

Consultation Paper 2

Review of Nurse Practitioner Accreditation Standards

September 2014

For Stakeholders

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Introduction

In 2010 the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the independent accrediting authority for nursing and midwifery programs of study and has the responsibility for maintaining and developing the integrity of accreditation standards for professions under its mandate. Consequently, ANMAC is responsible for ensuring programs leading to registration, enrolment or endorsement of nurses and midwives in Australia meet the current Nursing and Midwifery Board of Australia (NMBA) approved accreditation standards. ANMAC is also responsible for ensuring these accreditation standards remain relevant and effective.

The accreditation standards currently used to assess and accredit nurse practitioner programs of study are the *Nurse Practitioners: Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia - with Evidence Guide February 2009*. These are now due for review.

In revising these standards ANMAC will synthesise and translate contemporary evidence, expert opinion and stakeholder feedback to update and improve the current standards so they continue to safeguard and promote the health, safety and wellbeing of those Australians receiving services provided by nurse practitioners.

The previous work in developing the current accreditation standards is recognised and valued. The platform provided by these standards will be built on by undertaking a comprehensive review that is underpinned by the ANMAC Protocol for the Review and Development of Accreditation Standards¹. This protocol makes operational ANMAC's responsibility under the National Law, which is²:

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.

ANMAC will ensure stakeholders across Australia have opportunities to provide their feedback and engage with the review process. The purpose of undertaking wide ranging consultation is to ensure the content of the new Nurse Practitioner Accreditation Standards is contemporary, comprehensive, clearly articulated and nationally consistent.

Objectives of the review

The review aims to achieve consensus on a revised set of accreditation standards that are:

- Contemporary and aligned with emerging research, policy and relevant industry guidance
- Able to ensure nurse practitioners are suitably educated and qualified to practise in a competent and ethical manner

¹ Australian Nursing and Midwifery Accreditation Council, 2012. Protocol for the review of nursing and midwifery accreditation standards. Viewed at www.anmac.org.au/document/20120629-protocol-for-the-review-of-nursing-and-midwifery-accreditation-standards on 14 May 2014

² Health Practitioner Regulation National Law Act 2009 Qld.

- Supportive of the continuous development of a flexible, responsive and sustainable Australian health workforce
- Acceptable to the community in supporting safe, accessible, quality care
- Acceptable to the profession and relevant stakeholders
- Underpinned by the ANMAC protocol for accreditation standards.

Context of the review

Under Section 49(1) of the National Law, graduates of programs of study will not be eligible for registration or endorsement unless the program of study undertaken is accredited by an approved accreditation authority and that such accreditation is approved by the NMBA as meeting the education requirements for endorsement as a nurse practitioner.³ ANMAC is responsible for reviewing and developing all nursing and midwifery accreditation standards and achieving the primary objective of the National Law which is⁴:

... to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

The revised Nurse Practitioner Accreditation Standards, once ratified by the NMBA, will be the standards against which education providers and programs will be assessed by ANMAC. The objective of nurse practitioner programs is to ensure graduates are able to meet the NMBA approved *Nurse Practitioner Standards of Practice*⁵ and, therefore, are able to practice safely and competently in the Australian health care environment. Successful completion of such programs allows graduates to apply for endorsement with the Australian Health Practitioner Regulation Agency (AHPRA) as a nurse practitioner.

Nurse practitioners have been endorsed in Australia for nearly 15 years, however, understanding of their role is still limited both in the general public arena and more specifically in some health services. This lack of understanding of both the potential and limits of the role is an important consideration when developing accreditation standards that support the learning and teaching of nurse practitioner students. Development of these accreditation standards has implications for the potential of nurse practitioner students to fully attain competence and capability and prepare them for practice once endorsed.

To support nurse practitioner students' attainment of competence and capability the revised Nurse Practitioner Accreditation Standards will incorporate the NMBA's *Nurse Practitioner Standards of Practice* which came into effect in January 2014. Furthermore, outcomes from the NMBA's review of the *Endorsement of the Nurse Practitioner Registration Standards* will be considered during the review of the ANMAC Nurse Practitioner Accreditation Standards.

³ Health Practitioner Regulation National Law Act 2009 Qld.

⁴ AHPRA, *Health Practitioner Regulation Law Act, 2009*, as in force in each state and territory. Viewed at: www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx on 6 May, 2013.

⁵ Nursing and Midwifery Board of Australia. *Nurse Practitioner Standards of Practice*. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Nurse-practitioner-standards-of-practice.aspx on 21 January 2014.

Purpose of Consultation Paper 2

This consultation paper outlines the aim, objectives and context of the review. It describes the process of consultation and proposes a number of key areas for further consideration by stakeholders.

For the review to be effective, it is essential that the critical input of organisations and individuals with an interest in the education of nurse practitioners is optimised. This paper will be available to organisations and individuals who may have an interest in the accreditation standards and who may wish to contribute in writing or attend the final consultation forum as a key stakeholder.

Consultation Paper 2 also includes the second version of the draft Nurse Practitioner Accreditation Standards for stakeholder consideration and feedback (p. 18). Critical review of all the draft standards and criteria is encouraged. How to provide feedback and how it is incorporated is outlined in the section, 'Consultation process'. Stakeholder engagement in the review process enables ANMAC to evaluate whether the expectations reflected in the revised Nurse Practitioner Accreditation Standards are considered reasonable by education providers and other stakeholders in terms of benefits and burdens.

Consultation process

The review of accreditation standards for nurse practitioner programs of study is supported by an Expert Advisory Group (EAG), established by the ANMAC Board and comprising the following people:

- Professor Anne Gardner, Australian Catholic University, EAG Chair
- Dr Rosemary Bryant, Commonwealth Chief Nurse and Midwifery Officer
- Ms Julianne Bryce, Australian Nursing and Midwifery Federation Nominee
- Ms Dianne Crellin, Nurse Practitioner, Lecturer (Member from August – December 2014)
- Ms Amanda Davies, Nurse Practitioner, Nursing Policy Advisor, Queensland
- Professor Phil Della Curtin University, Council of Deans for Nurses and Midwives Australian and New Zealand Nominee
- Professor Maxine Duke, Educationalist, Deakin University
- Professor Glenn Gardner, ANMAC Nurse Practitioner Accreditation Committee, Chair
- Ms Helen Gosby, Australian College of Nurse Practitioners Nominee
- Mr Christopher Helms, Nurse Practitioner
- Ms Helen Mikolaj, Health Consumer Forum of Australia Nominee
- Professor Lisa Nissen, Pharmacist, Queensland University of Technology
- Dr Jane O'Connell, Nurse Practitioner (Member from February – July 2014)
- Ms Veronica Croome, Australian and New Zealand Council of Chief Nurses and Midwives Nominee
- Ms Lesley Salem, Nurse Practitioner Private Practice, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

- Clinical Professor Fiona Stoker, ANMAC Board, Chair (Member from February – August 2014)
- Professor Bob Meyenn, ANMAC Standards, Accreditation and Assessment Committee, Chair and ANMAC Board Acting Chair
- Ms Jo Gibson, ANMAC Associate Director for Professional Programs
- Ms Julie Watts, ANMAC Associate Director for Professional Programs.

ANMAC advisory staff:

- Ms Amanda Adrian, ANMAC Chief Executive Officer (Member from February – August 2014)
- Ms Louise Carter, ANMAC Executive Director of Implementation Strategies and Communications
- Ms Donna Mowbray, ANMAC Acting Chief Executive Officer and Executive Director of Accreditation and Assessment Services
- Ms Jackie Doolan, ANMAC Standards Review and Development Co-ordinator, Project Lead

The EAG, supported by ANMAC staff, developed the review's project plan in order that the accreditation standards be finalised and submitted to the NMBA in 2015. A list of key stakeholders has also been identified for the purpose of participation in the process of consultation (see Appendix 1).

The first round of consultation is now complete and involved publication of the first consultation paper on the ANMAC website for a period of seven weeks, ending on the 11 July 2014. (An outline of stakeholder responses to this initial phase of consultation is provided in Appendix 2). Three consultation forums were held in Brisbane, Melbourne and Perth where stakeholders were encouraged to further discuss key issues identified from stakeholder submissions and survey responses.

Feedback from initial consultation was used by ANMAC and the Expert Advisory Group to guide development of this second consultation paper and version 2 of the draft Nurse Practitioner Accreditation Standards. The questions embedded within Consultation Paper 2 seek clarification on issues arising from the first round of consultation.

The second round of consultation for the review of the Nurse Practitioner Accreditation Standards commences on the **24 September 2014** with the publication of **Consultation Paper 2 on the ANMAC website** for a period of 6 weeks.

- **Stakeholder feedback would be appreciated by close of business on Monday, 3 November 2014.**
- Questions provided in Consultation Paper 2 can be accessed as an online survey via the following link: www.surveymonkey.com/s/NPAS2.
- Alternatively, written feedback can be sent to the following email address: standardsreview@ANMAC.org.au.
- Written feedback will be collated in preparation for the **final consultation forum** to be held in **Sydney, on Tuesday 11 November 2014**.

Feedback from the second round of consultation, which includes the forum and survey, will inform development of the third version of the draft Nurse Practitioner Accreditation Standards, which will be submitted to the ANMAC Board for approval. Once Board approval is obtained the standards will be submitted to the NMBA for review. NMBA ratification is required before the standards can be published on the [ANMAC website](#) as the new Nurse Practitioner Accreditation Standards.

Nurse practitioner role

The orientating statements found in the NMBA's Nurse Practitioner Standards of Practice provide a comprehensive overview of the role of nurse practitioner. In summary, these statements recognise that nurse practitioners work in a variety of contexts across diverse practice settings to deliver high level clinically focused nursing care.⁶ The scope of practice of the nurse practitioner builds upon registered nurse practice⁷ enabling nurse practitioners to manage episodes of care, including wellness focused care, as a primary provider of care or in collaborative teams. As part of this care, nurse practitioners use advanced, comprehensive assessment techniques in the screening, diagnosis and treatment of client conditions by applying best available knowledge to evidenced based practice. Nurse practitioners order and interpret diagnostic tests, prescribe therapeutic intervention including the prescription of medications, and independently refer clients to healthcare professionals for conditions that would benefit from integrated and collaborative care. They accomplish this by using skilful and empathetic communication with health care consumers and health care professionals.⁸ Nurse practitioners facilitate patient centred care through the holistic and encompassing nature of nursing. Finally, nurse practitioners evaluate care provision to enhance safety and quality within healthcare. Although clinically focused, nurse practitioners are also expected to actively participate in research, education and leadership as applied to clinical care.⁹

Formal learning to become a nurse practitioner includes completion of a Masters Degree in Australia and a work based component that builds on already demonstrated advanced practice nursing.¹⁰ Consequently, when entering a nurse practitioner program the applicant already has a high degree of systems literacy and the capacity to engage in reflective practice as well as complex and critical thinking. When assuming the title and scope of practice of a nurse practitioner, the nurse practitioner is accountable for the care they provide and for self-monitoring their work.¹¹

Nurse practitioner endorsement

The title of 'nurse practitioner'—like those of 'registered nurse', 'enrolled nurse' and 'midwife'—is protected under National Law. Only those endorsed by the NMBA are able to use the title of 'nurse practitioner'.

⁶ Nursing and Midwifery Board of Australia. Nurse Practitioner Standards of Practice. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Nurse-practitioner-standards-of-practice.aspx on 21 January 2014.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

The NMBA outlines the requirements for endorsement as a nurse practitioner in the *Endorsement as a Nurse Practitioner Registration Standard* (2011). This NMBA registration standard is concurrently under review and at present states that to be eligible, the registered nurse must be able to provide evidence to demonstrate all the following:¹²

- a) current general registration as a registered nurse with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct
- b) the equivalent of three (3) years' full-time experience in an advanced practice nursing role, within the past six (6) years from the date when the complete application seeking endorsement as a nurse practitioner is received by the Board
- c) successful completion of a Board-approved nurse practitioner qualification at Master's level or education equivalence as determined by the Board
- d) compliance with the Board's National Competency Standards for the Nurse Practitioner [now referred to as Nurse Practitioner Standards of Practice]
- e) compliance with the Board's registration standard on continuing professional development.

As of January 2014 the NMBA's Nurse Practitioner Standards of Practice replaced the NMBA approved National Competency Standards for the Nurse Practitioner that were initially published by the Australian Nursing and Midwifery Council in 2006 – the word 'competency' is no longer used. Also accessible on the NMBA website is a factsheet that provides definitions, guidelines and research to assist in the interpretation of 'advanced practice nursing'.¹³

Current status

The AHPRA reported in its 2013 annual report that there were 763 nurse practitioners in 2012-13 an increase from 512 in 2010 -11.¹⁴ In 2014 over 1000 nurse practitioners were endorsed in Australia.¹⁵ However in census studies undertaken in 2007 and 2009 only 75% were working as nurse practitioners.^{16 17} Data from the 2012 national survey by the Australian College of Nurse Practitioners, the professional body who represents more than 50% of endorsed nurse practitioners in Australia, revealed that 12% of endorsed nurse practitioners were not employed in a nurse practitioner role.

Nurse practitioners work in a variety of clinical settings, ranging from primary to tertiary care environments. They work in generalist to specialist capacities within the nursing profession. The 2010 health reforms, including eligibility for the Medical Benefits Schedule and the Pharmaceutical Benefits Scheme, have allowed some nurse practitioners to explore innovative

¹² Nursing and Midwifery Board of Australia. 2011. Endorsement as a nurse practitioner registration standard. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Nurse-practitioner-standards-of-practice.aspx on the 21 January 2014.

¹³ NMBA fact sheet on 'Advanced Practice Nursing' view at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/fact-sheet-advanced-practice-nursing.aspx on August 2014

¹⁴ Australian Health Practitioners Regulation Agency, Regulating health practitioners in the public interest. Annual Report 2012-2013.

¹⁵ Nursing and Midwifery Board of Australia, Nurse and Midwife Registrant Data: December 2013, published February 2014. Viewed at: www.nursingmidwiferyboard.gov.au/About/Statistics.aspx on 14 April, 2014.

¹⁶ Gardner A, Gardner G, Middleton S and Della P. 2009. The status of Australian nurse practitioners: the first national census *Australian Health Review*, 33(4). 679–689.

¹⁷ Middleton S, Gardner A, Gardner G and Della P. 2011. The status of Australian nurse practitioners: the second national census. *Australian Health Review*, 35. 448–454.

practice models in the private sector. Nurse Practitioners are also creating innovative ways to support sustainable service models. The profession continues to build capacity, which allows for professional mentorship and clinical placement opportunities for nurse practitioner students.

Areas for consideration

A literature search was undertaken in the preparation for this paper. Only papers published since 2009 (the publication of the current standards) were reviewed. The CINAHL and Medline databases were searched using the following terms:

advanced nursing practice	nurse practitioner standards
advanced practice nurs*	nurse practitioner*
advanced practice nurs* standards	nurse practitioner education
advanced practice nurs* education	nurse practitioner regulation
advanced practice nurs* regulation	nurse practitioner role
nurse practitioner pract*	

Only articles of relevance to the review of the standards were included. This meant many papers relating to the effectiveness of the nurse practitioner role particularly in specific clinical or service planning contexts were not included.

These papers assisted in the identification of other primary and secondary resources, all of which were analysed and, in discussion with the EAG, informed development of the first consultation paper and initial revisions to the draft Nurse Practitioner Accreditation Standards.

Feedback from stakeholders in round one of consultation has assisted the EAG to understand the relevance and impact of a number of these revisions and how wording or content of the standards can be improved. Moreover, stakeholder feedback has also highlighted where further stakeholder consultation is required to guide development of the next draft of the Nurse Practitioner Accreditation Standards. In particular, clarification is sought in relation to the following criteria:

- Criterion 7.8 – specifications for endorsed nurse practitioner involvement in convening nurse practitioner programs
- Criterion 8.4 – student exposure to a range of health care experiences.
- Other issues, errors, gaps or duplications

A copy of online survey questions is provided in this consultation paper.

QUESTIONS 1 & 2 in the survey are demographic questions.

To access this online survey go to: www.surveymonkey.com/s/NPAS2

Standard 7. Program resources – Criterion 7.8

Version 1 DRAFT Nurse Practitioner Accreditation Standards:

The program provider demonstrates:

Criterion 7.8. The program convenor, responsible for nurse practitioner curriculum development, holds current endorsement as a Nurse Practitioner or the program provider has evidence of a plan to appoint within 2 years. Where there is not currently a Nurse Practitioner as a program convenor, arrangements exist for a currently endorsed Nurse Practitioner(s) to be part of the program's team for curriculum design and development, learning and teaching approaches, quality improvement and risk management processes.

In version 1 of the Draft Nurse Practitioner Accreditation Standards strengthening of nurse practitioner program curriculum design and development, teaching and learning approaches as well as quality improvement and risk management strategies was proposed by stipulating an endorsed nurse practitioner be the convenor of a nurse practitioner program. The previous consultation paper directed attention toward successful international models where nurse practitioner Masters Degree program coordinators are endorsed nurse practitioners with joint appointments enabling them to remain clinically proficient as well as provide academic leadership. It was also noted that there are an increasing number of endorsed nurse practitioners in Australia who are doctorally prepared or are currently completing doctoral programs. Graduates of these programs would assist in meeting the TEQSA requirement that teaching staff have at least one level higher than the AQF qualification level being taught, or have equivalent professional experience.¹⁸ To meet this requirement teaching staff, including program convenors, for nurse practitioner programs of study would be expected to hold a PhD, professional doctorate or have equivalent professional experience.

It was argued that having a nurse practitioner as the program convenor was in line with university arrangements for other degrees that provide title protection (for example, registered nurses and midwives) and was a way of ensuring high level understanding of the nurse practitioner role and scope of practice which could be articulated to internal and external stakeholders when working collaboratively. It was proposed that where an endorsed nurse practitioner program convenor was not immediately possible the education provider would be asked to demonstrate existing arrangements to ensure an endorsed nurse practitioner collaboratively contributes to the convening of the program and a plan was in place to implement the recommendation within a specified period of grace.

Stakeholder responses to this proposal were mixed. Though the benefits of this stipulation were supported by many, in discussion at forums, the risks, as outlined below, appeared to be of equal concern. A number considered stipulating an endorsed nurse practitioner be the program convenor to be idealistic, unnecessary or not appropriate at the present time. A summary of stakeholder perspectives is tabled below.

Question 3 provides content options for criterion 7.8 that takes into consideration key aspects of stakeholder feedback.

¹⁸ Australian Government, Tertiary Education and Qualifications Agency, May 2014, TEQSA and the Australian Qualifications Framework – questions and answers. Viewed at www.teqsa.gov.au/sites/default/files/AQF_FAQsRevised140530.docx on 27 August 2014.

Summary of stakeholder perspectives on specifying an endorsed nurse practitioner as program convenor.

Summary of benefits	Summary of risks
<ul style="list-style-type: none"> • Having an endorsed nurse practitioner on staff would enable mentorship for development of convenor knowledge and skills • Having an endorsed nurse practitioner as convenor enables greater influence in curriculum design and development particularly in relation to teaching, facilitating, assessing and mentoring students • An endorsed nurse practitioner convenor understands the industry, nursing models of care and the learning needs of students • They are likely to have, and work toward, a vision for the future • Possible with approximately 17 nurse practitioner programs in Australia. 	<ul style="list-style-type: none"> • Some universities will need time to negotiate such an arrangement • Lack curriculum development skills • If universities focus only on an endorsed nurse practitioner as program convenor there is a risk of losing multiple nurse practitioner involvement in the program which may potentially limit student exposure to the breadth and depth of nurse practitioner practice and their vision of nurse practitioner practice • Convenor employment selection may be based on the nurse practitioner endorsement qualification rather than on an educational qualification since this is the only qualification stipulated in the standards – both are equally important to this role • Nurse practitioners have spent years (and resources) focusing on clinical rather than academic goals • Workforce risk – taking away from the small numbers of clinically practising and endorsed nurse practitioners • Workload risk – demands on individual to maintain nurse practitioner endorsement/practice and be actively engaged in academic life.

Copy of online survey questions.

DRAFT Nurse Practitioner Accreditation Standards - Version 2

Question 3 seeks to clarify the role of endorsed nurse practitioners in providing the nurse practitioner program of study.

QUESTION 3:

Which of the following options do you consider most appropriate for inclusion into the Nurse Practitioner Accreditation Standards at the present time?

The education provider demonstrates:

Option 1: An endorsed nurse practitioner is the program convenor or co-convenor of the nurse practitioner program of study.

Option 2: An endorsed nurse practitioner is an academic staff member who teaches into the nurse practitioner program of study.

NB: In Option 2 the academic staff member, as part of their role, would be expected to contribute to curriculum design and development, supervision and mentorship models, as well as quality improvement and risk management processes.

Standard 8. Management of IPP – Criterion 8.4

DRAFT Nurse Practitioner Accreditation Standards - Version 1

The program provider demonstrates:

Criterion 8.4 Each student is provided with exposure to experience in health care settings that enable development of generic and specialist knowledge and skills and their application at the required level.

In the previous consultation paper it was noted that as part of health care reform, governments looked to reducing the burden on hospitals by improving care delivery within the community setting. Nurse practitioners are filling clinical service gaps and are shown to be complementary rather than substitutive to clinical care by general practitioners in Australia.¹⁹ It was therefore argued that nurse practitioner education needed to prepare a more flexible nurse practitioner workforce that included 'portable' clinical practice skills and knowledge, and deep insight into primary health care service models.²⁰ In order to promote responsiveness to consumer needs and develop capability and flexibility of the nurse practitioner scope of practice it was proposed that students be exposed to both generic and specialist clinical placements during IPP. This would also ensure students developed a deep understanding of the 'convergence between the values of primary health care, the expectations of citizens and the common health performance challenges that cut across all contexts'.²¹

Although there was some support for the above concepts a number of stakeholders challenged the premise that endorsed nurse practitioners could move safely and flexibly between primary health and speciality care settings. It was argued that movement across these settings would require substantial retraining. Additionally a shared understanding of what was meant by generic and specialist knowledge and skills was not apparent with organisational submissions seeking clarification on these concepts. Stakeholders who did not support multiple placements stated:

- generic and specialist knowledge and skills could be gained in the same practice setting
- internships and candidature focused on experience in speciality areas
- learning outcomes from multiple practice settings was not considered relevant to the learning needs of all students and therefore should not be included in the standards.

Reported barriers to exposing students to multiple health care settings included:

- an absence of memorandums of understandings between universities and health services that ensured appropriate supervision and assessment of students across settings

¹⁹ The Centre for International Economics, Prepared for the Australian College of Nurse Practitioners, Final Report – Responsive patient centred care: the economic value and potential of Nurse Practitioners in Australia, May 8 2013. Viewed at www.acnp.org.au/article/responsive-patient-care on 2 May 2014.

²⁰ Keleher H 2001. Why Primary Health Care Offers a more Comprehensive Approach to Tackling Health Inequities than Primary Care, Australian Journal of Primary Health 7 (2): 57-61. Viewed at www.health.vic.gov.au/archive/archive2014/nphp/publications/documents/ag-phcare.pdf on 27 August 2014.

²¹ World Health Report, 2008. Primary health care - now more than ever. Viewed at ww.who.int/whr/2008en on 27 August

- economic and staffing constraints inhibiting student travel and backfill from paid employment – felt most particularly in rural and remote settings.

Question 4 provides content options for criterion 8.4 that take into consideration key aspects of stakeholder feedback.

Copy of online survey questions.

DRAFT Nurse Practitioner Accreditation Standards - Version 2

Clarifying the knowledge and skills required of graduates entering a contemporary nurse practitioner workforce.

QUESTION 4:

Does the following criterion sufficiently prepare students for undertaking patient centred care, ensuring development of knowledge and skills in primary health care principles that are complementary to the students' speciality skills and knowledge?

The program provider demonstrates:

Criterion 8.4 Each student is provided with a range of health care experiences that supports knowledge and skills development in patient centred care that is consistent with the principles of primary health care and complements the student's speciality skills and knowledge.

a) Yes

b) No

If you answered 'no' please provide your reason.

Review of other standards

Copy of online survey question.

Question 5:

Are there any other issues, wording, errors, gaps or duplications you wish to comment on?

Conclusion

The review of the Nurse Practitioner Accreditation Standards will update the standards as part of the transition to the National Registration and Accreditation Scheme. Open and transparent consultation will ensure the revised standards are nationally consistent, contemporary, comprehensive, clearly articulated and respected by the profession and relevant education providers.

The outcome of the review will be revised Nurse Practitioner Accreditation Standards that protect the public and are acceptable to the community, nurse practitioners, related jurisdictions, employers and relevant education providers.

The ANMAC Board will oversee the review. The review itself will be led by ANMAC's Executive Director Accreditation and Assessment Services and guided by the Expert Advisory Group, appointed by the ANMAC Board.

The new Nurse Practitioner Accreditation Standards are expected to be released in 2015 subject to NMBA approval.

ANMAC accreditation standards structure

Standards structure

The 2012 revision of the Registered Nurse Accreditation Standards introduced the new Australian Nursing and Midwifery Accreditation Council's (ANMAC) standards structure for implementation across all future ANMAC Accreditation Standards (See table below).

New ANMAC standards structure	
Standard 1.	Governance
Standard 2.	Curriculum Conceptual Framework
Standard 3.	Program Development and Structure
Standard 4.	Program Content
Standard 5.	Student Assessment
Standard 6.	Students
Standard 7.	Resources
Standard 8.	Management of Workplace Experience
Standard 9.	Quality Improvement and Risk Management

The new ANMAC standards structure reflects the commonalities in education requirements and environments across programs. However, to increase relevance to the Nurse Practitioner Accreditation Standards the following adjustments have been made:

- Standard 2 is titled 'Curriculum Framework'
- Standard 8 is titled 'Management of Integrated Professional Practice'.

Version 2 - DRAFT Nurse Practitioner Accreditation Standards

Please note: Standards are open to change based on feedback from the consultation period. Blue text denotes new content or wording in version 2 of the accreditation standards.

Standard 1: Governance

The education provider has established governance arrangements for the nurse practitioner program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the Nurse Practitioner Standards of Practice.

Criteria

The education provider must provide evidence of:

1.1 Current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian University or other Higher Education Provider.²²

1.2 Current accreditation of the nurse practitioner program of study by the University (or TEQSA for non-self-accrediting Higher Education Providers) detailing the expiry date and any recommendations, conditions and progress reports related to the school.

1.3 Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Master's Degree (level 9)²³ as a minimum, with the title 'Nurse Practitioner' in the named degree.

1.4 Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) which ensures academic oversight of the program and promotes high-quality teaching and learning scholarship, research and ongoing evaluation across all learning settings.

1.5 Terms of reference for relevant program advisory committee demonstrating partnership with key stakeholders²⁴, including partnerships with Aboriginal and Torres Strait Islander health professionals and communities.

1.6 Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.

1.7 Governance arrangements between the university or higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.

²² For explanation of Provider Categories see: Tertiary Education and Quality Standards Agency (2011), *Higher Education Standards (Threshold Standards) 2011 Legislative Instrument, Chapter 2*, Accessed on 7th March 2012 at <http://www.teqsa.gov.au/higher-education-standards-framework>.

²³ This is the 'required level' referred to throughout these standards.

²⁴ Key stakeholders include, but are not limited to, consumers and representatives from relevant professional organisations.

1.8 Policies relating to credit transfer or the recognition of prior learning that are consistent with AQF national principles and the graduate's ability to meet the Nurse Practitioner Standards of Practice.

1.9 Governance arrangements between the education provider and health service providers to monitor students' practice experience and learning and teaching in the clinical setting including, but not limited to program resourcing and clinical teaching, supervision and assessment.

Standard 2: Curriculum framework

The education provider uses an appropriate and relevant philosophy to make explicit the assumptions about the nature of knowledge that informs the curriculum content and nature of the health service environment that the graduate will enter. In addition, the education provider makes explicit the educational theory that informs the design and delivery of sustainable processes for learning and teaching in the nurse practitioner program.

Criteria

The program provider demonstrates:

2.1 A clearly documented and explained framework for the program, including a curriculum philosophy that includes knowledge concepts relating to:

- a. a nursing model of health care
- b. primary health care principles and contexts
- c. capability theory.

2.2 A clearly described educational theory that is applied throughout the nurse practitioner program to:

- a. shape, organise and guide the delivery of curriculum content
- b. accommodate differences in student learning style and learning contexts
- c. stimulate student engagement, innovation and self-directed learning.

2.3 Application of learning and teaching approaches derived from the stated educational theory and responsive to the goals of the stated curriculum philosophy that:

- a. enable achievement of stated learning outcomes
- b. scaffold learning appropriately throughout the program
- c. engender deep rather than surface learning
- d. embed contextualised experiential learning and scenario-based evaluation
- e. develop and enhance intellectual skills in inquiry, analysis and synthesis in dealing with complex information
- f. build clinical leadership and clinical scholarship
- g. enable intraprofessional and interprofessional learning for collaborative practice.
- h. contextualises cultural safety and its intersections with patient management and health care delivery.

Standard 3: Program Development and Structure

The program of study is developed in collaboration with key stakeholders reflecting current nurse practitioner practice and learning and teaching; complying in length and structure with the Australian Qualifications Framework (AQF) for a level 9 Masters Degree and enabling graduates to meet the Nurse Practitioner Standards of Practice. Integrated professional practice is sufficient to enable the student to function as a safe, autonomous and collaborative nurse practitioner by program completion.

Criteria

The program provider demonstrates:

3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, nurse practitioners, other relevant clinical experts working in clinical service provision, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.

3.2 A map of subjects against the Nurse Practitioner Standards of Practice which clearly identifies the links between learning outcomes, assessments and required graduate standards of practice.

3.3 A map of subjects against the National Prescribing Competencies and any other relevant professional practice standard which clearly identifies the links between learning outcomes, assessments and required graduate competencies.

3.4 Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to application of knowledge and skills expected of students at this required level.

3.5 A map of student interaction opportunities with other health professions to facilitate interprofessional learning.

3.6 A minimum of 300 hours of supernumerary integrated professional practice incorporated in the program that provides exposure to a range of health care [experiences](#) relevant to the students' learning needs [and enables students' achievement of the Nurse Practitioner Standards of Practice](#).

3.7 Content and sequencing of the program of study prepares students for integrated professional practice and incorporates opportunities for [learning through simulated practice where appropriate](#).

3.8 Equivalence of subject outcomes for programs taught in all delivery modes in which the program is offered (subjects delivered on-campus or in mixed-mode, by distance or by e-learning methods).

Standard 4: Program content

The program content delivered by the program provider comprehensively addresses the Nurse Practitioner Standards of Practice as well as existing and emerging national and regional health priorities across a range of health service delivery contexts.

Criteria

The program provider demonstrates:

4.1 A comprehensive curriculum document, based on the framework discussed in Standard 2 that includes:

- a. program structure and delivery modes, including on-line components
- b. subject outlines that detail content, objectives, learning outcomes and associated assessment
- c. teaching and learning strategies
- d. an integrated professional practice plan demonstrating opportunities to attain the Nurse Practitioner Standards of Practice.

4.2 The central focus of the program is application of knowledge and skills at the required level that enable the nurse practitioner to provide a **patient centred** health service to consumers:

- a. within a range of health care contexts
- b. that incorporates national and regional health priorities, research, policy and reform
- c. that complies with national and relevant jurisdictional legislative frameworks.

4.3 Program content should include but not be limited to:

- a. sciences that underpin all elements of nurse practitioner practice
- b. advanced holistic health assessment and diagnostics
- c. clinical research and practice improvement methodologies
- d. therapeutic practice approaches grounded in a nursing model of care and that incorporate quality use of medicines
- e. socio-economic, **geographical** and political factors that influence nurse practitioner models, for example, health care contexts, funding arrangements, business proficiency.

4.4 Inclusion of content giving students a deep appreciation of the diversity of Australian culture, in order to further develop and engender their knowledge of cultural respect and safety.

4.5 Inclusion of discrete content specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples and communities are appropriately embedded across the curriculum and linked to subject objectives, learning outcomes and assessment.

4.6 Inclusion of content specifically addressing the health needs of people with geographically, or culturally, socially and linguistically diverse backgrounds.

4.7 Specialities and/or electives in the course that complement the nurse practitioner role and level of practice.

Standard 5: Student Assessment

The curriculum incorporates a variety of approaches to assessment that suit the nature of the learning experience and robustly measure achievement of required learning outcomes, including a comprehensive summative assessment of student performance against the current Nurse Practitioner Standards of Practice.

Criteria

The program provider demonstrates:

- 5.1 A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.
- 5.2 Clear statements about assessment and progression rules and requirements provided to students at the commencement of the program.
- 5.3 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.
- 5.4 Both formative and summative assessment exist across the program to enhance individual and group learning as well as inform student progression.
- 5.5 The use of a variety of assessment approaches to evaluate competence in the application of knowledge and skills at the required level and as required for professional practice as a nurse practitioner including:
 - a. a comprehensive portfolio of learning and integrated professional practice
 - b. contextualised, scenario based assessment strategies
 - c. viva voce clinical assessment
 - d. observation in integrated professional practice settings.
- 5.6 A range of instruments, validated where possible, are used in integrated professional practice assessment to evaluate student knowledge, skills, behaviours and capacity to meet the Nurse Practitioner Standards of Practice.
- 5.7 Ultimate accountability for the assessment of students in relation to integrated professional practice.
- 5.8 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.
- 5.9 Processes to ensure the integrity of online assessment.
- 5.10 Collaboration between the education provider, health service provider/s and other stakeholders involved in integrated professional practice in selecting, implementing and evaluating assessment methods.
- 5.11 Comprehensive summative assessment of the student's achievement of the Nurse Practitioner Standards of Practice on completion of the program. This assessment includes a comprehensive summative clinical viva voce within the student's nominated scope of practice

by suitably qualified members²⁵ of the multidisciplinary team and should demonstrate achievement of AQF level 9 graduate descriptors.

²⁵ 'Suitably qualified members' refers to health care professionals who are recognised by the Education and Health Service Providers and clinical peers as having: sufficient qualifications, knowledge and skills to be considered an expert in a clinical **field relevant to the scope of practice of the student**; a thorough understanding of the role and scope of nurse practitioner practice, and **appropriate** preparation and training in undertaking student assessment. Nurse practitioners should be included as part of this team where possible.

Standard 6: Students

The program provider's approach to attracting, enrolling, supporting and assessing students is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

Criteria

The program provider demonstrates:

- 6.1 Applicants are informed of the following before accepting an offer of enrolment:
- a. modes for program delivery and location of integrated professional practice placements
 - b. specific requirements for entry to the program of study including English language proficiency
 - c. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency if a student undertaking integrated professional practice has an impairment that may place the public at risk of harm
 - d. specific requirements for right of entry to health services for integrated professional practice experience placements (including, fitness for practice, immunisation and criminal history)
 - e. requirements specified in the NMBA's Endorsement as a Nurse Practitioner Registration Standard.
- 6.2 Students are selected for the program based on clear, justifiable and published admission criteria that includes:
- a. current general registration as a registered nurse
 - b. demonstration of requisite experience in advanced practice nursing as specified in the NMBA's Endorsement as a Nurse Practitioner Registration Standard
 - c. a postgraduate qualification [in a clinical field](#).
- 6.3 Students have sufficient English language proficiency and communication skills to be able to successfully undertake academic experience and integrated professional practice requirements throughout the program.
- 6.4 Students are informed about, and have access to, appropriate support services including counselling, health care and academic advisory services.
- 6.5 Processes to enable early identification and support for students who are not performing well academically, clinically or have professional conduct issues.
- 6.6 All students have equal opportunity to attain the Nurse Practitioner Standards of Practice. The mode or location of program delivery should not influence this opportunity.
- 6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.
- 6.8 Aboriginal and Torres Strait Islander peoples are encouraged to apply and a range of support is provided to those students as needed.

6.9 Other groups underrepresented in the nursing profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to apply and support is provided to those students as needed.

Standard 7: Resources

The program provider has adequate facilities, equipment and teaching resources, as well as staff who are qualified, capable and sufficient in number, to enable students to attain the Nurse Practitioner Standards of Practice.

Criteria

The program provider demonstrates:

7.1 Staff, facilities, online tools, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.

7.2 Students have sufficient and timely access to academic and clinical teaching staff, including nurse practitioners to support student learning.

7.3 A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.

7.4 Staff recruitment strategies:

- a. are culturally inclusive and reflect population diversity
- b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.

7.5 Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.

7.6 The Head of Discipline holds current Australian general registration as a nurse with no conditions relating to conduct, holds a relevant post graduate qualification, maintains active involvement in the nursing profession and has strong engagement with contemporary nursing education and research.

7.7 Academic staff are qualified for their level of teaching and/or supervision to at least one tertiary qualification standard higher than the program of study being taught.

7.8²⁶

7.9 Staff teaching and assessing nursing practitioner specific subjects, including those with pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.

7.10 Each student's integrated professional practice clinical and professional support team are qualified for their level of teaching and/or supervision. This includes clinical practice expertise in a relevant clinical area and an academic qualification in education or equivalent learning and teaching experience.

7.11 In cases where an academic staff member's tertiary qualifications do not include nursing, their qualifications and experience are directly relevant to the subject/s they are teaching.

7.12 Processes to ensure academic staff demonstrate engagement in research, scholarship and practice in the subject/s they teach.

²⁶ Await stakeholder feedback.

7.13 Teaching and learning takes place in an active research environment where academic staff are engaged in research, scholarship or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.

7.14 Policies and processes to verify and monitor the academic and professional credentials of current and incoming staff, including current general registration as a registered nurse and endorsement as a nurse practitioner, where applicable, and to evaluate their performance and development needs.

Standard 8: Management of Integrated Professional Practice

The program provider ensures that every student is given supervised integrated professional practice in environment/s providing suitable learning and teaching opportunities and conditions for students to attain the Nurse Practitioner Standards of Practice

Criteria

The program provider demonstrates:

8.1 Negotiated and secure integrated professional practice experiences and an associated clinical and professional support team for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the program.

8.2 Constructive relationships and clear contractual arrangements with all health providers where students gain their integrated professional practice and processes to ensure these are regularly evaluated and updated.

8.3 Risk management strategies in all environments where students are placed to gain integrated professional practice and processes to ensure these are regularly reviewed and updated.

8.4²⁷ Each student is provided with a range of health care experiences that supports knowledge and skills development in patient centred care that is consistent with the principles of primary health care and complements the student's speciality skills and knowledge.

8.5 Each student is provided with sufficient integrated professional practice, including supernumerary time, to support the attainment of the Nurse Practitioner Standards of Practice.

8.6 Each student is provided with integrated professional practice experiences that reflect the major health priorities specific to the student's area of practice with opportunities for intraprofessional and interprofessional learning and the development of knowledge and skills and their application for collaborative practice.

8.7 Clearly articulated models of supervision, support, facilitation and assessment are in place so students can attain the Nurse Practitioner Standards of Practice.

8.8 Academics, nurse clinicians and other health professionals engaged in supervising and supporting students during integrated professional practice are adequately prepared for the learning and teaching role and apply contemporary and evidence-based Australian and international perspectives on nurse practitioner practice.

8.9 Nominated professionals in the student's clinical and professional support team undertake assessment of the student against the Nurse Practitioner Standards of Practice within the context of integrated professional practice experience.

8.10 Resources are provided, monitored and regularly evaluated to support students, and their supervisors, while on integrated professional practice to attain the Nurse Practitioner Standards of Practice.

²⁷ Await stakeholder feedback.

Standard 9: Quality Improvement and Risk Management

The program provider is able to assess and address risks to the program, its outcomes and students, and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of graduates.

Criteria

The program provider demonstrates:

9.1 Responsibility and control of program development, monitoring, review, evaluation and quality improvement is delegated to the school with oversight by the academic board or equivalent.

9.2 Regular evaluation of academic and clinical and professional support team supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.

9.3 Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.

9.4 Feedback gained from the quality cycle is incorporated into the program of study [in consultation with stakeholders, including healthcare consumer advocates²⁸](#) to improve the experience of theory and practice learning for students.

9.5 Regular evaluation and revision of program content to include contemporary and emerging issues surrounding nurse practitioner practice, health care research and health policy and reform.

9.6 Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.

²⁸ Available through organisations that provide leadership in representing the interests of Australian health care consumers e.g. Consumer Health Forum of Australia.

Acronyms

Table of acronyms used in this document.

Term	Meaning
AHPRA	Australian Health Practitioner Regulation Agency
ANMAC	The Australian Nursing and Midwifery Accreditation Council
ANMC	The Australian Nursing and Midwifery Council (preceded the formation of ANMAC)
AQF	Australian Qualifications Framework
EAG	Expert Advisory Group established by ANMAC to advise on the review process
MBS	Medical Benefits Schedule
NMBA	Nursing and Midwifery Board of Australia
NPS	National Prescribing Service
PBS	Pharmaceutical Benefits Scheme
TEQSA	Tertiary Education Quality and Standards Agency

Glossary

Advanced practice nursing— for relevant definitions, guidelines and research documents refer to the Nursing and Midwifery Board of Australia fact sheet on advanced practice nursing. View at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/fact-sheet-advanced-practice-nursing.aspx

Australian Health Practitioner Regulation Agency (AHPRA)—the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. Supports the National Health Practitioner Boards (such as the Nursing and Midwifery Board Australia) in implementing the scheme.

ANMAC—the Australian Nursing and Midwifery Accreditation Council is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. ANMAC sets standards for accreditation and accredits nursing and midwifery programs leading to registration and endorsement; and the providers of those programs.

ANMC—the Australian Nursing and Midwifery Council evolved into ANMAC following approval as the accrediting authority for nursing and midwifery. ANMC authored the original set of accreditation standards as well as the National competency standards or standards for practice for nursing and midwifery.

AQF—the Australian Qualifications Framework is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

AQF qualification—the result of an accredited complete program of learning leading to formal certification that a graduate has achieved learning outcomes as described in the AQF.

AQF national register—a register of all AQF qualifications and the organisations authorised to issue them.

Australian university—a higher education provider registered with TEQSA in the 'Australian University' provider category.

Capability—[moves beyond competency](#)²⁹ and is the extent to which an individual can adapt to change, generate new knowledge and continue to improve practice.³⁰ Capability and its dimensions include³¹:

- Knowing how to learn
- Working well with others
- Being creative
- Having a high degree of self-efficacy
- Applying competencies to both novel and familiar situations.

²⁹ O'Connell J, Gardner G and Coyer F. 2014. Beyond competencies: using a capability framework in develop practice standards for advanced practice nursing. *Journal of Advanced Nursing*, doi: 10.1111/jan.12475.

³⁰ Fraser S and Greenhalgh T. 2001 Coping with complexity: educating for capability. *British Medical Journal*, 323, 799-803.

³¹ Gardner G, Dunn S, Carryer J and Gardner A. 2006. Competency and capability: Imperative for nurse practitioner education. *Australian Journal of Advanced Nursing*, 24 (1), 8-14.

Competence—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area (from the National Competency Standards for the Registered Nurse).

Criteria—rules or tests on which a judgement or decision in relation to compliance with the Accreditation Standards can be based.

Cultural safety—can only be determined by those who are receiving healthcare; they will determine if their cultural identity and meanings are being respected and they are not being subjected to discrimination.³²

Curriculum— the full outline of a program of study, usually built around a conceptual framework with the educational and professional nursing or midwifery philosophies underpinning the curriculum and includes: the philosophy for the program; the program structure and delivery modes; subject outlines; linkages between subject objectives, learning outcomes and their assessment, and national competencies or standards of practice; teaching and learning strategies; and a workplace experience plan.

Education provider—university, or other higher education provider, responsible for a program of study, the graduates of which are eligible to apply to the NMBA for nursing or midwifery registration or endorsement.

Equivalent professional experience—successful completion of a qualification equivalent to that being taught and sufficient post-graduate professional experience in the discipline being taught to demonstrate competence in applying the discipline’s principles and theory.

Governance—framework, systems and processes supporting and guiding the organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements.

Head of school or discipline—lead nursing academic responsible for the design and delivery of the program of study on behalf of the education provider.

Health Practitioner Regulation National Law Act 2009 (National Law)—contained in the Schedule to the Act. This second stage legislation provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010 and covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health and performance arrangements, and privacy and information-sharing arrangements. The purpose is to protect the public by establishing a national scheme for regulating health practitioners and students undertaking programs of study leading to registration as a health practitioner. The National Law is legislated in each state and territory. The *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* outlines the administrative arrangements established under the first stage of the National Registration and Accreditation Scheme for the Health Professions (Act A).

Higher education provider—tertiary education provider who meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the *Tertiary Education Quality and Standards Agency Act 2011* and is currently registered with TEQSA.

Integrated professional practice—is an integrated learning approach that enables nurse practitioner students to develop and demonstrate the nurse practitioner standards for practice

³² National Aboriginal Community Controlled Health Organisation, May 2011. Cultural Safety Training Standards: A background paper. Viewed at <http://www.naccho.org.au/promote-health/cultural-safety/> on 9 September 2014.

within the clinical practice setting. IPP supports the use and generation of theory to enhance emerging and developed knowledge, behaviours and clinical and professional judgement. IPP also provides a supported learning environment for the development of clinical practice skills, including, but not limited to, comprehensive assessment, diagnosis and management of complete episodes of care; prescription of medicines; ordering and interpreting of diagnostic tests; initiating and accepting referrals from other health professionals for the purposes of care coordination. This concept includes 'clinical training' as embodied in the National Law.³³

Interprofessional learning—occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

Nurse practitioner—is a protected title that refers to a nurse whose registration has been endorsed by the Nursing and Midwifery Board of Australia as a nurse practitioner under section 95 of the National Law.

Nurse Practitioner Standards of Practice—core standards of practice by which performance and professional conduct is assessed to obtain and retain endorsement as a Nurse Practitioner.

NMBA—the Nursing and Midwifery Board of Australia is the national regulator for the nursing and midwifery professions in Australia. It is established under the Health Practitioner Regulation National Law, as in force in each state and territory. Its primary role is to protect the public and set standards and policies that all nurses and midwives registered within Australian must meet.

Primary health care—derived from the World Health Organisation Declaration of Alma-Ata and the National Aboriginal Community Controlled Health Organisation (NACCHO) definitions which explain primary health care as a holistic approach, incorporating body, mind, spirit, land, environment, culture, custom and socio-economic status, to the provision of essential, integrated, quality care based upon practical, scientifically sound and socially acceptable methods and technology. It is made accessible to all people, families and communities as close as possible to where they live and through their full participation, in the spirit of self-reliance and self-determination; and at a cost that the Australian community can afford.

Primary health care forms an integral part both of Australia's health system, of which it is the nucleus, and of the overall social and economic development of the community. The policy and provision of primary health care is shaped around the contribution of citizens identifying priorities for the promotion of healthy living, the prevention of disease, injury and disability. In addition, it must meet the health care, treatment, self-management and rehabilitation needs of people, their families and communities; and their desire for humane, safe care across the period of their lives.^{34 35}

Program or program of study—the full program of study and experiences that must be completed before a qualification recognised under the AQF, such as a Bachelor or Masters Degree of Nursing, can be awarded.

Program provider—school or faculty responsible for the design and delivery of a program of study in nursing leading to the award of a Bachelor Degree in nursing as a minimum.

³³ Health Practitioner Regulation National Law Act 2009 Qld.

³⁴ Australian Nurses Federation, 2009. Primary Health Care in Australia. A nursing and midwifery consensus view. Viewed at: www.anmf.org.au/documents/reports/PHC_Australia.pdf on 31 March 2014.

³⁵ National Aboriginal Community Controlled Health Organisation, 2009. Towards a national primary health care strategy: fulfilling Aboriginal peoples aspirations to close the gap. Canberra: NACCHO.

Quality use of medicines—Part of the National Medicines Policy³⁶ to ensure the judicious, appropriate, safe and effective use of medicines.

Recognition of prior learning—an assessment process for the students formal and informal learning to determine the extent to which that they have achieved required learning outcomes, competency outcomes or standards for entry to and/or partial or total completion of a qualification.

Research—According to the Department of Innovation, Industry, Science and Research specifications for the Higher Education Research Data Collection, research comprises:

- Creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.
- Any activity classified as research which is characterised by originality; it should have investigation as a primary objective and should have the potential to produce results that are sufficiently general for humanity's stock of knowledge (theoretical and/or practical) to be recognisably increased. Most higher education research work would qualify as research.
- Pure basic research, strategic basic research, applied research and experimental development.

Scholarship—application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual), professional practice and the application of this new knowledge to the enrichment of the life of society.³⁷

School—organisational entity of an education provider responsible for the design and delivery of a program of study in nursing or midwifery. Where the school of nursing is part of a larger faculty, the school is regarded as the program provider for the purposes of these standards.

Simulated practice— educational methods or clinical experiences that evoke or replicate aspects of the real world in an interactive manner. As an educational method for nurse practitioner students it can provide learning conditions to develop knowledge and skills such as how to prescribe and write prescriptions.

Standard—level of quality or attainment.

Subject—unit of study taught within a program of study.

Student assessment—formative and summative processes used to determine a student's achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

Supernumerary—is where the student undertakes supervised practice outside their employed position or when they are not counted in the staffing roster.

TEQSA—Tertiary Education Quality and Standards Agency regulates and assures the quality of Australia's large, diverse and complex higher education sector. Its function is to register and

³⁶ Commonwealth of Australia, 2000, National Medicines Policy. Viewed at: www.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policy on 23 September 2014.

³⁷ (Nursing and Midwifery Board of Australia, Registered Nurse Competency Standards 2006. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx on 23 September 2014.

evaluate the performance of higher education providers against the Higher Education Standards Framework and to undertake compliance and quality assessments.

Viva voce clinical examination—*viva voce*, meaning ‘living voice’, the clinical viva examination is a method of assessing students’ ability to use knowledge in a face-to-face examination encounter. Various titles for this assessment approach are used essentially all derived from two basic models. The ‘short case’ that focuses on specific skills or sub-skills and can take the form of an Objective Structured Clinical Examination (OSCE) or a case presentation on a specific clinical activity; this approach is usually a *formative* assessment. The ‘long case’ model is used as *summative* assessment. It seeks to examine the student’s ability to apply knowledge in an actual clinical situation. The long case exam requires the student to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedure and determine a management plan. The long case model assesses learning outcomes related to deep learning, application and synthesis of knowledge and high level clinical reasoning.

Appendix 1: Stakeholder list

List of stakeholders for the review of the Nurse Practitioner Accreditation Standards.

PRINCIPAL AGENCIES
Australian Nursing and Midwifery Federation
Australian and New Zealand Council of Chief Nurses and Midwives
Australian Healthcare Reform Alliance
Australian Health Ministers' Advisory Council
Australian Health Practitioner Regulation Agency
Australian Health Workforce Ministerial Council (AHWMC)
Australian Medical Association – Federal
Australian Nursing and Midwifery Accreditation Council (ANMAC)
Australian Nursing and Midwifery Accreditation Council Board
Coalition of National Nursing Organisations
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Consumers Health Forum of Australia
Council of Deans of Nursing and Midwifery (Australia and New Zealand)
Doctors Reform Society of Australia
Health Professions Accreditation Councils' Forum
Medical Benefits Division-Principal Advisor
Minister for Health
National Rural Health Alliance
Nursing and Midwifery Board of Australia
Nursing Council of New Zealand
Standing Council on Health
Tertiary Education Quality and Standards Agency
PROFESSIONAL BODIES
Association of Neonatal Nurses of NSW Inc.
Association of Nurse Continence Advisors NSW
Australasian Cardiovascular Nursing College
Australasian Sexual Health Nurses Association
Australian College of Emergency Nurses
Australian College of Mental Health Nurses
Australian College of Midwives

PROFESSIONAL BODIES CONTINUED
Australian College of Children and Young People's Nurses
Australian College of Critical Care Nurses
Australian College of Emergency Nurses
Australian Collage of Mental Health Nurses
Australian College of Midwives
Australian College of Neonatal Nurses
Australian College of Nurse Practitioners
Australian College of Nursing
Australian College of Operating Room Nurses
Australian College of Rural and Remote Medicine
Australian Day Surgery Nurses Association
Australian Dermatology Nurses Association
Australian Diabetes Council
Australian Diabetes Educators Association
Australian Faith Community Nurses Association
Australian Nurse Teachers Society (NSW)
Australian Primary Health Care Nurses Association
Australian Women's Health Nurse Association
Australian Wound Management Association
Australasian Rehabilitation Nurse Association
Cancer Nurses Society of Australia
College of Emergency Nursing Australasia
Council of Children's Nurses
CRANA plus
Diabetes Australia New South Wales
Discharge Planning Association
Drug and Alcohol Nurses of Australasia
Endocrine Nurses Society of Australia
Flight Nurses Australia
Gastroenterological Nurses College of Australia
Hyperbaric Technicians and Nurses Association
Maternal, Child and Family Health Nurses Association
Nursing Unit Managers Society of NSW

Palliative Care Nurses Australia
Pharmaceutical Society of Australia
Psychogeriatric Nurses Association Australia
Renal Society of Australasia
Respiratory Nurses Interest Group of NSW
Royal Australian College of General Practitioners
Society of Hospital Pharmacists of Australia
The Child and Family Health Nurses Association
The New South Wales Institute of Psychiatry
Thoracic Society of Australian and New Zealand
Transplant Nurses Association
COMMUNITY AND OTHER STAKEHOLDERS
Community Health Services
Education Providers
Nurse Practitioners (Clinicians)
Nurse Practitioners (Educationalists)
Nurse Practitioners (Managers)
Nurse Practitioners (Researchers)

Appendix 2: Overview of stakeholder feedback

This section reports on stakeholder feedback how it has been actioned.

ANMAC received a total of 92 online survey responses, with each question having an average of 66 responses. Eight organisations reviewed the consultation paper, however, not all organisations commented on every question. Two submission were from individual nurse practitioners.

Feedback was also received at the consultation forums which were held in Brisbane, Melbourne and Perth. Attendance included individual nurse practitioners and the following organisational representatives:

- Austin Health
- Australian College of Nursing
- Australian College of Nurse Practitioners
- Australian College of Critical Care Nurses
- Australian Health Practitioner Regulation Agency
- Australian Nursing and Midwifery Federation
- CRAN*Aplus*
- College of Emergency Nurses Australia
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Consumer Health Forum of Australia
- College of Young Children's' and Peoples' Nursing
- Council of Deans of Nursing and Midwifery
- Curtin University
- Edith Cowan University
- La Trobe University
- Nursing and Midwifery Board of Australia
- Queensland University of Technology
- Royal Brisbane Women's Hospital
- Silver Chain Community Services
- South Metro Health Service
- The Society of Hospital Pharmacists Australia
- University of Queensland

- University of Melbourne

State and Territory Governments

- ACT Health Directorate, ACT Government
- Department of Health and Human Services, Tasmanian Government
- Department of Health, Government of Western Australia
- Department of Health, Northern Territory Government
- Department of Health, State Government Victoria
- Queensland Health, Queensland Government

Question 1

Do the Draft Nurse Practitioner Accreditation Standards sufficiently enable the development of capability as an attribute of nurse practitioner practice?

Survey – 88% of responses were in support of suggested criteria to strengthen capability development.

Organisations – Three organisations commented, two supported the proposed criteria and one suggested capability being more explicitly addressed.

Comments – Three suggestions for differing content inclusions in Criterion 2.1 and another expressed concern for student workloads.

ACTION: Overall support for Criteria 2.1, 2.3 and 5.11. Add ‘capability’ definition to the glossary.

Question 2

Is the National Prescribing Competencies Framework an appropriate resource for inclusion in the DRAFT Nurse Practitioner Accreditation Standards?

The use of the National Prescribing Competencies Framework attracted the strongest level of support from stakeholders. Inclusion of this resource was supported in 93% of survey responses and all 5 responding organisations supported this inclusion.

ACTION: Criterion 3.3 supported with no change required.

Question 3

Do you support the term ‘integrated professional practice’ replacing ‘professional experience’ in the DRAFT Nurse Practitioner Accreditation Standards?

Survey – 93% of responses supported the term ‘integrated professional practice’.

Organisations – Four organisations commented, two offered support, one recommended a clearer definition and the other questioned the value of replacing the term ‘professional practice’ as it may risk confusion.

Comments – Addressed the need for a clear informative definition, particularly in relation to the meaning of ‘integrated’.

ACTION: Overall support for term ‘integrated professional practice’. Add clear and comprehensive definition to the glossary.

Question 4

Do you support the specification of a minimum number of integrated professional practice hours in the DRAFT Nurse Practitioner Accreditation Standards?

Survey – 84 % of responses supported the specification of a minimum number of integrated professional practice hours.

Organisations – Five organisations commented, all expressed a varying degree of support for this concept, however, some qualified their support stating : there is an absence of evidence to guide best practice in this matter, needs to be linked to student learning outcomes, risks reducing program flexibility.

Comments – Were consistent with concepts in the organisational comments above.

ACTION: Consider in combination with stakeholder responses to Questions 5 and 6.

Question 5

Do you support 500 hours as the specified minimum number of hours?

Survey – 67 % of responses supported the specification of 500 minimum hours of integrated professional practice hours.

Organisations – Four organisations commented, one supported 500 hours as a minimum specification. Others suggested: curriculum arrangements that equalled 250 hours as a minimum, removal or significant reduction of this minimum, awaiting guidance from stakeholders since no high level evidence supported the suggested 500 hour minimum. Three organisations commented on the lack of evidence to support this specification and one stated economic constraints prevented health services from providing paid positions.

Comments – Summarised in section titled ‘Criterion 3.6’.

Question 6

Do you support this minimum number of hours being supernumerary?

Survey – 55 % of responses supported the minimum number of hours being specified as supernumerary.

Organisations – One organisation supported a reduced minimum number of hours being specified as supernumerary. One supported a combined model of supernumerary and paid integrated professional practice hours with use of student learning contracts. One suggested further exploration of the benefits of supernumerary hours and the last commented on unpaid supernumerary acting as a disincentive for nurses becoming nurse practitioners.

Comments – Summarised in section titled ‘Criterion 3.6’.

Forum outcomes – Questions 5 and 6 were discussed further with stakeholders at each of the consultation forums. Generally stakeholders supported the principle of specifying a minimum number of IPP hours within the standards. Key messages from stakeholders included: the importance of supernumerary time for student learning, the need to include a reliable measure for student learning outcomes and minimisation of potential economic burdens they may be experienced by students and employers.

Summary of stakeholder perspectives on specifying minimum supernumerary hours.

Summary of benefits	Summary of risks
<ul style="list-style-type: none"> • A minimum number of supernumerary hours would support the development of knowledge, skills and capability dimensions expected of an endorsed nurse practitioner. • Supernumerary time provides students with a learning space to practise all the dimensions of the nurse practitioner role which are at 'at a higher level', 'over and above', 'different to' or 'an expansion of' the advanced practice nursing role. • Supernumerary time is more likely to ensure appropriate supervision, mentorship and recognition of the student learning and indemnity needs. 	<ul style="list-style-type: none"> • No evidence supports a specific quantum of clinical hours or supernumerary time as best practice for nurse practitioner programs. • Attributes of the student or clinical environment may affect student capacity to learn which makes the use of outcome measures more reliable than specified minimum hours • No consensus on who will be responsible for obtaining and ensuring adequate supervision of supernumerary time. • Economic burdens of supervised supernumerary IPP an issue, may affect student enrolment and employer support.

ACTION: After weighing up the benefits and burdens associated with this specification it was decided to significantly reduce the minimum number of supernumerary hours and include attainment of NMBA Nurse Practitioner Standards of Practice as a measure of the students' learning outcomes. Standard 8 addresses IPP supervision arrangements.

Question 7

Do you support the DRAFT Nurse Practitioner Accreditation Standards incorporating the *viva voce* clinical examination as part of student assessment?

Survey – 87 % of responses supported the introduction of *viva voce* examinations into student assessment.

Organisations – Six organisations commented, five provided support - some with qualifying statements: recommend formative as well as summative *viva voce* examinations, helpful to set standards for use, consider assessor qualifications and experience and the funding source for this service. One organisation suggested consumer perspectives be included in this assessment.

Comments – Related to: increasing rigour or consistency of the assessment and importance of appropriate assessors. A few stated the assessment was not culturally equitable or not necessary.

ACTION: Overall support for Criteria 5.5 and 5.11. The glossary statement was reviewed and was noted to include descriptions of both formative and summative *viva voce* assessment. Education Providers are required by TEQSA to demonstrate academic leadership in the provision of quality student assessment. Criteria 5.11 addresses supervision arrangements. No changes required.

Question 8

Do you support the DRAFT Nurse Practitioner Accreditation Standards specifying a student entry criterion into the nurse practitioner program that has increased alignment to the NMBA Endorsement as a Nurse Practitioner Regulation Standard and includes:

- a. **Current general registration as a registered nurse**
- b. **Demonstration of requisite experience in advanced practice nursing as specified in the NMBA's Endorsement as a Nurse Practitioner Regulation Standard**
- c. **A postgraduate qualification in a speciality field that has prepared the student for advanced practice?**

Survey – 83 % of responses supported this student entry criterion into the nurse practitioner program.

Organisations – Six organisations commented, one offered support, four questioned the postgraduate qualification requirement and/or the need for the high number of advanced practice nursing hours prior to program entry. Two organisation suggested an 'equivalence' option and one recommended graduate attributes of the postgraduate qualification incorporate higher level thinking.

Comments – Reflected similar concepts expressed in organisational comments. A number questioned the rational or relevance of a postgraduate qualification as an entry criterion to this Masters program. The absence of postgraduate programs in all speciality areas was noted. Others argued the value of non-specialised postgraduate qualifications. Three responses supported a greater number of advanced practice nursing hours for example a 5 year minimum.

Forum outcomes – This questions was discussed with stakeholders at each of the forums. There was general support for Criterion 6.2b as an admission criterion for the nurse practitioner program of study. However, this support was contingent on 5000 hours of advanced practice nursing³⁸ being retained as a minimum standard within the NMBA's *Endorsement for Nurse Practitioner Regulation Standard*³⁹ - currently under NMBA review.

Stakeholders also expressed overall support for retaining the postgraduate qualification as part of the program's admission criteria (Criterion 6.2c), however, stakeholder perspectives varied on the type and focus of the postgraduate qualification. Tabled below are stakeholders' perspectives on the risks and benefits of requiring a postgraduate qualification in a speciality field as part of admission criterion for the nurse practitioner program of study.

Stakeholder perspectives on postgraduate qualifications as an admission criteria

Summary of benefits	Summary of risks
<ul style="list-style-type: none"> • A postgraduate program provides a foundation for developing nurse practitioner knowledge, skills and higher order thinking as long as graduate attributes include research capacity, critical analysis, written and verbal capacity for evidence based debate • Completion of a postgraduate qualification demonstrates the student's commitment to a clinical and academic pathway that ends with nurse practitioner endorsement 	<ul style="list-style-type: none"> • Requiring a postgraduate qualification in a speciality field is likely to emphasise the need for speciality knowledge and skills • Limiting qualifications to a speciality area reduces potential development of generic knowledge and skills which are arguably equally applicable to nurse practitioner roles and workforce preparation • This requirement disadvantages some potential students as not all speciality areas

³⁸ The NMBA website provides a fact sheet with definitions, guidelines and research that assist in the interpretation of 'advanced practice nursing'. View at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/fact-sheet-advanced-practice-nursing.aspx on August 2014

³⁹ Under consultation –currently refers to a minimum of 5000 hours (i.e., 3 years) within a 6 year period.

- Creates a stronger student pool at less risk of feeling overwhelmed and of academic failure
- Supports preparation of the nurse practitioner workforce.
- have a corresponding postgraduate program
- Creates another hurdle for student entry into nurse practitioner programs.

ACTION: Overall support for Criteria 6.2b. No change required. Also, overall support for Criteria 6.2c. On review, the graduate outcomes for AQF⁴⁰ level 8 programs (in effect 2015) were considered appropriate for students seeking admission to a Nurse Practitioner Masters Program. After weighing the risks and benefits it was decided that a postgraduate qualification in a clinical field was sufficient to prepare students for entry to a Nurse Practitioner Masters Program. Consequently reference to ‘a speciality field that has prepared the student for advanced practice’ was removed from Criterion 6.2c.

Question 9

Do you support education providers being required to have an endorsed nurse practitioner as the program convenor?

Survey – 80 % of responses supported an endorsed nurse practitioner as the program convenor.

Organisations – Five organisation commented, three did not support this specification. Some thought it was ‘ideal’ or ‘desirable’ and discussed why implementation was problematic including: the high demands associated with both roles, risk to endorsement, requires a strong collaboration between education and health service providers, other criteria more important to the convenor role.

Comments – Summarised in section titled ‘Criteria 7.8’.

ACTION: Criterion 7.8 requires further stakeholder consultation.

Question 10

How much time would education providers need to ensure the program convenor is an endorsed nurse practitioner?

Survey – 35% of responses supported 2 years and 32% supported 3 years.

Organisations – Two organisations commented, one supported 5 years the other 2 years.

Comments – Mostly related to concepts already addressed in Question 9.

ACTION: Consider in combination with stakeholder responses in Questions 9.

Question 11

Do you support the DRAFT Nurse Practitioner Accreditation Standards specifying students have exposure to health care settings that enable the development and application of both generic and specialist knowledge and skills?

Survey – 90% of responses supported exposure to health care setting for the development and application of generic and specialist knowledge and skills.

⁴⁰ Australian Qualification Framework, Level 8 Bachelor Honours Degree, Graduate Certificate, Graduate Diploma viewed at www.aqf.edu.au on 8 August 2014.

Organisations – Four organisations commented, one supported this specification. Two sought further clarification of concepts. One organisation stated registered nurses already had generic skills and such knowledge and skill could be developed in any setting.

Comments – Summarised in section titled ‘Criterion 8.4’.

ACTION: Criterion 8.4 requires further stakeholder consultation.

Question 12

Do you support the following definition to describe a suitably qualified multidisciplinary team member in the Nurse Practitioner Accreditation Standards?

‘Suitably qualified’ refers to health care professionals who are recognised by the education and health service providers and clinical peers as having: sufficient qualifications, knowledge and skills to be considered an expert in a specific clinical areas; a thorough understanding of the role and scope of nurse practitioner practice, and adequate preparation and training in undertaking Masters Degree AQF Level 9 student assessment.

Survey – 90 % of responses supported the use of this definition.

Organisations – Four organisation commented, three supported the definition, one requested wording additions.

Comments – Related to wording improvement for this definition e.g. adding the need to specify clinical expertise is in a speciality area relevant to the student’s scope of practice. Some commented on the barriers to accessing this expertise, particularly in regional or rural areas of practice.

ACTION: Overall support for this footnoted definition in Criterion 5.11. Review and revise content and wording as required.

Question 13

Are there other issues, wording, gaps or duplications you wish to comment on?

Comments:

- **Glossary** – add ‘capability’ and ‘advanced practice nursing’ definitions. In viva voce explanation write in full ‘Objective Structured Clinical Examination’ (Added).
- **Criteria 2.1** – suggestion for incorporating cultural safety concept (Changed, also supported by Criterion 4.5)
- **Criteria 2.3** – suggestion for incorporating quality and safety standards and cultural safety. (Supported by Criterion 4.2b – is a national policy)
- **Standard 3, Stem** – suggestion for incorporating cultural safety concept (Supported by Criterion 4.5)
- **Criterion 3.6** – suggestion for incorporating cultural safety concept (Supported by Criterion 4.5)
- **Criteria 4.2** – suggestion for incorporating quality and safety standards and cultural safety concept (Supported by Criterion 4.5)
- **Criteria 4.3** – suggestion for incorporating evaluating outcomes of care and cultural safety concept (Supported by Criterion 4.5)
- **Criterion 4.4** – suggestion for incorporating cultural safety concept (Supported by Criterion 4.5)

- **Criterion 7.3** – suggestion for incorporating cultural safety concept (Supported by Criterion 4.5)
- **Criterion 8.9** – suggestion for wording clarification (Changed)
- **Criterion 9.3** – suggestion for incorporating cultural safety concept (Supported by Criterion 4.5)
- **Criterion 9.4** – suggestion for consumer inclusion in education provider’s quality cycle (Changed).
- **Criterion 9.5** – suggestion for incorporating cultural safety concept (Supported by Criterion 4.5)
- **Stakeholder list** – Add or correct organisation names (Changed)
- Consider adding a criterion to Standard 7 regarding cultural safety concepts (Supported by Criterion 4.5).