the consistent application and enforcement of Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar'.

The Reviewer Team analyses programmatic applicant’s pre-accreditation report (PAR) or self-assessment report (SAR), the Site Visitor Report (SVR), and additional information records. The Reviewer Team also reviews Mandatory Progress Report (MPR), which programs endorsed with accreditation status; the information submitted after the reviewer has deferred an accreditation status due to insufficient information; notification of planned substantive changes; SVR and information that reaches AC-MNMC via informal channels. Reviewed information is used by the reviewer in determining that the accreditation criteria have been met by the program and to ascertain whether accreditation status should be recommended.

The Reviewer Team works in reviewing annual data submitted by the accredited programs from their Annual Monitoring Reports (AMRs) to monitor as part of AC-MNMC’s on-going quality assessment.

5.2. **General Composition**

**Number**

a) AC-MNMC chair

b) Not less than three or more than five members

5.3. **Specific Composition**

1. **AC-MNMC chair**

   **Responsibility**

   1) Conducts the meetings of Reviewer Team

   2) Notifies nursing and midwifery education programs of reviewer decisions

   3) Orient new members

   4) Works with the team members for maintenance of reviewer records and decision

   5) Reports to and communicates with the MNMC President
6) Continually evaluates the operation of Reviewer Team and make recommendations to the president of MNMC on policy, procedure and criteria changes

7) Attends MNMC meetings as ex-official member with voice and no vote at the request of the MNMC President

8) Communicates with nursing and midwifery education programs for appropriate clarification following a site visit and as needed until the accreditation status has been decided

9) Communicates with the site visitor for appropriate clarification after the site visit and until the status decision has been made

10) Communicates reviewer’s decisions and comments regarding site visits to the AC-MNMC Secretary.

2. Members
Not less than three or more than five members including the secretary of AC-MNMC.

Qualifications
a) Active MNMC licensed holder
b) Familiarity with the accreditation process
c) Commitment to attend meetings and conference calls as necessary

3. Specific Conflict of Interest Policy for Reviewer Team
a) Conflict with Other Activities
During the term of appointment, reviewer may not also serve as:
1. A site visitor for AC-MNMC
2. A position in other organization that might create even the appearance of a conflict of interest
3. A consultant to an education program in the preparation for accreditation by AC-MNMC.

b) Recusal
A reviewer must report to AC-MNMC Chair about any association that might create even the appearance of a conflict of interest. The AC-MNMC Chair will determine if the member should be recused from discussions.

Reviewers will be recused under the following conditions:
- A member who is recused will not receive any documents related to the program or issue under discussion.
• A member has been a consultant to a nursing and midwifery education program within the past five years prior to appointment to the AC-MNMC
• A member who holds or has held a position related to the program being considered during the last five years

4. Responsibilities of Reviewer Team
   a. Makes the recommendation regarding accreditation status and take additional actions as appropriate based on MNMC criteria, policies, and procedures
   b. Maintains the confidentiality of the review process
   c. All information gained through the process of accreditation is confidential.
   d. Reports to and communicates with AC-MNMC Chair

5. Ongoing Training of Reviewer Team
   Ongoing training of Reviewer Team occurs in the following ways:
   a. The reviewers share relevant presentations and publications related to accreditation and distance education
   b. Two hours a year will be devoted specifically to training. Sessions may include expert guest speakers, literature review and presentations by reviewer

5.4. Meetings
   The Reviewer Team meets as needed. At Reviewer Team meetings, members are responsible to amplify, clarify and verify for determining whether or not nursing and midwifery education programs are accredited, or may defer action in light of the established accreditation criteria. Comments and recommendations are formulated regarding the programs being evaluated.

   1. Review Procedures
      Prior to each meeting, PARs or SARs with the accompanying SVRs are sent to all members of Reviewer Team for programs under consideration of accreditation action. Each member of the reviewer is expected to review all materials submitted by each program.
      The AC-MNMC chair appoints two people, a first and second reader, to assess a program in depth and facilitate presentation at the meeting.
      These reviewers are appointed in advance, and this process should rotate among members. Additional materials, such as school catalogues, may be sent to the first and second readers.
2. Preparation for Meeting

Reviewers are expected to read each PAR, SAR, SVR and other materials. All materials must be marked confidential and kept in a secure location. Each member of Reviewer Team is to

(1) Determine whether or not each program meets each of the criteria set by Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar'.

(2) Formulate an opinion regarding AC-MNMC action.

All questions and recommendations the member may should be listed on the document or the worksheet in preparation for the meeting of the Reviewer Team. The readers usually prepare the letter in standard format (apply the assessment indicator) except reviewer decision.

The draft should be addressed to notify the appropriate individuals. This draft is to be brought to the meeting in order to facilitate the process.

To facilitate and then final draft of the letter to be sent to the academic institution describing the accreditation actions is developed; actions and dates for next meeting are also developed.

The meeting usually continues with evaluation and selection of the dates for the next meeting.

The meeting concludes with creating a final draft of the letter to be sent to the academic institution (or the institution with which the program is affiliated), describing the pre/accreditation actions.

3. Communication with Programs and Site Visitors

Reviewer should contact the chair of AC-MNMC with any questions about any, SAR, SVR and other materials. Reviewers other than the team leader should not have communication with the respective program authority under review.

The time between the site visit and the reviewer meeting for requesting additional information should be at least two weeks prior to meeting

a) The AC-MNMC secretary will notify the respective program authority under review and the site visitor for each when the reviewer will be meeting to determine the respective accreditation status. In the month prior to the Reviewer Team meeting, they should be available to provide additional information if requested.
b) Procedure for requesting additional information in the time between the site visit and the Reviewer Team meeting

If either of the assigned readers determines a need for more information that will answer questions about evidence submitted and if this information will enable the reviewer to reach the final decision, the Reviewer Team leader is to be consulted the information needed is to be discussed. The AC-MNMC Chair will make a judgment about what need to clarify information and will make a determination to contact the appropriate institutional representative. Contacts to appropriate institutional representatives at least two weeks prior to the meeting date, and two copies of all information must be submitted to AC-MNMC no later than one week before the first day of the reviewer meeting.

4. Presentation of the Programs

Presentation of the programs must be based on Pre-accreditation Report (PAR), Self-Assessment Report (SAR), Site Visit Report (SVR) and Annual Monitoring Report (AMR);

a) Whether documents are based on MNMC Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar'

b) Previous recommendation made to the program of respective institution by MNMC

c) Whether comments on recommendation are addressed.

d) The meeting minutes in this meeting is summative discussion of Reviewer Team and are taken action.

5. Decision Making

The recommendations of Reviewer Team meeting are presented to the AC-MNMC chair for confirmation. This finalized recommendation shall be signed by AC-MNMC chair and then submitted to MNMC-CEC for final decision.

5.5. Actions that may be taken

The Reviewer Team may give recommendation to take various actions by MNMC when assessing a program for accreditation status during the accreditation period based on the information presented.

The Reviewer Team may also take action at other times, such as during the review of a program’s Annual Monitoring Report (AMR). The AMR is used as a tool to monitor a program’s compliance with the MNMC Criteria for Programmatic Accreditation.
A program found to be out of compliance with the MNMC criteria must correct the deficiencies or be put on warning or provision.

Actions that the reviewer may take will result in a program being placed in one of four categories:

1) Accredited (agreed without recommendations, agreed with recommendations, or agreed with specific criteria not fully met to be addressed in a Mandatory Progress Report)

2) Deferred an Accreditation decision pending submission of additional information

3) Adverse action against a program addressing Serious concerns about compliance with MNMC criteria or policies and procedures, which means placing a program on warning or provision, or

4) Further adverse action to change a program’s accreditation status, this would mean the denial or withdrawal of accreditation

Initially, accredited EIs must meet the minimum required criteria or show significant progress that would indicate which criteria will be met within a period determined by AC-MNMC. Failure to show progress may result in withholding of accreditation.

If a program has not come into compliance within the designated timeframe, MNMC will either 1) Withdraw accreditation or 2) grant an extension if reasonable cause is provided.

During an extension, the program will be placed on or remained on provision.

MNMC will withdraw its accreditation from a program if the program has not demonstrated compliance with all MNMC criteria within the specified monitoring period or provided reasonable cause for an extension to be granted.

In all cases in which the Reviewer Team requires the program to provide additional evidence of its compliance with the criteria, the reviewer sets a reasonable timetable for the program to come into compliance and to submit the required reports providing evidence of compliance. In general, the original timetable may be extended only one time and may be extended for no more than six months. Rector/principal of the institution who request an extension are required to provide a sufficient and reasonable rationale that demonstrates which circumstances have caused the need for the extension. In order to allow the extension, the Reviewer Team must determine that no harm will come to currently enrolled students if the extension is granted. A program will be placed on provision when an extension is allowed for reasonable cause. If the program is allowed
an extension but remains out of compliance at the end of the extension period, MNMC will withdraw its accreditation.

1. Pre accreditation
   a. Pre accreditation endorsed without recommendations or progress reports required
   b. Pre accreditation endorsed with recommendations. The recommendations are not binding on the program, but reflect suggestions for improvement. These recommendations should be addressed in subsequent accreditation reports.
   c. Pre accreditation endorsed with specific criteria to be addressed in a Mandatory Progress Report (MPR) with set date(s) for meeting the requirements where areas in the stated criteria are not fully met. The MNMC-CEC will make a decision regarding the continuation of pre accreditation status after reviewing the progress report. A reasonable timetable is set for fully meeting the criteria and for submitting the required MPR to the AC-MNMC. The time period available for fully meeting the criteria starts on the day that the program is officially notified that it has not fully met one or more criteria. If the full time program is less than one year in length, the program may have no more than 12 months to fully meet the criteria. If the full time program is more than one year but less than two years in length, the program may have no more than 18 months to fully meet the criteria. If the full time program is at least two years in length, the program may have no more than 24 months to fully meet the criteria.
   d. Pre accreditation denied indicates that a program has not demonstrated sufficient evidence of meeting the established criteria and is significantly out of compliance with multiple criteria. Appropriate institutional representatives will receive a written statement detailing the reasons for action. Programs have the right of appeal; see Section 10. A program denied may reinstitute the process at any time.
   e. If the document is insufficient to make decision, MNMC may defer action for 6 months or until the next meeting. A decision may not be deferred more than once. During the deferral period, AC-MNMC will request that the program submit additional specific documentation. After study and consideration, a decision will be made.
   f. Warning is less serious than provision. Warning status will usually, but not necessarily precede provision, but it cannot be followed by provision. MNMC will put a program on warning if it has not complied with MNMC criteria, policies
or procedures. Examples may include noncompliance with meeting MNMC pre accreditation criteria; failing to submit a Mandatory Progress Report or an Annual Monitoring Report when due; initiating substantive changes without notifying AC-MNMC; or failing to pay invoiced AC-MNMC fees on time. AC-MNMC will establish a plan for the program to report and document its coming into compliance.

A program’s warning status will be placed on the MNMC website pages to notify the public. MNMC will provide official report to MoHS and respective institutions but no later than 30 days after it reaches its decision. If appropriate steps are not taken under warning, further MNMC action may be taken. Under warning status, accreditation is retained, during which time the failures are to be addressed and rectified.

MNMC will set the expected timeframe for the program to correct the failure in accordance with the policies found in the introduction (Section. 5.5). Actions that may be taken.

g. Provision is more serious than warning. It may be used if a program’s noncompliance is multifaceted and/or serious, whether or not the program has previously been placed on warning. MNMC may place a program on provision that has failed to meet expectations when officially warned and/or that fails to follow MNMC criteria, policies or procedures. AC-MNMC will establish a plan for the program to report and document it’s coming into compliance.

A program’s provisional status will be placed on the MNMC website pages to notify the public. MNMC will provide official report to the MoHS, but no later than 30 days after it reaches its decision. Under provisional status, accreditation is retained, during which time the failures are to be addressed and rectified. If appropriate steps are not taken under provision, further MNMC action may be taken.

MNMC will set the expected timeframe for the program to correct the failure in accordance with the policies found in the introduction (Section. 5.5). Actions that may be taken.

h. Withdrawal of pre-accreditation. MNMC may withdraw its pre-accreditation of a program at any time, if a program is deemed to be in serious non-compliance with MNMC criteria or its policies and procedures. If a program fails to resolve the
issues for which it was placed on provision within the timeframe set by MNMC, MNMC will withdraw its pre-accreditation of a program. A program’s withdrawal of pre-accreditation status will be placed on the MNMC website pages to notify the public. MNMC will provide official report to the MoHS and respective institutions but no later than 30 days after it reaches its decision. Once pre-accreditation is withdrawn, a program cannot claim to be accredited by AC-MNMC. This action is likely to have negative implications for students currently in the program. Programs have the right of appeal; see Section 10. In all cases, the program bears the burden of proof to show why MNMC should not withdraw its accreditation.

2. Accreditation Actions

a. Accreditation endorsed without recommendations for a specified interval and with a date for the next visit, calculated from the date of the previous site visit for which accreditation was most recently considered.

b. Accreditation endorsed with recommendations for a specified interval and with a date for the next visit, calculated from the date of the previous site visit for which accreditation was most recently considered. The recommendations are not binding on the program, but reflect suggestions for improvement. These recommendations may be addressed in subsequent accreditation reports.

c. Accreditation endorsed with specific criteria to be addressed in a Mandatory Progress Report and with date(s) for meeting the requirements where areas in the stated criteria are not fully met. MNMC-CEC will make a decision regarding the continuation of accreditation status after reviewing the progress report at its next meeting.

A reasonable timetable is set by AC-MNMC for fully meeting the criteria and for submitting the required Mandatory Progress Report(s) to AC-MNMC.

d. Accreditation denied (Continuing Accreditation) indicates that a program has not demonstrated sufficient evidence of meeting the established criteria and is significantly out of compliance with multiple criteria. The appropriate institutional representative will receive a written statement detailing the reasons for MNMC’s action. The appropriate institutional representative will also receive notice of the right to appeal. Any previous pre-accreditation or accreditation status is terminated unless an appeal is instituted. If the program decides to appeal the
decision of MNMC and gives notice of such intent within the thirty-day limit, all actions by MNMC concerning the change in status will be delayed until the end of the appeal process. Programs have the right of appeal; see Section 10. A program which got denied accreditation may reinitiate the accreditation process at any time.

e. Deferral of Action should the evidence submitted to AC-MNMC be insufficient for MNMC-CEC to make a decision, MNMC may defer action for six months or until the next MNMC-CEC meeting. A decision may not be deferred more than once. During the deferral period, AC-MNMC will request that the program submit additional specific documentation. After study and consideration, a decision will be made. The program retains its accreditation status during the deferral period.

f. MNMC will put a program on warning if it has not complied with MNMC criteria, policies or procedures. Examples may include noncompliance with meeting MNMC accreditation criteria; failing to submit a Mandatory Progress Report (MPR) or an Annual Monitoring Report (AMR) when due; initiating substantive changes without notifying AC-MNMC; or failing to pay invoiced AC-MNMC fees on time. The AC-MNMC Chair will establish a plan for the program to report and document it’s coming into compliance.

The warning status of a program will be placed on the MNMC website pages and AC-MNMC office’s notice board to notify the public. MNMC will provide written notice to the Ministry of Health and Sports at the same time it notifies the program of the decision, but no later than 30 days after it reaches its decision. If appropriate steps are not taken to come into compliance, further MNMC action may be taken. Under warning status, accreditation is retained, during which time the failures are to be addressed and rectified.

The MNMC CEC will set the expected timeframe for the program to correct the failure in accordance with the policies found in the introduction to 5.E. Actions that may be taken.

g. Provision may be used if a program’s noncompliance is multifaceted and/or serious, whether or not the program has previously been placed on warning. The MNMC may place a program on provision that has failed to meet expectations when officially warned and/or that fails to follow MNMC criteria, policies or
procedures. AC-MNMC Chair will establish a plan for the program to report and document it is coming into compliance.

The status of a program will be placed on the MNMC website pages and AC-MNMC office’s notice board to notify the public. MNMC will provide written notice to the Ministry of Health and Sports at the same time it notifies the program of the decision, but no later than 30 days after it reaches its decision. Under provision status, accreditation is retained, during which time the failures are to be addressed and rectified. If appropriate steps are not taken under provision, further MNMC action may be taken.

MNMC CEC will set the expected timeframe for the program to correct the failure in accordance with the policies found in the introduction to 5.E. Actions that may be taken.

h. Withdrawal of Accreditation. MNMC may withdraw its accreditation of a program at any time if a program is deemed to be in serious non-compliance with MNMC criteria or its policies and procedures. If a program fails to resolve the issues for which it was placed on provision within the timeframe set by MNMC, MNMC will withdraw its accreditation of a program. A program’s withdrawal of accreditation status will be placed on the MNMC website pages and AC-MNMC office’s notice board to notify the public. MNMC will provide written notice to the Ministry of Health and Sports at the same time it notifies the program of the decision, but no later than 30 days after it reaches its decision. Once accreditation status is withdrawn, a program cannot claim to be accredited status by MNMC. This action is likely to have negative implications for students currently in the program. Programs have the right of appeal; see Section 10. In all cases, the program bears the burden of proof to show why MNMC should not withdraw its accreditation.

3. Actions Arising from Notification of Proposed Changes, Annual Monitoring Reports (AMR), or Requests for Information Initiated by AC-MNMC

a. When a program notifies AC-MNMC that it intends to make a change that would impact how it meets pre-accreditation criteria, AC-MNMC will initiate a process of investigation to clarify which criteria are involved and how the change will impact the program’s ability to meet the criteria. Programs may be asked to address these criteria in detail and in writing. AC-MNMC Chair will establish a
reasonable timeframe for submission of this information to AC-MNMC. Programs may be told that an SAR and a site visit will be necessary.

b. When a program, through the information provided on its AMR, indicates that a change has occurred or will occur that impacts its ability to meet accreditation criteria, AC-MNMC will initiate a process of investigation to clarify which criteria are involved and how the change will impact the program’s ability to meet the criteria. Programs may be asked to address these criteria in detail and in writing. The AC-MNMC Chair will establish a reasonable timeframe for submission of this information to AC-MNMC. Programs may be told that an SAR and a site visit will be necessary.

c. When AC-MNMC learns, through informal channels, that a change has occurred or will occur that impacts its ability to meet the pre/accreditation criteria, AC-MNMC initiates a process of investigation to clarify which criteria are involved and how the change will impact the program’s ability to meet the criteria. Programs may be asked to address these criteria in detail and in writing. AC-MNMC Chair will establish a reasonable timeframe for submission of this information to the AC-MNMC. Programs may be told that an SAR and a site visit will be necessary.

The pre/accreditation actions that may be taken as a result of information gained through mechanisms a, b, c above are as stated in 5.5. 1. and 5.5. 2.

5.6. Mandatory Progress Report

The letter sent by the secretary to the program will delineate the accreditation criteria that require a response. The Mandatory Progress Report is expected to address each criterion separately and in order as written in the relevant document, Guideline on ‘Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar’. See Appendix B for details on the proper preparation of a mandatory progress report.

5.7. Notification and Publication of Actions

a. Notification and publication of accreditation status
b. Notification and publication of provisional, denial or withdrawal of accreditation

5.8. Delay in Schedule of Site Visit

Programs wishing to continue their accreditation status must have a visit and MNMC action prior to the termination of the current period of accreditation. A request for delay of the site visit may be made by writing to AC-MNMC Chair at least six months before
the termination of the current period of accreditation with specific reasons for the change. The requested delay may not exceed one year. Delays will not be endorsed for programs accredited with specific criteria to be addressed in a Mandatory Progress Report. When a site visit has been delayed, the program is responsible for writing SAR and adhering to the MNMC policies and procedures in accordance with the most recently established MNMC Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar'.
6. SITE VISITOR TEAM (SVT)

6.1. Site Visit Purpose
- To validate the evidence that a program has submitted to the AC-MNMC in its PAR or SAR by going directly to the site(s) of the applicant’s operation; and
- To propose policies and procedures related to conducting site visits for AC-MNMC approval.

6.2. Purpose of the Site Visitor Team (SVT)
- To amplify, clarify and verify the evidence that a program has submitted to MNMC in its PAR or SAR by going directly to the site(s) of the applicant’s operation.
- To propose policies and procedures related to conducting site visits for AC-MNMC approval.

6.3. Composition of the Site Visitor Team (SVT)
Composition consists of a flexible number of site visitors depending on the number and type of nursing and midwifery education programs seeking accreditation. One of the AC-MNMC member will involve in and also act as a Coordinator.

Site Visitors Selection
a. The AC-MNMC will appoint this position.
b. Selection will be guided by the goal of composing a team with sufficient expertise in education/teaching to amplify, clarify and verify reports authored by the diverse types of programs in which nursing and midwifery education occurs. Higher professional education background shall have a priority in selection.

Qualifications
a. Active member of MNMC
b. High Nursing and Midwifery Education background
c. Experience in nursing and midwifery education and/or practice
d. Available for one site visit per year
e. Competent in interpersonal relationship skills

Tenure
2 years term (in alternate rotation with reviewers for AC-MNMC member within the MNMC term).

Responsibility of Site Visitor (AC-MNMC member)
a) Maintain continuous familiarity with MNMC education standards, guidelines and
SOPs

b) Responds to requests by AC-MNMC Secretary to conduct site visit

c) Reads SAR submitted by the school, seeking accreditation

d) Coordinates with school to clarify criteria based on initial read of SAR

e) Coordinates with school to develop site visit schedule

f) Coordinates with other members of the site visit team

g) Conducts site visit

h) Prepares site visit report for submission to the AC-MNMC Chair

i) Remains available to provide further amplification or clarification to MNMC-CEC pending accreditation decision

Responsibility of Site Visitor Team

a) Read a program’s materials in preparation for a site visit, including the PAR or SAR and any other related materials

b) Amplify, clarify and verify the accuracy of those materials before and during a site visit

c) Prepare and submit a report of a site visit to AC-MNMC according to criteria, policies, and procedures established by MNMC

d) Maintain confidentiality and the integrity of all accreditation processes and kept the documents under secured place

Orientation

a. Require a minimum of one orientation session to review policies, procedures, and general operations of the site visitor team including the area of distance education

b. Review and discussion of the training materials and the role and responsibilities of a site visitor

c. Site visitor team may need to attend the assessor/site visitor workshop as required.

6.4. Specific Conflict of Interest Policy for Site Visitors

a. Active members of the Reviewer Team may not serve as site visitors.

b. A site visitor may not have been associated with or a consultant to the educational program being visited prior to a proposed site visit.

c. A site visitor must not have any other association with the educational program that might create even the appearance of a conflict of interest (e.g. recently interviewed for a faculty position)
d. During the planning of a site visit, during the visit itself, and prior to the issuance of a decision by the Reviewers, a site visitor may not act as a consultant to an education program that she/he will visit, is visiting, or has visited

e. Site visitors may not accept any honoraria or any form of remuneration in conjunction with a site visit from a program

6.5. Site Visits

A site visit team will be assembled when the program submits PAR or SAR while scheduling the site visit date. The notification letter will be sent back to the program, containing timeframe for a review visit and information of the reviewers. For pre-accreditation, first site visit must be scheduled before the program has been initiated. For initial accreditation/continuous accreditation, initial site visit must be scheduled after the graduation of the first batch of students.

6.5.1. Purpose of the Visit and the Site Visitors Report (SVR)

The purpose of the site visit is to supplement the PAR or SAR submitted by the program faculty so that the Reviewer Team will have a complete picture of the program. The site visit is conducted by a consistent, objective process. It is the responsibility of the site visitors to verify the accuracy of, clarify and amplify data prepared by the faculty, and to seek additional information that may be pertinent to the evaluation the Reviewer Team. The information obtained in these activities constitutes the Site Visit Report (SVR). The SVR is presented in a standardized report format to the Reviewer Team to use in its review of the program's pre/accreditation status.

6.5.2. Scheduling Process

a. Initiation of site visit schedule for accreditation

1. A respective authority person from the institution is to notify the AC-MNMC to initiate the programmatic pre-accreditation process. The notification may occur as early as six months prior to the site visit.

2. For initial and continuing accreditation, a respective authority person from the institution is to notify AC-MNMC that the institution wishes to initiate the accreditation process. The accreditation notification must occur no later than one year in advance of graduation of the first batch in the case of application for the initial accreditation following pre-accreditation status.
b. Proposing site visit dates
The following should be considered in establishing the dates for the site visit:

1. At least six months prior to the desired visit, the respective authority person or appropriate institutional representative should send a letter to AC-MNMC. The letter should contain three sets of propose dates, each two days in length.
2. The site visit timeframe will be determined through the agreement within AC-MNMC and institutional representative for a site visit review, as well as the programs that will be visited.
3. The site visit must be performed with the pre-agreement plan.

6.5.3. Appointment of Site Visitors

a. Criteria:
Visitors are chosen from the site visitor team by AC-MNMC when a site visit is to be scheduled. Visitors are chosen on the basis of experience, availability, type of program, and special needs (geographic location, joint accreditation visits.)

b. Team size:
The site visit team will include a minimum of three members of which one will be a member of AC-MNMC and two will be from the site visitor pool.

c. Timing of appointment of site visitors:
Within three months of the receipt of the pre-agreement dates, the secretary of AC-MNMC will submit the names of the visitors to the respective authority person in institution.

d. Refusal by the program:
If the program finds a site visitor unacceptable for any reason, the secretary of AC-MNMC should be notified, within one week, and another name/s will be submitted. No more than two refusals shall be allowed.

6.5.4. Site Visit Arrangements

a. Expenses:
AC-MNMC members and secretary will handle the travel arrangements (accommodation, meals, transportation) for site visitors.

b. The institutions must provide computers and technological support if required.

6.5.5. Site Visit Agenda

a. Tentative schedule:
AC-MNMC will provide the tentative schedule for the site visit to the respective institute not later than twelve weeks before the visit. The appropriate institutional representative accepts the tentative schedule and informs that acceptance to the AC-MNMC secretary no later than four weeks before the visit. The site visitor (AC-MNMC member) confirms the schedule with the appropriate institutional representative prior to the visit.

b. **Scheduled activities**

The activities include, but are not limited to:

1. Conference with appropriate institutional representative alone
2. Conference with faculty group alone
3. Conference with student group alone
4. Conference with respective authority person in institution such as rector, dean or principal of the institution and other appropriate administrative officers
5. Observation of teaching and learning resources in the academic and clinical settings

c. **Social activities:**

No social activities should be planned for the site visitors during the site visit.

6.5.6. **Site Visitor Preparation**

Site visitors shall receive the following documents from the AC-MNMC secretary with the program’s PAR or SAR for review:

- MNMC Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”
- MNMC Criteria for Program Pre-accreditation of Nursing and Midwifery Education Program with Instructions for Documentation
- MNMC Criteria for Program Accreditation of Nursing and Midwifery Education Program with Instructions for Documentation
- MNMC Standard Operating Procedures for Accreditation of Nursing and Midwifery Programs in Myanmar Manual and
- Related MNMC published documents (MNMC Law, Core Competencies, and Code of Ethics)

Site visitors must thoroughly prepare for the visit. Preparation includes reading PAR/SAR individually well before the visit and preparing questions, which will need
to amplify, clarify, and verify information in the report. The interview topics and questions should relate to appropriate accreditation criteria.

6.5.7. Use of Reports

a. MNMC property
Upon submission to AC-MNMC, all SAR/PARs become MNMC property and kept with confidentiality in the MNMC’s office.

b. Site visitor use of reports
Site visitors may make notes or annotate the report as reminders of areas to verify, amplify and clarify.

6.5.8. Exhibits

a. Purpose of exhibits
Exhibits are the supporting evidence that documents the statements made in the report. Exhibits to be reviewed by the site visitors should be compiled in one room, labeled, and organized according to the criteria they document.

b. Document review schedule
The site visitors will determine the most expedient method to review materials, but document review should begin on the first day of the visit and all documents should be ready for review.

c. Exhibits cited in report
The title of the exhibit should appear in the report along with the criterion number. For example, Transfer of Credit Policy.

6.5.9. Site Visit Conduct
Site visitors should arrive in ample time to allow them to discuss and make any necessary last minute plans for the visit. The senior site visitor will then coordinate any changes in the schedule with appropriate institutional representative.

a. Attendance at Meetings with Site Visitors:
1. Administrators are not to be present when site visitors meet with the appropriate institutional representative
2. The appropriate institutional representative or other administrators are not to be present when site visitors meet with faculty and student groups
3. The presence of the appropriate institutional representative or other administrators at other meetings is negotiable at the site visitor’s discretion
b. Minimal Impact on Ongoing Activities
During the visit, site visitors should not interfere with the ongoing activities of the program.

c. Daily Activities
Each day should include time for the visitors to gather additional data, review exhibits, organize notes and make adjustments in planned activities. Time should be allowed toward the end of the first day to start writing the SVR.

d. Security of the Site Visit Report (SVR)
Site visitor materials and the written report in progress should be secured while site visitors keep scheduled appointments. Site visitors may make notes on the report as reminders of areas to verify, amplify and clarify.

e. Site Visitor Evaluation
The AC-MNMC secretary will send site visitor evaluation to the respective of program institution to distribute (faculties, students and administrators) to be completed and give the feedback to AC-MNMC.

6.5.10. Functions of Site Visitors

a. Appropriate criteria
Site visitors study PAR or SAR in accordance with the appropriate Criteria.

b. Objectivity
Site visitors make objective observations, viewing each program in light of its own philosophy, outcomes/objectives and purposes.

c. Professional distance
Visitors are not consultants and must refrain from making recommendations to the program about any aspect of the program’s functioning.

d. Clarifications needed during a site visit
Clarifications about either the criteria or the policies and procedures should be directed to the AC-MNMC Chair and secretary, as appropriate.

e. Allocation of site visitors’ time
Both site visitors attend conferences, meetings and any activities that are scheduled during the visit. Other site visit activities, such as review of documents, tour of facilities, class and clinical visits may be assigned as individual responsibilities to assure coverage of all aspects of the program. However, for the most part, visitors work together.
f. Senior Site Visitor (AC-MNMC member) as spokesperson
   The senior site visitor (AC-MNMC member) interprets the purpose of the visit to
   institutional representative, administrators, faculty, students and others; explains the
   definition and purpose of accreditation; and addresses any concerns raised relating to
   the accreditation process.

g. Decisions on the application for accreditation
   The decision on the program’s application for accreditation rests solely with MNMC-
   CEC. Site visitors do not make endorsements about the outcome of the application.
   Site visitors should refrain from offering opinions about actions.

h. Additional documentation
   Site visitors may request additional documentation during the site visit.

i. Changes to the PAR/SAR
   Site visitors may not suggest or require that the program make any changes in
   PAR/SAR.

6.5.11. Site Visitor Responsibilities during site visit

a. Name badges
   AC-MNMC will provide name badges for each site visitor prior to the visit. Name
   badges should be worn throughout the site visit.

b. Introductions at each meeting
   Begin sessions with introductions. The institutional representative may make
   introductions, but the senior site visitor will explain the purpose of the visit to
   administrators, faculty, students and others, i.e. verify, amplify and clarify the
   PAR/SAR.

c. Last minute schedule changes
   Adhere to the schedule mutually established by the institutional representative and
   the site visitors. Last minute changes are usually undesirable and should occur only
   in an emergency and with compelling rationale, taking the program into
   consideration.

d. Review of documents, records and materials
   Review will be conducted according to the following specifications:
   1) Core competencies:
      Randomly verify with MNMC core competencies.
   2) Faculty credentials:
a) Determination of the number of faculty files for review:
This review includes all academic faculty consisting clinical preceptors. In the case of thirty or fewer faculty files, all must be examined. If more than 30, it will be randomly examined for preceptors. The rule is ten files or ten percent.
b) Verification of highest degree earned
Site visitors must see copies of diplomas or official transcripts verifying faculty members’ highest earned degrees.

3) Contract/Agreement documents for clinical sites
   a) Contract/Agreement documents for all clinical sites in use during the identified SAR timeframe are required. The contracts should be signed from relevant teaching learning area/institutions and exhibit alphabetically.
   b) Random sampling of contract/agreement document files may be used if there are more than thirty contract/agreement document files; the rule is ten files or ten percent. In the case of thirty or fewer contract/agreement document files, all must be verified.
   c) The PAR/SAR should include a list of sites and dates when students were assigned to the clinical sites.

4) Clinical practice guidelines:
   a) Practice guidelines for all clinical sites listed need to be available, faculty confirmation of the appropriateness of the site for students. Each site utilizes written evidence of appropriate practice guideline. E.g. objectives, clinical performance evaluation tools, logbook, etc.
   b) Each clinical practice guidelines should be reviewed for consistency with current MNMC core competency standard and practice.

5) Evidence of evaluation site visits to clinical facilities
Initial and periodic evaluation site visits to clinical facilities by the faculty or a head will be documented by written reports and may be shared among AC-MNMC accredited education programs. Random sampling of evaluation site visits may be used if there are more than thirty files.

e. Preparation of the SVR
Site visitors prepare and write the SVR using the appropriate format. The program is to be reviewed only on the basis of the criteria. The PAR or SAR must provide specific and sufficient evidence to the reviewers that each criterion has been met.
f. **Addressing each criterion**
Site visitors must write an entry for each criterion. Whenever possible, at least two sources of evidence must be specified by the site visitors for each criterion through verification of information in the PAR/SAR or through amplifying or clarifying statements made to the site visitors.

g. **If evidence is not cited in the PAR or SAR**, the site visitors should review program materials and other evidence in order to verify the criterion is met. That additional information should be included in the SVR. Merely stating that criteria have been met or have not been met does not constitute evidence. Some factual data regarding the program or the visitors’ observations are essential. The report is a supplement rather than a duplicate of the PAR or SAR.

h. **SVR shared with the respective authority privately**
During site visit: Site visitors share the existing situation findings privately with the respective authority from respective institution.

6.6. **Additional Information**

6.6.1. **Submission of Additional Information**
If the program authority person or appropriate institutional representative needs to submit additional information to amplify, clarify, and verify the findings of the site visit report, (one hard and soft copy) may be submitted to AC-MNMC, AC-MNMC@mnmc.org for the reviewer’s consideration.

6.6.2. **Options for Submitting Additional Information**
Programs have two options for submitting additional information.

a. Addenda submitted with the SVR: Additional information may be submitted as addenda to the SVR when the SVR is conveyed at the conclusion of the site visit

b. Addenda submitted following the site visit: The program authority person or appropriate institutional representative may submit (one hard and soft copy) of the additional information to AC-MNMC, AC-MNMC@mnmc.org within seven days following the site visit for reviewer’s consideration. The original PAR/SAR is retained intact and additional information is added to the program documents. Post site visit and prior to reviewer meeting, the AC-MNMC Chair may request additional information to verify criteria from the program.
6.7. Additional Responsibilities of the Senior Site Visitor (AC-MNMC member)

6.7.1. Spokesperson
Act as official spokesperson for the team. All visitors, however, share in the conduct of interviews, observations in clinical sites, review of documents and the reading of the report.

6.7.2. Site Visit Organizer
Coordinate planning of the site visit, including observations of program or institutional activities. Contact with the other visitors soon after the assignment is made. Plan for site visit schedule and for orientation of other visitors as required.

6.7.3. Orientation of New Site Visitors
The senior site visitor orients the new visitors. The orientation includes a review of the conduct of the visit before the site visit, briefing before interviews or observations, assistance with preparing the report, and planning the reading of the report to the program.

6.7.4. Arrange Orientation
Arrange and conduct the team's orientation sessions and subsequent conferences, observations and meetings.

6.7.5. Site Visit Scheduling
Plan and coordinate the visit schedule with the program authority person from institution.

6.7.6. Site Visit Conduct
Conduct the interview and group sessions during the site visit unless the other visitors agree that the second visitor will conduct a session.
   a. Request to the program authority person to prepare the list of the names and titles of all persons interviewed for the SVR
   b. Assure that the SVR is complete in its verification, clarification and amplification of all criteria
   c. Consult with the Chair of the AC-MNMC and the Reviewer Team on procedural or other problems encountered during the visit
   d. Arrange with the respective program authority the mechanism for addition to the PAR/SAR to be submitted
   e. Assume leadership in the preparing and reading of the SVR to the respective program authority in the institution
f. Finalize the Site Visit Report

The senior site visitor should handle the SVR in this manner:

1) Send SVR via email to the secretary of AC-MNMC for distribution to the reviewer. Hard and soft copies will be sent to all members of the reviewer.

2) Provide a copy to the respective program authority or appropriate institutional representative.

3) Retain one hard copy of the SVR in case it is lost in transit.

4) The senior site visitor may be called prior to the reviewer’s meeting for additional clarification about the SVR. The SVR copy should disposed of in a confidential manner following completion of the reviewer and decision.

f. Throughout the entire site visit process, senior site visitors will:

1) Maintain confidentiality.

2) Not write on program materials except the PAR/SAR.

3) Maintain objectivity in seeking information during interviews, making observations and reviewing documents, i.e. view each program in light of MNMC criteria and in light of its own philosophy, objectives and purposes.

4) Use caution in interpreting or offering information about AC-MNMC policy or procedures. Any questions about the policies and/or procedures should be directed to the MNMC.

5) Arrange travel schedule to allow for pre-visit planning by the site visitors and to allow the site visitors' report to be presented by them.

6) Dress appropriate attire.
7. APPLICATION FOR ACCREDITATION PROCESSES

7.1. Pre-accreditation

1. Procedure for Initiating the Process and Scheduling a Site Visit

   a. Letter of Intent

      A responsible person from respective institutions or schools is to notify AC-MNMC in writing by official letter that they wish to initiate the programmatic pre-accreditation process. This notification may be sent as early as twelve months but no later than six months prior to the site visit dates proposed by the institution.

   b. AC-MNMC Secretary will acknowledge receipt of this notification, will send the institution information about the timeline for submission of PAR and conduct of the site visits for three days. The site visit must be made no later than ten weeks prior to a meeting of the Reviewer Team. At this time, current documents and manuals will be sent.

   c. Upon receipt of the proposed site visit dates, AC-MNMC Chair will select three site visitors per program for the proposed dates. AC-MNMC Secretary will send official letter for the site visit with the chosen dates and proposed visitors to the institution.

   d. The institution must approve or refuse the proposed site visitors in a timely manner. The institution may refuse up to two visitors. If the institution’s response is received so late that the chosen site visitors will not have at least six weeks to read the PAR and prepare for the visit; and/or if the rescheduling would leave less than ten weeks after the site visit for AC-MNMC members to prepare to review the proposed program, AC-MNMC may reschedule the visit to a later date.

2. Accreditation Standards

   The program will be reviewed according to the MNMC Guideline on 'Standards and Criteria for Pre-Accreditation of Nursing and Midwifery Education Programs in Myanmar'.

3. Professional Standards

   As established in the Criteria for Programmatic Pre-accreditation, the program will be reviewed for its congruence with standards for the profession of nursing and midwifery established by MNMC that were in effect at the time the letter of intent is submitted, unless the program requests a review according to more recently revised versions of these documents.
4. The Pre-Accreditation Report PAR
The program must prepare and submit a PAR using the Guideline on 'Standards and Criteria for Pre-Accreditation of Nursing and Midwifery Education Programs in Myanmar' and the information in the Standard Operating Procedure Manual and additional forms (Guideline for writing format). See Appendix B for specific information on the preparation of the PAR/SAR.

5. Off-Cycle AC-MNMC Consideration
If needed for financial or recruitment purposes to initiate the program, the program may request in writing to the AC-MNMC Chair that the Reviewer Team meet between regular meetings, via telephone conference call to determine whether pre-accredited status will be endorsed. Upon receipt of the request, AC-MNMC Chair confers with the Reviewer Team.

6. Endorsing of Pre-accreditation
MNMC-CEC will endorse pre-accreditation status to a program that gives evidence of being consistent with the Criteria for Programmatic Pre-accreditation for the types of actions that may be taken by MNMC. The program will be notified in writing by AC-MNMC Chair. AC-MNMC Chair will notify the institution and its designated officials in writing of MNMC decision on pre-accreditation. Pre-accredited programs will be listed in MNMC publications.

7. Denial of Pre-accreditation and Appeal Rights
A program that has been denied pre-accreditation status has the right to appeal the decision. The appeal process is outlined in this document in Section 10 below.

7.2. Initial/Continuing Accreditation
1. Procedure for Initiating the Process and Scheduling a Site Visit
   a. Letter of Intent
      A respective authority from respective institutions or schools is to notify AC-MNMC in writing by official letter that they wish to initiate the programmatic accreditation process.
      
      1) For application of initial accreditation following pre-accreditation, this notification must be sent no later than one year after admission of the first batch of students. The SAR for such accreditation may be submitted after one year or until the first graduation of students. The site visit must conduct after the SAR.
2) For continuing accreditation, the process may be initiated as early as twelve months prior to the proposed site visit dates. The process must be initiated no later than six months prior to the proposed site visit dates. Under regular circumstances, the program should plan for review by the AC-MNMC at the regularly scheduled MNMC-CEC meeting immediately prior to the expiration date of the program’s current accreditation.

b. AC-MNMC secretary will acknowledge receipt of this notification, will send the official letter to the institution information about the timeline for submission of the SAR and conduct of the site visit for three days, the dates will be set by AC-MNMC. The site visit must be made no later than ten weeks prior to a meeting of Reviewer Team.

c. The institution must respond no later than one month to the official letter from AC-MNMC

d. Upon receipt of the site visit dates, AC-MNMC will select three site visitors from among the trained assessors. AC-MNMC secretary will communicate the chosen dates and assigned site visitors to the institution.

e. The institution must approve or refuse the proposed site visitors in a timely manner. The institution may refuse up to two visitors. If the institution’s response is received so late that the chosen site visitors will not have at least six weeks to read the SAR and prepare for the visit; and/or if the rescheduling would leave less than ten weeks after the site visit for Reviewer Team members to prepare to review the proposed program, AC-MNMC may reschedule the visit to a later date.

2. The Self-Assessment Report (SAR)

The education program must prepare and submit a SAR using the Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”. Detailed directions for the preparation and submission of the SAR are found in Appendix B of this manual.

3. Off-Cycle AC-MNMC Consideration

If needed for financial or recruitment purposes to initiate the program, the program may request in writing to the AC-MNMC Chair that the Reviewer Team meet between regular meetings. If the request is agreed, the program is responsible for paying an off-cycle review fee. See Appendix D for the fee schedule.
4. Site Visits
A site visit is conducted in conjunction with the first accreditation and with the continuing accreditation process.

5. Endorsing of Accreditation Status
The MNMC will endorse accreditation status if a program gives evidence of being consistent with the Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar'. The program will be notified in writing by AC-MNMC Chair. The AC-MNMC Chair will notify the institution and report to the MoHS, its designated officials in writing of the MNMC-CEC decision on accreditation. Accredited programs will be listed in MNMC publications.
If the program does not present evidence of meeting the Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar' and will not be recognized accreditation status, the program will be notified in writing by AC-MNMC Chair.

6. Maintenance of Accreditation Status/Reporting Requirements
a. Pre-accreditation is maintained by having a favorable ongoing review by AC-MNMC via the annual monitoring process for one year. After getting recognizing from pre-accreditation, the program should maintain the status of pre-accreditation and immediately prepare for the initial accreditation.

b. Initial accreditation is maintained by having a favorable review by AC-MNMC via the annual monitoring process for three to five years decided by MNMC. After initial accreditation status has been endorsed, the responsible person of the institution must notify AC-MNMC Chair of any changes of how a program meets MNMC criteria. If the changes occur in the two months prior to the date of submission of the annual monitoring form, they may be submitted via that form. If the changes occur at any other time of the year, the educational institution must communicate in writing with AC-MNMC Chair.

7. Maintenance of Accreditation Status/Unreported Changes
If the AC-MNMC becomes aware of unreported changes or new information occurring in an accredited program that could cause the program to be out of compliance with the accreditation criteria, AC-MNMC Chair will request clarification from the responsible person from the institute. The AC-MNMC Chair determines whether a program change or new information is substantive enough to be addressed by the AC-MNMC. After
reviewed AC-MNMC Chair will determine what documentation is necessary and whether additional review by the AC-MNMC or a site visit will be required. The MNMC-CEC may determine whether accreditation status will be continued or revoked.

8. Denial of Accreditation and Appeal Rights
A program that has been denied accreditation status has the right to appeal the decision. The appeal process is outlined in this document in Section 10.
8. MONITORING ON CHANGES IN ACTIONS OF THE PROGRAM RELATED TO ACCREDITATION STATUS

8.1. Programmatic Changes

A substantive change is one, which creates a new response to any of the Guideline on 'Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar'.

AC-MNMC supports creative change to allow for educational modifications, developments in the professional field, institutional affiliations, financial efficacy, local need or other changes designed to ensure access to accredited programs for all students who wish to become nurses/ midwives. All program changes will be reviewed in line with the MNMC programmatic criteria that the programs will produce safe, competent nurses and midwives, and to ensure that students are appropriately prepared for safe and effective practice following program completion. All changes described below must be reported to AC-MNMC prior to implementation.

1. Reconfiguration within an Accredited Program

   a. In reconfiguration, no change is made to the credential to which the program leads. However, other changes that would alter how the program meets the accreditation criteria may be made to the program's structure or operation.

      Some examples of programmatic reconfiguration are as follows. –
      The program must report any other changes related to its ability to meet MNMC criteria.
      1) Change in institutional affiliation
      2) Major curricular changes, such as adding concentrations or changing the number of credits required to complete the program
      3) Shift in the financial support for the program, including changes that have a negative impact on the continuation of the program
      4) Significant change to the quantity and type of clinical nursing and midwifery services that provide sufficient patient volume for students to achieve competency
      5) Significant reduction in the number, status or qualifications of faculty
      6) Change of the program director (Authority of the institution, Dean, Principal)
      7) Notable decline or significant increase in the number of students allowed enrolling
8) Changing from a traditional mode of delivering the curriculum to distance education
9) Adding a new separate location for offering the program
10) Changes in admissions cycles; and/or
11) Change in program structure
12) Change in legal status, control or ownership of the institution or program

b. Changes within a program may be planned, the result of periodic evaluation or unplanned. All changes that alter how the program would address an accreditation criterion must be reported. Such changes must be reported in a timely manner, either through the annual monitoring reporting process or by separate communication with the AC-MNMC Chair.

2. Transition to another Credential

a. Transition to another award or credential refers to changes to an accredited program that alters the credential to which it leads. That is, the program shifts from culminating in one degree or certificate to a new degree or certificate. An example of a transitional change would be a program in Nursing or Midwifery culminating in a certificate changing so that it will culminate in a Bachelors degree.

b. Transition from one credential to another is a substantive change. While some of the programmatic elements may remain the same, such as the library resources, the institutional administration, and academic teaching facilities, other aspects will shift to address the new credential offered. Such changes may be reflected in the curricular requirements, program objectives and student outcomes, graduation requirements, clinical sites, faculty qualifications, and the like. AC-MNMC expects that transition to a new credential will alter how the program would address a number of the accreditation criteria. This type of change would require a program to conduct a comprehensive review of the programmatic accreditation criteria and submit that as a report to AC-MNMC. Action by MNMC will be taken as indicated.

3. Affiliation Agreements

Affiliations leading to a single credential

Programs or the institutions in which they are housed may arrange for some program requirements to be offered by an affiliated entity. They would share in offering a
curriculum that leads to a single credential. Only one of the affiliated entities will offer the credential and needs to be accredited by AC-MNMC.

If affiliated institutions jointly offer students courses within the nursing and midwifery education program, the institutions must clearly identify which institution awards the credential and state the nomenclature of the specific credential to be earned.

An example would be a program leading to a basic certificate that affiliates with another institution to offer some graduate level courses required for completion of the certificate. However, only the entity that awards the certificate would need to be accredited by AC-MNMC or may advertise as offering an accredited program.

8.2. Accuracy of Public Information

All advertising/information to the public regarding recruiting, admissions practices, academic calendars, catalogs, other publications, grading and advertising must be accurate and if the program chooses to state it is accredited by MNMC, reflect the accreditation status of the program. When the accreditation status mentioned in published material does not reflect the current accreditation status, AC-MNMC will direct the program to correct the inaccuracies by publishing revised editions or inserting correction notices. This includes:

a. The accreditation status of the program
b. The contents of the Site Visit Report (SVR) and/or
c. The action(s) of the MNMC

8.3. Processes for Reporting Substantive Change(s) in the Nature of the Program

1. Notification to AC-MNMC

An accredited nursing and midwifery program must continue to meet current MNMC criteria in order to maintain that status. Any substantive change in an accredited program that would alter the response to any accreditation criterion must be reported. If the program authority person or the appropriate institutional representative is uncertain, whether a proposed change would affect how the program meets one or more criteria, the AC-MNMC should be consulted. If needed, the AC-MNMC Chair will discuss the question with the AC-MNMC members. The program authority person or appropriate institutional representative must submit an outline of the proposed changes relative to the specific criteria affected and dates of proposed implementation to AC-MNMC. The AC-
MNMC Chair will consult with the MNMC-CEC to determine whether a program change should be addressed by the reviewers.

2. Outcomes of Consultation
The following outcomes of this consultation are possible:

a. The MNMC-CEC may decide that no further information is needed and the proposed changes do not require action.
b. The MNMC-CEC may decide that further information is needed.
c. The MNMC-CEC may refer the proposed changes to the Reviewer Team, which will review the proposed changes and consider action. Actions are delineated in the reviewers section of this manual.

8.4. Teach-Out Agreements
A program accredited by MNMC that enters into a teach-out agreement with a program at another institution must submit that teach-out agreement to MNMC for approval. AC-MNMC will approve the teach-out agreement only if:

a. The agreement is between programs that are accredited by MNMC
b. Is consistent with applicable MNMC standards

The teach-out program demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances.

8.5. Admission of Students in all Cases of Substantive Change
In all cases, in order to ensure the accreditation status is maintained, MNMC policy is that programs undergoing substantive change should not admit students under the proposed new format until MNMC has endorsed on the status of accreditation.

8.6. Change in Admission Cycle
Institutions and programs have established student admission cycles (e.g. once every year, twice a year, once every two years). When a variation occurs either by additional admission cycles or omission of cycles, written notification must be provided to AC-MNMC, including an explanation of the impact upon the institution or program.
8.7. Unreported Changes

If AC-MNMC becomes aware of changes occurring in an accredited program that could endanger accreditation status, AC-MNMC will request clarification from the program authority person or appropriate institutional representative. AC-MNMC will confer as to whether the situation merits review and action by the Reviewer Team.


AC-MNMC implements an ongoing process of monitoring its accredited programs to achieve the goal of continuous and ongoing improvement and to gather data on each program’s performance with respect to student achievement.

1. Reporting Time Frame

An Annual Monitoring Report (AMR) for programs will be requested each year. This is one of the mechanisms AC-MNMC uses to monitor programs throughout the accreditation period to ensure continuing compliance with accreditation criteria. The program authority person or appropriate institutional representative is required to complete the form according to the instructions provided. All information requested in this report pertains to the immediately preceding calendar year (not the academic year). If substantive change(s) have occurred in the last year, the date that the substantive change(s) was reported (in writing) to AC-MNMC should be included with the Annual Monitoring Report (AMR).

If AC-MNMC does not receive the completed AMR by the specified time, a follow-up contact with the program authority person or appropriate institutional representative will be made. If a program does not submit the AMR, AC-MNMC will provide official warning to the program that the monitoring report is to be submitted to AC-MNMC within thirty days. Pass rates are required in the annual report. Failure to comply will result in provision and could lead to withdrawal of accreditation.

2. Aggregated Annual MNMC Exam Pass Rates

Programs’ aggregated annual MNMC exam pass rates for first time test takers are required AMR data. The aggregated annual pass rate data should be calculated on the most recent three years of exam results. If AC-MNMC notes a program’s aggregated pass rate reported on the AMR is less than 75%, the program need to develop and submit an improvement plan which should include an explanation for the low pass rate, a plan for improving the first time pass rate, the five-year pass rate, and first time retake pass rate. If AC-MNMC finds the program has reported on two consecutive
AMRs that its pass rate has failed to reach 75%, the MNMC will place the program on warning.


All AMRs will be reviewed by AC-MNMC. The AC-MNMC Chair will make decisions as to which programmatic or institutional changes or concerns need to be brought to the attention of the reviewers for review and action. If the reviewer is asked to review the changes or concerns, the actions will be as stated above under Sections 8.1.1.b. The time period for a program to come into compliance will be specified by the reviewers.

8.9. **Failure to Permit Reevaluation**

Should a program fail to permit reevaluation after due notice as specified elsewhere in this document, MNMC may take action to withdraw the accreditation status of a program. If the program seeks reinstatement, the process for obtaining accreditation status must be followed.
9. CLOSING OF NURSING AND MIDWIFERY PROGRAM

9.1. Voluntary Withdrawal of Accreditation

When a program decides to close and voluntarily withdraws its accreditation status or lets its accreditation status lapse, a report that fully describes the plan for closing is to be submitted to AC-MNMC as a two-step process:

1. Initial Notification to AC-MNMC

A letter is to be sent to the AC-MNMC with notification that the program or institution is to close along with the ways and means for students to complete the AC-MNMC accredited nursing and midwifery curriculum, the projected student teach out completion date, the number of students still to graduate and the schedule of courses for completing the teach out process.

2. Schedule of Closure Related Actions

When the exact date for the closing is determined, a letter is to be sent to the AC-MNMC to address:

a. Final plans for students to complete the certificate or degree
b. Specific plans for the maintenance and accessibility of student records pertinent to the program or faculty, staff and student records for the institution
c. Arrangements, if appropriate to the situation, for the continuation of essential student services and institutional functions during the closure process
d. If applicable, steps taken to meet any specified conditions (specific criteria) the program has been requested to address by the reviewers

9.2. MNMC Actions

Based on the information provided in the closing report, the accreditation status of the program, and the time of the next scheduled site visit, MNMC will take the following actions:

a. Cancel the next visit and continue accreditation until the closing date
b. Schedule a supplementary visit
c. Reaffirm the originally scheduled visit or
d. Withdraw accreditation upon notification by the program
9.3. Refusal to Submit a Closing Report
If a program that is planning to close refuses to submit a closing report to the AC-MNMC, such action will constitute a declaration of choice to have accreditation status withdrawn. MNMC will take action to that effect.

9.4. Continued Operation
If a program that has informed AC-MNMC of its plans to close and has been notified of MNMC's decision to continue accreditation subsequently changes its plans to close and decides to continue operating beyond the initially announced closing date, a site visit will be scheduled at the earliest date possible. The procedure to be followed will depend upon the status of the program or institution at the time of both the announcement of its closing and that of the change of plans.

9.5. Closure without Notice to AC-MNMC
If a program closes without prior notice to AC-MNMC, the closing brings with it the effective withdrawal by MNMC of the program’s accreditation. MNMC will take specific action withdrawing accreditation status.

9.6. Lapsed Accreditation
When a program fails to initiate the process of applying for initial accreditation or continued accreditation according to the timeframes established by MNMC, and reaches the date established in its letter of accreditation for its next site visit without initiating the process, the program’s accreditation lapses. MNMC will take specific action withdrawing accreditation status.

9.7. Notification of Accreditation Withdrawal
In the case of a program closing and voluntarily withdrawing from accreditation, MNMC withdraws the program’s accreditation status. MNMC will provide written report to the MoHS and government authorized Ministries in Myanmar. The notifications of a program’s voluntary withdrawal due to closing must be sent no later than 30 days after the program has notified MNMC of the decision to close. If a program lets its accreditation lapse, MNMC will provide written report to the MoHS and government authorized ministries in Myanmar and, upon request, the public within 30 days of the date on which accreditation lapses.

9.8. Fees
Programs are responsible for paying by fees owed to AC-MNMC. All fees must be paid by established deadline based on accreditation status. See Appendix D, Fee Schedule.
10. APPEAL PROCEDURE FOR DENIAL OR WITHDRAWAL OF PRE-ACCREDITATION OR ACCREDITATION STATUS

10.1. Written Notice of Appeal

A program whose accreditation status has been denied or withhold may appeal the decision denying such status within (30) thirty days of its receipt of notice of such denial by filing a written notice of appeal with the MNMC. All actions by MNMC concerning the change in status of accreditation will be delayed until the end of the appeal process.

Before an adverse action by MNMC based solely upon failure to meet a standard or criterion is considered final, a program may on one occasion seek MNMC review of significant information that was unavailable prior to determination of the adverse action and that bears materially on the deficiency. If MNMC takes action leading to an appeal that was based on a program’s failure to meet criteria, and if the new information meets the criteria or gives evidence of progress toward meeting the criteria, MNMC will consider that information in making a decision on the appeal. The content of the additional new significant or information may not lead separately to an appeal.

Specifically, if the adverse action relates to the program’s financial status, new financial information may be reviewed once if the following conditions apply:

1. The financial information was unavailable to the program until after the decision subject to appeal was made
2. The financial information is significant and bears materially on the financial deficiencies identified by MNMC
3. The only remaining deficiency cited by MNMC in support of a final adverse action decision is the program’s failure to meet a criterion pertaining to finances.

The new financial information may not provide a basis for an appeal.

10.2. Appointment of Ad Hoc Appeal Team

Within ten working days of receipt of the written notice of appeal, the MNMC President shall appoint an Ad Hoc Appeal Team of three members from the MNMC-CEC. The MNMC President will verify that the proposed members of the Team are free of any potential conflicts of interest and may not include anyone who was a member of the AC-MNMC at the time that it took the initial adverse action. One of the members of the Team will be the other member of the MNMC, unless a potential conflict of interest would
prevent her/him from serving. In that case, another member will be selected to serve on the Ad Hoc Appeal Team drawn from a pool of members of eminent Nursing and Midwifery Professional. The MNMC President will ensure that the team includes both practitioners and educators. If the program under review relies exclusively or heavily on distance education methodologies, the MNMC President will ensure that at least one member of the team has experience with distance education. After the members have been appointed to the team, the MNMC President will discuss the conduct of the appeal with the team members to ensure that each is thoroughly prepared for her/his role in the appeals procedure. The MNMC President will ensure that all MNMC members are well experienced, well trained and will be knowledgeable with regard to AC-MNMC documents, especially the MNMC Standard Operating Procedures Manual. If necessary, the MNMC President will seek input and guidance from a lawyer in order to ensure that the team is properly prepared for its duties and that due process is followed.

10.3. Notice of Hearing

1. Within 10 working days following the formation of the Ad Hoc Appeal Team, MNMC shall notify the program filing the appeal of the following:
   a. The date [which shall be no more than sixty and no less than forty days from the appointment of the Ad Hoc Appeal Team], time and place of the hearing
   b. That the program must submit a written presentation of the grounds upon which the appeal is taken to the Ad Hoc Appeal Team at least two weeks prior to the date of the hearing. A member(s) of that program must appear at the hearing
   c. The program has the right to be represented at the hearing by counsel of the program’s own choosing, to introduce evidence on its behalf, to examine any evidence introduced against it, to be advised, on request, of the names of any witnesses appearing against it, and to cross-examine any such witnesses

2. The MNMC President shall also notify the site visitors and the members of the AC-MNMC who participated in the decision to deny or withdraw accreditation status of the date, time and place of the hearing. One of the site visitors and one member of the AC-MNMC shall be present at the hearing.

10.4. Conduct of Hearing

1. The MNMC President shall preside over the hearing to determine the order of proceedings, maintain decorum and assure that all participants in the hearing have
a reasonable opportunity to present and examine all relevant oral and documentary evidence introduced therein.

2. The program and AC-MNMC shall have the right to be accompanied by or represented by counsel in the conduct of the appeal, including making any presentation allowed during the appeal.

3. The hearing need not be conducted strictly according to the rules of law applicable in a court proceeding as to the examination of witnesses or presentation of evidence. The Ad Hoc Appeal Team shall consider relevant information contained in the PAR or SAR or school catalog, the SVR or addendum submitted by the program director or appropriate institutional representative within one week after the site visit, the materials submitted in accordance with "specified conditions" or "progress reports," the Annual Monitoring Report (AMR) submitted to AC-MNMC above presented by the appealing entity. These will be considered, whether or not admissible in a formal court proceeding.

4. A record of the hearing shall be kept and shall be available to the appealing entity for review.

5. The MNMC President shall have discretion to recess for a reasonable time and reconvene the hearing upon her/his own request, that of the program or that of any member of the hearing committee.

6. Following the hearing, the Ad Hoc Appeal Team shall determine whether to affirm, amend, or reverse the adverse action. The Ad Hoc Appeal Team also has the option to remand the adverse action to the AC-MNMC for further consideration. If the team remands the action to the AC-MNMC, it will identify the issues which the AC-MNMC must address. The AC-MNMC must act in a manner consistent with the Appeal Team’s decisions or instructions.

7. The MNMC President shall notify the respective authority person about the determination of the Ad Hoc Appeal Team and reasons in writing within two weeks following the conclusion of the hearing. The MNMC President shall also notify the relevant site visitors and Reviewer Team members about the decision. The determination of the team shall be final.

8. MNMC requires a fee to file an appeal of an adverse action to cover the costs of the appeal. The fee must be submitted with the initial written appeal. Any costs
beyond what the fee covers will be borne by AC-MNMC. The program filing the appeal will be responsible for its own expenses.

10.5. Timeline of Appeal Procedures

MNMC action

(30 working days)

↓

Written notice of appeal to MNMC President

(10 working days)

↓

MNMC President appoints Ad Hoc Appeal Team

(2 members from MNMC-CEC and 1 member from eminent Nursing and Midwifery Professional)

(10 days)

↓

MNMC President notifies representative authority person of institution, Reviewer Team, Site Visitors,

(40-60 days)

↓

MNMC-CEC convenes Hearing; Ad Hoc Appeal Team decides to uphold or overrule decision of MNMC-CEC

(14 days)

↓

MNMC President, notifies appropriate institutional representative of decision
Appendix A: Accreditation Process Flow Chart

New Program

Submit PAR

Satisfactory on Pre-Accreditation Criteria

Pre-accreditation

After 1st Graduation of Students
Submit SAR and Repeat Site Visit

Satisfactory on Accreditation Criteria

Existing Program

Submit SAR

Satisfactory on Accreditation Criteria

Unsatisfactory on Pre/Accreditation Criteria

Repeat the cycle

Initial Accreditation
3-5 years as defined by MNMC

Annual Monitoring Plan
(or)
Improvement Plan

Repeat SAR and Site Visit

Unsatisfactory on Accreditation Criteria

Repeat the cycle

Satisfactory on Accreditation Criteria

Continue Accreditation
Appendix B: Instructions for Preparation of, Pre-Accreditation Report (PAR), Self-Assessment Report (SAR) and Mandatory Progress Report (MPR)

Instructions for Preparation of SAR/PAR

- For ease of review of SAR/PAR
  - Font – Time New Roman, Size – 12/Myanmar 3 Size 14
  - Line Spacing – 1.5
  - Pages – not more than 80 pages excluding appendices
- Double sided is allowed
- Adequately bound if report is too large to be bound as one report, bind the report and appendices separately.
- Format
  - Title Page (Base on the form in Institution Contact Information – Appendix D)
  - Table of contents (a list of all sections and appendices with page numbers)

The SAR report should be prepared in line with all standards prescribed in "Guidelines on Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar".

The components of a SAR are:

1) Pre-content
   - Outer coversheet
   - Inner coversheet
   - Preface
   - Executive summary

2) Content
   2.1 Background of the Nursing and Midwifery Education Institution (NMEI):
   Type, function and personnel in the NMEI, number of students in a year
   2.2 Outcomes:
   Summary report of achievement/non-achievement of each standard/criterion required by the MNMC in relation to:
   - NMEI and facilities.
Nursing and midwifery programme/curriculum and its methodology.
Nursing and midwifery students.
Classrooms, lecturers and clinical instructors.
Performance assessment of skills and competencies of students.
Nurses/midwives/nurse–midwives who have graduated.
QAS- Quality Assurance System

2.3 Analysis of working outcomes:
Identification of the institution’s strengths and weaknesses

2.4 Summary of work outcomes

2.5 Annex of SAR

- Names, work positions, workplaces of board members.
- Names of theory and clinical instructors.
- Acceptance, collaboration and referral letters.
- Names and addresses of students.
- Study time-table/schedule and rotations in clinical/ community practice.
- Records of training and logbooks of students.
- Meeting reports and working assignment sheets or the structural diagram of the work.
- Incorporate the responses into one PAR/SAR, not separate PAR/SARs for each program. Examples: a school that has a basic master’s program, bachelor program, a basic Diploma in Nursing and Midwifery program, and basic midwifery program.
- Lists credential/s and degree level/s awarded
- Lists Universal Resource Location (URL) or website address for the institution
- Defines the SAR time frame,
  - The one-year period represented in this self-study, including type of year (academic or calendar year)
  - The two most recent completed class cohorts for student clinical experience
- Provides a list of any abbreviations and acronyms essential for reading the SAR

The AC-MNMC Secretary will return the PAR/SAR of the programs to institutions if
PAR or SAR does not adhere to these specifications for revision and resubmission. This may delay the pre/accreditation process.

**Instructions for Submitting a Mandatory Progress Report (MPR)**

The mandatory progress report must be submitted in electronic PDF copy to AC-MNMC. If the MPR does not meet the format requirements, AC-MNMC will request a new copy, which could delay the accreditation process. The MPR may be accompanied by a brief cover letter and must be submitted by the established deadline.

For ease of review, electronic copy of the MPR MUST include:

a. Clearly typed (including one-and-a-half spaced, 1 inch margins all around, no less than 12 font)
b. Include a table of contents listing all sections and appendices with page numbers sequentially numbered from the title page to the end (including appendices)
c. Bookmarked sections of the report criteria
d. Bookmarked appendices
e. Consecutive pagination throughout (including appendices)
f. Limited to 80 pages, excluding appendices
g. An updated cover sheet with the following information:
   1) Name of the institution
   2) Specific title/name of the program (for programmatic accreditation only)
   3) Names, credentials, and titles of appropriate institutional representative
   4) Addresses and telephone numbers of persons to be notified
   5) Current phone numbers and email addresses for the institutional representative
Appendix C: Sample Format for Information

Instructions for Application of Accreditation of Nursing and Midwifery Education Program

This accreditation application form is developed for Midwifery Diploma, General Nursing and Midwifery Diploma, B.N.Sc., M.N.Sc., and Ph.D./Doctor of Nursing and Midwifery education program.

1. Each program is required to complete the form according to the given guidelines.
   The cost of accreditation ("fee") for each program is ________.

2. The voucher of __________________________ (name and address of bank and banking no.) should be attached with the application.

3. The application form is available at the office of the Myanmar Nurses and Midwife Council on payment of____________________________.
To
President,
Myanmar Nurse and Midwife Council

Date of application______________________________

Name of institution/training school___________________________

Date of establishment ________________________________

Address ____________________________________________

______________________________________________________________________

Duration of the program____________________________________

Number of students enrolled/year__________________________

Number of students (total)_______________________________

Date of last accreditation________________________________

Financial supporter_______________________________________

Name of organization/department/agency____________________

Signature of applicant____________________________________

Full name_______________________________________________

Designation____________________________________________

Date___________________________________________________

Tel. No._______________________________________________

Fax. No._______________________________________________

Email address ___________________________________________
Program(s) Information

Name of Institution

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Degree or certificate</th>
<th>Current Student Enrollment per Class</th>
<th>Total Student Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OVERALL TOTAL
Appendix D: Accreditation Fee Schedule

Standard Operating Procedures Manual of AC-MNMC contains the information relevant to the fees referenced below. A general explanation about fees related to AC-MNMC accreditation may be found in the manual in Section 3.4. Fees are subject to change and increase annually as deemed by the MNMC CEC.

<table>
<thead>
<tr>
<th>Pre-accreditation Fees (for new programs only)</th>
<th>Fee Type</th>
<th>Amount</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-accreditation Flat Fee for Private Institution</td>
<td>5,000,000 kyats</td>
<td>AC-MNMC will email and mail an invoice, which must be paid within 45 days of issue. All past due invoices must be paid in full prior to a site visit being conducted. Failure to pay any fee within 60 days will result in a warning to pre/accreditation status.</td>
<td></td>
</tr>
<tr>
<td>Pre-accreditation Flat Fee for Public Institution</td>
<td>2,000,000 kyats</td>
<td>AC-MNMC will email and mail an invoice, which must be paid within 45 days of issue. All past due invoices must be paid in full prior to a site visit being conducted. Failure to pay any fee within 60 days will result in a warning to pre/accreditation status.</td>
<td></td>
</tr>
<tr>
<td>Site Visit</td>
<td>1,000,000 kyats</td>
<td>If any of these fees apply to your program they will be reflected on your invoice.</td>
<td></td>
</tr>
<tr>
<td>Substantive Change/Off-Cycle Review</td>
<td>500,000 kyats</td>
<td><strong>Site Visit</strong>: AC-MNMC will be responsible for handling the reimbursement of expenses related to site visitor travel, which includes hotel, air/ground transportation, and a daily per diem.</td>
<td></td>
</tr>
<tr>
<td>Late Payment</td>
<td>100,000 kyats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Fee</td>
<td>10,000 kyats per student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The fees will be considered according to MNMC Procedure and decided by AC-MNMC.
## Initial or Continuing Accreditation Fees

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Administrative Fee for Private Institution</td>
<td>10,000 kyats per student</td>
<td>AC-MNMC will email and mail an invoice, which must be paid within 45 days of issue. All past due invoices must be paid in full prior to a site visit for initial accreditation. For subsequent years in initial accredited period, annual fee must be paid along with annual report. Failure to pay any fee within sixty days will result in a warning to accreditation status.</td>
</tr>
<tr>
<td>Annual Administrative Fee for Public Institution</td>
<td>5,000 kyats per student</td>
<td>AC-MNMC will email and mail an invoice, which must be paid within 45 days of issue. All past due invoices must be paid in full prior to a site visit being conducted. For subsequent years in initial accredited period, annual fee must be paid along with annual report. Failure to pay any fee within sixty days will result in a warning to accreditation status.</td>
</tr>
<tr>
<td>Site Visit</td>
<td>1,000,000 kyats</td>
<td>If any of these fees apply to your program they will be reflected on your invoice.</td>
</tr>
<tr>
<td>Substantive Change Review/Off-Cycle</td>
<td>500,000 kyats</td>
<td>Site Visit: AC-MNMC will be responsible for handling the reimbursement of expenses related to site visitor travel, which includes hotel, air/ground transportation, and a daily per diem.</td>
</tr>
<tr>
<td>Late Payment</td>
<td>100,000 kyats</td>
<td></td>
</tr>
<tr>
<td>Renewal of Accreditation Fee</td>
<td>200,000 kyats</td>
<td></td>
</tr>
</tbody>
</table>

Note: The fees will be considered according to MNMC Procedure and decided by AC-MNMC.
Appendix E: SOP Manual Development Members

1. Daw Nwe Nwe Khin  President
   Director (Nursing) (Retired)  MNMC
   Department of Health Professional
   Resource Development and Management
   Ministry of Health

2. Daw Aye Nyunt  Vice President
   Assistant Director (Nursing) (Retired)  MNMC
   Department of Medical Science
   Ministry of Health

3. Capt. Daw Than Than Soe  Secretary
   Nursing Officer (Retired)  MNMC
   No (1) Military Hospital
   Mingaladon

4. Prof. Hla Hla Aye  Joint-Secretary
   Pro-rector (Academic) (Retired)  MNMC
   University of Nursing, Yangon

5. Dr. Kyawt Kyawt Swe  CEC Member
   Lecturer/Head of Department  MNMC
   Military Institute of Nursing and
   Paramedical Sciences

6. Prof. Naw Clara  CEC Member
   Professor/Head  MNMC
   Community Health Nursing Department
   University of Nursing, Yangon
7. Daw Khin Mar Cho  
   CEC Member  
   Nursing Superintendent (Retired)  
   MNMC  
   Yangon General Hospital

8. Prof. Daw Khin Thein  
   CEC Member  
   Professor/Head (Retired)  
   MNMC  
   Maternal and Child Health Nursing Department  
   University of Nursing, Yangon

9. Daw San Yee  
   CEC Member  
   Director (Nursing), Retired  
   MNMC  
   Department of Health  
   Ministry of Health

10. Daw Ni Ni Win  
    CEC Member  
    Senior Principal (Assistant Director, Nursing)  
    MNMC  
    Yangon Nursing Training School

11. Daw Nwe Ni Soe  
    CEC Member  
    Senior Principal (Assistant Director, Nursing)  
    MNMC  
    North Okkalapa Nursing Training School

12. Daw Mya Yee  
    CEC Member  
    Matron (Retired)  
    MNMC  
    Orthopedic Hospital, Yangon

13. Maj. Daw Than Aye  
    CEC Member  
    Lecturer/Head (Retired)  
    MNMC  
    Military Institute of Nursing and Paramedical Sciences,  
    Mingaladon
14. Prof. Daw Khin Hla Swe  
   Member  
   Professor/Head (Retired)  
   Adult Health Nursing Department  
   University of Nursing, Mandalay

15. Lt. Col. Daw Yin Yin  
   Member  
   Pro-rector (Academic)  
   Military Institute of Nursing and Paramedical Sciences, Mingaladon

16. Prof. Tin Tin Kyaw  
   Member  
   Pro Rector (Academic)  
   University of Nursing, Yangon

17. Daw Phyu Phyu  
   EC Member  
   Director (Nursing) (Retired)  
   Department of Health  
   Ministry of Health

18. Prof. Maung Maung  
   EC Member  
   Professor/Head (Retired)  
   Mental Health Nursing Department  
   University of Nursing, Yangon

19. Daw Khin Mar Kyi  
   Member  
   Director (Nursing)  
   Department of Medical Services  
   Ministry of Health and Sports

20. Dr. Peter Johnson  
    Resource Person  
    Senior Director, Nursing and Midwifery  
    Technical Leadership Office  
    Jhpiego-Johns Hopkins University Affiliate
21. Daw Nan Nan Aung Resource Person
   Senior Technical Advisor
   Jhpiego-Johns Hopkins University Affiliate

22. Dr. Toe Than Tun Resource Person
    Technical Advisor
    Jhpiego-Johns Hopkins University Affiliate

23. Dr. Hein Thu Nyi Nyi Resource Person
    Senior Technical Officer
    Jhpiego-Johns Hopkins University Affiliate
REFERENCES

Nursing and Midwifery as in the title of this document and as defined by the Myanmar Nurse and Midwife Council (MNMC) refers to the education and practice of certified midwives (CMs) and certified nurse-midwives (CNMs) who have been certified by the Myanmar Nurse and Midwife Council (MNMC).

The address of central office, Accreditation Committee of Myanmar Nurse and Midwife Council (AC-MNMC) is 32, Bogyoke Museum Road, Bahan Township, Yangon, Myanmar. Please visit the MNMC web pages for related documents/materials and for materials referenced in this AC-MNMC Policies and Procedures Manual.

http://www.mnmcmyanmar.org