

The Republic of the Union of Myanmar
Myanmar Nurse and Midwife Council (MNMC)



Guideline on
“Standards and Criteria for Accreditation of
Nursing and Midwifery Education Programs
in Myanmar”

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Abbreviations

ASEAN	Association of South East Asian Nations
CNE	Continuous Nursing Education
DHRH	Department of Human Resources for Health
EI	Educational Institution
IELTS	International English Language Testing System
MNMC	Myanmar Nurse and Midwife Council
NMEI	Nursing and Midwifery Educational Institution
PAR	Pre-Accreditation Assessment Tool
SAR	Self-Assessment Tool
SEA	South East Asia
UMAP	University Mobility in Asia and the Pacific
WHA	World Health Assembly
WHO	World Health Organization

Introduction

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 to:

1. Maintain a register of qualified nurses and midwives through the licensure and re-licensure procedures;
2. 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. Regulate the ethical, legal, and professional conduct of nursing and midwifery professionals; and
4. Accredite all nursing and midwifery education programs.

This document focuses on the regulation of nursing and midwifery education programs. The guidelines will be reviewed every 3 years and when required.

The **purposes of this document** are to:

1. Provide the guidelines on professional education standards and criteria for approval and accreditation of nursing and midwifery programs offered within the country, and
2. Serve as a reference for all nursing and midwifery institutions that currently offer or aim to offer educational programs.

Background and Justification

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 2007, the Intercountry workshop on Quality Assurance and Accreditation of Nursing and Midwifery Educational Institutions was organized in Malé, Maldives, with the contribution of 32 participants from 21 nursing and midwifery educational institutions (NMEIs), councils, and ministries of health from the member countries in the South East Asia (SEA) Region. As a member of the region, Myanmar sent two senior nursing officers to join that workshop. The workshop's recommendations to member countries were to: affirm their commitments to the World Health Assembly (WHA) resolution WHA 59.23 on rapid scaling-up of health workforce production; establish a quality assurance system; and set the standards for nursing and midwifery curricula and educational institutions and the mechanism for

accreditation. The concepts of quality assurance and accreditation were discussed and drafted by the members. The quality components discussed at the workshop were mission/ governance, teaching, faculty, students, curriculum and instruction, and resources and quality assurance (WHO 2007).

At the workshop, Myanmar presented strategies and methods used for quality improvement of educational institutions. Prior to this, the quality of the educational institutions was monitored through assessment visits; feedback from students, consumers, and service users; and provision of the feedback to the institutions' faculties. The curricula are periodically reviewed and revised according to country needs and feedback received.

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). Educational institutions should have internal committees to review adherence to accreditation standards and criteria. The MNMC will 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.

Any educational institution offering a nursing or midwifery program must abide by the following eight standards stipulated by MNMC for accreditation.

Standards

Standard 1: Governance and Management

1. The institution must clearly state its direction through defining and formulating its vision and mission, philosophy, and objectives of the nursing and midwifery education programs.
2. The vision, mission, philosophy, and objectives of the institution should be formulated by a team that includes representatives from:
 - key stakeholders who are members of the curriculum committee,
 - the academic staff,
 - graduates of the nursing and midwifery programs,
 - professional educators from the nursing and midwifery institutions,
 - the community/local authorities,
 - education and health care authorities,
 - professional organizations,
 - nursing and midwifery professional leaders,
 - administrative committees from the educational institutions.
3. The institution has a mandate to formulate policy on academic autonomy that includes:
 - opportunity for the faculty and administrators to design, review, and revise the curriculum.
 - opportunity to access necessary resources allocated for the

implementation of the curriculum.

- encouraging faculty members to explore advanced nursing and midwifery practice locally and internationally.
4. Universities and nursing and midwifery training schools must have organizational policies that include:
- an organizational chart, which indicates functional relationships and formal lines of communication.
 - a policy for structuring committees (Administrative Committee, Academic Committee, Research Committee, Research Ethical Committee, and others).
 - clearly defined roles, functions, and job descriptions for each position.
 - policies on administration and management that include curriculum design, staff development, student enrollment, and program evaluation.
 - policies on financial resources and budget allocation for the benefit and advancement of nursing and midwifery education and practice.
 - policies on teaching and learning methods and the use of external nurse and midwife experts for the improvement of nursing and midwifery education.
 - policies regarding student affairs committees.
 - policies on collaboration with other educational institutions and

on transfer of educational credits.

- the requirement to submit the number of staff and students enrolled to MNMC yearly.
5. Nursing and midwifery programs must ensure educational outcomes by:
- demonstrating core competencies as graduation requirements.
 - meeting the regulation requirements of the MNMC.
 - periodically measuring the competencies of graduates.
 - using feedback to review and improve the educational process and quality of the faculty.

Standard 2: Program Resources

The universities and nursing and midwifery training schools must:

1. have appropriate and adequate infrastructure that meets the criteria for office, classroom, and teaching facilities, libraries, nursing and midwifery skills laboratories, student dormitories, and clinical practice areas (Annex 1).
2. have appropriate and adequate teaching/learning materials (anatomic models, simulators, medical equipment and supplies, reference materials, audiovisual aids) for the respective subjects that are required to prepare the students to achieve their competencies.
3. have access to basic computer facilities and, if possible, access to the Internet so that students and academic staff can perform electronic literature searches (for example, using Mosby's Nursing Consult, WHO's HINARI).
4. Affiliate with clinical placement areas of teaching and learning, including primary, secondary, and tertiary health care settings, to meet the learning outcomes and objectives.
5. Provide a healthy and safe environment for faculty and students.
6. Provide staff and student support for career and professional development.

Standard 3: Human Resources

The universities or nursing and midwifery training schools must:

1. Have adequate staffing by faculty members who are academically, clinically, and professionally qualified and by administrative members who are academically qualified.
2. Have recruitment policies and procedures for appointment of both academic and administrative staff.
3. Demonstrate that the qualifications of the academic staff are appropriate to the level of the program (Annex 2).
4. Have system for the staff professional development.

Standard 4: The Curriculum

1. The universities and nursing and midwifery training schools have curricula aligned with MNMC accreditation guidelines. The contents and design of the curricula prepare the students to:
 - assume the responsibilities that meet the requirements of the MNMC for registration and licensure.
 - graduate with core competencies in the required knowledge, skills, and attitudes.

2. The curriculum must have a structure with clearly written components for each program. These components are:
 - Title of the course
 - Allocation of credit hours
 - Course description
 - Course synopsis
 - Course objective
 - Course outcome
 - Course content
 - Teaching strategies
 - Teaching aids
 - Methods of evaluation
 - References
 - Placement in term of semesters.

3. Create learning opportunities to develop and demonstrate all competencies stated in the core competencies for MNMC registered nurses and midwives.
4. The course objectives must emphasize the cognitive, psychomotor, and affective domains to ensure the ability to communicate effectively and provide safe, competent, and holistic nursing and midwifery care.
5. The educational institutions should have syllabuses and lesson plans.
6. The educational institutions should utilize teaching methods that promote creativity and lifelong learning.
7. The educational institutions should encourage self-learning and student-centered teaching that promotes critical, analytical thinking and critical decision-making on patient care.
8. The curriculum must define the level of achievement of required nursing or midwifery skills stated in the clinical practice record (skills lab logbook, or clinical log), according to the semesters or terms.
9. The curriculum committee must consist of stakeholders including academic staff, nursing and midwifery personnel, graduates, and representatives of regulatory and accreditation bodies.
10. The educational institutions should review and revise the curriculum, if required, to address the professional and health needs of the country (every 5 years, or sooner as required).

11. The educational institutions must notify the MNMC about any review of or revisions to the curricula. Revisions to more than 30% of a curriculum must be endorsed by the MNMC.
12. The components of each curriculum and percentage allocations for each of the courses are as follow.

a) Components of the Curriculum

Component (1): Basic requirements (consisting of English, Myanmar, etc.)

Component (2): Core sciences consist of three categories

- I. Basic Sciences:
 - a. Health Sciences (Anatomy and Physiology, Microbiology, Pathology, Pharmacology, Biochemistry, Nutrition)
 - b. Natural Sciences (Physics, Chemistry) as applied to nursing and midwifery
- II. Behavioral Sciences (Psychology, Sociology, Communication and Interpersonal Skills)
- III. a) Nursing Sciences (Adult Health Nursing, Family Health Nursing, Fundamental Nursing, Community Health Nursing and Mental Health Nursing, Nursing Administration and Management, Nursing Research) for nursing institutions
- b) Midwifery Sciences (Maternity and Essential Newborn Care, Child Health Nursing, Nursing Care in Illness and Emergencies, Complications of Antenatal, Intrapartum, Postnatal and Newborn Care, Gynecology, Community Health Nursing,

Mental Health Nursing as Applied to Midwifery, Midwifery Research, Domiciliary Midwifery Care and Management of Home Delivery, Management of Rural Health Center/Sub-Center) for midwifery institutions

b) Percentage Allocation of the Curriculum Components

a) Basic Degree/Diploma/Certificate

Subjects	Minimum (%)	Maximum (%)
Basic Sciences (Health Sciences, University-Required Subjects, Natural Sciences)	10%	20%
Behavioral Sciences	10%	20%
Nursing/Midwifery Sciences	60%	80%

b) Specialty/Post-Basic/Advanced Diploma

Subjects	Minimum (%)	Maximum (%)
Basic Science (Health) and Behavioral Science	10%	20%
Nursing/Midwifery Sciences	80%	90%

c) Master's Degree Program

Subjects	Minimum (%)	Maximum (%)
Behavioral Sciences (Research Components)	20%	50%
Nursing Sciences	50%	80%

d) Doctoral Degree Program

Subjects	Minimum (%)	Maximum (%)
Behavioral Sciences (Research Components)	50%	70%
Nursing Sciences	30%	50%

13. Duration of study must be within the time frame as stated below.

Types of Program	Minimum Duration
Certificate (top-up/skill-based) Program	up to 3 months
Diploma Program (Midwifery)	2 years
Diploma Program (Nursing)	3 years
Specialty/Post-Basic Program (Critical care, child, orthopedics, etc.)	9 months–1 year
B.N.Sc. (Bridge) Program	1–3 years
Basic Degree Program	4 years
Master’s Degree Program	2–3 years (full and part time)
Ph.D./Doctoral Degree Program	3–4 years(full time) 4–6 years (part time)

- The curriculum must define its semester system and conceptual framework, the credit units or relevant hours for theory and practice, and the number of hours in a week that are being used. The institution may implement either a two-semester or a three-semester curriculum per year. Courses taught in each semester or term must demonstrate evidence of theory, followed by practice.

14. The credit units for each program (theory and practical) must be followed as stated below.

Programs	Credits
Diploma Program- Midwifery	60-90 credits or equivalent hours
Diploma Program- Nursing	90–100 credits or equivalent hours
Post-Basic Program	20–40 credits or equivalent hours
Advanced Diploma	40–60 credits or equivalent hours
Basic Degree Program	120–140 credits or equivalent hours
Master’s Degree Program	40 credits
Ph.D./Doctoral Degree Program	No given credit value or 50–70 or equivalent hours (coursework and dissertation)

Calculation of Credit Units

University of Nursing or Nursing and Midwifery training schools should use the following table to calculate the credit unit.

Calculation of Credit Hours (based on 14–16 teaching-learning weeks)

	Components	Calculations
Theory	Class content/theory	1 hour of lecture per week for 14–16 weeks is equivalent to 1 credit. 14-16 hours lectures = 1 credit.
	Tutorial (guided learning and special projects)	1.5 hours of tutorial per week for 14–16 weeks is equivalent to 1 credit. 21-24 hours of tutorial = 1 credit.
Practical	Clinical skills at skills lab	2 hours of clinical skills session per week for 14–16 weeks is equivalent to 1 credit. 28 - 32 hours of clinical skills practice = 1 credit.
	Clinical experience at health facility/ community	7–8 hours of activities continually for 2 weeks is equivalent to 1 credit. 2 weeks of clinical experience (70–80 hours) = 1 credit.

Note:

- **1 credit is defined as 40 hours of student workload** which includes 14-16 academic hours of instruction for theory class, 21-24 hours of instruction for tutorial, 28-32 hours of instruction for skills lab practice, and student self-learning hour. (UMAP, 2013)
- **1 credit of clinical experience at health facility is defined as 70-80 hours of student workload.**

- Clinical skills in the skills laboratory are computed as practical components.
 - Each subject/course should not exceed 4 credit units in a semester. Total credits per semester should be estimated about 20 credit units.
15. Students ‘attendance of minimum 90% in clinical practice and 75% in theoretical classes

Components	Certificate Program	Diploma Program Basic Degree Program	Post-Basic Diploma Program	Postgraduate Program (master’s, doctorate)
Theory	30–40%	45–55%	40–50%	*depends on programme requirement
Practical	60–70%	45–55%	50–60%	

16. The ratio of theory and practical credit hours should be followed as recommended by the MNMC.

Standard 5: Student Admission Policy

1. The policies and procedures for student selection, recruitment, and admission must be clear in order to determine applicants' suitability for the nursing and midwifery professions and ensure that the needs of the country and government are met.
2. The number of students enrolled must abide by the guidelines and standards set by MNMC and respective nursing/midwifery institution.
3. The candidate must meet the entry requirement as stipulated by Ministry of Health and Sports, MNMC and University.

Entry Requirement: Public sector

- The candidate enrollment must be done according to the procedure and guidelines set by University Council and Department of Human Resources for Health, Ministry of Health and Sports.

Entry Requirement: Private sector

- The candidate must meet the entry requirement as stipulated by MNMC, and should be in line with National Qualification Framework and procedures and guideline set by University Council as necessary.

Diploma program

- Satisfactory performance on the “English, mathematics and Myanmar” entrance examination
- Personal interview

Bachelor’s degree program

- Satisfactory performance on the “English, biology, physics, and chemistry” entrance examination
- Personal interview

Bachelor’s degree program (foreign candidate)

- Possession of registration and licensure of country of origin
- Pass score in Myanmar language
- Pass on “O” level
- Proficiency in English
- International English Language Testing System (IELTS) - minimum 5.0 (OR) other equivalent

Master’s program

- Pass on Basic Nursing Degree and grade point average (GPA) should be 3 or above
- Registration with MNMC
- Possession of registration and licensure of country of origin
- 2 years of working experience
- IELTS 5.5 (OR) other equivalent

Ph.D./doctoral program

- Pass on Master in Nursing Degree and GPA should be 3.3 or above
- Registration with the MNMC
- Possession of registration and licensure of country of origin, with 3 years of working experience
- IELTS 5.5 (OR) other equivalent

Standard 6: Student Assessment

1. The universities and nursing and midwifery training schools must have clearly written examination policies.
2. The universities and nursing and midwifery training schools must establish an examination board with clearly defined functions.
3. External examiners whose appointments are approved by the university or nursing and midwifery training schools.
4. University or nursing and midwifery training schools utilize assessment methods and standardized tools that are based on the objectives and course outcomes of the program. Student assessment methods must be consistent, effective, reliable, and in line with current best practices.
5. The grading criteria and quality points should be followed as stated below.

	Letter Grade	Quality Point Equivalent	Standing
90-100	A+	4.00	Outstanding Superior
80-89	A	4.00	Outstanding
75-79	A-	3.75	Extremely Good
70-74	B+	3.50	Very Good
65-69	B	3.00	Good
60-64	B-	2.75	Fairly Good
55-59	C+	2.50	Fair
50-54	C	2.00	Satisfactory
Less than 50	D	1.00	Fail

[Adapted from grading system in United Kingdom, Thailand (Chulalongkorn University), Malaysia (University Tun Razak)]

Note: Grade ‘D’ will not be considered in calculating grade point average (GPA)

6. Student performance results are documented centrally and in a confidential manner.
7. Mechanisms for providing constructive feedback to students and creating performance improvement plans must be in place.
8. A mentoring system for continuous student progress and achievement in knowledge, skills, and attitudes has been established.

Standard 7: Program Evaluation

Each program has a comprehensive plan in order to ensure quality of programs. Nursing and midwifery education programs should have the following.

1. A vision, mission, philosophy, objectives, and course outcomes are regularly evaluated
2. A process for curriculum development, review, and revision
3. A process for the regular evaluation of classroom and clinical teaching
4. A system for monitoring and mentoring of teachers and preceptors
5. A system for evaluation of courses and overall programs
6. A system for evaluation of faculties
7. A systematic evaluation of all levels of nursing and midwifery curricula
8. A system to maintain and upgrade the facilities and learning resources
9. A master plan showing yearly schedule of theoretical, clinical practices, vacation and examination
10. Clinical rotation plan for students learning experience at different clinical setting

Standard 8: Continuous Quality Improvement

Activities

The quality improvement activities of the programs include the following.

1. Collection of information relating to program implementation on a regular basis
2. Assessment and identification of deficiencies in program implementation and prioritization for improvement
3. Documentation of quality improvement actions and progress
4. Staff performance are evaluated on a regular basis (annually) to take action
5. Continuous professional development (CPD) of faculties are present

Accreditation and Adverse Actions

Accreditation of the nursing and midwifery education program will be determined after assessment by the MNMC. Types of accreditation are: **Pre-Accreditation** for newly established program, **Initial Accreditation** for pre-accredited programs and programs that are currently on formal progress; **Continuing Accreditation** for programs meeting all accreditation criteria that have been initially accredited.

Pre/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 MNMC. Failure to show progress may result in **provisional** or **withdrawal** of accreditation. (Annex 3).

Annex 1: Guideline for Program Resources

Office

Universities and training schools should:

- provide offices with appropriate space for administrative staff.
- provide offices with appropriate space for faculty members.
- equip the offices with computers and other required resources.

Library and Computers

The library should have:

- a librarian or library technician who is responsible for library.
- resources and library facilities and a computer laboratory (one functional computer for every 10 students).
- sufficient space and a proper system of cataloguing books and other resources.
- updated textbooks and professional journals available.
- on-line and off-line facilities for students and academic staff to perform literature searches (e.g., Mosby's Nursing Consult, ProQuest Nursing).
- easy access/availability for student use.

Student Dormitories

Student dormitories must:

- have a responsible person(s)/warden(s) assigned to them.
- be furnished with adequate toilet facilities, bedrooms, recreation rooms, kitchens, reading rooms, guest rooms, dining rooms, etc. with enough space.
- have recreation facilities for outdoor and indoor activities.

Lecture rooms and Teaching Facilities

The teaching facilities must:

- have classrooms that are comfortable, standard size and have adequate space with seating capacity.
- have auditorium for 100- 200 persons as required.
- have adequate audiovisual aids available for effective teaching and learning.
- provide facilities for emergencies, such as basic first aid facilities, and have a referral plan for more serious problems.
- provide rooms for student affairs meetings and activities.
- provide rooms for discussions and conferences.
- have a ratio of one teacher to 40 students.

Nursing and Midwifery Skills Laboratory

The nursing skills laboratory room must be equipped with basic and essential facilities for nursing and midwifery core competencies, and should;

- offer opportunities for students to practice.
- be able to simulate a mock ward/patient setting.
- have equipment that corresponds to the competency requirements.
- have a ratio of one staff member to 10 students.

Clinical Practice Areas

Hospitals or community health centers that are affiliated with universities and training school should have:

- clinical placement areas that cover all required disciplines for the program (general and specialties).
- adequate numbers of patients and sufficient placements to meet the

educational outcomes.

- an infrastructure of the clinical practice area that is conducive to clinical practice.

Hospital facilities

- Hospitals recognized as teaching areas must meet the students' learning objectives.
- The clinical instructor/preceptor to student ratio should be one instructor/preceptor to 10 students (maximum).
- The ratio of students to patients should be one student to five patients (Maximum) (the level of patient care must be appropriate for the student's level, patient's condition, and the desired learning outcomes).
- The number of student per shift on a unit/ward should not be more than 15.
- One clinical instructor should not cover more than two wards at any time.
- There should be evidence of a coordinated plan for scheduling clinical placements (academic calendar).
- There must be adequate nursing equipment and supplies.
- The facilities should have a room for students and teachers to hold discussions and presentations.

Midwifery clinical experience

- Maternity hospital or general hospital can be selected depends on the available maternity care services.
- Midwifery hospital or wards should have the facilities of antenatal room, waiting room, labour room, post-natal ward, special baby unit, gynaecology ward, family planning and maternal and child health (MCH) services.

- Undergraduate midwifery student must meet minimum clinical experiences as stated below.

Clinical experiences	Minimum number of cases
Antenatal examination	40 cases
Complicated pregnancies	10 cases
Observation of normal delivery	20 cases
Observation of caesarian section	2 cases
Partograph	10 cases
Conduct normal delivery with supervision	20 cases
Observation of abnormal/ complicated deliveries	2 cases
Essential care of newborn at birth	20 cases
Postnatal care of mother and baby (first 24 hours)	40 cases
Postnatal care of mother and baby after 24 hours up to 6 weeks	40 cases
Postpartum complications	10 cases
Care of women following haemorrhage and/or sepsis in pregnancy	2 cases

[Source: ASEAN Regional Guideline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants, 2014]

Community health centers

The practice for community must cover both urban and rural communities.

- No more than 10–20 students should be allowed at one clinical placement, depending on the size and census of health center.
- The staff to student ratio should be one staff member to 10 students.
- Transport must be available for clinical placements.

Annex 2: Qualifications of Faculty

1. The head of a university/ institution (Rector/ Dean /Director) must:
 - be an MNMC registered nurse with an active license to practice,
 - possess relevant nursing/midwifery qualifications, having at least a Master of Nursing Science Degree and management experience,
 - be a citizen of Myanmar,
 - have a minimum of 7 years of teaching and management experience in nursing education,
 - have evidence of continuing professional development for academic and administrative staff,
 - have evidence of publications or presentations,
 - have clearance of departmental penalties.
 -
2. The head of a nursing and midwifery training school (Principal) must:
 - be an MNMC registered nurse with an active license to practice,
 - possess relevant Master of Nursing Science/ Bachelor of Nursing Science nursing qualifications and management experience,
 - be a citizen of Myanmar,
 - have a minimum of 7 years of teaching and management experience in nursing or midwifery education,
 - have clearance of departmental penalties.

3. Teachers

Below are the teachers' educational requirements for the different levels of nursing/midwifery programs.

Certificate program

- MNMC registered nurse/midwife with an active license to practicing, with required clinical experience of at least 2 years.
- Qualified with at least a Bachelor's Degree in Nursing/ Midwifery Education.
- Must have a certificate in teaching methodology from a recognized institution for continuous nursing education (CNE).

Diploma program

- MNMC registered nurse/midwife with an active license to practicing, with required clinical experience of at least 2 years.
- Qualified with at least a Bachelor's Degree in Nursing/Midwifery Education.
- Must have a certificate in teaching methodology from a recognized institution for continuous nursing education (CNE).

Degree program

- MNMC registered nurse/midwife with an active license to practicing, with at least 2 years of required clinical experience.
- Qualified with a Master's or Basic Degree in Nursing/Midwifery with two years of experience in teaching and 2 years of clinical experience in the respective areas.
- Must have certificate in teaching methodology from a recognized

institution for continuous nursing education (CNE).

Master's program

- MNMC registered nurse/midwife with an active license to practice, with at least 2 years of required clinical experience.
- Must have a Ph.D. or Doctorate in Nursing/Midwifery degree or Master of Nursing Science with more than 7 years of teaching experience and 2 years of clinical experiences in the respective area.

Ph.D. or Doctor of Nursing program

- MNMC registered nurse/midwife with an active license to practice, with at least 2 years of required clinical experience.
- A Ph.D. or Doctorate of Nursing or doctoral degree in Nursing/Midwifery Sciences.

Annex 3: Accreditation: Pre, Initial, Continuing and Adverse Actions

The educational institutions (EIs) must meet all standards and criteria set by the MNMC. The internal committee of the EI should do a self- review for quality assurance that is in line with the accreditation standards and guideline set by MNMC, submit a self-assessment report, and apply for accreditation.

Pre-Accreditation

If an educational institution is newly established, pre-accreditation will be granted when the pre-accreditation criteria are satisfactory. 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 in order to get initial accreditation; prepare Self-Assessment Report and request a visit for initial accreditation before the first graduation of students.

Initial Accreditation

The process of initial accreditation is the accreditation committee of MNMC's first review and consideration of the nursing and midwifery education programs that are either pre-accredited programs or existing programs. The program should plan to meet all of the criteria in the MNMC's accreditation standards and guideline. Education programs that have been pre-accredited by accreditation committee of MNMC are revisited and evaluated for

accreditation within one year after first graduation of the students. 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. Initial accreditation will be granted for no more than 5 years. During this period, the EI must submit annual monitoring report to accreditation committee of MNMC.

Continuing Accreditation

It is the ongoing, periodic review of the nursing and midwifery education program which has been granted initial accreditation. The program should maintain to meeting all of the criteria in the MNMC accreditation standards and guideline. Before granted initial accreditation is expired, the EI will prepare a self-assessment report and have a site visit for continuing accreditation.

Deferral

If the document provided by EI is insufficient to make decision, MNMC may defer action for 6 months or until the next meeting. During the deferral period, AC-MNMC will request that the program submit additional specific documentation. After study and consideration, a decision will be made.

Provisional or Withdraw

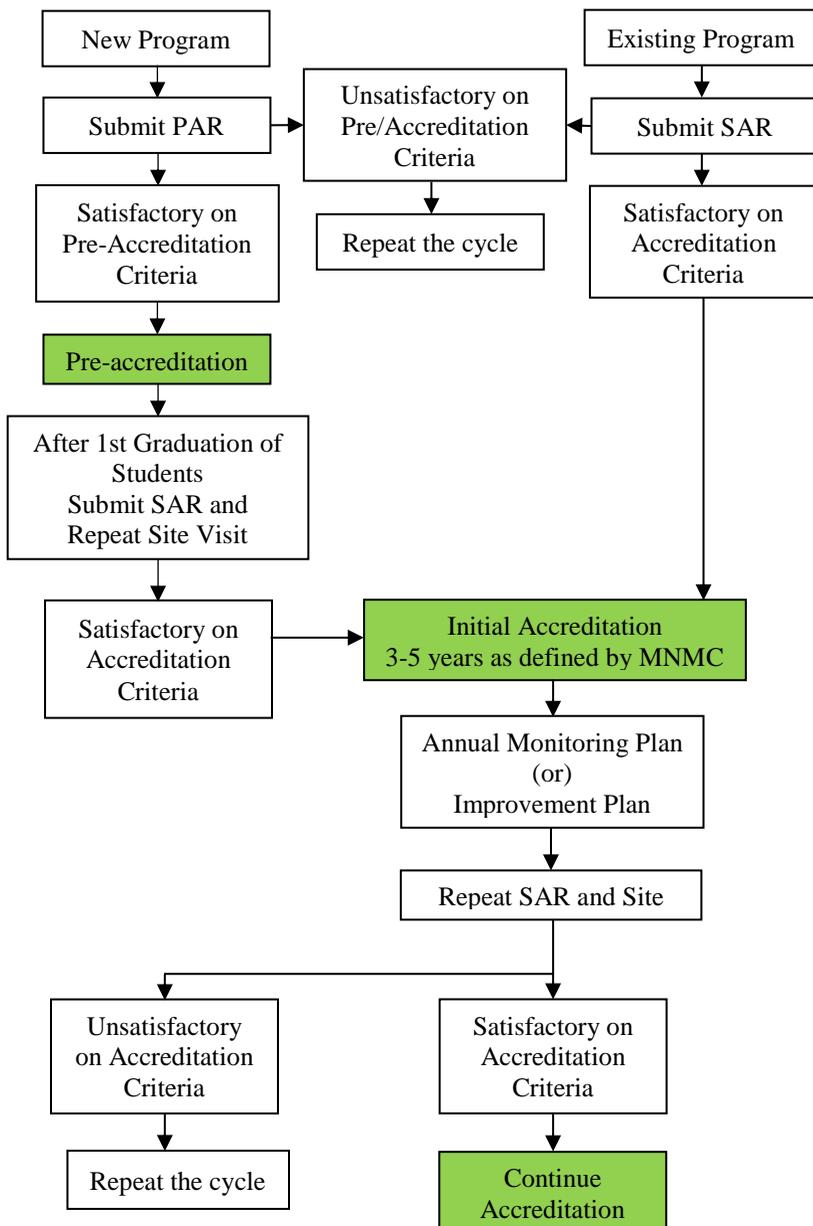
If a program has not come into compliance within the designated timeframe, MNMC will either (1) grant an extension or (2)

withdraw accreditation if reasonable cause is provided.

During an extension, the program will be placed on or remained on Provisional. EIs must show significant progress that would indicate how they ensure these criteria to be satisfied within a period determined by the MNMC.

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.

Accreditation Process Flow Chart



Annex 4: Instructions for Application of Accreditation of Nursing and Midwifery Education Program

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

1. Each program is required to complete the form according to the given guideline.

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_____.

Annex 5: Application Form for Accreditation of Nursing and Midwifery Education Program

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 _____

Annex 6: Guideline Development Committee Members (2015)

1. Daw Phyu Phyu President
Director (Nursing) Retired MNMC
Department of Health
Ministry of Health

2. Prof. Daw Lorna Vice President
Professor/Head (Retired) MNMC
Maternal & Child Health
Department University of Nursing, Yangon

3. Prof. Daw Khin Hla Shwe Member
Professor/Head (Retired) MNMC
Adult Health Nursing Department
University of Nursing, Mandalay

4. Daw San Yee Member
Director (Nursing) Retired MNMC
Department of Health
Ministry of Health

5. Daw Nwe Nwe Khin Member
Director (Nursing) MNMC
Department of Health Professional
Resource Development and Management
Ministry of Health

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| 6. | Major Daw Than Aye
Lecturer/Head (Retired)
Institute of Paramedical and Nursing Sciences,
Mingaladon | Member
MNMC |
| 7. | Daw Aye Nyunt
Assistant Director (Nursing) (Retired)
Department of Medical Science | Member
MNMC |
| 8. | Daw Hla Hla Aye
Associate Professor/Head
Mental Health Nursing Department
University of Nursing, Yangon | Member
MNMC |
| 9. | Daw Shwe Kyi
Assistant Director (Nursing) (Retired)
Department of Health, Mandalay Division | Member
MNMC |
| 10. | Capt. Daw Than Than Soe
Nursing Officer (Retired)
No (1) Military Hospital, Mingaladon | Member
MNMC |
| 11. | Daw Naw Aye Shwe
Nursing Officer (Retired)
Department of Health, Yangon | Member
MNMC |
| 12. | Daw Ah Than
Matron (Retired)
Eye Hospital, Yangon | Member
MNMC |

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| <p>13. U Kyi Win
 Assistant Director (Retired)
 Department of Health, Mon State</p> | <p>Secretary
 MNMC</p> |
| <p>14. Daw Than Nyunt Oo
 Assistant Director (Retired)
 Department of Health, Southern Shan State</p> | <p>Member
 MNMC</p> |
| <p>15. Daw Tin Tin Kyaw
 Associate Professor/Head
 Mental Health Nursing Department
 University of Nursing, Mandalay</p> | <p>Invited Guest</p> |
| <p>16. Daw Khin Win
 Associate Professor/ Head
 Fundamental Nursing Department
 University of Nursing, Mandalay</p> | <p>Invited Guest</p> |
| <p>17. Daw Myint Htay
 Associate Professor/ Head
 Fundamental Nursing Department
 University of Nursing, Yangon</p> | <p>Invited Guest</p> |
| <p>18. Daw Kau Naung
 Pro Rector
 University of Nursing</p> | <p>Invited Guest</p> |
| <p>19. Prof. U Maung Maung
 Professor/Head (Retired)
 Mental Health Nursing Department
 University of Nursing, Yangon</p> | <p>Invited Guest</p> |

20. Dr. Peter Johnson Resource Person
Director, Global Learning Office Director,
Nursing and Midwifery
Jhpiego- an affiliate of Johns Hopkins University
21. Dr. Catherine Carr Resource Person
Senior Technical Advisor
Jhpiego-an affiliate of Johns Hopkins University
22. Daw Nan Nan Aung Resource Person
Senior Technical Advisor
Jhpiego-an affiliate of Johns Hopkins University
23. Dr. Toe Than Tun Resource Person
Technical Advisor
Jhpiego-an affiliate of Johns Hopkins University

Annex 7: Final Revision Committee Members (2018)

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
3. Major Daw Kyawt Kyawt Swe CEC-MNMC
Lecturer/Head (Retired) Member,
Military Institute of Nursing and Paramedical AC-MNMC
Science, Mingaladon
4. Prof. Daw Naw Clara CEC-MNMC
Professor/Head Member,
Department of Community Health Nursing AC-MNMC
University of Nursing, Yangon
5. Daw Khin Mar Cho CEC-MNMC
Nursing Superintendent (Retired)
Yangon General Hospital
6. Prof. Daw Khin Thein CEC-MNMC
Professor/Head (Retired) Secretary,
University of Nursing, Yangon AC-MNMC

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| 7. | Daw San San Yin
Deputy Director (Nursing)
Department of Medical Services
Nay Pyi Taw | CEC-MNMC |
| 8. | Daw San Yi
Director (Nursing) (Retired)
Department of Health, Nay Pyi Taw | CEC-MNMC |
| 9. | Daw Ni Ni Win
Principal (Assistant Director)
Yangon Nursing Training School | CEC-MNMC
Member,
AC-MNMC |
| 10. | Daw Nwe Ni Soe
Principal (Assistant Director)
Nursing Training School
North Okkalarpa | CEC-MNMC
Member,
AC-MNMC |
| 11. | Daw Mya Mya Nyo
Deputy Director (Nursing)
Department of Human Resources for Health
Nay Pyi Taw | CEC-MNMC |
| 12. | Daw Mya Yi
Matron (Retired)
Yangon Orthopedic Hospital | CEC-MNMC |
| 13. | Major Daw Than Aye
Lecturer/Head (Retired)
Military Institute of Nursing and Paramedical
Science, Mingalardon | CEC-MNMC |

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| <p>14. Capt. Daw Than Than Soe
Nursing Officer (Retired)
Defense Services General Hospital
Mingalardon</p> | <p>Secretary
MNMC</p> |
| <p>15. Daw Hla Hla Aye
Pro Rector (Academic) (Retired)
University of Nursing, Yangon</p> | <p>Joint Secretary
MNMC
Chair, AC-MNMC</p> |
| <p>16. Prof. U Maung Maung
Professor/Head (Retired)
Mental Health Nursing Department
University of Nursing, Yangon</p> | <p>EC MNMC,
Resource Person</p> |
| <p>17. Daw Phyu Phyu
Director (Nursing) (Retired)
Department of Health
Ministry of Health</p> | <p>EC MNMC,
Resource Person</p> |
| <p>18. Prof. Daw Khin Hla Shwe
Professor/Head (Retired)
University of Nursing, Mandalay</p> | <p>AC-MNMC
Member</p> |
| <p>19. Daw Khin Mar Kyi
Director (Nursing)
Department of Medical Services
Nay Pyi Taw</p> | <p>AC-MNMC
Member</p> |
| <p>20. Prof. Daw Tin Tin Kyaw
Pro Rector (Academic)
University of Nursing, Yangon</p> | <p>AC-MNMC
Member</p> |

21. Lt. Col. Daw Yin Yin
Pro Rector
Military Institute of Nursing and Paramedical
Science, Mingalardon
AC-MNMC
Member
22. Daw Htay Htay Hlaing
Director (Nursing)
Department of Human Resources for Health
Ministry of Health and Sports

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