

NATIONAL GUIDELINES FOR THE ACCREDITATION OF NURSING AND MIDWIFERY PROGRAMS IN LIBERIA



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We are equally obliged to our stakeholders, the LBNM Board Members, who endorsed this policy.

Finally, LBNM thanks the Australian Nursing and Midwifery Accreditation Council, materials from which the format for this document was adapted.

A handwritten signature in black ink, appearing to read 'H. Loweal', with a stylized flourish at the end.

Mr. Humphrey Loweal
Chairperson
Liberian Board for Nursing and Midwifery

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PURPOSE OF THE NATIONAL ACCREDITATION GUIDELINES

Professional accreditation is concerned with the quality of the profession and its work, from the perspective the public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and are able to practice in a safe and competent manner equipped with the necessary foundation knowledge, professional attitudes and essential skills.

The National Accreditation Guidelines (the Guidelines) are designed for all persons interested and involved in the accreditation of nursing and midwifery programs leading to registration, including education providers, members of Assessment Teams, and others. Guidelines were developed in 2019 as part of a formal process supported by JSI Research & Training Institute, Inc. through the HRSA-funded Resilient and Responsive Health Organizations project. The process included a review of the accreditation process, and existing policies and procedures. The Guidelines describe the structures, personnel and processes of accreditation of nursing and midwifery education providers and programs.

Part 1: Contains information on the LBNM governance and organizational structure and the principles underpinning the accreditation function of LBNM.

Part 2: Describes in detail the process for accreditation of providers and programs as well as the role of key personnel involved in the LBNM accreditation function.

Part 3: Contains other relevant information relating to accreditation such as quality improvement, evaluation and notification of major and minor modifications to accredited programs.

The Guidelines should be read in conjunction with supporting documents, guidelines, and policies listed at the end of these guidelines, as relevant to the provider and/or program being accredited.

Table 1: GLOSSARY

TERM OR ABBREVIATION	EXPLANATION
Academic Integrity	Documentation in the submission or in support of the submission is true and correct and is the original work of the education provider except in so far as acknowledgement is made to other sources.
Accreditation Guidelines	<i>The National Guidelines for the Accreditation of Nursing and Midwifery Programs in Liberia.</i>
LBNM	Liberian Board for Nursing and Midwifery
Combined degree / Diploma / Certification	An accredited pre-registration degree in nursing or midwifery combined with a degree that is not accredited by LBNM, e.g., Bachelor of Midwifery/Bachelor of Public Health.
Course	A single subject of study, usually part of an education program leading to a qualification in nursing and/or midwifery, generally leading to registration in Liberia.
Dual degree / Diploma / Certification	Two pre-registration degrees accredited by LBNM, e.g., Bachelor of Nursing/Bachelor of Midwifery.
Education Provider	A higher education institution, or a registered training organization, responsible for a program, the graduates of which are eligible to apply for registration as a nurse or midwife.
Mandatory Interim Report	A report required from the education provider six months after the first cohort of students graduates from an LBNM accredited program.
Modification of a Program	Changes to a currently accredited nursing or midwifery program that does not constitute accreditation of a new program, e.g., new

	campus, new Head of School, new delivery mode, etc.
MOE	Ministry of Education of the Republic of Liberia
MOH	Ministry of Health of the Republic of Liberia
Monitoring/ Quality Assurance	LBNM is mandated to monitor accredited programs and education providers to ensure that the programs and providers continue to meet approved accreditation standards for the profession throughout the accreditation period.
OSCE	Objective Structured Clinical Examination is used for the evaluation of skill and procedure at the end of a study term
Procedural Fairness	Is underpinned by the following principles: <ul style="list-style-type: none"> • The decision-maker must be impartial and unbiased regarding the matter to be decided, and must have no pecuniary or propriety interest in the outcome. • Those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to answer the case and present their own case. • The decision must be based on sound argument and evidence. • Those affected must be given the reasons for the decision.
Program	A full period of study and experiences that are required to be undertaken before a qualification recognized by LBNM, such as a Bachelor of Midwifery, can be awarded.
Submission	Documents provided to LBNM for either accreditation of a new program or modifications of a currently accredited program.

PART ONE – Background and Governance

1. THE LIBERIAN BOARD FOR NURSING AND MIDWIFERY

In 1948, the Liberian Board for Nurse Examiners (LBNE) was established by the Liberian Nurses Association, and the Nurse Practice Act was passed by the Liberia legislature the following year. In 1952, licensed practical nurses and midwives became board members of LBNE. In 1958, the Liberian Council of Midwives (LCM) was established and in 1975, the LCM merged with LBNE to form the Liberian Board for Nursing and Midwifery (LBNM). The Liberian Board for Nursing and Midwifery is the legal authority responsible for regulation in Nursing/Midwifery education and practice including accreditation.

The **vision** of LBNM is articulated in the following statement:

Excellence in nursing and midwifery regulation and practice for the health of all Liberians.

The **mission** of LBNM is:

To protect the public's health and safety by regulating nurses and midwives in order to promote and support safe, competent, ethical nursing and midwifery care through leadership that encourages professional excellence.

The **mandate** of LBNM is as follows:

- Set, regulate and maintain high standards of nursing and midwifery practice in Liberia;
- Accredite nursing and midwifery institutions in Liberia;
- Develop and harmonize nursing and midwifery curricula and ensure adherence;
- Establish procedures and guidelines for the license of all persons practicing nursing and midwifery;
- Register and license all nurses and midwives;
- Ensure continuing competency of active nursing and midwifery

workforce; and

- Determine disciplinary actions for violations of nursing and midwifery professional standards.

The Liberian Board for Nursing and Midwifery will ensure that nursing/midwifery professions provide health services to the people of Liberia in an efficient, safe, equitable and cost effective manner. The role and functions of LBNM are intended to give the community confidence that nurses and midwives who successfully complete programs accredited by LBNM are able to practice in a safe and competent manner to achieve quality outcomes for people in their care.

Liberian Board for Nursing and Midwifery **Core Values** are:

EXCELLENCE

Demonstrating commitment, integrity, flexibility and accountability for decisions, actions, and results within one's sphere of authority.

INTEGRITY

Demonstrating consistent, fair, honest and open communication and behavior.

PROFESSIONALISM

Adhering to standards of behavior that reflect positively on the professions of nursing and midwifery.

COMPASSION

Expressing genuine concern about the other person or people's needs both those we serve and those with whom we work.

RESPECT

Accepting and appreciating diversity and difference. Listening with tact and sensitivity.

INCLUSIVENESS

Creating a hospitable and welcoming environment; interacting with all members of the nursing and midwifery professions regardless of gender, religion, sexual orientation and other individual characteristics.

2. THE NATIONAL ACCREDITATION POLICY FRAMEWORK

A primary function of LBNM as the accreditation authority for the nursing and midwifery professions is to ensure that programs leading to registration for nurses and midwives in Liberia, meet minimum approved standards for accreditation.

These Guidelines form part of a broader policy framework developed for the accreditation of nursing and midwifery programs leading to registration in Liberia. Policy documents include:

- Nurse/Midwifery Practice Act (revised 2016)
- LBNM National Accreditation Guidelines (this document)
- LBNM Standard for Establishing Nursing/Midwifery Program
- Approved Standards and Curricula for the Accreditation of **ALL** basic and advanced Nursing and Midwifery Courses including:
 - Professional Midwifery
 - Professional Nursing
 - Registered Nurse Midwifery
 - Registered Nurse Anesthesia
 - Registered Ophthalmic Nursing
 - Bachelor's-level Midwifery
 - Master's-level Nursing Education
 - Mental Health Nursing
 - Dental Nursing
- Approved Standards for Professional License Renewal for:
 - Professional Midwives
 - Professional Nurses
 - Registered Nurse Midwives
 - Registered Nurse Anesthetists
 - Registered Ophthalmic Nurses

- Bachelor’s-level Midwives
- Master’s-level Nurse Educators
- Mental Health Nurses
- Dental Nurses

Note: The above categories are also used for the assessment of entry programs for internationally qualified nurses and midwives seeking to register in Liberia.

- Standard Operating Procedure for Continuing Professional Development for Liberia Health Professionals (August 2017).

Retrospective Accreditation of a Nurse and/or Midwife

It should be noted in reading these Guidelines that:

- 1 Retrospective accreditation of a nursing or midwifery program is not supported by LBNM. Retrospective accreditation refers to the acknowledgment of graduates or the granting of rights and responsibilities of LBNM accreditation to a currently accredited school from a period of time when they were not accredited.
- 2 Each application for accreditation is treated as a discrete application and is dealt with comprehensively; not linked to any previous accreditation for a similar program. Therefore, the notion of “re-accreditation” is not a concept supported by LBNM.

3. PRINCIPLES GUIDING THE NATIONAL ACCREDITATION PROCESS

The process for accrediting nursing and midwifery programs in Liberia is guided by a number of principles outlined below.

LEGITIMACY

The accreditation standards, verification criteria, and the accreditation assessment and monitoring processes must be legitimate, and consistent with all relevant laws of the Republic of Liberia, acceptable to key stakeholders (LBNM, education providers, Ministry of Health, National Commission on Higher Education,) and to other stakeholders (including professional associations, private sector employers, health consumers, and community representatives).

VALIDITY

The accreditation standards, verification criteria, and the accreditation assessment and monitoring processes must be valid in that the procedures are appropriate for assessing the verification criteria. These criteria must be evidence-based and explicitly related to the necessary guidance competency outcomes and other specified purposes of the accreditation process, while respecting the academic autonomy of education providers.

To ensure and assure the validity of accreditation, those involved in accreditation must have appropriate expertise and standing. Potential or perceived conflicts of interest must be avoided or declared. There must be sufficient financial, human and other resources to conduct the operations of accreditation effectively. The period and status of accreditation must be appropriate to the general nature of the programs and developments in the professional field.

EFFICIENCY

The accreditation assessment and monitoring processes must cover what is necessary but must not be unnecessarily burdensome for education providers, Assessment Team members, LBNM Board Chair or Secretariat staff, or other participants. Financial costs should not

be excessive. Rather, they should be proportionate to the benefits and allocated fairly and transparently. The accreditation period should not be so long as to raise questions of validity, nor so short that subsequent accreditation creates an unnecessary administrative burden.

ACCOUNTABILITY

The accreditation assessment and monitoring processes and outcomes must be accountable to key stakeholder (LBNM, education providers) and to relevant government authorities (MOH, National Commission on Higher Education, MOE). The accreditation process and its outcomes should also be accountable to the professions, students, other stakeholders, and the community through appropriate dissemination and publication of reports and information.

TRANSPARENCY

The accreditation assessment, monitoring processes, and outcomes must be transparent to key stakeholders (LBNM, education providers) so the validity and appropriateness of decisions are apparent. The accreditation assessment and monitoring processes and outcomes should also be transparent to other stakeholders, including the community and the professions of midwifery and nursing, while ensuring that confidentiality and protection of privacy is maintained.

ENSURES PROCEDURAL FAIRNESS

The accreditation assessment and monitoring processes must accord with principles of procedural fairness (see Glossary of Terms). Education providers should have early access to the accreditation standards and verification criteria. These must be public and accessible; and be provided with full information about the process. Education providers must have the opportunity to correct or add factual information, and to respond to evaluative judgements. Accreditation standards and verification criteria should be interpreted and applied fairly, without bias, and the reasons for

decisions made clear to those affected. There should be appropriate opportunities for review or appeal. All participants should be treated equitably.

FACILITATES QUALITY AND IMPROVEMENT

The accreditation standards, verification criteria, and assessment and monitoring processes should facilitate the development of programs of the highest academic and professional quality; and facilitate the continuous improvement of programs over the period for which they are accredited.

EXHIBITS FLEXIBILITY AND RESPONSIVENESS

The accreditation standards, verification criteria, and assessment and monitoring processes should be flexible and responsive to the different circumstances, institutional contexts and orientations of providers and programs without compromising the primary purpose of accreditation.

SUPPORTIVE OF DIVERSITY AND INNOVATION

The accreditation standards, verification criteria, and assessment and monitoring processes should support diversity and innovation to meet the current and future needs of the Liberian nursing and midwifery professions.

INVOLVES AN ONGOING CYCLE OF REVIEW

The accreditation standards, verification criteria, assessment and monitoring processes must undergo an ongoing cycle of review to maintain consistency with these principles in this section and for ongoing improvement. All stakeholders should have an opportunity for input or participation.

4. THE GOVERNANCE STRUCTURE FOR THE LBNM ACCREDITATION PROCESS

This section outlines the relevant committees, individuals and teams involved in ensuring LBNM's accreditation mandate is accomplished successfully.

4.1 LBNM Committees

All committees are comprised of existing members of the LBNM, and may include additional outside experts in the fields of nursing and midwifery.

LBNM Accreditation Committee

The Committee is accountable to LBNM for the development of standards and accreditation of basic and post-basic Nursing and Midwifery Training Programs/institution.

Functions for the Accreditation and Standards Committee are as follows:

1. To inform, advise, and implement the work of the Board in development of standards and accreditation of training institutions.
2. Develop and implement accreditation standards and guidelines for pre-service education and training in Liberia to ensure all pre-service institutions offer sufficient experience, education, training, supervision, assessment and feedback to enable graduates meet national standards for practice.
3. Oversee the further development and implementation of an accreditation process, including but not limited to the recruitment, training and management of accreditation and implementation of periodic reviews.
4. Report to LBNM on the outcomes of the Accreditation Reviews.
5. Assist hospitals in ensuring that nursing and midwifery students have completed all necessary requirements to enable recommendation to LBNM for licensure.

6. Advise the Board on issues that affect the development of standards and accreditation of pre-service training institutions.
7. Promote and /or undertake projects and research related to the development of standards and the accreditation of pre-service training institutions.

LBNM bylaws further detail the functions, membership, term, and schedule of meetings of the Accreditation and Standards Committee.

4.2 LBNM Determination

The LBNM Registrar has the authority to make an independent accreditation determination based on the recommendations of the accreditation Committee where the assessment process has been straightforward and without controversy. While the assessment process raises questions that require application of material conditions, burdensome reporting requirements or refusal of accreditation, the accreditation decision will be referred to the full Board.

The reports and recommendations from the LBNM Accreditation Committee will be provided to the Board Chair and Registrar in a timely manner.

4.3 LBNM Assessment Teams

An LBNM Assessment Team will generally be formed for each program requiring accreditation or the assessment of a major modification to an already accredited program. An Assessment Team may also be convened for the purposes of carrying out functions under the LBNM monitoring and evaluating responsibilities (e.g., quality assurance visits). The individuals appointed to the Team will have specific knowledge and skills relevant to the type of program being accredited.

An Assessment Team for a full, single education program will usually consist of three to five persons total with relevant academic/educational expertise. Full details on the roles, responsibilities, and qualifications of team members follows below. The Accreditation Committee undertakes the selection of Assessment Teams with

approval by the Registrar and/or Board Chair. All members of Assessment Teams will be provided with an LBNM Assessor Guide and other tools and instruments to supplement the standards and the document that they will be utilizing during the course of the assessment.

PART TWO – The Accreditation Process

5. THE LBNM ACCREDITATION PROCESS

The processes outlined in these National Accreditation Guidelines are drawn from best practice in Liberia and international models for accreditation in nursing and midwifery. All basic and post basic nursing and midwifery programs at the following levels shall be approved by LBNM:

- Diploma
- Associate's
- Bachelor's
- Master's
- Doctorate

Graduates of programs will not be eligible for registration unless the program undertaken is accredited by LBNM. The accreditation of new providers and programs may take up to twelve (12) months for the LBNM process to complete.

The timeframe described in these guidelines does not apply to the assessment of dual degrees (programs leading to registration as a professional nurse and professional midwife) or where a complex array of programs are being assessed at the same time. The assessment of a dual degree that leads to registration in both nursing and midwifery requires review by the Assessment Team members against both sets of Accreditation Standards. For dual and combined degree programs where there are multiple programs being assessed at the same time, the assessment process is likely to take longer than nine months, depending on the complexity and extent of the assessment required. In addition, where major amendments to submissions are required, this time period may be extended.

Where a nursing or midwifery Bachelor or Master's degree is combined with another qualification (e.g., Bachelor of Midwifery/Bachelor of Public Health), it is assessed as a discrete entity and not as part of the

assessment of the stand-alone Bachelor of Midwifery degree that may be assessed at the same time. Assessment of dual degrees (Bachelor of Nursing/Bachelor of Midwifery) and combined degrees (where the second qualification does not lead to registration as a nurse or midwife) requires the Assessment Teams to assess the core programs against the National Accreditation Standards. This is to confirm that the timing of competency assessment and workplace experience is appropriately scheduled and mapped to ensure the beginning practitioner is equipped in a timely way to enter the nursing and/or midwifery workforce.

In the case of the assessment for modifications to accredited programs, the timeframe for the assessment will relate to the extent and complexity of the change or changes to the program. Retrospective accreditation of a nursing or midwifery program is **NOT** supported by LBNM. In addition, each application for accreditation is treated as a discrete application and is dealt with comprehensively; not linked to any previous accreditation for a similar course. Therefore, the notion of 're-accreditation' is **NOT** a concept supported by LBNM.

The LBNM does not dictate the hiring process of education providers. However, in order to uphold the integrity of nursing and midwifery education in the Republic of Liberia, LBNM has minimum standards it requires of the leadership of all nursing and midwifery programs. To be the Head of a Diploma or Associate's nursing or midwifery program, one must have a minimum of a Bachelor's in Midwifery and/or Nursing with at least five years working experience thereof. To be the Head of a Bachelor's or post-basic nursing or midwifery program, one must have credentials higher than the program being reviewed for accreditation.

Table 2. SUMMARY OF STAGES OF ACCREDITATION PROCESS

STAGE 1 – PRE- APPLICATION:	
PROVIDER	LBNM
The education provider obtains all necessary information to meet the LBNM accreditation requirements.	For existing accredited schools, LBNM will send a letter for the year of accreditation to remind schools of the expected dates of the accreditation.
Notice of intention to submit an application for accreditation of an education program is made to LBNM by the provider completing an Intention to Submit application form.	Indicative estimate of fees sent to education provider along with standards and an application package.
STAGE 2 – ACCREDITATION ASSESSMENT:	
PROVIDER	LBNM
The provider conducts a self-assessment and formally submits application using the latest standards (included in the application pack) for the relevant program and includes all relevant documentation. The school should compile the needed evidence (internal-assessment report, evidence of annual dues payment etc.) to make sure they are ready for an accreditation visit. A declaration of academic integrity is included in application pack and requires confirmation by	Allocation of application to an Accreditation Manager. A preliminary review of the application is undertaken and early contact with a potential Assessment Team is made.

<p>signature from the education provider.</p> <p>All applications should include the name and credentials of the program's point of contact and Head of the nursing and/or midwifery programs.</p>	
<p>Following the preliminary review, discussion, clarification and negotiation of issues identified in preliminary review occurs and the education provider may be asked to revise the submission and resubmit.</p>	<p>LBNM sends the education provider an invoice for the accreditation assessment once the scope of the assessment has been identified.</p>
<p>The school will submit the accreditation fees</p>	<p>The Assessment Team reviews the submission individually and meets as a team to assess the submission and identify whether additional evidence is required for review at the site visit. A Collated Assessment Team Review is sent to education provider with a site visit agenda.</p>
<p>A site visit is conducted with the Assessment Team having the opportunity to consult with the education provider, students and stakeholders at their establishment and visit all delivery sites. Further evidence may be requested during or following the site visit.</p>	<p>The management section is first viewed as a whole team and then the Assessment Team splits up to observe different standards.</p> <p>The electronic accreditation assessment report is being continuously developed during the site visit.</p> <p>At end of each day, results are</p>

	compiled and discrepancies resolved among the Assessment Team. If needed, standards can be re-evaluated if discrepancies are not resolved.
	The electronic accreditation assessment report is summarized and feedback is shared with education provider toward end of site visit.
STAGE 3 – LBNM DETERMINATION OF ACCREDITATION STATUS:	
PROVIDER	LBM
	Review and recommendation by LBNM Accreditation Committee.
	Further information may be sought by the Committee or the Committee may agree to accept the report.
	The Committee will then make the recommendation to the LBNM Registrar that accreditation status be granted (full accreditation or accreditation with conditions) or refused. Where accreditation is granted for a period of 3 years.
	LBNM determination is made. The LBNM Registrar may accept the Accreditation Committee recommendation or seek further information from the Accreditation Committee or Assessment Team before making a determination. If the

	recommendation involves the imposition of substantive conditions or a refusal of accreditation, the Registrar refers this to the full LBNM Board with reasons.
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STAGE 4 – NATIONAL ACCREDITATION MEETING PREPARATION:

PROVIDER	LBMN
	LBNM prepares summary documentation of its determination on the accreditation status of all assessed providers in Liberia. National meeting held in/around March each year.
The report is reviewed by the provider for clarification and negotiation of any outstanding issues prior to finalization of the report by the LBNM Assessment Team.	A complete final report is sent to provider within two (2) months after completion by the Assessment Team, reviewed by Accreditation Committee, LBNM Registrar, and by full board, as necessary.
Electronic copy of the final submission is provided by the education provider containing all the amendments and additional information negotiated through the course of the assessment process. This becomes the definitive accreditation document and will be held by the education provider and LBNM for	

determination and monitoring purposes.	
The education provider may seek a review of the LBNM determination if they are dissatisfied with the outcome of the accreditation process. This must occur within fourteen (14) working days of the provider being notified of the LBNM determination.	
The education provider provides the final accepted version of the submission to LBNM in both electronic and hard copy form.	
STAGE 5 – MONITORING AND REVIEW	
PROVIDER	LBNM
Mandatory Interim Reports may routinely be required by LBNM during the course of an accreditation period and annual internal assessments should be carried out.	For currently accredited schools in accreditation years two or three, at beginning of each year, LBNM will notify school of the timeframe for the annual quality improvement visit , and follow-up on any identified interim year action items identified through the QI visits.
An annual declaration is required to be made by education providers concerning ongoing compliance with terms of accreditation for each accredited program.	Random audits, or review in response to report, notification or complaint may occur at any time.

6. THE ACCREDITATION VISIT

6.1 Personnel

Assessment Team Composition

The Assessment Team can be made up of several parties, outlined below. The total number of members of the Assessment Team shall range from 3-5.

To be eligible for selection for an Assessment Team, an Assessor must:

- Have the requisite knowledge, skills and experience for the type of program being assessed.
- Be available to participate in all stages of the assessment of the program, including any site visit(s) and drafting and/or review of reports by the Assessment Team.
- Have no personal or professional interest or duty that may, or may not be perceived to, interfere or conflict with the individual's ability to fulfil their responsibilities as a member of the Assessment Team.

Upon appointment to an Assessment Team, the assessor shall:

- Sign a confidentiality agreement.
- Sign a statement outlining any real or potential conflicts of interest, if any.
- Review accreditation submission documents to verify that they meet the relevant Accreditation Standards.
- Attend Assessment Team meetings, these may be face-to-face or by teleconference.
- Attend the site visit(s) with the team to meet with key personnel, clarify aspects of the submission and view the services and facilities of the organization.
- Contribute to the development of the Assessment Team's accreditation assessment report.

- Review and verify the final report of the Assessment Team prior to referral to the relevant Accreditation Committee.

NOTE: LBNM Secretariat administrative staff will support Assessment Teams as required.

Required attendees: 2-3 persons from the below groups are required to be present at each accreditation or assessment visit. The Registrar or their designee must train these persons annually.

LBNM Board Member One member of the LBNM Board must be present at each accreditation or assessment visit. The Board Member must not be a current employee of the institution under review.

LBNM Secretariat Member One member of the LBNM Secretariat is required to attend each accreditation or assessment visit. The Registrar, Monitoring and Evaluation Department, or Nursing and Midwifery Service members represent the “technical” staff of the Secretariat, and are the appropriate staff to represent the Secretariat during visits.

Optional attendees: At the discretion of the Registrar, other guests can be permitted to attend accreditation or assessment visits. Optional attendees are not trained assessors and are invited to observe only. Optional attendees are not to influence grading or act independently to execute any area of the assessment.

Government Representation The LBNM Registrar permits members of the Government of Liberia upon request and/or approval to attend assessment visits as observers or partners of the LBNM to enforce the accreditation standards and guidelines.

Technical Advisors and LBNM Partners Persons supporting the LBNM as technical advisors or donors can attend only as observers. LBNM is responsible for informing the institution under review of any guests that will participate as observers.

Institution Partners Partners working with the school can be represented during the assessment only as a guest of the institution. The institution shall request approval from LBNM for the

presence of any optional attendees. The LBNM can reject invitations if the presence is not conducive.

Assessment Team Roles and Responsibilities

During the course of the assessment, members of the Assessment Team will have some designated roles and responsibilities. Outside of those, filling the roles specified below, trained members of the Assessment Team can be assigned to carry out sections of the assessment at the discretion of the Team Lead

Each area of the assessment should have at least two trained members participate; this includes the classroom review and infrastructure assessment.

Team Lead The Team Lead role can be filled by any required member of the Assessment Team. The Team Lead is responsible for:

- Introducing the Assessment Team and tool to the school and serving as the point of contact between the Assessment Team and the institution administration.
- Asking the criteria question to the institution representatives, or designating section leaders to ask questions.
- Convening meetings between the Assessment Team as necessary to assign duties, reconcile notes, and discuss feedback.
- Leading the feedback session between the Assessment Team and the institution representatives.

Coordinator The Coordinator role should be filled by a member of the LBNM Secretariat. The Coordinator is responsible for:

- Compiling all assessment results into a report, which is to be shared with the Accreditation Committee within one week of completion of the assessment.
- Coordinate distribution of the assessment tools for all team members to the Team Lead.
- Distribution of per diem (DSA) to all team members.
- Coordinate transportation.

- Serve as the point of contact between the Registrar and the Assessment Team.

Note Taker The Note Taker role can be filled by any of the required members of the Assessment Team. The Note Taker is responsible for:

- Recording all criteria scores on the appropriate tool.
- Keeping a list of all criteria, documents, and sites that need to be revisited by the Assessment Team.
- Presenting to the institution at the end of Day 1 and the end of Day 2 a list of all documents that were promised but not received, to request follow-up.

Observer Observers are any untrained members of the Assessment Team. Observers are not to weigh in on the scoring of an institution or speak on behalf of LBNM during assessment or accreditation visits.

6.2 Scheduling Requirements

Assessment or Accreditation Visits

General Schedule

The assessment or accreditation is to take place over two consecutive working days, excluding travel time. Day one, of the assessment will be carried out at the institution. Day two, will be carried out at the primary clinical site for nursing and/or midwifery students and conclude at the institution. The institution has a two-week period from receipt of the schedule to request changes and new dates. After the two-week period, no requests for schedule changes will be reviewed by the Secretariat.

The Registrar of the LBNM, or their designee, will send the proposed dates of the visit at least three (3) months in advance of the scheduled start date. It is the responsibility of the institution to ensure that the dates meet the on-site criteria indicated below and that all necessary personnel are available.

On-Site Schedule Criteria

During day one of the visit, the following activities will need to be observed:

- A theoretical teaching session of a regularly scheduled nursing or midwifery course.
- A regularly scheduled practical session, conducted in a skills lab.

During day two of the visit, the following will need to be observed:

- Nursing or midwifery students attending clinical learning at a facility.

All classes and sessions observed should be scheduled as normal with the associated teacher and students, beginning at the scheduled time as observed on the course syllabus. Special sessions should not be called for the purpose of the assessment or accreditation.

If theoretical sessions only take place during certain days of the week, this should be noted during scheduling of the assessment or accreditation visit. The visit should not take place during a scheduled OSCE or during examination period.

6.3 On-Site Requirements

Requested Documents

During the assessment, the following documents will be called upon for review. Documents should be readily available for review throughout the entirety of the visit. The institution administration will be responsible for producing:

1. Admission brochure
2. Student handbook
3. Faculty handbook
4. Academic calendar
5. Faculty roster/ attendance ledger

6. Student roster
7. Committee meeting minutes for all standing committees
8. Financial documents including salary/incentive scheme
9. Organogram
10. Staff files for currently active:
 - a. Administrative staff
 - b. Instructor
 - c. Preceptor
 - d. Licenses for all nurses/midwives
 - e. Domestic/support staff
11. Student file (at least 3)
12. For one course:
 - a. Syllabus
 - b. Teacher handouts
 - c. Exam copy
13. Completed staff evaluations (at least 3) from a period not more than six months prior to team arrival
14. Clinical schedule, Interdisciplinary Procedure Manual(IPM)
15. Test bank
16. Student advisor assignments
17. Preceptor meeting schedule
18. Student clinical orientation outline
19. Vehicle registration for all institution vehicles used to transport students
20. Driver's license for all drivers using institution vehicles to transport students

Schools that do not have students enrolled at time of assessment will be responsible for producing a subset of the items listed above.

Requested Locations to Visit

Throughout the visit, several locations will be visited at both the institution and the clinical facility.

These locations should be unlocked and accessible to the Assessment Team upon request of the Team Lead.

Institution Locations

1. Administrative Offices
 - a. Test bank
2. Conference room
3. Library with required/core books current within 5 years of publication
4. Computer and internet labs
5. Theoretical classroom
6. Skills lab
7. Toilet facilities
8. Kitchen (if boarding school)
9. Dormitory (if boarding school)
10. Common area for students
11. Common area for staff

Facility Locations

1. Administrative Offices
2. Pharmacy
3. Laboratory
4. Store Room
5. Outpatient waiting room
6. Linen closet
7. Patient toilet facilities
8. Kitchen
9. Labor and Delivery, Pediatric, Adult, Emergency Wards
10. ANC
11. Nurses station
12. Common room

Requested Interviews

The Assessment Team will need to speak privately with several people outside of administrators. The team will use an agreed upon script to guide conversations and questioning. Conversations will last

no more than five (5) minutes. The Assessment Team will choose who they want to speak with.

- Two (2) staff members
- Two (2) clinical preceptors
- Two (2) students
- Two (2) facility patients

7. THE ACCREDITATION REPORT

The Accreditation Team lead, in consultation with the Assessment Team, will prepare a draft Accreditation Assessment Report in relation to the program being assessed. The Report will clarify whether or not the Assessment Team observed that the program and education provider has met the requirements as outlined in the Accreditation Standards. The Assessment Team will provide adequate reasons and justification to support their findings to enable the Accreditation Committee to make a recommendation to the LBNM. The Assessment Team will take the opportunity to comment on aspects of the proposed program in relation to any responses to the standards, with a view to quality improvement and affirmation of positive features.

8. EDUCATION PROVIDER'S RESPONSE TO THE REPORT

The education provider will have an opportunity to respond to an oral summary/feedback of information going into the Accreditation Assessment Report when it is presented at the conclusion of the accreditation visit. Feedback should be provided in a timely manner to allow the final report to be drafted in line with the indicative timeframes. Following the response from the provider, the Assessment Team will review the material and may seek further clarification from the education provider. The Accreditation Team Leader then submits the final version of the report to the Accreditation Committee.

9. INDEPENDENT REVIEW OF ASSESSMENT

While the assessment processes are founded on the principles of procedural fairness and ongoing dialogue between the LBNM Assessment Team and the education provider, at times there may be irreconcilable difference of views between the parties. To enable a resolution of these prior to consideration by the LBNM Accreditation Committee or LBNM Registrar a review by a person or persons with no previous involvement with the provider or current assessment may be requested.

If the education provider has concerns with the process and or

substantive outcomes outlined in the report, they may seek a review before the Accreditation Committee provides its recommendation to LBNM (Refer to Section 12).

10. REVIEW BY THE LBNM ACCREDITATION COMMITTEE

The Assessment Team lead provides the outcome of accreditation assessment report to the LBNM Accreditation Committee. The Committee will consider the report, and at times, the Committee may request further information be provided verbally by the Assessment Team lead; or examples of the evidence considered during the assessment. The Accreditation Committee has the responsibility of making a recommendation to the LBNM Registrar/Board regarding the accreditation status that should be granted to the education provider. There are three possible recommendations that may be made:

- a. Accreditation is granted.
- b. Accreditation with conditions is granted.
- c. Accreditation is refused.

It should be noted that the power to make the final decision as to the accreditation status of a provider is vested in the LBNM Board.

11. OUTCOMES OF THE ACCREDITATION PROCESS

The outcomes of the accreditation process will be valid and transparent. They will be based on the fulfilment or lack of fulfilment of the Standards and Criteria for the accreditation of nursing and midwifery programs leading to registration in Liberia, according to evidence provided.

11.1 ACCREDITATION

Accreditation is granted when:

- At least 80% of the Accreditation Standards and Criteria are considered to have been met, and is awarded for up to three years.
- All compulsory “critical” criteria must be achieved.

If less than 100% (but at least 80%) of criteria fully satisfied in terms

of excellence in all areas of program quality, relevant recommendations will be made as part of the Accreditation Report. An education provider's accreditation status may alter should there be major modifications to the program or education provider within this period.

11.2 CONDITIONAL ACCREDITATION

Conditional accreditation may be granted when:

- Between 70-79% of all standards and criteria are met.
- Scored above 79% but did not meet all compulsory critical criteria.

Under Conditional Accreditation some penalties are applied to the institutions. Rights and privileges under LBNM. These are maintained under Conditional Accreditation, but not limited to:

- Graduating students are still considered for eligibility for registration of the National State Board Examination.
- Function as a recognized institution by the LBNM.

Rights and privileges under LBNM that are **NOT** maintained under Conditional Accreditation, include:

- Recruitment of students is not permissible—no new student indexing is permitted.
- Sponsorship/scholarships for staff and students of the institution will not be recommended by the LBNM.

With Conditional Accreditation, institutions are expected to meet full accreditation within a one-year period following the process below:

- Within two (2) months of status designation, the institution will present a work plan to LBNM. The work plan will outline the institution's plan to address the conditions of the Conditional Accreditation.
- Within the following six (6) months, LBNM is available to provide support to the institution as they work towards meeting the conditions of the Conditional Accreditation. LBNM will schedule

at least one (1) supervisory support meeting during the six (6) month period. During this visit, the full accreditation tool will not be applied, the school will not receive an official score or grade.

If the institution would like LBNM to come for additional supervisory support and technical advisement, the institution can invite LBNM. The institution will be responsible for all costs incurred during additional supervisory support visits.

- The Registrar will set a date for the institution's assessment/accreditation visit. This visit will be held within the final four (4) months of the one-year Conditional Accreditation period.

If the Conditional Accreditation is not moved to a Full Accreditation status within the one-year period, the institution will re-enter the Conditional Accreditation status. If, during the Accreditation Visit in the second cycle, the institution fails to move to Full Accreditation, the institution will be moved to denial of accreditation.

11.3 DENIAL OF ACCREDITATION

There are two criteria that lead to the denial of accreditation:

- Receiving an Accreditation Score below 70%.
- A school that was conditionally accredited but did **NOT** reach Full Accreditation within two years.

Schools denied accreditation are not granted the rights and privileges of an accredited LBNM institution, including but not limited to:

- Graduating students are **NOT** considered for eligibility for registration of the National State Board Examination.
- Recruitment of students is **NOT** permissible.
- Indexing of students is **NOT** permissible.
- Sponsorship/scholarships for staff and students of the institution are not permissible.

Denied institutions are not to operate any nursing or midwifery

education activities including capping, oath and honor, graduation, or education of students or candidates

LBNM will refuse to grant accreditation when essential criteria are **NOT** met, in such a way that students cannot attain the required graduate outcomes through their participation as students of the program.

If the LBNM determines to refuse accreditation to a program of study; written **NOTICE** of the decision will be sent to the education provider, including:

- a. The reasons for the decision.
- b. That, within 30 days after receiving the notice, the education provider may apply to the accreditation authority for an internal review of the decision.
- c. How the provider may apply for the review.

Outcomes of an Accreditation Report (not containing material withheld on legitimate confidential or privacy grounds) will be available to the public.

11.4 DETERMINATION OF RISK RATING

LBNM's monitoring requirements for each program are proportional to the overall level of risk rating of the respective education provider and approved program and will differ between education providers and approved programs. LBNM must be able to defend the application of different monitoring requirements by:

- a. Being accountable, transparent, consistent and fair in its dealings with education providers by notifying the education provider about their risk rating.
- b. Being responsive to changes identified in monitoring that raise or lower the risk rating.
- c. Achieving a culture of shared responsibility with education providers for compliance with monitoring requirements.
- d. Implementing monitoring requirements that are proportionate to

the level of risk that the approved program will fail to continue to meet the approved Accreditation Standards.

- e. Assessor should not discuss the results and in no way attempt to give any of the accreditation outcome prior to presentation of final reports.

During the course of the assessment process, the Assessment Team and Accreditation Committee will be undertaking a formalized risk rated assessment of the education provider and the program of study.

Table 3: RISK RATING AND ASSOCIATED LBNM MONITORING REQUIREMENTS

DETERMINATION OF RISK RATING		
Full Accreditation (80-100%) Low Risk	Conditional (70-79%) Medium Risk	Denial (<70%) High Risk
LBNM'S MONITORING REQUIREMENTS		
Annual declaration Mid-term report Notice of changes that may impact on ability to meet Accreditation Standards	Annual declaration Mid-term report and may have conditions placed on accreditation that require reporting Notice of changes that may impact on ability to meet Accreditation Standards	Revoke accreditation No LBNM association with program under review

12. REVIEW OF AN ACCREDITATION DETERMINATION

As noted above, prior to any determinations being made, an opportunity for early review is available in the process, prior to any accreditation recommendations being made to the LBNM Registrar/Board. Review mechanisms are also available after decisions have been made.

After the LBNM Registrar has made an accreditation determination a provider may request a review of a denial decision only on the basis of an alleged failure of the Assessment Team to follow appropriate processes (due diligence) or to meet specified standards for decision-making and reporting (including basing decisions on accurate and relevant evidence). Requests for such a review must be received from the provider within 14 days of notification of the outcome of LBNM accreditation assessment.

Requests for review must be received in writing and include a description of the elements on which the provider considers the Assessment Team has failed to undertake the appropriate processes or to meet reasonable grounds for the decision-making and reporting process. Requests for review of decision are forwarded to LBNM to the attention of the Registrar of Accreditation. All requests for review of decisions will be dealt with expeditiously.

LBNM will select an appropriate person from the Board or Secretariat to conduct the review. The reviewer shall not be a member of the Assessment Team involved in the assessment under review. This person will conduct the review with or without the assistance of a panel of appropriately qualified person(s), who were not part of the original Assessment Team. Depending on the extent of the review issues, the reviewer may require further members to assist with the review process, in which case the lead reviewer above will become the Chair of the panel. The review panel will consult with the Registrar in relation to procedural issues that may arise. The reviewer (who will be Chair if a panel is used) will review the original report and recommendations, discuss the issues with the provider, seek further information from the original Assessment Team if necessary, and any

other reasonable steps that are required. Once the review is completed, they will finalize a report and provide this report to the LBNM Registrar, the LBNM Accreditation Committee, the LBNM Board Chair, and the provider.

PART THREE Quality Improvement and Risk Management

13. SITE VISITS TO EDUCATION PROVIDER'S ESTABLISHMENT

An Assessment Team in three circumstances may make a site visit to the education provider's organization:

- During the course of an assessment for accreditation where the site visit is made by the Assessment Team.
- During a routine monitoring phase for a program that has been accredited by LBNM.
- On receipt of a complaint, report or notification where concerns have been raised about the program not being conducted in accordance with the LBNM Accreditation Standards and the terms of the accreditation that was granted.

Normally the timing of site visits will be negotiated with the education provider, but it should be noted that some site visits may be undertaken without prior notice where this may be indicated.

Site visits enable the Assessment Team and LBNM to meet the education provider at the location(s) where the education program is to be, or is being provided. These on-site visits enable the opportunity for the education provider to:

- Expeditiously provide further documentary evidence to the Assessment Team and LBNM without a time lag. This evidence is required in electronic format.
- Have the relevant academic and administrative personnel, students, graduates and industry stakeholders available to meet with the Assessment Team and LBNM staff to provide relevant information relating to the provider's capacity to meet the requirements of the Accreditation Standards.
- Demonstrate that the adequacy of human and physical resources are in line with the Accreditation Standards and Criteria.

- Give the Assessment Team and LBNM staff a clear understanding of the environment, personnel and resources for the conduct of the program.

A site visit of each campus where a program is conducted will generally be undertaken. A site visit provides the Assessment Team and LBNM staff with opportunity for:

- Verifying the program meets the Standards and Criteria before accreditation can be granted or continues to meet those for which the accreditation was originally approved.
- Clarification of the human and physical resources of the provider.
- Assessing the amenities at each campus thereby ensuring that students have equitable access to the required facilities.
- Accessing records where required.
- Face-to-face discourse between the Assessment Team and representatives of the education provider.
- The opportunity for formal and informal follow up to the response to the preliminary review.

Information is presented to the education provider by the LBNM Assessment Team on the following elements in order for all parties to achieve the maximum benefits from these site visits to the provider establishments:

- Preliminary meeting of the Assessment Team face-to-face and to review the schedule for the site visit.
- Site visit schedule and personnel attending.
- Expectations in relation to time commitments for meetings and discussion with providers during the site visit.
- Reasons for site visits.
- Reporting on site visits.

The Registrar is responsible for supporting the Assessment Teams' site visit to the education providers' establishment and may join Assessment Teams on these site visits from time to time. LBNM may

organize other observers to attend site visits from time to time, e.g., newly recruited assessors, Board members, stakeholders, government representative and students.

13.1 Components of a Site Visit

Normally the following components will be examined during a site visit:

- Resources for students, academic and administrative staff.
- Library and clinical/science laboratory and simulation equipment.
- Sufficient available teaching facilities and other areas for planned/ required numbers of students.
- Office and other accommodation.
- Internet connectivity.
- Teaching in accordance with curricula, semester schedule & course plan/syllable.
- Meetings with key stakeholders, e.g., students and providers of clinical placements for the program.

The site visit can also provide an opportunity for the staff to discuss the affiliated clinical placements and any omissions from the original submission. It should be noted that additional components may be added at the discretion of LBNM or at the request of the education provider.

13.2 Reporting of Site Visits

The Chair of the Assessment Team will coordinate the incorporation of the information gathered during the site visit into the draft Accreditation Report. The report will identify issues raised by the Assessment Team from the site visit. There will be an opportunity at the end of an assessment site visit for the education provider and the Assessment Team to meet. The Assessment Team will report key findings and provide the opportunity for the education provider to respond.

14. COMPLAINTS, CONCERNS, REPORTS OR NOTIFICATIONS CONCERNING ACCREDITED EDUCATION PROVIDERS AND PROGRAMS

When LBNM is in receipt of information in relation to an accredited education provider that questions the legitimacy of their accreditation, whether obtained by way of a formal complaint, notification, report, or if LBNM reasonably believes the program of study and education provider no longer meet Accreditation Standards, LBNM, after investigating the matter and finding it substantiated, will:

- a. Impose the conditions on the accreditation that LBNM considers necessary to ensure the program of study will meet the requisite standard(s) within a reasonable time; or
- b. Demote the accreditation status of the program of study;
- c. Levy fine against the institution.

15. MONITORING AND MODIFICATIONS TO EXISTING ACCREDITED PROGRAMS

LBNM requires the education provider to submit in writing an:

- a. Annual Declaration
- b. Notification of modifications or additions to accredited programs
- c. Notification of any decision to suspend or discontinue an accredited program.

The education provider is responsible for notifying LBNM of any unplanned major modifications or requesting permission to proceed with major modifications that may impact the validity of the accreditation, as soon as they are identified by the education provider.

15.1 Annual Declaration

LBNM is mandated to monitor education providers and programs that have been accredited by LBNM. To meet this obligation, LBNM requires all education providers to submit an Annual Declaration. The Annual

Declaration is a legal statement submitted by the education provider describing the current details of an approved program and whether the education provider has any plans to modify the program. An Annual Declaration must be submitted for each accredited program. The submission of an Annual Declaration enables LBNM to monitor whether the education provider and the program continue to meet the approved Accreditation Standards. Annual Declarations are to be submitted to the LBNM at the second Board meeting of each calendar year.

- a. The Annual Declaration should include, but is not limited to:
 - i. Evaluations conducted at the completion of the first cohort(s) of students
 - ii. Changes to senior staff.
 - iii. Changes to physical resources e.g., new laboratories, classrooms, equipment, etc.
 - iv. Current numbers and demographics of students e.g., variations to enrollments and attrition rates.
 - v. An account of progress towards meeting any recommendations contained within the final report of the assessment for the current accreditation.
 - vi. Data and analysis of the routine evaluations of staff, students, and clinical agencies.
 - vii. An account of what has been done to address any issues raised within the evaluations.
 - viii. Report of faculties' educational improvement.
 - ix. Any deviations from the original program at the time accreditation was granted – noting how and if these changes will affect that original program.

15.2 Modifications

LBNM defines a major modification as substantive matters that will

affect the policy or practices of an education provider and that could impact upon the delivery of a program of study, including:

- Modification
- Alteration
- Addition
- Amendment
- Substitution
- Deletion

of any aspect of the program or education provider, that causes the changes to the

- Substance
- Structure
- Form
- Delivery
- Outcomes of the program

such that students are completing a program that is different to the program that was accredited.

Change to an approved program, includes, but is not limited to:

- Changes to the award title of a program.
- Changes to the underpinning philosophy, emphasis or objectives of a program.
- Increase or decrease in duration of a program.
- Changes to the curriculum of study, including content, structure, and assessment, after the program was accredited.
- Additions or deletions of programs of study offered.
- Changes to any core (compulsory) or elective components of the program, regardless of whether the overall credit value is different.
- Changes to the teaching methods, or method of delivery, of all or any part of program.
- One or more significant changes to the composition of staffing such as substitution of full time staff by part-time staff, or change in academic level of teaching staff.

- Changes in the financial resources, or financial arrangements, for the program such as elimination of a dedicated budget for the program.
- Changes to the education provider’s organizational structures such changes to the governance of a program.
- Changes to or addition of, the sites at which all or any part of program is offered.

The notification of a major modification by a provider must allow sufficient time for evaluation of continued compliance with the Standards for the Accreditation of Nursing and Midwifery Courses.

Table 4: Examples of modifications and required evidence:

NATURE OF PROPOSED CHANGE	EVIDENCE THAT MAY BE PROVIDED
Merger with another entity.	Full details of changes proposed and supporting documentation.
Changes to the legal status of the corporate entity, such as from or to incorporated, not-for-profit etc. or change of trading name.	Full details of changes proposed and supporting documentation. Evidence that agreements made by the institution under previous status or trading name remain valid, or have been amended.
Contracting with another body to deliver a significant proportion of a course or services.	Full details of changes proposed and agreements between parties.
Changes in ownership and/or shareholdings.	Full details of changes proposed and supporting documentation.
Significant organizational changes such as those which have a major impact on governance, quality	Full details and rationale for changed CVs for new senior staff appointments.

NATURE OF PROPOSED CHANGE	EVIDENCE THAT MAY BE PROVIDED
assurance and staffing (such as restructuring of academic governance arrangements, or changes involving senior academic or administrative staff).	
A decline in financial position.	Full details and supporting documentation.
Major alterations to teaching premises.	Full details of alterations, including floor plans, and plans for accommodating students during the alteration. Evidence of relevant government and council approvals and legislative requirements met.
Changes to delivery location by moving to a new site, adding an additional site or withdrawing from an existing site.	Details and rationale for change, relevant staff, and facilities and student support.
Changes to the mode of delivery of a course, such as from face-to-face to distance education or online.	Adequate infrastructure and evidence of sufficient clinical placements to support increased cohort.
A substantive change in enrollment numbers over baseline.	Adequate infrastructure and evidence of sufficient clinical placements to support increased cohort.
Changes to learning outcomes for a course or	Full details and rationale for changes.

NATURE OF PROPOSED CHANGE	EVIDENCE THAT MAY BE PROVIDED
core subjects within the course.	
Changes to core subjects within a course.	Full details and rationale for changes. Details of proposed course structure, subject titles and outlines.
Changes to course entry requirements.	Old and new requirements and rationale for change.
Changes to course structure, such as to the proportion of core to elective subjects.	Full details and rational for changes. Details of proposed course structure, subject titles and outlines. Transitional arrangements for currently enrolled students.
Changes to elective subjects, including addition, substitution or deletion of subjects in a course, where such changes affect more than 25% of the total number of subjects in the course, measured over the duration of the course accreditation period.	Full details and rational for changes. Details of proposed course structure, subject titles and outlines. Details of changes to staff and facilities required. Transitional arrangements for currently enrolled students.
A reduction in student contact hours in a course.	Full details and rationale for changes.

15.3 Minor Modifications

The provider is responsible for notifying LBNM of any planned or unplanned minor modifications as soon as the provider identifies them. Minor modifications are refinements to program (course) and

course (subject) delivery and content that do not significantly affect the objectives and outcomes; or change the nature or emphasis of the program. Minor modifications are considered by the Registrar and Accreditation Committee.

16. QUALITY MONITORING AND ASSESSMENT

16.1. Reporting and monitoring during the accreditation period

LBNM will monitor approved programs of study during the period of accreditation. This monitoring will include the requirement of the education provider to submit regular and timely reports, including Mandatory Interim Reports. It is the responsibility of the education provider to submit the reports on or immediately before its due date. The date of the expected report(s) will be outlined in correspondence to the education provider when formal notification of accreditation is communicated.

LBNM will routinely audit a percentage of education providers and programs annually where a risk profile has been identified or if LBNM is in receipt of any concerns or complaints in relation to the education provider of the program. As noted above, LBNM and an Assessment Team may undertake a site visit to the education provider's establishment as part of the monitoring process.

16.2. Feedback of monitoring and auditing

The feedback of ongoing monitoring and auditing will be formally conveyed to the provider. LBNM may determine that a provider or a program is no longer able to meet essential standards and criteria in such a way students cannot attain the required graduate outcomes through their participation as students of the program. In this case, LBNM is required to decide to impose conditions on the accreditation to ensure the program of study will meet the standard within a reasonable time or revoke the accreditation of the program of study.

17. CONTINUITY OF ACCREDITATION

While education providers have students enrolled in a program where

their expectation is to register or be endorsed as a nurse or midwife upon the program's completion, the provider is obliged to ensure that these programs remain accredited. Sometimes this may require transitioning students from an accredited program where the accreditation expires during the person's studentship to a newly accredited program, to ensure their qualification will lead to registration and licensing.

Each accreditation cycle is regarded by LBNM as an exclusive process. There is no recognition of the concept of 're-accreditation'. Each application, while having the capacity to draw on past curricula, evaluations and previously submitted information, should be presented by a provider as a totally new application. Therefore, providers must be aware of the timelines for an accreditation application as there is no fast track process available. It remains the provider's responsibility to submit documents for consideration in accordance with the timelines outlined above in order to mitigate the risk of accreditation expiring prior to further accreditation being granted.

18. NATIONAL MANAGEMENT OF DATA

A brief summary of the outcome of each assessment will be maintained in a database that is accessible to stakeholders including the community, media, the nursing and midwifery professions, government and relevant LBNM Committees and LBNM Secretariat staff. Information that comes from monitoring activities may also be publically available on the LBNM website.

Data that LBNM will make publicly available include:

- List of accredited institutions (and training/clinical facilities).
- Dates of accreditation (including expiry dates).
- Annual summary/analysis of accreditation and assessment data.
- Date of dissemination meeting.
- Standards and criteria that are used to assess programs.
- Status of ALL Nursing/Midwifery Programs under LBNM jurisdiction.

The purposes for this include:

- Maintaining transparency of process.
- Contributing to the community's confidence in the educational standards of the nursing and midwifery professions.
- Monitoring the continuous improvement of programs.
- Facilitating efficient and effective accreditation.
- Providing a reference resource for Assessment Teams.

19. FURTHER INFORMATION

19.1 Enrollment of Students

A program of study leading to a qualification that will enable persons to register or be endorsed as nurses or midwives must be accredited by LBNM for the entire duration of the students' enrollment and receipt of diploma.

19.2 Advertising for Students to Apply

Education providers must ensure that any advertising material developed and used to inform potential students contains accurate information regarding the accreditation status of both the education provider and the program being advertised and must include a notation that the program of study is 'subject to accreditation by LBNM'.

19.3 Student Indexing

Accredited Schools must ensure that LBNM indexed all students before enrollment for the Nursing and/or Midwifery program.

19.4 Accreditation of Education Provider and Program of Study

It should be noted that the Accreditation Standards are designed to accredit both the education provider and the program of study.

20. SUPPORTING DOCUMENTS

- Nursing standards
- Midwifery standards
- Nursing Act

- MOH core standards
- RM scope of practice
- RN scope of practice
- ICM standards
- World Health Organization 2009 *Global Standards for the Initial Education of Professional Nurses and Midwives*.
- LBNM By-Laws
- LBNM Accreditation tool (September 2019)
- LBNM Assessor Guide
- LBNM Sample Accreditation Report

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