



Dietitians Board

Te Mana Mātanga Mātai Kai

GUIDELINES FOR ACCREDITATION OF NEW ZEALAND DIETETIC EDUCATION PROGRAMMES

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- Medical Council of New Zealand
- Midwifery Council of New Zealand
- New Zealand Chiropractic Board
- New Zealand Medical Radiation Technologists Board
- New Zealand Psychologists Board
- Nursing Council of New Zealand
- Optometry Council of Australia and New Zealand
- Optometrist & Dispensing Opticians Board of New Zealand
- Occupational Therapy Board of New Zealand
- Partnership for Dietetic Education & Practice, Canada
- Pharmacy Council of New Zealand
- Physiotherapy Board of New Zealand

Foreword

These Guidelines complement the Dietitians Board *Accreditation Standards for New Zealand Dietetic Education Programmes*. This document outlines Board expectations for interpreting the Accreditation Standards and for providing evidence for a formal accreditation review.

Education providers, seeking Dietitians Board accreditation (or re-accreditation) of their dietetic education programme/qualification, will use this document for self-assessment and for preparing their accreditation review submission. A full description of the accreditation process is provided in a separate document, *Accreditation Process for New Zealand Dietetic Education Programmes*.

The Board and its Accreditation Review Teams will use these Guidelines to assess programme compliance with the Accreditation Standards. These Standards apply to all currently prescribed dietetic qualifications from January 2020.

The Board developed these guidelines following a review of the Board's previous accreditation framework, the accreditation standards and processes of other health regulatory authorities, and stakeholder consultation. This approach aims to achieve a degree of consistency in the accreditation standards and processes required of New Zealand providers of health profession education.

The current version of the Accreditation Standards, Guidelines and Process documents must be used. These documents are available from the Board's website (<http://www.dietitiansboard.org.nz/>).

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Introduction

‘Accreditation’ is the status granted by the Dietitians Board to New Zealand dietetic education programmes that meet, and continue to meet, Dietitians Board Accreditation Standards. The purpose of accreditation is to assure: the quality of education, the competence of graduates to practise dietetics across the Scope of Practice, and public safety. All New Zealand prescribed dietetic qualifications are accredited and monitored by the Dietitians Board.

The Dietitians Board (the Board) is required by Section 118(a) of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) to *‘prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes’*.

Graduates of an accredited New Zealand dietetic education programme (with a prescribed qualification) are eligible to apply for Dietitians Board registration, which enables them to apply for an Annual Practising Certificate so they can practise as a dietitian in New Zealand. To be registered, the applicant must be competent and fit to practise dietetics in New Zealand.

The Board’s approach to accreditation is that of a ‘fitness for purpose’ model based on outcomes defined in the *Scope of Practice: Dietitian* and *Professional Standards & Competencies for Dietitians*. To obtain registration as a dietitian, an individual must have a prescribed dietetic qualification that demonstrates that she/he has moved beyond novice and advanced beginner skill levels and is ‘competent’ in providing safe, effective and professional dietetic care in a variety of settings as part of a flexible workforce.

The Board’s accreditation framework is described in three documents:

- **Accreditation Standards** for New Zealand Dietetic Education Programmes,
- **Guidelines** for Accreditation of New Zealand Dietetic Education Programmes, and
- **Accreditation Process** for New Zealand Dietetic Education Programmes.

This is the Guidelines document. These Guidelines describe Board expectations for interpreting the Accreditation Standards. It also offers education providers guidance on required and discretionary evidence to submit for a formal accreditation review. A glossary of terms is provided to facilitate communication.

The Dietitians Board’s process for accrediting, re-accrediting and monitoring dietetic education programmes is detailed in a separate document, *Accreditation Process for New Zealand Dietetic Education Programmes*.



Accreditation Standards

The Dietitians Board has four mandatory Accreditation Standards:

1. Programme of Study

Programme design, delivery and resourcing produces competent graduates able to practise dietetics across the Scope of Practice¹.

2. Assessment

Assessment is fair, valid, reliable and sufficient to evaluate student competence across the Scope of Practice¹.

3. Quality Assurance

Effective governance and quality assurance systems are in place for the programme of study.

4. Public and Student Safety

Public and student safety is assured.

Each Standard has a number of assessment Criteria that the Board and its Accreditation Review Team use to determine whether the education provider's evidence clearly demonstrates Standard achievement. Accreditation Standards and Criteria are outlined in the *Accreditation Standards for New Zealand Dietetic Education Programmes* and clarified in this document.

All programmes are assessed against the same Accreditation Standards and Criteria, although the assessment may vary according to the circumstances of the provider.

Dietitians Board Expectations

Dietitians Board expectations for interpreting the Accreditation Standards and Criteria are described in this document. The Board has endeavoured to balance the need to provide clear, adequate guidance and be less prescriptive. Given the broad *Scope of Practice* and generalised nature of the *Professional Standards & Competencies for Dietitians*, some prescription was required for quality assurance.

Guidance for interpreting each Accreditation Standard Criterion is provided to assist education providers with self-assessment and preparation of evidence for their accreditation review. It also assists the Accreditation Review Team who is responsible for verifying evidence and assessing whether it sufficiently demonstrates Standard achievement.

To be awarded 'Accreditation' status by the Dietitians Board, the Board must be reasonably satisfied that a dietetic education programme, and the educational provider delivering it, meet all the Accreditation Standards and Criteria. Accredited dietetic education programmes are monitored annually for ongoing compliance with these Standards.

¹ **Scope of Practice: Dietitian** (<https://gazette.govt.nz/notice/id/2017-gs1092>). Given the broad Scope of Practice, the Board expects graduates of accredited programmes to be competent in providing safe, effective and professional dietetic care in at least three core dietetic practice contexts: public health nutrition, medical nutrition therapy (includes prescribing and enteral and parenteral nutrition), and food service systems management (Competency Standards 1.3-1.5). Competence in these areas underpin dietetic knowledge, skills and judgement.



If the Board becomes concerned about the academic or professional standing of a programme through annual reports or other means, then there may be cause to consider:

- imposing new or additional conditions on an existing accreditation,
- reducing the current period of accreditation, or
- revoking the programme's accreditation.

The Board's process for accreditation and monitoring dietetic education programmes is fully described in a separate document, *Accreditation Process for New Zealand Dietetic Education Programmes*.

Evidence Requirements

The education provider is responsible for submitting sufficient evidence to demonstrate their dietetic education programme's compliance with all Dietitians Board Accreditation Standards and Criteria. This document offers guidance on types of evidence to include in an accreditation review submission.

The submission must include **Core Evidence Requirements** for each Criterion. These requirements are described in this document and summarised in *Appendix A*. The summary clearly illustrates how one piece of evidence may relate to more than one Standard or Criterion. For example, the programme's academic standards and competence standards are listed as core evidence under all four Accreditation Standards.

Additional evidence may be submitted to demonstrate compliance with one or more Criterion. The provider uses their discretion to select additional evidence for their submission. Examples of additional evidence that an education provider may choose to include are listed in *Appendix B*. In all cases, evidence must be clearly assigned to at least one Criterion.

The Accreditation Review Team may request specific documents or experiential evidence at any stage of the process to help it determine if a particular Standard or Criterion is met.

Accreditation Process

The Accreditation Process is detailed in a separate document, *Accreditation Process for New Zealand Dietetic Education Programmes*.

All documentation must be uploaded via the Board's education provider portal, using the login provided. It is the education provider's responsibility to submit sufficient evidence to demonstrate their programme's compliance with the Accreditation Standards and Criteria.

In all applications, the following general information is required:

- Name of the institution
- Name of existing dietetic education programme(s) within the institution
- Name of the qualification, which must include the word 'dietetics'
- The length of the programme in years, semesters and weeks
- If the programme is new and replaces an existing programme, indicate which programme it will replace and outline the process and proposed date for phasing out the existing programme.

Dietitians Board Expectations and Core Evidence Requirements for Accreditation Standards & Criteria

1 Programme of Study¹

Programme design, delivery and resourcing produces competent graduates able to practise dietetics across the *Scope of Practice: Dietitian*².

CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
1.1 A coherent educational philosophy informs the postgraduate programme design and delivery.	a. The programme's educational philosophy is evidence-based ³ and expert ^{3,4} reviewed.	i. Statement addressing criterion 1.1
	b. Minimum dietetic qualification is National Certificate of Educational Achievement Level 8 – Postgraduate Diploma; at least 4.5 years of full-time tertiary education.	ii. Committee on University Academic Programmes ³ (CUAP) approval of the proposed dietetic education programme, with approval date
	c. Dietetic education is planned and delivered based on the requirement that every student has completed at least a 3-year undergraduate science ³ /health science degree majoring in human nutrition or equivalent, including undergraduate papers in human biochemistry, human biology, human physiology, human nutrition, and food science/food service management.	iii. Student admission policies (includes academic requirements and entry routes)
1.2 The <i>Scope of Practice: Dietitian</i> , the <i>Professional Standards & Competencies for Dietitians</i> and the <i>Code of Ethics & Conduct for Dietitians</i> underpin programme learning outcomes.	d. Programme learning outcomes align with the <i>Professional Standards & Competencies for Dietitians</i> (PSCD) (including <i>Code of Ethics & Conduct for Dietitians</i>) and ensure every graduate is competent ^{3,4} to practise dietetics across the <i>Scope of Practice: Dietitian</i> ² .	iv. Curriculum mapping [spreadsheet] of learning outcomes to the PSCD
		v. Competence standards ³ for each core dietetic practice context ²
1.3 Te Tiriti o Waitangi – Treaty of Waitangi principles and cultural competence are integrated within the programme as required learning outcomes.	e. The education provider and programme staff apply the principles of Te Tiriti o Waitangi and foster culturally appropriate practice and an understanding of Tikanga in their own practice, and equip students to do the same.	vi. Syllabus for each course/ paper [coordinator, description, learning outcomes, calendar [topic, duration, instructor], key learning resources, assessment requirements]
	f. Programme staff and students are culturally responsive and culturally safe to practise.	vii. Statement addressing criterion 1.3
		viii. Cultural competence standards ³ , assessment matrix, and summative assessment tools

¹ Accreditation Standard 1 focuses on how educational outcomes are achieved in all learning environments.

² **Scope of Practice: Dietitian** (<https://gazette.govt.nz/notice/id/2017-gs1092>). Given the broad Scope of Practice, the Board expects graduates of accredited programmes to be competent^{3,4} in providing safe, effective and professional dietetic care in at least three core dietetic practice contexts: public health nutrition, medical nutrition therapy (includes prescribing and enteral and parenteral nutrition, although it is acceptable for graduates to be advanced beginner in prescribing parenteral nutrition), and food service systems management (Competency Standards³ 1.3-1.5). Competence in these areas underpin dietetic knowledge, skills, reasoning and judgement.

³ Terms defined in Glossary.

⁴ Dreyfus SE. The five-stage model of adult skill acquisition. Bull Sci Technol Soc. 2004; 24(3):177-181. [continuum of skill level³: novice, advanced beginner, competent³, proficient³, expert³]



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p>1.4 Learning and teaching methods are intentionally designed and used to enable students to achieve required learning outcomes.</p>	<p>g. The programme’s learning and teaching methods are evidence-based³ and expert³ reviewed.</p>	<p>ix. Statement addressing criterion 1.4 x. CUAP approval of the proposed dietetic education programme, with approval date</p>
<p>1.5 The education programme has the resources to sustain the quality of education that is necessary to support the achievement of required learning outcomes.</p>	<p>h. The programme is adequately resourced³. i. Appropriate facilities and physical and electronic educational resources for quality³ education are available to all staff and students in all learning settings.</p>	<p>xi. Statement addressing criterion 1.5 xii. University senior management confirmation of 5-year support for programme resources³</p>
<p>1.6 Teaching staff and placement/research supervisors are suitably qualified and experienced to enable students to achieve competence in the core dietetic practice contexts and across the <i>Scope of Practice</i>².</p>	<p>j. A minimum of 4.0 FTE (full time equivalent) programme staff must be Registered Dietitians³ with a current Annual Practising Certificate³ (NZRD with an APC). k. Academic staff³ in leadership³ roles (creators of competence standards³, curriculum and assessments) are an expert³ in the subject matter/core dietetic practice context², and a NZRD with an APC. Academic staff must have dietetic education and research³ expertise to fulfil research-led teaching requirements⁵. l. Academic and professional staff³ (and external providers³) responsible for teaching, practical placement supervision, and assessment of dietetic students are an expert³ or proficient³ in the subject matter/core dietetic practice context². In the majority of cases, they are a NZRD with an APC. m. At least one academic staff³ member has significant nutrition and dietetic research³ experience to lead dietetic research³ development and PhD supervision. This person is normally a Professor or Associate Professor and a NZRD with an APC. n. Academic³ research³ supervisors and examiners are experts³ in the subject matter/core dietetic practice context² and research³ methodologies. They have an appropriate research³ qualification (PhD, doctorate).</p>	<p>xiii. Statement addressing criterion 1.6 xiv. Curriculum vitae of academic staff³ in programme leadership³ roles, including dietetic research³ leadership xv. Profile of permanent programme staff [spreadsheet: name, academic qualifications, APC status, hours employed [FTE], skill level³ in each core dietetic practice context², key responsibilities [Y/N]: teaching, practical placement supervision, high-stakes competence^{3,4} assessment in each core dietetic practice context, other summative assessment, academic research³ supervision, thesis examination] xvi. External high-stakes competence assessors³ in each core dietetic practice context² [spreadsheet as per 1.6.xv.]</p>

⁵ New Zealand Education Act 1989. Universities are institutions in which “their research and teaching are closely interdependent and most of their teaching is done by people who are active in advancing knowledge” (Section 162(4)(a)). Post-graduate qualifications cannot be awarded unless “taught mainly by people engaged in research”(Section 253B(3)). The active commitment of university academic staff to research of national and international standard is assessed through the Performance-Based Research Fund, last completed in mid-2018.



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p>1.7 Practical placements (no less than 800 hours) include appropriate experience to enable students to acquire and demonstrate competence within core dietetic practice contexts and across the <i>Scope of Practice</i>².</p>	<p>o. Practical placements³ occur in a variety of settings, communities and geographical locations, focusing on current food and health systems³, while anticipating emerging workforce needs to meet New Zealand’s future food, health and well-being needs. In all contexts, students should identify socio-ecological systems³ influencing food intake and nutrition and health outcomes, and assume that structural interventions³ will impact health outcomes.</p> <p>p. The education provider ensures that 800 or more hours of practical placements within the dietetic qualification include appropriate depth and breadth of experience to enable each student to acquire and demonstrate competence^{3,4} in each core dietetic practice context and across the <i>Scope of Practice</i>².</p> <p>q. The education provider must provide each student with New Zealand ‘workplace training’³ in each core dietetic practice context. During workplace training, the student plans, delivers and evaluates:</p> <ul style="list-style-type: none"> • <u>Medical nutrition therapy</u>³ across the lifespan in acute, ambulatory and community settings to address a range of co-morbidities and to enable exposure to a wide variety of presentations affecting different body systems; • <u>Food service systems</u>³ for nutritionally dependent and/or vulnerable populations where medical nutrition therapy underpins food service delivery; and • <u>Public health nutrition</u>³ structural intervention(s)³ to address systemic influences on population health³. <p>r. Practical placements may include observation³ (up to 80 hours*), simulation training³ (up to 160 hours*), and workplace training³ (minimum requirement of 640 hours*, detail in 1.7: q,s,t,u). [*contribution to minimum requirement of 800 hours per student, 1.7.p]</p> <p>s. Each student must complete a minimum of 320 hours of ‘workplace training’³ in <u>medical nutrition therapy</u> (detail in 1.7.q), which includes at least one high-stakes competence^{3,4} assessment (2.1.c).</p> <p>t. Each student must complete a minimum of 160 hours of ‘workplace training’³ in <u>food service systems management</u> (detail in 1.7.q), which includes at least one high-stakes competence^{3,4} assessment (2.1.c).</p>	<p>xvii. Statement addressing criterion 1.7, including expected number of students per cohort</p> <p>xviii. Profile of practical placements [spreadsheet: core dietetic practice context², placement provider, high-stakes competence assessment [Y/N] & assessor, observation hours, simulation training hours, workplace training hours, workplace training supervision by NZRD with APC [% of hours, skill level³ in this core dietetic practice context²]]</p> <p>xix. Competence standards³ and assessment matrix for each core dietetic practice context²</p> <p>xx. Programme academic standards (academic quality) and assurance procedures (includes practical placement: provision, supervision, assessment, service evaluation)</p> <p>xxi. Programme quality improvement policy and procedures</p>



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p><i>Continued ...</i></p> <p>1.7 Practical placements (no less than 800 hours) include appropriate experience to enable students to acquire and demonstrate competence within core dietetic practice contexts and across the <i>Scope of Practice</i>².</p>	<ul style="list-style-type: none">u. Each student must complete a minimum of 160 hours of 'workplace training'³ in <u>public health nutrition</u> (detail in 1.7.q), which includes at least one high-stakes competence^{3,4} assessment (2.1.c).v. The education provider collaborates with practical placement providers to ensure quality of student learning experience, supervision and assessment. Quality improvement systems incorporate feedback from clients³/patients, students, supervisors and placement providers. There is a clear protocol for escalation of issues when they arise.w. Most practical placement supervision is provided by a NZRD with an APC. Some practical placement supervision may be provided by other registered health professionals and subject matter experts in workplace settings.x. High-stakes competence assessors³ must be an expert³ in the core dietetic practice context², have assessment training, and be a NZRD with an APC.	



2 Assessment⁶

Assessment is fair, valid, reliable and sufficient to evaluate student competence across the *Scope of Practice*².

CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
2.1 There is a clear relationship between learning outcomes and assessment strategies.	<p>a. The programme’s assessment strategies are evidence-based³ and expert³ reviewed.</p> <p>b. There is constructive alignment between the programme’s competence standards^{3,6}, learning outcomes, learning activities (didactic content, practical placements, formative assessment), and summative assessment strategies and methods⁶.</p> <p>c. Each core dietetic practice context² has its own competence standards³ and assessment matrix (2.3.f) for demonstrating skill development from novice to competent^{3,4} over time. A series of integrated formative and summative assessments, using effective assessment tools with clearly defined criteria and appropriately trained assessors, enable the student to develop and demonstrate competence^{3,4}.</p> <p>There are clear requirements for: workplace training³ and supervision, high-stakes competence assessments and assessors in workplace and other settings, and external expert³ review. At least one high-stakes competence assessment is based on an expert’s³ direct observation of a student’s performance (without assistance) in a New Zealand workplace setting (1.7: q,s,t,u,x). Reassessment policies and procedures are fair and equitable.</p>	<p>i. Statement addressing criterion 2.1</p> <p>ii. Curriculum mapping of learning outcomes to: PSCD and summative assessments [spreadsheet: course/ paper code, assessment tool, assessment criteria, formative assessment [Y/N], high-stakes assessment [Y/N], outcome [pass/fail, grade], outcome weighting [% of course mark], assessor]</p> <p>iii. For each core dietetic practice context²: competence standards³, assessment matrix, summative assessment tools with criteria, and requirements for practical placements, high-stakes assessments and external expert review</p>
2.2 All learning outcomes are mapped to the required <i>Professional Standards & Competencies for Dietitians</i> , and assessed within a dietetic practice context.	<p>d. Programme learning outcomes align with the PSCD and ensure every graduate is competent^{3,4} to practise dietetics across the <i>Scope of Practice</i>² (1.2.d).</p> <p>e. All learning outcomes are mapped to one or more summative assessments within a dietetic practice context.</p>	<p>iv. Curriculum mapping of learning outcomes to PSCD and summative assessments</p> <p>v. Competence³ standards and assessment matrices for each core dietetic practice context²</p>

⁶ Accreditation Standard 2 focuses on the assessment strategies and methods used in the dietetic education programme to assess learning outcomes. The Accreditation Review Team will consider the breadth and depth of assessment, and the validity and reliability of competence^{3,4} assessment methods, in determining whether assessment methods give assurance that every graduate meets the *Professional Standards & Competencies for Dietitians* and is competent^{3,4} in providing safe, effective and professional dietetic care in at least three core dietetic practice contexts: public health nutrition, medical nutrition therapy (includes prescribing and enteral and parenteral nutrition), and food service systems management (Competency Standards³ 1.3-1.5)².



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p>2.3 Multiple assessment tools, modes and sampling are used including direct observation in practical placements and other learning environments.</p>	<p>f. In each core dietetic practice context², the programme of assessment to develop and verify each student's competence^{3,4} includes multiple types of assessment, using quality assessment tools, and regular feedback on an individual's performance from multiple experts³ in the practice context (2.1.c).</p>	<p>vi. Statement addressing criterion 2.3</p> <p>vii. Competence standards³, assessment matrix, etc. for each core dietetic practice context²</p>
<p>2.4 Programme management and coordination, including moderation procedures, ensure consistent and appropriate assessment and feedback to students.</p>	<p>g. The education provider is responsible for setting programme standards, assessing learning outcomes, verifying each student's competence^{3,4} in each core dietetic practice context², and evaluating the quality³ of assessment practices.</p> <p>h. Where a summative assessment has multiple assessors, moderation procedures are in place to ensure consistent outcomes and appropriate feedback.</p> <p>i. Students have access to effective grievance and appeals processes for assessment decisions.</p> <p>j. Quality assurance systems include periodic external dietetic education expert³ evaluation and review of summative assessment methods and outcomes.</p>	<p>viii. Statement addressing criterion 2.4</p> <p>ix. Assessment policy and procedures (includes internal and external moderation, student grievances and appeals)</p> <p>x. Programme academic standards, evidence of external expert reviews of summative assessments</p>
<p>2.5 Suitably qualified and experienced staff use valid and reliable tools to assess each student's competence in core dietetic practice contexts and across the <i>Scope of Practice</i>².</p>	<p>k. Academic and professional staff³ (and external providers³), responsible for summative assessment and feedback, are an expert³ or proficient³ in the subject matter/core dietetic practice context² and a NZRD with an APC (1.6.l).</p> <p>l. Summative assessment tools are sufficiently valid and reliable for assessing a student's competence^{3,4} in each core dietetic practice context (2.1.c).</p> <p>m. High-stakes competence assessors³ must be an expert³ in the core dietetic practice context, have assessment training, and be a NZRD with an APC (1.7.x).</p> <p>n. Academic³ research³ examiners are experts³ in the subject matter/core dietetic practice context² and research³ methodologies. They have an appropriate research³ qualification (PhD, doctorate) (1.6.n).</p>	<p>xi. Statement addressing criterion 2.5</p> <p>xii. Profile of permanent programme staff, external high-stakes competence assessors³ in each core dietetic practice context, and thesis examiners [required academic qualification, APC status, research expertise]</p> <p>xiii. Competence standards³, assessment tools and requirements for high-stakes assessments and external expert review for each core dietetic practice context²</p>



3 Quality Assurance⁷

Effective governance and quality assurance systems are in place for the programme of study.

CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p>3.1 The education provider has robust academic governance arrangements in place to ensure academic standards are achieved – this includes systematic monitoring, evaluation, review and improvement.</p>	<ul style="list-style-type: none"> a. The education provider is responsible for effective academic governance and quality³ assurance of the dietetic education programme. b. The university hosting the postgraduate dietetic education programme is committed to dietetic practice-based research³ and research-led teaching⁵. c. The programme has CUAP³ approval and is adequately resourced³, with sufficient workplace training³ practical placements, for the expected number of students. 	<ul style="list-style-type: none"> i. Statement addressing criterion 3.1 ii. Academic governance policy and procedures iii. University academic standards (academic quality³), assurance procedures, evidence of dietetic education programme compliance (previous 2 university quality assurance reviews) iv. CUAP approval of the proposed dietetic education programme, with approval date v. University senior management confirmation of 5-year support for programme resources vi. Register of formal agreements with practical placement providers, and external high-stakes competence assessors vii. Programme organisational chart of governance, academic³, professional³, administrative positions
<p>3.2 There is relevant external input to the design and management of the programme, including representation from Māori/tangata whenua, the New Zealand dietetic profession and recent graduates.</p>	<ul style="list-style-type: none"> d. The programme’s external advisory committee³ meets regularly to review competence standards³ (for each core dietetic practice context² and cultural competence³) and to discuss curriculum design and management, workforce issues and dietetic practice needs. Members include external³ dietitians (NZRD with an APC; not employees of the university) who are experts³ in each core dietetic practice context², recent graduates, an education expert, and expert Māori representative(s). e. The education provider collaborates with the external advisory committee, and actions agreed recommendations. 	<ul style="list-style-type: none"> viii. Statement addressing criterion 3.2 ix. External advisory committee: terms of reference, members, minutes of meetings (previous 3), evidence of acting on recommendations x. Competence standards³ and requirements for practical placements, high-stakes assessments and external expert review

⁷ Accreditation Standard 3 addresses the academic governance and quality assurance of the dietetic education programme. It ensures effective equity strategies are in place.



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p>3.3 Quality improvement processes use student, health consumer, tangata whenua, and other evaluations, and internal and external academic and professional peer review, to improve the programme.</p>	<ul style="list-style-type: none"> f. The education provider³ is committed to continuous quality improvement of the dietetic education programme. g. The programme curriculum is evidence-based³ and expert³ reviewed. Periodic internal and external academic³ and professional³ expert³ review is embedded in quality assurance systems. The education provider collaborates with practical placement providers/supervisors, and external high-stakes competence assessors³ to improve outcomes (1.7.v). h. Programme dietetic services are evaluated from multiple perspectives, including student, client³/patient, health consumer and Māori/tangata whenua. Programme staff engage with stakeholder³ groups to improve services. 	<ul style="list-style-type: none"> xi. Statement addressing criterion 3.3 xii. Programme academic standards (academic quality), evidence of external expert reviews of curriculum and summative assessments xiii. Programme quality improvement policy and procedures xiv. Evidence of Māori and health consumer evaluation and programme response to improve outcomes xv. Graduate survey plans (and reports) xvi. Graduate employer survey plans (and reports)
<p>3.4 Mechanisms exist for anticipating and responding within the curriculum to contemporary developments in health professional education and practice.</p>		<ul style="list-style-type: none"> xvii. Statement addressing criterion 3.4 xviii. Programme quality improvement policy and procedures
<p>3.5 Equity and diversity principles and cultural competence are observed and promoted throughout the education programme.</p>	<ul style="list-style-type: none"> i. The education provider and programme staff are committed to equity³/social justice³ and removal of structural barriers that create and maintain the gap between advantaged and disadvantaged groups in society. j. The education provider and programme staff apply the principles of Te Tiriti o Waitangi, and foster culturally appropriate practice and an understanding of Tikanga in their own practice, and equip students to do the same (1.3.e). 	<ul style="list-style-type: none"> xix. Statement addressing criterion 3.5 xx. Programme equity and diversity policy and procedures xxi. Programme cultural safety³ policy and procedures xxii. Cultural competence standards³



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
<p>3.6 Admission and progression requirements and processes are fair, transparent, and equitable.</p>	<ul style="list-style-type: none"> k. Academic requirements for programme entry include completion of a undergraduate science³/ health science degree majoring in human nutrition or equivalent (at least 3 years of full-time tertiary study), including papers in human biochemistry, human biology, human physiology, human nutrition, and food science/food service management. l. Student admission and progression policies and procedures demonstrate commitment to equity³/ social justice³ principles (3.5.i). 	<ul style="list-style-type: none"> xxiii. Statement addressing criterion 3.6 xxiv. Student admission policies and procedures (includes academic requirements, map of entry routes, equity considerations) xxv. Programme information provided to prospective and newly enrolled students xxvi. Student progression policies and procedures
<p>3.7 Students have access to effective grievance and appeals processes.</p>		<ul style="list-style-type: none"> xxvii. Statement addressing criterion 3.7 xxviii. Student admission policy and procedures xxix. Assessment policy and procedures xxx. Student progression policy and procedures xxxi. Programme information provided to prospective and newly enrolled students
<p>3.8 Equity and diversity strategies/admission policies are in place to encourage student profiles reflective of population demographics.</p>	<ul style="list-style-type: none"> m. The education provider and the dietetic education programme have strategies in place to attract, retain and graduate Māori and Pacific Island students to address current New Zealand health workforce needs. n. Student admission policies and procedures demonstrate commitment to equity³/social justice³ and diversity principles (3.5.i). 	<ul style="list-style-type: none"> xxxii. Statement addressing criterion 3.8 xxxiii. Programme equity policy, strategies to recruit and graduate Māori and Pacific Island students and evidence of effectiveness xxxiv. Student admission policy

4 Public and Student Safety⁸

Public and student safety is assured.



CRITERIA	DIETITIANS BOARD EXPECTATIONS	CORE EVIDENCE
4.1 Protection of the public and the care of patients/clients are prominent amongst the guiding principles of the education programme.	<ul style="list-style-type: none"> a. The programme has a comprehensive workplace health and safety policy and clear procedures for staff and students. Supervising staff and students are compliant with practical placement providers' infectious disease screening and reporting requirements. b. Programme staff and students are responsive to the health and welfare needs of the public. They obtain informed consent³ from clients³/patients/legal guardians prior to service delivery. Delivered services are safe, effective, client-centred and time bound. 	<ul style="list-style-type: none"> i. Statement addressing criterion 4.1 ii. Programme health and safety policy and procedures iii. Programme cultural safety³ policy iv. Programme informed consent³ policy and procedures
4.2 Education providers and practical placement providers have robust quality and safety policies and processes for staff and students and meet all relevant legal and regulatory requirements.	<ul style="list-style-type: none"> c. Programme academic standards and student competence standards³ include health and safety and other relevant legal and regulatory requirements. The programme is compliant with legal and regulatory requirements in all learning environments. d. Programme dietetic services are evaluated for quality³ assurance purposes. 	<ul style="list-style-type: none"> v. Statement addressing criterion 4.2 vi. Programme academic standards, evidence of legal and regulatory compliance vii. Competence standards³ (includes legal and regulatory requirements) viii. Evidence of Māori and health consumer evaluation and programme response to improve outcomes
4.3 Students acquire relevant knowledge and skills before providing care/services to the public.	<ul style="list-style-type: none"> e. Programme staff monitor each student's capacity and fitness to practise prior to undertaking workplace training³ practical placements. 	<ul style="list-style-type: none"> ix. Statement addressing criterion 4.3 x. Competence standards³, assessment matrices, practical placement requirements
4.4 The education provider and practical placement providers hold staff and students to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> f. The education provider and the practical placement providers have an ethical and professional behaviour policy and grievance procedures for employees and students. g. Programme staff and students adhere to the <i>Code of Ethics & Conduct for Dietitians</i> in all learning environments. 	<ul style="list-style-type: none"> xi. Statement addressing criterion 4.4 xii. University ethical and professional behaviour policy and grievance procedures for staff and students xiii. Competence standards³ (includes ethical and professionalism requirements)
4.5 Students are provided with equitable and timely access to learning and personal support services.	<ul style="list-style-type: none"> h. The education provider offers student support services for health, wellness, impairment, learning, and information technology support. These services are safe, effective, efficient, and client-centred. 	<ul style="list-style-type: none"> xiv. Statement addressing criterion 4.5 xv. Programme equity policy xvi. Student impairment management processes

⁸ Accreditation Standard 4 focuses on public and student safety. The education provider must demonstrate how it ensures safe, quality services are provided to the public and students.



Glossary

Term	Meaning in New Zealand accreditation context
Academic staff	In this document, academic staff are appointments at lecturer status or above, reflecting 'leadership' and hands-on roles in postgraduate dietetic education (research-led teaching) and student 'research' supervision. A PhD is normally required for employment as an academic. ^{a,b} A doctorate qualification demonstrates "expert knowledge of the theories, methods and information of the principal field of enquiry and its cognate discipline(s)" ^b . An academic's independent capacity to undertake further research at an advanced level and to publish it in quality-assured international journals ^b demonstrates 'expert' ^c skill level.
Annual Practising Certificate (APC)	An Annual Practising Certificate is issued by the Dietitians Board to a New Zealand Registered Dietitian (NZRD) who is 'competent' ^c and fit to practise dietetics in New Zealand.
Board	The Dietitians Board (the Board) is one of 16 regulatory authorities established under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). The HPCA Act provides frameworks for the regulation of various health professions, the principle purpose of the act being to protect the health and safety of members of the public. Board members are appointed by, and are responsible to, the Minister of Health.
Client	A client is a person/population or organisation using a dietetic service. ^d Depending on the setting, dietetic service users could be individuals, groups of individuals, employees, volunteers, families/whānau, community groups, organisations or populations.
Committee on University Academic Programmes (CUAP)	Under New Zealand legislation, the New Zealand Vice-Chancellors' Committee exercises the powers with respect to programme approval and accreditation. ^b These powers have been delegated to the Committee on University Academic Programmes (CUAP). ^b (refer 'Quality')



Term	Meaning in New Zealand accreditation context
Competence	Competence is an individual's ability to fulfil the dietetic role safely and effectively without assistance. A 'competent' ^c practitioner practises safely (does no harm, causes no adverse effects) and effectively (achieves a desired result) in a range of settings and in situations of varying levels of complexity. The Board expects every graduate of an accredited dietetic programme to be 'competent' ^c (beyond advanced beginner ^c) in providing safe, effective and professional dietetic care (without assistance) in at least 3 core dietetic practice contexts: public health nutrition, medical nutrition therapy (includes prescribing and enteral and parenteral nutrition, although it is acceptable for graduates to be advanced beginner in prescribing parenteral nutrition), and food service systems management ('Competency Standards' 1.3-1.5 ^e). Competence in these areas underpin dietetic knowledge, skills, reasoning and judgement.
Competence assessor	High-stakes competence assessors must be an 'expert' ^c in the core dietetic practice context being assessed, have assessment training, and be a New Zealand Registered Dietitian (NZRD) with an APC. They use 'competence standards', assessment tools and their expert judgement to assess the 'competence' of a dietetic student's performance in the workplace. Each student must demonstrate that she/he is 'competent' ^c to practise dietetics in all 3 'core dietetic practice contexts'.
Competence standards (programme)	The education provider is responsible for developing its own programme competence standards, which are the standards that every dietetic student must achieve for sign off as being 'competent' ^c in a 'core dietetic practice context'. These standards incorporate and build upon Board 'Competency Standards'. Separate competence standards (with an assessment matrix) are required for each 'core dietetic practice context' and 'cultural competence'. (refer 'Competence' and 'Competent')
Competency Standards (Board)	To obtain registration as a dietitian, an individual must be 'competent' ^c and fit to practise dietetics across the <i>Scope of Practice: Dietitian</i> . Minimum competency standards and core competencies are described in the Dietitians Board's <i>Professional Standards & Competencies for Dietitians</i> (PSCD).
Competent	Refer 'Skill level'
Compliance	The Dietitians Board undertakes its compliance function under the HPCA Act when it assesses whether a dietetic education programme meets the Board's Accreditation Standards and Criteria.



Term	Meaning in New Zealand accreditation context
Core dietetic practice contexts	The 3 core dietetic practice contexts, defined in New Zealand’s <i>Scope of Practice: Dietitian</i> , are: public health nutrition, medical nutrition therapy (includes prescribing and enteral and parenteral nutrition), and food service systems management. Competence in these areas underpin dietetic knowledge, skills, reasoning and judgement.
Cultural competence	Cultural competence is a dietitian’s ability to practise safely and effectively with a culturally diverse range of people. The dietetic student needs to be aware of his/her own cultural biases and respect cultural differences. He/she accepts responsibility for acquiring and incorporating knowledge and skills to better understand members of other cultures and to develop therapeutic relationships with them for optimal client-centred care. Dietitians are committed to inclusivity, equity and social justice.
Cultural safety	Cultural safety supports and promotes equity in education and health care. Everyone should be treated in a way that respects their unique cultural needs and differences. Any action that diminishes, demeans or disempowers an individual’s cultural identity and well-being is considered to be unsafe cultural practice.
Dietitian	Dietitians are qualified health professionals who are regulated by law (HPCA Act). Only those practitioners registered in New Zealand (NZRD) and holding a current Dietitians Board Annual Practising Certificate (APC) can practise or use the title ‘Dietitian’.
Education provider	The New Zealand university, or similar tertiary educational institution, that can award a postgraduate dietetic qualification. The education provider seeks Board accreditation of its dietetic education programme. Each accredited programme is monitored annually to ensure ongoing compliance with the Accreditation Standards.
Equity	Equity is “the quality of being fair and impartial” ^d . Relevant human rights include non-discrimination and social justice. Efforts are made to remove structural barriers that create and maintain the gap between advantaged and disadvantaged groups in society. ^f
Evidence-based education	Evidence-based education is “the use of the best available evidence to bring about desirable outcomes, or conversely, to prevent undesirable outcomes” ^g . Best evidence comes from systematic, well-designed research studies in higher education. It informs decisions about curriculum design, delivery and evaluation.



Term	Meaning in New Zealand accreditation context
Expert	Refer 'Skill level'
External advisory committee	The education provider appoints and collaborates with an external advisory committee. This committee meets regularly to review 'competence standards' and to discuss curriculum design and management, workforce issues and dietetic practice needs. Members include external dietitians (NZRD with an APC; not employees of the university) who are 'experts' ^c in one or more 'core dietetic practice context' (experts in all 3 core contexts must be represented), recent dietetic programme graduates, an education expert, and expert Māori representative(s).
External dietetic education expert	The education provider appoints a senior 'academic' (usually a Professor or Associate Professor) from another university who is a recognised 'expert' ^c in dietetic education and assessment. This expert reviews a range of assessments (student work, class results) in relation to agreed standards for quality assurance purposes, usually annually. Real or perceived conflicts of interest must be declared. (*Overseas appointments must be a registered dietitian and hold a current practising certificate in their country of residence.)
External providers	External providers include guest lecturers, practical placement providers and casual staff appointments with a hands-on role in dietetic education. To teach, supervise and/or assess dietetic students, they must be an 'expert' ^c or 'proficient' ^c in the subject matter/core dietetic practice context. In most cases, they are a registered dietitian with an APC.
Food	Food is "any nutritious substance that people...eat or drink...in order to maintain life and growth" ^d .
Food service	Food service is the component of 'food systems' involved with routinely feeding large groups of people (e.g., hospital [^] , rest home [^] , residence hall, school, workplace canteens). Food is purchased/donated, stored, prepared, distributed and served following 'management' standards to ensure safe, suitable, nutritious, quality food delivery and client access. (^Medical nutrition therapy should underpin food service delivery.)
Food systems	Food systems are 'systems' related to the production, processing, distribution, marketing, preparation, consumption and disposal of food.
Health	Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ^h .



Term	Meaning in New Zealand accreditation context
Health systems	A health system “consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health” ⁱ . Services include public health, primary care, secondary or acute care, tertiary care, respite care, restorative care and continuing care.
HPCA Act	Health Practitioners Competence Assurance Act 2003
Informed consent	The supervisor and/or dietetic student engages with the client/legal guardian/organisation to ensure they have received and understood the information that a reasonable person in the same situation would require to make an informed decision about participating in a student-led activity. ^j The client makes an informed decision and consents before the student initiates data collection/intervention. ^j
Leadership	Leadership is the act of “leading [guiding/organising] a group of people” ^d . In this document, it refers to ‘academic staff’ who are responsible for the ‘management’ of; the programme, a course/paper and/or ‘competence standards’ in a ‘core dietetic practice context’. Academic staff in leadership roles must be an expert ^e in the subject matter/core dietetic practice context, and a NZRD with an APC. Each lead expert in a core dietetic practice context is held accountable for the final decision about a student’s competence in that dietetic practice context.
Management	Management is the discipline and process of planning, organising, implementing, controlling and evaluating ^k . Management roles can be classified into three broad categories: interpersonal, informational and decisional ^l . Managers set measurable standards/objectives for a business/organisation/service/project and manage resources (human, financial, physical) to achieve them. They manage performance, quality, marketing and communications, and risk to achieve management outcomes.
Medical nutrition therapy	In this document, medical nutrition therapy refers to evidence-based clinical nutrition and dietetic care for individuals across the lifespan with food and nutrition-related: medical conditions, disease risk factors, diseases and co-morbidities. Nutrition and dietetic care may be delivered individually or in groups in acute, ambulatory or community settings and may include nutrition and diet therapy, counselling, education and/or support services. Therapy may involve dietary and/or lifestyle change, prescribed Special Foods and/or approved nutrition-related medicines, enteral feeding directly into the gut or parenteral/intravenous feeding.



Term	Meaning in New Zealand accreditation context
Nutrition	Human nutrition is “the science of food, the nutrients and other substances contained therein, their action, interaction, and balance in relation to health and disease” ^m . It includes “normal nutrition (caloric [energy] and nutrient requirements throughout the life cycle and for specific populations)... and nutritional epidemiology” ^m .
Population health	Population health refers to the overall health of a large population (e.g., New Zealand, Waikato or Hamilton). It is concerned with population health outcomes and the distribution of these outcomes among population subgroups (health equity). ‘Public health’ approaches are used to improve outcomes.
Practical placement	<p>Practical placements are supervised, professional dietetic practice experiences for dietetic students that occur within the dietetic qualification. Placements provide learning opportunities in a relevant professional setting for the purposes of: integrating theory into practice, familiarising the student with a workplace environment, building the knowledge, skills and attributes essential for professional dietetic practice, and assessing the student’s ‘competence’^c in each ‘core dietetic practice context’.</p> <p>A placement may be conducted in any number of locations but the primary consideration is the provision of safe, high-‘quality’ dietetic care. Students may experience three types of practical placements during their dietetic qualification:</p> <p>Observation: The dietetic student observes an ‘expert’^c or ‘proficient’^c dietitian (or relevant expert^c) providing safe, high-quality dietetic (or substantially equivalent) care.</p> <p>Simulation training: The dietetic student practises (plans, delivers and evaluates) safe, high-quality dietetic care in a structured controlled or simulated setting.</p> <p>Workplace training: The dietetic student practises (plans, delivers and evaluates) safe, high-quality dietetic care in a real New Zealand workplace setting. For each ‘core dietetic practice context’, a minimum of 160 hours of training in one New Zealand workplace is required, which allows for: student orientation, supervised practice with formative assessment, and at least one high-stakes ‘competence’ assessment based on an expert’s^c direct observation of the student’s performance. The remaining 160 hours of workplace training in medical nutrition therapy may be in the same or a different workplace.</p>



Term	Meaning in New Zealand accreditation context
Professional staff	Professional staff are non-casual staff appointments below lecturer status, reflecting a hands-on role in dietetic education and practical placement supervision. Professional staff with teaching, practical placement supervision, and assessment responsibilities must be: an 'expert' ^c or 'proficient' ^c in the subject matter/core dietetic practice context and a NZRD with an APC. (refer 'External providers' for casual staff)
Proficient	Refer 'Skill level'
Public health	Public health is "the science and art of preventing disease, prolonging life and promoting health through organized efforts of society" ⁿ . It includes 'population health' surveillance, community capacity building, and 'structural interventions' to build healthy 'socio-ecological systems'. ^{o,p}
Quality	<p>Quality is "the standard of something as measured against other things of a similar kind; the degree of excellence of something"^d.</p> <p>New Zealand <i>universities</i> are <u>accredited</u> against 5 criteria covering: student assessment and moderation; resources (including academic staffing); support for delivery; programme performance, assessment and review; and research activity required to deliver degrees and postgraduate qualifications.^b</p> <p>New Zealand university <i>programmes</i> are <u>approved</u> against 8 criteria covering: qualification; title, aims, learning outcomes and coherence; delivery methods; acceptability of the programme and consultation; regulations; student assessment and moderation; programme performance assessment and review; and research required for degrees and postgraduate qualifications.^b</p> <p>Quality <i>dietetic care</i> is safe, effective, efficient (time bound) and client-centred.^e</p>
Research	"Research is intellectually controlled investigation. It advances knowledge through the discovery and codification of new information or the development of further understanding about existing information. It is a creative and independent activity conducted [supervised] by people with expert knowledge of the theories, methods and information of the principal field of enquiry and its cognate discipline(s). Research typically involves enquiry of an experimental or critical nature driven by an hypothesis or intellectual position capable of rigorous assessment. Its findings must be open to scrutiny and formal evaluation by others in the field, and this may be achieved through publication or public presentation." ^b (refer 'Academic staff')



Term	Meaning in New Zealand accreditation context
Regulatory authority	Health regulatory authorities under the HPCA Act are responsible for the registration and oversight of practitioners in specified health professions. The HPCA Act refers to regulatory authorities as 'responsible authorities'.
Resources	Resources are "a stock or supply of money, materials, staff, and other assets..." that a person, group or organisation can draw upon to function effectively. ^d
Science	Science is the "... systematic study of the structure and behaviour of the physical and natural world through observation and experiment" ^d .
Skill level	<p>Skill is "the ability to do something well; expertise"^d. Skill develops with experience and emotional involvement in a task. Dreyfus describes five stages of adult skill acquisition: novice, advanced beginner, competent, proficient and expert.^e</p> <p>Competent: ^{c,q} A competent practitioner has sufficient hands-on experience in a practice context to plan and deliver safe, effective, client-centred dietetic care without assistance. The practitioner engages in considerable conscious, abstract, analytical reasoning to contemplate the problem and to develop a client-centred plan. Care is completed within a suitable time frame without supporting cues. Conscious, deliberate planning and reflection improves efficiency, organisation and confidence over time.</p> <p>Proficient: ^{c,q} The proficient dietitian is immersed in the world of their skilful activity, focusing on what's important and efficiently delivering high-quality dietetic care within their practice context. A proficient dietitian perceives and understands situations holistically, not in parts, which improves analytical decision making and problem solving. The practitioner recognises deviations from the norm and knows from experience what typical events to expect in a given situation and how plans need to be modified in response to these events.</p> <p>Expert: ^{c,q} The expert dietitian has an intuitive, holistic grasp of each situation and zeroes in on the problem without wasteful consideration of a large range of unfruitful, alternative solutions. The expert operates from a deep (meta-cognitive) understanding of the total situation, applying advanced analytical skills when faced with new challenges. The expert's performance is fluid, flexible and highly proficient based on extensive experience in the practice context. They visualise what is possible and innovate to improve quality.</p>



Term	Meaning in New Zealand accreditation context
Social justice	Social justice is the fair and reasonable “distribution of wealth, opportunities, and privileges within a society” ^d . (refer ‘Equity’)
Socio-ecological systems	Socio-ecological ‘systems’, consisting of personal, socio-cultural and environmental elements, are complex and adaptive. Systems thinking is used to understand how elements influence one another within the whole, acknowledging multiple levels of influence: 1) social structure, public policy and systems, 2) community, 3) organisational, 4) interpersonal, and 5) individual. ^p
Stakeholder	A stakeholder is a person, group or organisation “with an interest or concern in something” ^d such as the success of an initiative.
Structural interventions	‘Structural’ public health nutrition interventions attempt to change social, economic, political or physical environments that shape and constrain food choice and intake.
Systems	A system is a complex network of interacting, interrelated or interdependent elements that form a whole. ^d



References

- a. Universities New Zealand – Te Pūkai Tara. University Teaching Quality [document on the Internet]. c2018 [cited 2018 Sep 22]. Available from: <https://www.universitiesnz.ac.nz/sites/default/files/University%20Teaching%20Quality%20%28March%202018%29.pdf>.
- b. Universities New Zealand – Te Pūkai Tara. Committee on University Academic Programmes – CUAP Handbook 2018. Available from: <http://www.universitiesnz.ac.nz/quality-assurance/programme-approval-and-accreditation-cuap>.
- c. Dreyfus SE. The five-stage model of adult skill acquisition. *Bull Sci Technol Soc.* 2004; 24(3): 177-181.
- d. English Oxford Dictionary [online]. No date [cited 2018 Sep 22]. Available from: <https://en.oxforddictionaries.com>.
- e. Dietitians Board. Professional Standards & Competencies for Dietitians. Wellington: Dietitians Board; 2017.
- f. Braveman P. What is health equity: and how does a life-course approach take us further toward it? *Matern Child Health J.* 2014;18:366-372.
- g. Kvernbekk T. Evidence-based educational practice. c2017 [cited 2018 Sep 22]. In: Oxford Research Encyclopedia of Education [online]. Available from: <http://education.oxfordre.com>.
- h. World Health Organization. WHO definition of health. c1946 [cited 2018 Sep 20]. Available from: <http://www.who.int>.
- i. World Health Organization. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action [document on the Internet]. c2007 [cited 2018 Sep 22]. Available from: http://www.who.int/healthsystems/strategy/everybodys_business.pdf.
- j. Code of Health and Disability Services Consumers' Rights [code online]. c1996, 2004 [cited 2018 Sep 22]. Available from: <http://www.hdc.org.nz>.
- k. Fayol H. General and industrial management. London: Pitman; 1949 transl (1919 orig.).
- l. Mintzberg H. The nature of managerial work. New York: Harper and Row; 1973.
- m. U.S. National Library of Medicine, National Institutes of Health. Collection Development Manual. Human Nutrition [online]. c2004 [cited 2018 Sep 22]. Available from: <https://www.nlm.nih.gov/tsd/acquisitions/cdm/subjects51.html>.
- n. Acheson D. Public health in England: the report of the Committee of Inquiry into the Future Development of the Public Health Function. London: HMSO; 1988.
- o. World Health Organization. The Ottawa Charter for Health Promotion [online]. c1986 [cited 2018 Sep 22]. Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
- p. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988;15(4):351-377.
- q. Benner P. From novice to expert: excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley; 1984.

APPENDIX A.

Summary of core evidence requirements

All programmes must submit this list of core evidence for an accreditation review (^details in main text).

Core evidence	Criteria for Standard:			
	1	2	3	4
Statement addressing criterion	1.1, 1.3-1.7^	2.1, 2.3-2.5	3.1-3.8	4.1-4.5
Curriculum mapping of learning outcomes to PSCD and summative assessments	1.2	2.1^, 2.2		
Syllabus for each course/paper	1.2^			
Assessment policy and procedures		2.4^	3.7	
For <i>each</i> core dietetic practice context: <i>competence standards</i> , assessment matrix, summative assessment tools with criteria, requirements for: practical placements, high-stakes assessments, and external expert review	1.2, 1.7	2.1-2.3, 2.5	3.2	4.2^-4.4^
<i>Cultural competence standards</i> , assessment matrix, and summative assessment tools	1.3		3.5	
Curriculum vitae of academic staff in programme leadership roles, including dietetic research leadership	1.6			
Profile of permanent programme staff, external high-stakes competence assessors, and thesis examiners	1.6^	2.5^		
Profile of practical placements	1.7^			
Academic governance policy and procedures			3.1	
<i>University academic standards</i> , assurance procedures, evidence of dietetic education programme compliance			3.1^	
CUAP approval of proposed programme with approval date	1.1, 1.4		3.1	
University senior management confirmation of 5-year support for programme resources	1.5		3.1	
Register of formal agreements with practical placement providers, and external high-stakes competence assessors			3.1	
Programme organisational chart of governance, academic, professional, administrative positions			3.1	
External advisory committee: terms of reference, members, meeting minutes, evidence of acting on recommendations			3.2^	
<i>Programme academic standards</i> (academic quality), assurance procedures, evidence of: external expert reviews of curriculum and summative assessments, and legal and regulatory compliance	1.7^	2.4	3.3	4.2
Programme quality improvement policy and procedures	1.7		3.3, 3.4	
Evidence of Māori and health consumer evaluation and programme response to improve outcomes			3.3	4.2
Graduate survey plans; graduate employer survey plans (and previous reports of full results)			3.3^	
Programme equity and diversity policy, procedures, strategies to recruit and graduate Māori and Pacific Island students and evidence of effectiveness			3.5, 3.8	4.5
Student admission policies and procedures	1.1		3.6^-3.8	
Programme information provided to prospective and newly enrolled students			3.6, 3.7	
Student progression policies and procedures			3.6, 3.7	
Programme health and safety policy and procedures				4.1
Programme cultural safety policy and procedures			3.5	4.1
Programme informed consent policy and procedures				4.1
University ethical and professional behaviour policy and grievance procedures for staff and students				4.4
Student impairment management processes				4.5

APPENDIX B.

Examples of possible additional evidence for an accreditation review or annual report

Examples of other types of evidence that an education provider could submit for an accreditation review and may be required for annual reporting.

Accreditation Standard 1 – Programme of Study

1. Sample student timetable for each year of the programme indicating allocation of key learning activities and practical placements (number of hours)
2. Description of the programme's physical resources (facilities) and financial resources for teaching and learning
3. Register of key physical and electronic resources to support learning outcomes
4. Practical placement provider service requirements for student learning activities, supervision and assessment
5. Description of practical placement student learning activities in each core dietetic practice context
6. Descriptive summary of practical placements, demonstrating the variety of settings, communities and geographical locations, and rationale
7. Processes to ensure student exposure to a range of practical placements
8. Samples of student practical placement logbooks (organisation, setting, practice context, student tasks, hours)
9. List of research projects (title, academic supervisor, academic qualification)

Accreditation Standard 2 – Assessment

1. Assessment materials provided to students and assessors
2. Examples of practical placement supervisors' reports
3. Evidence of top, middle and bottom student achievement in high-stakes summative assessments with feedback provided to students
4. Examples of student portfolios, showcasing progressive skill development to achieve competence standards
5. Example of assessment moderation, including any scaling, with academic rationale
6. Policies and procedures for external dietetic education expert evaluation and review of summative assessments
7. Examples of how assessment data was used to improve programme



Accreditation Standard 3 – Quality Assurance

1. World University Ranking
2. University policies: learning and teaching, assessment, dishonesty/plagiarism, postgraduate research
3. Tertiary Education Commission *Performance Based Research Funding* – School/ Department/Programme results
4. University quality assurance report for School/Department hosting the dietetic education programme
5. Record of Dietitians Board written communications clarifying accreditation expectations
6. Programme curriculum development policy and procedures, including internal and external benchmarking, consultations, expert reviews and evaluations; CUAP submission
7. Record of curriculum development activities, decisions, actions
8. Record of key stakeholder consultation/engagement activities, decisions, actions
9. Description of student representation within the governance and management of the programme
10. Student cohort admission, progression and completion statistics to include numbers, ethnicity and gender
11. Graduate survey reports (full results)
12. Graduate employer survey reports (full results)

Accreditation Standard 4 – Public and Student Safety

1. Health and safety systems for identifying, reporting, monitoring and remedying issues that may affect staff, student or public safety, and example of actions
2. Practical placement policies and procedures (requirements for health and safety, supervision, service quality)
3. Examples of equity and diversity strategies to encourage student profiles reflective of population demographics, and evidence of effectiveness
4. Examples of non-standard admission decisions and progression decisions
5. A register of grievances or appeals lodged, showing the outcome of the process
6. A register of dishonest practice/plagiarism incidents lodged, showing the outcome of the process
7. Description of academic and personal support services available to students/staff

