

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

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AUSTRALIAN NURSING AND MIDWIFERY COUNCIL

National Accreditation Standards and Criteria

PREAMBLE

These standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia are the result of the final stage of the Australian Nursing and Midwifery Council's (ANMC) National Accreditation of Nursing and Midwifery Courses Project. Stage 1 of the project resulted in a discussion paper recommending the development of a national framework. The national framework was subsequently developed as Stage 2 of the project and endorsed by the ANMC in February 2007.

These standards and criteria fit the ANMC's national framework. The framework establishes a process within which courses are granted recognition and approval for a specified time, having met defined requirements. The standards and criteria provide specific indicators for measuring whether a course fulfils the defined requirements. The standards and criteria have been developed in conjunction with a steering committee of key industry stakeholders, including regulators, professional bodies, and academics.

The development of these standards and criteria, while part of the broader accreditation project, is also a discrete undertaking. It takes advantage of research and consultation not available at the time the framework was established and consequently there are some emphases not found in the framework. Departures in principle or intent from the framework are clearly identified. Otherwise, the two documents as congruent with and complement each other and, together, they provide a comprehensive accreditation tool.

There are **nine standards**, each underpinned by a set of **criteria**. These nine standards are divided into two domains: 'course management' and 'curriculum'. They draw upon the 10 'accreditation criteria' or categories established in the framework (section 4 Accreditation criteria 4.2 Courses).

Each standard has a '**statement of intent**' drawing attention to the underlying motivation for the standard or the principles on which it depends. Each standard is expressed as a requirement for the education provider to produce evidence of the arrangements for aspects of quality assurance. The statement of intent is followed by a list of the **criteria** that are pertinent to demonstrating the overarching standard.

Under the list of criteria is an '**evidence guide**', providing suggestions on how compliance with each criterion may be demonstrated. Alternate means of demonstrating compliance with criteria may be found and the education provider is free to use other means. In some cases, evidence is mandatory and this is indicated with an (M). Indications in the evidence guide of cross referencing between the standards and criteria point to the potential to cite evidence otherwise provided on related criteria rather than duplicating evidence. They also provide an aid to understanding and navigating the intersections between the standards and criteria.

The **explanation of terms** clarifies key terminology. The **discussion** provides a rationale for the draft standards and criteria in the context of current industry views and contemporary health care research, policy and practice—in Australia and internationally.

The central dilemma confronting the development of the accreditation standards and criteria is the need to balance the costs and practicalities of implementation with the need to protect the public. According to the National Nursing and Nursing Education Taskforce (N3ET) (2006) *Commonwealth Funding for Clinical Practicum* report, education standards should be ‘practical, achievable and where necessary enforceable.’¹ In accordance with this principle, the accreditation standards and criteria have been developed as minimum standards for protecting the public. This acknowledges also that the education provider, having participated in quality assurance processes in accord with the relevant education sector as a pre-requisite for applying for professional accreditation, has already passed a rigorous validating process which is unnecessary to duplicate. The emphasis in these accreditation standards is on producing competent practitioners to protect the public rather than on the quality and integrity of courses and institutions, which is the focus of the education sectors’ quality assurance processes.

The principal standards for determining competent practitioners are the ANMC National Competency Standards documents. These establish the national benchmark for entry to practise, indicating that the practitioner has ‘achieved a level of practice that is both adequate and safe.’² The competency standards establish the required graduate outcomes for education programs and the minimum standards expected for the protection of the public.

The standards and criteria are relevant to the national registration and accreditation context of 2010 and beyond. Transition arrangements will be put in place to ensure that education providers and students are not disadvantaged in relation to current course offerings that differ fundamentally from the national standards. With this in mind, the standards aim for single pathways to minimum qualifications, understanding that where there are existing alternative pathways, these will be able to continue during the transition period that comes into effect after 2010.

The ANMC acknowledges the assistance of the Australian Department of Health and Ageing and the expert members of the Steering Committee which comprised nursing and midwifery regulators, academics, professional organisations and individual professions in the development of these Standards and Criteria.

1 N3ET (2006). *Commonwealth funding for Clinical Practicum: a report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia*, p. 26. Available at: <<http://www.nnnet.gov.au/>> [Accessed: 10 October 2007].

2 Pam McGrath & Jennifer Anastasi et al. (2006). ‘Collaborative Voices: ongoing reflections on nursing competencies’, *Contemporary Nurse* 22(1), p. 48.

ACRONYMS

ANMC	Australian Nursing and Midwifery Council
AQF	Australian Qualifications Framework
ANF	Australian Nursing Federation
AUQA	Australian Universities Quality Agency
AUTC	Australian Universities Teaching Committee
FTE	full-time equivalent
ICN	International Council of Nurses
IT	information technology
MCEETYA	Ministerial Council of Education, Employment, Training and Youth Affairs
N ₃ ET	National Nursing and Nursing Education Taskforce
NMRA	Nursing and Midwifery Regulatory Authority
OECD	Organisation for Economic Co-operation and Development
RCNA	Royal College of Nursing, <i>Australia</i>
RPL	recognition of prior learning
UNESCO	United Nations Educational, Scientific and Cultural Organization

EXPLANATION OF TERMS

Terms used here that have equivalents in the ANMC National Accreditation Framework (2007) use the existing definitions from the framework and are identified by an *. Where definitions of terms rely on other sources, these sources are identified.

ACADEMIC STAFF

Academic staff are education provider employees who meet the requirements established in standard 2 (must be registered and hold a qualification higher than that for which the students they instruct are studying) and who are engaged in the teaching, supervision, support and/or assessment of students in relation to their acquisition of the required skills, knowledge, attitudes and graduate competency outcomes.

ADVANCED PRACTICE NURSING

Advanced practice nursing defines a level of nursing practice that uses extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practising at this level are educated at postgraduate level and may work in either a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse–patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision making.

Advanced practice nursing forms the basis of the role of the nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing specifically regulated by legislation and by professional regulation. Legislation may allow prescribing and referral, in addition to admitting privileges to health care facilities. (Glenn Gardner, Jenny Carryer, Sandra Dunn & Anne Gardner (2004) *Nurse Practitioner Standards Project: Report to Australian Nursing and Midwifery Council*, p. vi, from the Royal College of Nursing, Australia's (RCNA) position statement on Advanced Nursing Practice).

AGREEMENT

Agreement is a shared formal agreement between the education provider and any health service providers where students gain their professional experience, based on the policies demonstrated in relation to standard 1.

ASSESSMENT

Assessment is the process of collecting evidence and making judgements as to whether a *learning outcome* has been met (adapted from 'assessment' Nurses Board of South Australia (2005)—*Standards for Approval of Education Providers and Courses*).

ASSESSMENT TYPES

Includes *formative assessment (intended to provide feedback for the purposes of future learning, development and improvement) and *summative assessment (that leads to an indication of whether or not certain criteria have been met or whether certain outcomes have been achieved).

ASSESSMENT TASKS

Includes, for instance, written papers or oral presentations.

ASSESSMENT CONTEXTS

Includes the professional practice context and the simulated or laboratory context.

CAPABILITY

Capability is the ability to use competencies in novel and complex situations. Capability orients nurse practitioner competencies towards contextualised experiential learning and scenario-based evaluation. (drawn from Gardner et al. (2004) *Nurse Practitioner Standards Project*, pp. 94–95.)

COMPETENCE

Competence is the combination of the knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability (from ANMC (2007) *National Decision Making Framework—Final Framework*).

CONSUMER

Consumers are individuals, groups or communities who work in partnership with nurses to plan and receive nursing care. The term consumer includes patients, residents and/or their families, representatives or significant others. Advising consumers of their right to make informed choices in relation to their care, and obtaining their consent, are key responsibilities of all health care professionals (adapted from ANMC (2007) *National Decision Making Framework—Final Framework*).

CONTINUING COMPETENCE

Continuing competence is the ability of nurse practitioners to demonstrate that they have maintained their competence in their current area and context of practice (from ANMC (2007) *Draft National Continuing Competence Framework—Draft 2*).

*COURSE

Course is the full program of study and experiences required to be undertaken before a qualification recognised under the Australian Qualifications Framework (AQF) and approved by the regulatory authority can be conferred (e.g., a Bachelor or Master of Nursing).

CROSS-BORDER HIGHER EDUCATION

Cross-border higher education includes higher education that takes place in situations where the teacher, student, course, education provider or course materials cross national jurisdictional borders. It may include higher education by public/private and not-for-profit/for-profit providers. It encompasses a wide range of delivery modes, in a continuum from face-to-face (taking various forms such as students travelling abroad and campuses abroad) to distance learning (using a range of technologies and including e-learning). (adapted from United Nations Educational, Scientific and Cultural Organization (UNESCO) guidelines definition of cross-border higher education, p. 7 note 2; AQPN toolkit definition 2.1: ‘the delivery in one country of education that directly originates, in whole or in part, from another country’). Contrast with Department of Education, Science and Training (DEST) definition of ‘Australian Transnational Education’ in *A National Quality Strategy for Australian Transnational Education and Training* a discussion paper (2005) 2.1 which is a more restricted concept: ‘As distinct from education and training provided in a purely distance mode, transnational education and training includes a physical presence of instructors offshore.’

CULTURAL SAFETY

Cultural safety means the effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that this has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (Nursing Council of New Zealand (2005) definition of Cultural Safety, *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*.)

DELIVERY MODE

Delivery mode is the means by which courses are made available to students: on-campus or in mixed-mode, by distance or by e-learning methods.

*EDUCATION PROVIDER

Education provider is an Australian university responsible for a *course*, the graduates of which are eligible to apply for nurse practitioner authorisation, endorsement or registration in Australia.

GRADUATES

Graduates are students who, having undertaken a *course*, are eligible to apply for nurse practitioner authorisation, endorsement or registration.

GRADUATE COMPETENCY OUTCOMES

Graduate competency outcomes are *learning outcomes* that correlate with the ANMC National Competency Standards and that establish the benchmark for nurse practitioner authorisation, endorsement or registration.

HEALTH SERVICE PROVIDER

Health service providers are health units or other appropriate service providers, where students undertake a period of supervised professional experience as part of a *course*, the graduates of which are eligible to apply for nurse practitioner authorisation, endorsement or registration (adapted from definition for 'clinical facilities' in the ANMC National Accreditation Framework).

INTERPROFESSIONAL LEARNING AND PRACTICE

Interprofessional learning and practice are where two or more health care professionals learn with, from and about each other and/or work together to solve problems or provide services (adapted from definitions of 'interprofessional education' and 'interprofessional collaboration' in Zwarenstein and Reeves). Alternatively, 'interprofessional education' occurs 'when two or more professions learn with, from and about each other to improve collaboration and the quality of care.' (Centre for the Advancement of Interprofessional Education, 2002).

LEARNING OUTCOMES

Learning outcomes are the skills, knowledge and attitudes identified as the requirements for satisfactory course completion including, but not limited to, the *graduate competency outcomes*.

MASTER'S DEGREE IN NURSE PRACTITIONER PRACTICE

A Master's degree is gained after completion of a Master's course approved by the regulatory authority that leads to registration, endorsement or authorisation as a nurse practitioner in Australia.

NURSE PRACTITIONER

A nurse practitioner is a registered nurse educated to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements those provided by other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise. (Gardner et al. (2004) *Nurse Practitioner Standards Project*, p. 3).

NURSING INQUIRY

Nursing inquiry has three levels: 1. Critical engagement in everyday practice through systematic reflection of processes and outcomes; 2. collaborative and ongoing evaluation of local practices; and 3. nursing research for the advancement of nursing knowledge (from J Crisp & B McCormack 'Critical inquiry and practice development' in Jackie Crisp and Catherine Taylor eds., *Potter and Perry's Fundamentals of Nursing*, 3rd edition, in press).

PORTFOLIO

A compiled portfolio that demonstrates competencies and capability in practice (Gardner et al. (2004) *Nurse Practitioner Standards Project*, table 3.3. p. 95).

PRACTICE

Practice is any nurse practitioner role which the graduate, having become an authorised, endorsed or registered practitioner, undertakes. Practice is not restricted to the provision of direct clinical care only. Being 'in practice' therefore includes using nurse practitioner knowledge in a direct relationship with consumers, working in nurse practitioner management, administration, education, research, professional advice, regulatory or policy development roles, which impact on nurse practitioner service delivery (adapted from definition of practice used in continuing competence project, itself adapted from Nursing Council of New Zealand 2004).

*PROCEDURAL FAIRNESS

Procedural fairness involves the following principles:

- > The decision-maker must be impartial and unbiased regarding the matter to be decided, and must have no pecuniary or [proprietary] interest in the outcome.
- > Those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to prepare for and answer the case and present their own case.
- > The decision must be based on sound argument and evidence.
- > Those affected must be given the reasons for the decision.

PROFESSIONAL EXPERIENCE

Professional experience is any nurse practitioner learning experience, including in simulated environments or professional experience placements, which assists students to put theoretical knowledge into practice.

PROFESSIONAL EXPERIENCE PLACEMENT

Professional experience placement is the component of nurse practitioner education that allows students to put theoretical knowledge into practice within the consumer care environment (adapted from Clare et al 2003 'clinical placement/practicum'). It includes, but is not limited to, the hospital setting, and may include general practice, remote and rural health clinics, and community care environments.

PROFESSIONAL EXPERIENCE SUPPORT SYSTEMS

An individual or group of health professionals (this may be a multidisciplinary team of health professionals) providing students with a range of professional support in the development of nurse practitioner competencies which may include, but not be limited to, mentoring, discussion and assessment of nurse practitioner decision-making, and recommendations for future practice.

REGULATION

Regulation is all of those legitimate and appropriate means—governmental, professional, private and individual—whereby order, identity, consistency and control are brought to the profession. The profession and its members are defined; the scope of practice is determined; standards of education and of ethical and competent practice are set; and systems of accountability are established through these means. (International Council of Nurses (ICN) Regulation Terminology: <<http://www.icn.ch/regterms.htm>>.

NURSING AND MIDWIFERY REGULATORY AUTHORITIES

Nursing and midwifery regulatory authorities (NMRAs), including the state and territory nursing and midwifery boards or equivalent authorities (adapted from the ANMC *Accreditation Framework—NMRAs*).

REGISTRATION/REGISTERED

Registration/registered refers to registered nurses, divisions 1, 3 and 4 in Victoria, and registered mental health nurses, however titled, in other jurisdictions.

RISK ASSESSMENT AND RISK MANAGEMENT

Risk assessment and risk management together form an effective risk management system. This system is one incorporating strategies to:

- > identify risks and hazards
- > assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
- > prevent the occurrence of the risks, or minimise their impact (from the ANMC *Decision Making Framework*).

SIMULATION

Simulation is a teaching and learning strategy to assist students to achieve direct consumer care skills, knowledge and attitudes in relation to a tool or environment (including skills learned in a laboratory setting) which reproduces aspects of the *professional experience* environment.

STUDENT

A student is any person undertaking a *course* leading to authorisation, endorsement or registration as a nurse practitioner.

SUPERVISION AND/OR SUPPORT

Supervision and/or support is where, for instance, an *academic staff* member or a nurse supports and/or supervises a student undertaking a course leading to authorisation (or endorsement or registration) as a nurse practitioner on a *professional experience placement*.

UNIVERSITY/UNIVERSITIES

A university or universities are institutions listed as Australian universities on the AQF Register. Being listed on the register indicates that the Ministerial Council of Education, Employment, Training and Youth Affairs (MCEETYA) vouches for the quality of the institution; and which meet the requirements of protocols A and D of the *National Protocols for Higher Education Processes (2006)*, are established by an Australian legislative instrument, as defined in Part 3 of the *National Protocols*, and may include institutions operating with a 'university college' title or with a specialised university title, where they meet these protocols. This follows the ANMC position statement (2008) 'Registered nurse and midwife education in Australia'.

DOMAIN 1: COURSE MANAGEMENT

STANDARD ONE: GOVERNANCE

The course provider demonstrates policies, procedures, processes and practices in regard to: quality assurance and improvement; course design and management; consultation and collaboration; and ensuring resources adequate to course implementation.

STATEMENT OF INTENT

That courses have adequate governance arrangements to produce graduates with the required graduate competency outcomes, as detailed in the ANMC National Competency Standards for the Nurse Practitioner to produce safe and competent practitioners.

CRITERIA

The course provider is required to demonstrate or confirm:

- 1) Current quality assurance and accreditation in the relevant education sector in Australia—nurse practitioner courses must show evidence of university quality assurance and accreditation.
- 2) Course development, monitoring, review, evaluation and quality improvement.
- 3) Collaborative approaches to course organisation and curriculum design between academic staff, students, consumers and key stakeholders.
- 4) That students are provided with facilities and resources sufficient in quality and quantity to the attainment of the required graduate competency outcomes.
- 5) How shared formal agreements between the education provider and any health service providers where students gain their professional experience are developed and reviewed, and justification of their requirements.
- 6) How risk assessments of and risk minimisation strategies for any environment where students are placed to gain their professional experience are developed.
- 7) That credit transfer or the recognition of prior learning (RPL) is consistent with both AQF national principles and the expected outcomes of regulatory authorities for practice.
- 8) The equivalence of course outcomes for courses taught in Australia in all delivery modes in which the course is offered (courses delivered on-campus or in mixed-mode, by distance or by e-learning methods).
- 9) The equivalence of course outcomes for cross-border education in all delivery modes in which the course is offered (courses delivered on-campus or in mixed-mode, by distance or by e-learning methods).
- 10) Monitoring of staff performance and ongoing academic staff development, and evidence of staff having current relevant professional registration.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying ‘mandatory’, the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Confirmation of successful completion of the Australian Universities Quality Agency (AUQA) audit report, including date of expiration of approval (M). Listing on the current AQF register. Account of any restrictions on accreditation status (M).
	2) Current template for school course review documentation, such as evaluation, quality improvement plan, reports or descriptions of ways in which these processes have impacted or will impact on course design and delivery. Documentation of the need for and viability of the course relative to the jurisdiction in which the course is to be delivered: (e.g., evidence of consultation with industry and support for course in region(s) where it is to be offered. Scoping study.
	3) Collaboration activities—Advisory committee membership and monitoring committee membership. Documentation of collaborative curriculum development—Terms of Reference for committees and minutes of meetings.
	4) Evidence of resources (cross reference with standard 8, criterion 3),
	5) Guidelines that prescribe content of agreements. Meeting minutes of negotiation of agreements.
	6) Guidelines or policies for risk assessments and risk minimisation strategies.
	7) Credit transfer/RPL policies, including description of how curriculum is ‘matched’ to determine RPL (M). Examples of RPL for an overseas nurse practitioner. Documentation that identifies process and outcomes for RPL.
	8) Description of processes to ensure equivalence of course outcomes—documentation of arrangements for online courses to satisfy professional experience component of course (M).
	9) Description of processes to ensure equivalence of course outcomes—documentation of arrangements for offshore courses to satisfy professional experience component of course (M)—e.g., breakdown of onshore and offshore teaching. Declaration regarding teaching and assessment in English (also standard 4, criterion 7, final placement in Australia).
	10) Copies of policies/descriptions of processes for staff performance review, policies/processes for identifying and dealing with staff non-compliance of requirements for maintaining nursing registration (or other professional registration where applicable). Descriptions of staff professional development activities. Policies regarding personal staff performance development plans.

ISSUES TO NOTE

The argument for mandating that courses should be offered by a university is articulated in the ANMC position statement 'Registered nurse and midwife education in Australia'. Available at: <http://www.anmc.org.au/position_statements_guidelines> and <<http://www.aqf.edu.au/quality.htm>> and <http://www.anmc.org.au/position_statements_guidelines/position_statements.php>.

STANDARD TWO: ACADEMIC STAFFING

The course provider demonstrates policies, procedures, processes and practices to demonstrate that staff are qualified and prepared for their roles and responsibilities in relation to educating and supervising students working at an advanced level.

STATEMENT OF INTENT

That staff are qualified and sufficient in number to provide students with the support and the expertise necessary to attain their graduate competency outcomes to produce safe and competent practitioners.

CRITERIA

The course provider is required to demonstrate that:

- 1) the Head of Discipline and academic staff members hold a tertiary qualification relevant to their nursing profession as a minimum qualification.
- 2) that the Head of Discipline and academic staff are registered nurses with a current practising certificate.
- 3) in cases where an academic staff member's qualifications are not in nursing their qualifications are relevant to the education of the given students (e.g., in cross-disciplinary courses)
- 4) academic staff hold a qualification that is higher than or equal to the qualification for which the students they educate are studying (or justification of where exceptions to this criterion should be made)
- 5) academic staff are qualified to fulfil their teaching responsibilities, including current competence in area of teaching.
- 6) staffing arrangements around course delivery are aligned with course outcomes.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Position descriptions indicating minimum qualifications. Sample copies of curriculum vitae.
	2) Position descriptions indicating requirement for current practising certificate; description of processes for checking that staff maintain current practising certificate. Sample copies of relevant current practising certificates.
	3) List of current academic staff, including teaching experience, qualifications and courses taught (M).
	4) As per criterion 3.
	5) As per criterion 3.
	6) Policies for staff recruitment; justification of staff selection against course delivery (cross reference with standard 8, criterion 6).

STANDARD THREE: STUDENTS

The course provider demonstrates policies, procedures, processes and practices which establish: equal opportunities for students to successfully meet the requirements for authorisation (or endorsement or registration); that students are informed of pre-enrolment of specific entry requirements or learning styles that the course may require and that they are aware of regulatory authorities' requirements for authorisation (or endorsement or registration).

STATEMENT OF INTENT

That courses are underpinned by equal opportunity principles in terms of recruitment, enrolment and support of students and establish that students are given the opportunity to make informed course selections pre-enrolment, understanding:

- > any specific requirements of the provider for entry to the course
- > any specific teaching and learning approaches through which the course is delivered, or
- > any regulatory authorities' requirements for authorisation (or endorsement or registration).

CRITERIA

The course provider is required to demonstrate:

Recruitment:

- 1) that students are informed of specific requirements for right of entry to professional experience placements
- 2) that students are informed of regulatory authorities' criteria for authorisation (or endorsement or registration) to practice.

Enrolment:

- 3) that Aboriginal and Torres Strait Islander students are encouraged to enrol
- 4) that students from other groups under-represented in the nursing profession, especially those from culturally and linguistically diverse groups, are encouraged to enrol
- 5) that students who have diverse academic, work and life experiences and achievements are of diverse social and cultural backgrounds, and of diverse ages, and whom meet the essential admission criteria are encouraged to enrol.

Support:

- 6) provision for the range of support needs for Aboriginal and Torres Strait Islander students
- 7) provision for the range of support needs of students: from other groups under-represented in the nursing profession; from diverse academic, work and life experiences and achievements; of diverse social and cultural backgrounds; and of diverse ages
- 8) that all students have equal opportunity to gain all graduate competency outcomes regardless of the mode of course delivery.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying ‘mandatory’, the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of requirements for police checks, vaccination etc. for professional experience placement, including processes for non-compliance (M).
	2) Course handbook or equivalent with details of requirements—English language requirements, demonstration of good character, immunisation compliance—and links to regulatory authority information and criteria for registration to practice (M).
	3) Equal opportunity policies with regard to admission; evidence of University policy and course application (M).
	4) As per criterion 3.
	5) As per criterion 3.
	6) Description of student support services for Aboriginal and Torres Strait Islander students; university policy and course application (M).
	7) Description of student support services for students from diverse cultural and linguistic backgrounds, for mature age students etc; disability support services; university policy and course application (M).
	8) Course handbook or equivalent with details of mode(s) of delivery of courses, including professional experience requirements and information technology requirements (M).

ADMISSION CRITERIA

(including adapted ANMC 2004 Accreditation Standards for Nurse Practitioners, standard 1).³

Required evidence must include documents that demonstrate:

- a) current registration as a nurse in Australia
- b) length and depth of experience—a minimum of five years full-time equivalent (FTE) experience as a Registered Nurse, including three years FTE as a Registered Nurse in a specialty area and one year FTE at an advanced practice level in the relevant specialty area of practice
- c) requisite education or equivalent in a specialty field as entry to the nurse practitioner program—Bachelor of Nursing or equivalent and Postgraduate qualification in a specialty field that has prepared the student for advanced practice (either as a pre-requisite or integrated into the master's degree)
- d) required professional activity—active involvement in professional organisations and contribution to the ongoing development of the profession
- e) confirmed support for the applicant to complete all professional experience requirements of the course.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of requirements for current practising certificates (M).
	2) Course handbook or equivalent with details of requirements for pre-admission length and depth of experience (M).
	3) Course handbook or equivalent with details of requirements for pre-admission education (M).
	4) List of professional memberships. Membership of professional committees. Publications related to professional activities. Additional professional roles and activities (e.g., mentoring).
	5) Letter/statement of support from the student's employer of organisational support for the student to complete all the professional experience requirements of the course both at the student's place of employment and at other agencies. This includes role development support as required and a description with corroborating testimony from the student of how all professional experience requirements of the course, including role development support, will be met (cross reference with standard 1, criterion 4).

ISSUES TO NOTE

The criteria adopt the 2004 ANMC Accreditation Standards for Nurse Practitioners, standard 1, from the Gardner et al. Nurse Practitioners Standards Report as the basis for the admission criteria. Further details have been added, drawing partly on existing or draft criteria from a number of jurisdictions.

³ Glenn Gardner, Jenny Carryer, Sandra Dunn & Anne Gardner (2004) *Nurse Practitioner Standards Project: Report to Australian Nursing and Midwifery Council*, ANMC, Canberra). Hereafter noted in text as 'Gardner et al. NP Standards Report'.

STANDARD FOUR: COURSE LENGTH AND STRUCTURE

The course provider demonstrates policies, procedures, processes and practices to establish that the total length of the course and the time and place in the course allocated to professional experience is appropriate to the graduate competency outcomes to be developed, with evidence of an integration of theory and professional experience.

STATEMENT OF INTENT

That the course structure is sufficient to gain the graduate competency outcomes.

CRITERIA

The course provider is required to demonstrate that:

- 1) for courses leading to authorisation (or endorsement or registration) as a nurse practitioner, the minimum qualification is a Master's degree in nurse practitioner practice*
- 2) the total length and structure of the course is sufficient to allow all graduate competency outcomes to be met
- 3) the academic content of the course prepares students for the timing and length of professional experience placements
- 4) professional experiences are sufficient to allow all graduate competency outcomes to be met
- 5) where the structure of the course allows for qualifications for entry and exit these are outlined and that the exit points meet standards for exit qualifications.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of course length and structure (M).
	2) Copy of full course outline (M).
	3) Map/grid table of total professional experience outcomes in relation to graduate competency outcomes (M).
	4) As per criterion 3.
	5) Documentation of exit processes and standards.

ISSUES TO NOTE

* The 'second pathway' wherein a completed master's degree in something other than, though relevant to, nurse practitioner practice is used as the basis to meet requirements for nurse practitioner authorisation (or endorsement or registration) that currently operates in some jurisdictions would be able to continue under the transition arrangements beyond 2010 referred to in the preamble. Thereafter, the 'single pathway', indicated as criterion 1, would be the national standard.

DOMAIN 2: CURRICULUM

STANDARD FIVE: CURRICULUM CONTENT

The course provider demonstrates policies, procedures, processes and practices to establish that the curriculum comprehensively addresses the graduate competency outcomes and has been developed in consultation with relevant specialty organisations.

STATEMENT OF INTENT

That the curriculum is tailored to the advanced skill and knowledge competencies of the role of nurse practitioner.

CRITERIA

The course provider is required to demonstrate that:

- 1) curriculum has been mapped against the ANMC's National Competency Standards for the Nurse Practitioner, to demonstrate how the graduate competency outcomes are to be achieved
- 2) selection, organisation, sequencing and delivery of learning experiences provides students with the opportunity to attain all required graduate competency outcomes
- 3) the curriculum addresses specifically Aboriginal and Torres Strait Islander Peoples' health and culture and incorporates the principles of cultural safety
- 4) the central focus of the course is on advanced nursing practice addressing, across the length of the course, foundation, professional and contemporary nurse practitioner knowledge and skills:
 - > Foundation knowledge and skills:
 - That the central focus of the curriculum is on extended and specialised nursing practice (within a specialist context where applicable), understood as 'advanced nursing practice knowledge and skill in conjunction with legislative provisions that enable the nurse to deliver a health service that encompasses a complete episode of care to [consumers].'
(See also Gardner et al NP Standards Project Report, definition of 'extended practice', vii.)
 - That the focus on extended and specialised nursing and nursing practice involves the assessment and management of consumers using nursing knowledge and skills, and may include but not be limited to: direct referral of consumers to other members of the healthcare team; prescribing medications and ordering diagnostic investigations (Adapted from ANMC's National Competency Standards for the Nurse Practitioner (2006) p. 1).
 - > Professional knowledge and skills:
 - Demonstrate that the curriculum comprehensively addresses the knowledge and skills associated with extended and specialised nursing practice, including but not limited to: the professional, legal and ethical responsibilities of extended and specialised nursing practice; an understanding of cultural safety; and an understanding of regulation and health policy issues as they relate to extended and specialised nursing practice.
 - > Contemporary knowledge and skills:
 - Demonstrate that the curriculum is responsive to and reflects healthcare matters that have national and international significance, including but not limited to the national health priorities, remote and rural health, mental health and chronic disease self-management, aged care, and primary health care.
 - Demonstrate that the curriculum incorporates the healthcare priorities of the region or locality where the course is offered or any specialist research or practice available to the course provider that complements the study of extended and specialised nursing.

- 5) that the curriculum includes research and its application to the nurse practitioner role
- 6) that technology, including information technology and information management, to support health care is integral to the curriculum
- 7) that the curriculum addresses knowledge in advanced pharmacology and therapeutic medication management for prescribers (or for nurse practitioners to prescribe competently, legally and ethically)
- 8) that specialties and/or electives* in the course complement the nurse practitioner role and scope of practice
- 9) the curriculum, approaches to teaching and learning, and assessment procedures are developed cognisant of best practice research and practice.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Map/grid table of competency standards against specific curriculum content/units, including cross referencing with standard 4, criterion 3 (M), where applicable.
	2) Rationale/philosophy for course content and organisation of units.
	3) Identification of Aboriginal and Torres Strait Islander content across the course with evidence of reference to ANMC position statement on 'Inclusion of Aboriginal and Torres Strait Islander Peoples' Health and Cultural Issues in Courses Leading to Registration and Enrolment' (M).
	4) Detailed description of course content relative to the requirements indicated, including reference to relevant current reports (report on mental health in pre-registration nursing courses and chronic disease self-management report/toolkit). Identification of contemporary legal, professional and published information sources in support of the content (M) (cross reference with standard 4, criterion 2, where applicable).
	5) Identification of content focused on or related to research and application of research across the course (M).
	6) List of content focused on or related to health/nursing informatics across the course.
	7) Identification of content focused on or related to pharmacology and therapeutic medication management for prescribers across the course (M).
	8) List and description of electives, including their relevance to nurse practitioner practice, where applicable (M).
	9) Benchmarking against selected examples of national and international best practice. Examples of research and evidence-led curriculum.

ISSUES TO NOTE

Draft criteria 1 and 8 incorporate the 2004 ANMC Accreditation Standards for Nurse Practitioners, standard 2, from the Gardner et al. NP Standards Report.

Working group participants advised of a need to have pharmacology singled out for particular attention.

*specialties and/or electives here mean any approved units that are not part of core units.

STANDARD SIX: APPROACHES TO TEACHING AND LEARNING

The course provider demonstrates policies, procedures, processes and practices to establish that the course is consistent with contemporary teaching and learning best practice.

STATEMENT OF INTENT

That contemporary, relevant and varied approaches to teaching and learning underpin the course and teaching and learning approaches provide Australian and international best practice perspectives on the nurse practitioner role.

CRITERIA

The course provider is required to demonstrate:

- 1) The course curriculum framework and expected teaching and learning outcomes.
- 2) Congruence between content, practical application, competency achievement and teaching and learning strategies.
- 3) Understanding of current Australian and international best practice teaching and learning approaches.
- 4) A commitment to the development of graduates who are safe and competent for beginning-level nurse practitioner practice.
- 5) Interprofessional learning and practice.
- 6) That approaches to teaching and learning achieve stated course outcomes.
- 7) Flexible learning pathways and processes of support for student-determined learning goals and strategies.
- 8) That extensive learning requirements in the specialist professional experience field and mentored experiential processes are central to the educational experience.
- 9) Capability approaches to learning.
- 10) Collaborative approach to the nomination of professional experience support systems for the student that are of satisfaction to the education provider before the student's commencement in the course.
- 11) Justification for minimum education and experience requirements for professional experience support systems.
- 12) How the role of the professional experience support systems complements course content, delivery and assessment.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying ‘mandatory’, the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Curriculum framework with teaching and learning outcomes identified—cross reference with standard 4, criteria 2 and 3 (M). Examples of unit outlines (M).
	2) Description of how congruence between content, practical application, competency achievement and teaching and learning strategies is achieved. Copy of course vision and/or philosophy (M).
	3) Statement and description of current Australian and international teaching and learning approaches relative to course teaching and learning approaches (cross reference with standard 5, criterion 9). Staff publications in teaching and learning (cross reference with standard 9).
	4) Final statements of students having achieved graduate competency outcomes.
	5) Lesson plans indicating interprofessional learning and teaching approaches. Examples from curriculum of opportunities for interprofessional learning.
	6) Identification and examples of evaluation strategies for teaching and learning approaches. Reports and results of these strategies. Course experience questionnaires. Student destination surveys.
	7) Description and examples of the range of learning experiences used across the course, including details of processes for student determination of learning.
	8) Description and examples from curriculum of opportunities for specialist professional experience and mentored experience.
	9) Description and examples from curriculum of capability approaches used.
	10) Records/minutes of meetings of negotiations leading to the nomination of the professional experience support systems.
	11) List of credentials required for professional experience support systems.
	12) Description and examples from curriculum of opportunities for professional experience support systems to engage with curriculum.

ISSUES TO NOTE

The criteria adopt 2004 ANMC Accreditation Standards for Nurse Practitioners, Standard 3, from the Gardner et al. NP Standards Report: draft criteria 7, 8 and 9 are drawn from 3 a, b and c respectively. Further detail is suggested by other jurisdictional standards and working group consultation.

STANDARD SEVEN: STUDENT ASSESSMENT

The course provider demonstrates policies, procedures, processes and practices to establish that the course incorporates a variety of approaches to assessment that are suited to the nature of the learning experiences and that achieve the required learning outcomes.

STATEMENT OF INTENT

That assessment is explicitly and comprehensively linked to the attainment of the graduate competency outcomes, is consistent with best practice assessment approaches and uses diverse assessment techniques to produce safe and competent practitioners.

CRITERIA

The course provider is required to demonstrate:

- 1) That graduates have achieved each graduate competency outcome on completion of the course.
- 2) That the level and number of assessments are consistent with determining the achievement of the graduate competency outcomes.
- 3) A variety of assessment types and tasks across the course to enhance individual and collective learning.
- 4) A variety of assessment contexts, to ensure demonstration of targeted skills leading to competence.
- 5) Assessment in the professional experience context to establish the combination of skills, knowledge, attitudes, values and abilities that underpin competent and capable performance.
- 6) Procedural fairness, validity and transparency of assessment.
- 7) That the education provider remains ultimately accountable for the assessment of students in relation to their professional experience assessment.
- 8) That assessments reflect collaborative arrangements between students, nurse practitioners, professional experience support systems, other health professionals and academics.
- 9) A commitment to contextualised, scenario-based assessment strategies which must include oral assessment and assessor observation of the student in the professional experience environment in the context of nurse practitioner practice.
- 10) That assessment includes a comprehensive portfolio of learning and practice experiences examined both internally to the course and externally.
- 11) That assessment includes pharmacology competence.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying ‘mandatory’, the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Matrix/statement of achievement demonstrating where competency standards have been met within the course (cross reference with standard 6, criterion 4).
	2) Examples of how competence is being assessed across the curriculum, aligned with mapping of competencies against content in standards 4 and 5.
	3) Description and list of range of assessment types used. Lesson plans and unit outlines indicating range of assessment types used.
	4) Description and list of range of assessment contexts used, including those in structured or simulated environments. Lesson plans and unit outlines indicating range of assessment contexts used, including those in structured or simulated environments.
	5) Identification and description of formative and summative assessments undertaken in professional experience context. Examples of assessments. Lesson plans and unit outlines indicating assessments used in professional experience context.
	6) Validation models for assessment. Description and justification for chosen assessment tools. Policies for dealing with lack of progression, misadventure, grievance. Identification of how this is demonstrated within university quality assurance process.
	7) Statement acknowledging education provider’s accountability for student assessment in the professional experience context.
	8) List of collaborative activities/stakeholders involved. Description of processes to engage stakeholders.
	9) Description/list/unit outlines indicating scenario-based assessment strategies, including oral assessment and assessor observation of the student in the professional experience environment in the context of nurse practitioner practice (cross reference with criteria 3 to 5 of this standard, where applicable).
	10) Description/list/unit outline indicating the inclusion of a comprehensive portfolio of learning and practice experiences examined both internally to the course and externally. Details of peer review processes of same (cross reference with criteria 3 to 5 of this standard, where applicable).
	11) Description/list/unit outline indicating the assessment of pharmacology competence (cross reference with standard 5, criterion 7).

ISSUES TO NOTE

The criteria adopt the 2004 ANMC Accreditation Standards for Nurse Practitioners, standard 4 from the Gardner et al. NP Standards Report. This standard should be read together with Table 3.3 on p. 95 of the report.

Draft criteria 9 and 10 draw respectively on the 2004 ANMC Accreditation Standards for Nurse Practitioners, standard 4 a and b, together with some additional detail.

STANDARD EIGHT: PROFESSIONAL EXPERIENCE

The course provider demonstrates policies, procedures, processes and practices to establish that professional experience is conducted in an environment that provides conditions for students to gain the graduate competency outcomes.

STATEMENT OF INTENT

That professional experience complements and promotes learning and that the conditions in which it is provided are risk assessed and risk managed.

CRITERIA

The course provider is required to demonstrate:

- 1) That professional experience supports learning activities and provides opportunities to attain learning outcomes (cross reference with standard 4).
- 2) That professional experience provides opportunities for experiential learning of curriculum content (cross reference with standard 4, criterion 3).
- 3) Shared formal agreements between the education provider and all health service providers where students gain their professional experience (cross reference with standard 1, criterion 5).
- 4) Risk assessment of and risk minimisation for all environments where students are placed to gain their professional experience (cross reference with standard 1, criterion 6).
- 5) Collaborative approaches to evaluation of students' professional experience placements.
- 6) Supervision models for professional experience placement and the relationship of the models to the achievement of learning outcomes (cross reference with standard 2, criterion 6).
- 7) That academic staff engaged in supporting and/or assessing students on professional experience placements are experienced in and prepared for the role (cross reference with standard 2).
- 8) That nurses or nurse practitioners and other health professionals who are engaged in supporting students on professional experience placements—including the student's nominated professional experience support systems—are prepared for the role and that nurse practitioners or other health professionals engaged in assessing students on professional experience placements—including the student's nominated professional experience support systems—are prepared for the role.

EVIDENCE GUIDE

Criterion	<p>Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying ‘mandatory’, the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.</p>
	<p>1) As per standard 4 criterion 3—detailed description of how learning is tailored to the needs of the student (M).</p>
	<p>2) List of agreed health service providers with which students will undertake professional experience placements (M). Description and examples of opportunities for experiential learning of curriculum content (cross reference with standard 4, criterion 3, and standard 7, criterion 4.</p>
	<p>3) Shared formal agreements, or a sample signed copy of a formal agreement together with a register of agreements (including date when agreements were first developed and when they are due to expire) between the education provider and any health service providers where students gain their professional experience, based on the policies demonstrated in relation to standard 1, criterion 5 (M).</p>
	<p>4) Description of and guidelines for parameters of student activity when on professional experience placement, based on the policies demonstrated in relation to standard 1, criterion 6 (M).</p>
	<p>5) Post-placement evaluation of students’ experience of the professional experience environment for quality improvement purposes (cross reference with standard 6, criterion 10, where applicable).</p>
	<p>6) Description and justification of how students are supervised on professional experience placement with reference to how nature and degree of supervision impacts on learning outcomes.</p>
	<p>7) Outline of preparation programs/resources for staff. Policies regarding minimum experience/qualifications. Preparation and development of models/resources for assessors.</p>
	<p>8) Outline of preparation programs/resources for nurses, nurse practitioners or other health professionals, including those nominated as the student’s professional experience support systems, who support and/or conduct student assessment in the professional experience context. Policies regarding their minimum experience and qualifications.</p>

STANDARD NINE: RESEARCH

The course provider demonstrates policies, procedures, processes and practices to establish that graduates are educated in nursing inquiry and that the contribution of the academic staff to the education course is informed by research and scholarship.

STATEMENT OF INTENT

That students are exposed to, and their learning informed by, current research and that students develop the skills themselves to undertake research and apply it to their practice.

CRITERIA

The course provider is required to demonstrate that:

- 1) academic staff use current research in teaching and learning
- 2) academic staff are actively engaged in research and scholarship
- 3) students strengthen their understanding of and ability to undertake nursing inquiry on all levels.
- 4) students strengthen their awareness of the ethics of research and of applying research to practice
- 5) students are encouraged to engage with a culture of nursing inquiry.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Description of current research relative to course teaching and learning approaches. Description of processes of course development committees.
	2) List of staff research activities, including publications (cross reference with standard 6, criterion 3). Teaching portfolios.
	3) Lesson plans/unit outlines identifying content focused on or related to nursing inquiry across the course.
	4) Lesson plans/unit outlines identifying content focused on or related to the ethics and application of research across the course.
	5) Student seminar series programs. Faculty research grants and activities. Departmental staff-student forums.

DISCUSSION

STANDARD 1

This broad standard underpins the standards that follow it, establishing criteria for course governance that are consistent with the principles established under the ANMC's *National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia*. These principles include:

- > a commitment to the quality of professional education and the assurance of graduate outcomes (criteria on quality improvement, staff performance and development, and equivalence across modes and sites of delivery)
- > inclusiveness and transparency (criteria on consultative approaches to course organisation and design)
- > procedural fairness (criteria for RPL)
- > accountability (criterion on risk assessment and minimisation)
- > efficiency, demonstrated through avoiding duplication of the education sector quality assurance processes.

The ANMC's *National Framework for Accreditation* Section 4.1—Education Institutions states that:

Education institutions that are quality assured or accredited as institutions within their sector by recognised agencies do not need to be separately accredited by the [Nursing and Midwifery Regulatory Authority] NMRA ... Where a provider is not accredited or quality assured by such a recognised agency, such accreditation or assurance should be sought before an approach is made to the NMRA for professional accreditation of courses.

In accordance with the framework, the standards mandate education provider accreditation under the quality assurance accreditation processes of the education sector (universities—AUQA) as a pre-requisite for applying for professional course accreditation and dispensing with education provider standards.

The argument for mandating that courses must be offered by a 'university' is articulated in the ANMC position statement 'Registered nurse and midwife education in Australia'.⁴ The definition of university, for the purposes of this document, is those institutions listed as Australian universities on the AQF Register. Being listed on the register indicates that the MCEETYA vouches for the quality of the institution; and which meet the requirements of protocols A and D of the *National Protocols for Higher Education Processes (2006)*, are established by an Australian legislative instrument, as defined in Part 3 of the *National Protocols*, and may include those institutions that operate with a 'university college' title or with a specialised university title, where they meet these protocols. This follows the ANMC position statement (2008) 'Registered nurse and midwife education in Australia'.⁵

4 ANMC (2008). 'Registered Nurse and Midwife Education in Australia'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 2 June 2008].

5 Also Australian Qualifications Framework Register: <<http://www.aqf.edu.au/register.htm#university>> and the process of higher education quality assurance: <<http://www.aqf.edu.au/quality.htm>>; ANMC (2008) 'Registered Nurse and Midwife Education in Australia', following MCEETYA (2006). *National Protocols for Higher Education Approval Processes*, Protocol D, Additional criteria, D1 and D2. Available at: <<http://www.mceetya.edu.au/verve/-resources/RevisedNationalProtocols20081.pdf>> [Accessed: 14 November 2007].

Collaboration and consultation among key stakeholders are important for informed curriculum design, good course organisation and the productive partnerships for sound placements that students need to gain professional experience. Research indicates that good partnerships between the education provider and health service providers in organising placements for students contributes significantly to a positive experience for the student and leads to positive learning outcomes. A partnership can be considered ‘good’ where communication and information-sharing systems between the education and health sectors are established, where there is a shared vision of professional experience, where respect is demonstrated across the two sectors, and where approaches to care incorporate the community—utilising the consumer’s knowledge of their chronic conditions, for instance to educate students.⁶

The necessity to formalise the relationship between the education provider and the professional experience environment is articulated in the National Accreditation Standards for Registered Nurses.⁷ The standards for the nurse practitioner adopt the same processes on this issue. The standard here on evidence of policies for the development of such agreements should be read in conjunction with standard 8.

The criterion on policies for risk assessment and minimisation to determine suitable environments for students to attain professional experience also adopts the same rationale and processes as are formulated in relation to the ANMC National Accreditation Standards for Registered Nurses. This criterion should also be read in conjunction with standard 8.

Recognition of prior learning is covered within the quality assurance processes the education provider has undergone. The AQF has established national principles and models for RPL and these should be observed in preparing an RPL policy.⁸ There is still an argument that professional accreditation should mandate maximum RPL in relation to nursing and midwifery in accord with the view that a minimum course length is necessary to ensure adequate opportunity to gain the full range of competency standards. Existing RPL policies from the NMRAs take varied approaches, hence the criterion on RPL stipulates that in addition to AQF compliance on RPL, the provider must meet expected outcomes of the regulatory authorities.

Quality in cross-border education is an important and increasing concern and bodies including the International Network for Quality Assurance Agencies in Higher Education and UNESCO have established guidelines and codes of good practice to meet these concerns.⁹ In Australia, AUQA’s own auditing mechanisms have been found to be in line with the UNESCO guidelines.¹⁰ This means that education providers with AUQA accreditation—e.g., all universities—have already met cross-border education quality assurance. New modes of education delivery

6 Nurses and Midwives Board of Western Australia. Clinical education for the future project: ‘Key elements for optimal clinical learning experience for nurses and midwives’. Available at: <<http://www.nmbwa.org.au/2/2051/50/clinical-educat.pm>> [Accessed: 9 October 2007]; also Judith Clare, Helen Edwards, Diane Brown and Jill White (2003). ‘Evaluating Clinical Learning Environments: Creating Education-Practice Partnerships and Clinical Education Benchmarks for Nursing.’ *Learning Outcomes and Curriculum Development in Major disciplines: Nursing Phase 2 Final Report*. Australian Universities Teaching Committee (AUTC). School of Nursing & Midwifery, Flinders University, Adelaide, Australia, on criteria that indicate good partnerships for clinical learning.

7 ANMC (2009). Project to Develop Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia: Registered Nurses. Referred to hereafter as ‘ANMC National Accreditation Standards for Registered Nurses.’

8 See AQF (2004). *RPL national principles*. Available at: <<http://www.aqf.edu.au/rplnatprin.htm>> [Accessed: 10 February 2008].

9 INQAAHE (2007). *Guidelines of Good Practice*. Available at: <http://www.inqahe.org/> [Accessed: 4 October 2007]; UNESCO (2005). *Guidelines for Quality Care Provision in Cross-border Higher Education*. Available at: <<http://www.unesco.org/education/guideines.E.indd.pdf>> [Accessed: 7 January 2008]; UNESCO (2006). 10 *UNESCO/APQN Toolkit: Regulating the Quality of Cross-border Education*. Bangkok. Available at: <<http://www.apqn.org/files/virtual-library/other-reports/unesco-apqn-toolkit.pdf>> [Accessed: 7 January 2008].

10 David Woodhouse (2006). ‘The Quality of Transnational Education: a provider view’. *Quality in Higher Education* 12(3): p 280.

such as e-learning also place burdens on accreditation processes in terms of ensuring comparable quality education. Given the conflicting demands to allow for innovation and diversified approaches to teaching while ensuring standardisation of graduate outcomes, at home and abroad, through traditional or new teaching methods, one way to ensure course equivalence is by emphasising competency-based learning outcomes.¹¹ For professional regulatory purposes, this fits with the professions' commitment to competency standards as the means by which to assess a practitioner's fitness to practise. The criteria on equivalence of course outcomes in standard 1, therefore, are based on the premise that no matter where or how the course is delivered, students must meet the required graduate competency outcomes. This is consistent with the tenor of the *Standards of Good Practice Abroad* (2008), developed by the Forum on Education Abroad, in which the benchmarks in the academic framework, for the award of credit, academic requirements of courses, and credit for internships or field research is that they are 'consistent with home institution standards.'¹²

STANDARD 2

Australian NMRAs generally agree that the Head of Discipline and academic staff should be a registered nurse.¹³ The Framework provides the basis for the criterion that in cross-disciplinary teaching where the academic is not a nurse, there should be evidence of relevance of qualifications (Framework 4.2.8, note 15).

The criteria under standard 2 also aim to ensure there is expert professional input to course development and that staff have qualifications at a level higher than or equal to the students they are educating. This is consistent with some allied health profession accreditation standards. The Australian Pharmacy Council (2005) *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria* asks that a school have not less than three continuing appointments in pharmacy or where not demonstration of how expert input for curriculum development is to be assured; the Council on Chiropractic Education Australasia Inc 2003 indicates that the head of unit 'should' be a qualified chiropractor and that academic staff have qualifications and experience 'well in advance of the level at which they are teaching'.¹⁴

The standard also aims for alignment of teaching staff and course delivery needs. Criterion 6 asks the education provider to demonstrate this: to justify staff selection relative to the demands of teaching the course to achieve quality outcomes.

11 OECD (2003). *Enhancing Consumer Protection in Cross-border Higher Education: Key Issues Related to Quality Assurance, Accreditation and Recognition of Qualifications*, p. 17. Available at: <<http://www.oecd.org/dataoecd/11/38/20196012.pdf>> [Accessed: 7 January 2008].

12 Forum on Education Abroad (2008). *Standards of Good Practice for Education Abroad*. 3rd edition. Available at: <<http://www.forumea.org/documents/ForumEASStandardsGoodPrctMarch2008.pdf>> [Accessed: 28 October 2008].

13 National Nursing and Nursing Education Taskforce (2006). *Nursing and Midwifery Legislation and Regulation Atlas*. Available at: <http://www.nnnet.gov.au/downloads/rec4_atlascomplete.pdf> [Accessed: 6 November 2007], 9.14.18 Hereafter referred to in the text as 'Atlas'.

14 Australian Pharmacy Council (2005). *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria*, p. 5. Available at: <<http://www.apec.asn.au/PDF/NAPSACAccredCriteria.pdf>> [Accessed: 10 June 2008]; Council on Chiropractic Education Australasia Inc (2003). *Standards for First Professional Award Programs in Chiropractic*. Available at: <<http://www.ccea.com.au/images/PDF%20Documents/Accreditation/Accreditation%20Standards%200903.pdf>> [Accessed: 10 June 2008].

STANDARD 3

RECRUITMENT

The criteria on recruitment are designed to ensure that students are given adequate information to make considered course selections, given their understanding of their personal circumstances, backgrounds and learning styles. With respect to the criterion on regulatory authorities' requirements for entry to practice, it is important that students understand when making course selections that while completion of their course makes them eligible to apply for registration or enrolment, endorsement or authorisation, regulatory authorities may require additional evidence of 'fitness to practise'. The regulatory authorities' requirements may be driven by legislative requirements.

ENROLMENT

Equity and access issues have a clear place in education sectors' quality assurance processes¹⁵, yet it is still desirable that the professional accreditation process emphasises this. Further discussion of this point is provided in the Accreditation Standards for Registered Nurses. It should be noted that this does not negate the fundamental principle of ensuring that students are admitted have the ability to meet course requirements—which is the objective of the Admission Criteria described in this standard also. Most importantly, cultural safety is a regulatory concern in terms of ensuring that nursing care is delivered safely and ethically. Cultural safety is fundamental to the protection of the public—protection from care that is not respectful of or in the interests of the consumer.

SUPPORT

It is also important that the central point that the competency standards need to be obtained by all graduates is covered in relation to all issues. Standard 3 contains a criterion on the need to ensure access for all students, regardless of background, to the facilities and support they need to attain those standards. It is related to, but not entirely covered by, the criterion in standard 1 relating to providing sufficient facilities and resources for graduate competency standards to be met. The criterion in standard 3 asks for evidence that students with special equity and access needs are provided for.

ADMISSION CRITERIA

The 2004 ANMC Accreditation Standards for Nurse Practitioners, standard 1, from the Gardner et al. Nurse Practitioner Standards Report, forms the basis for admission criteria. In addition, further requirements were developed during this project covering the unique demands of the nurse practitioner role and considering some existing and draft accreditation standards for nurse practitioner courses from some NMRAs. In addition to minimum education and professional experience requirements, the criteria require that the provider demonstrate confidence that students entering the course have adequate support (resources and role development) to complete their professional experience requirements of the course. Confirmation of this support may be in the form of a letter or statement from the student's employer or from the student with corroborating testimony on the means by which the support will be obtained.

STANDARD 4

The 2004 ANMC Accreditation Standards for Nurse Practitioners indicates that a master's degree should be the minimum education level. In the course of developing these standards, it was decided that the terminology used to describe the degree should be 'Master of Nurse Practitioner Practice' or something similar. This is defined in

¹⁵ Australian Vice-Chancellors' Committee (2005). *Universities and their Students: Principles for the Provision of Education by Australian Universities*. Available at: <<http://www.universitiesaustralia.edu.au>> [Accessed: 10 January 2008].

this document as: a Master's course approved by the regulatory authority that leads to registration, endorsement or authorisation as a nurse practitioner in Australia.

In some jurisdictions, a second pathway wherein a completed master's degree in an area other than though relevant to nurse practitioner practice is used as the basis to meet requirements for nurse practitioner authorisation (or endorsement or registration), together with additional requirements stipulated by the NMRAs. The second pathway currently operating in these jurisdictions would be able to continue under the transition arrangements beyond the date of 2010 referred to in the preamble. Thereafter, the single pathway indicated above will be the national standard.

The standard asks for evidence that the total length and structure of the course is sufficient to achieve the graduate competency outcomes, in keeping with the project's primary reliance on the ANMC national competency standards as the measure of graduate competence.

Issues relating to the timing and length of professional experience placements are included in this standard. Issues relating to the nature and content of these placements are within standard 8. The view is that professional experience or 'clinical education' in the health care context is vital for developing professional competencies remains prevalent.¹⁶

STANDARD 5

The 2004 ANMC Accreditation Standards for Nurse Practitioners, Standard 2 a and b, from the Gardner et al. Nurse Practitioner Standards Report, is incorporated respectively into this standard in criteria 1 and 8 on mapping the curriculum against the competency standards and on offering electives and specialisations.

The curriculum requirements aim to avoid being prescriptive, allowing for the education provider to exercise innovation in course design and delivery. The requirements centre on ensuring that foundation skills and knowledge are central to the curriculum; that professional issues are addressed and that some specific issues relating to the Australian context and its health priorities are represented. In relation to the requirement that the curriculum addresses specifically Aboriginal and Torres Strait Islander Peoples' health and culture and incorporates the principles of cultural safety the standard is consistent with *Dadirri: A nursing guide to improve Indigenous health*, which recommends the inclusion of Indigenous history, culture and health in all nursing curricula.¹⁷

In addition, national health priorities and contemporary issues in health care, such as chronic disease self-management and mental health, are specifically highlighted for inclusion. The importance of including in health professionals' curricula chronic disease self-management is central to the 'encouraging active patient self-management: education and training of health professionals' component of the Australian Better Health Initiative and captured in *A Capabilities Toolkit for Primary Health Care Professionals: Supporting Self-management*.¹⁸ The report on *Mental Health in Pre-Registration Nursing Courses* makes the point that 'generic mental health skills for all nurses are important, irrespective of where they work'.¹⁹ While this report focuses on undergraduate curricula, students in nurse practitioner courses, working towards advanced practice level, equally need to be equipped with skills in mental health that are commensurate with their scope of practice.

16 McGrath et al. (2006). 'Collaborative Voices', p. 47.

17 Indigenous Nurse Education Working Group (2004). *Dadirri: A nursing guide to improve Indigenous health*.

18 Australian Better Health Initiative. Available at: <<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/feb2006coago3.htm>> [Accessed: 5 February 2008]; Malcolm Battersby and Sharon Lawn (2008). *A Capabilities Toolkit for Primary Health Care Professionals: Supporting Self-management*, Flinders University.

19 Mental Health Education Taskforce (2008). *Mental Health in Pre-Registration Nursing Courses, Final Report*, the Australian Health Ministers' Advisory Council, p. 9. Available at: <<http://www.nhwt.gov.au/mhwac.asp>> [Accessed: 23 February 2009].

The criterion that technology, including information technology (IT) and information management to support health care, is integral to the curriculum reflects the contemporary demands and opportunities of nursing and healthcare delivery. This is supported by a project conducted by the Australian Nursing Federation (ANF), *Nurses and Information Technology Final Report* (2007), which speaks of the need for national competency standards in information technology and information management for nurses and a national competency program in pre-registration and pre-enrolment nursing courses based on such standards.²⁰ A subsequent ANF project that aims to establish a set of IT competency standards for nurses is in progress. The criterion captures the concept of instruction in the use of technology in the service of healthcare delivery as well as in communication and information management in relation to healthcare. It encompasses the idea of nursing and healthcare informatics. The ICN, following the National Council of State Boards of Nursing, defines ‘informatics’ as ‘information technology that can be used to communicate, manage knowledge, mitigate error, and support decision making’.²¹

The criterion that the curriculum addresses advanced pharmacology and therapeutic medication management is included and reflects the view manifested throughout this project that pharmacology needs appropriate attention in the curriculum. This aims to ensure that nurse practitioner education is consistent with the principles, objectives and role of the health practitioner in the Quality Use of Medicines.²²

STANDARD 6

In addition to making autonomous decisions where required about patient care, nurse practitioners are required to contribute to multi-disciplinary healthcare teams together with medical and allied health professionals. Patient safety and the maintenance of high-quality care provision dictates that nurses be adequately prepared for interprofessional communication and collaboration.²³ Good interprofessional communication and collaboration has the ability to detect and prevent errors; to ensure tailored intervention from the most well-equipped health professional, to forge a shared evidence base for the benefit and protection of consumers, and to ensure greater reliability in implementing health care interventions.²⁴ The importance of interprofessional learning for health professional education is the focus of a recent study: *Interprofessional Health Education in Australia: a proposal for future research and development*, Learning and Teaching for International Practice, Australia.²⁵

Recognising different learning styles and ensuring that teaching and learning approaches can accommodate these is central to the contemporary learner-centred philosophies of and approaches to teaching and learning. It is important not only to allow students to be treated as individuals within the learning process but also to tailor the most beneficial approach to the nature of the learning event. While this is important to teaching and learning approaches in general, it is especially so for preparing nurse practitioners whose learning, to reflect their subsequent practice role, needs to be highly self-directed. The concept of capability is key to nurse practitioner learning and practice.

20 Commonwealth of Australia (2007). *Nurses and Information Technology, Final Report*. Australian Nursing Federation. Available at: <http://www.anf.org.au/it_project/PDF/IT_Project.pdf> [Accessed: 8 January 2009].

21 ICN Regulation Terminology (2005). Version 1. Available at: <<http://www.icn.ch/regterms.htm>> [Accessed: 8 January 2009].

22 Commonwealth of Australia (2002). *The National Strategy for Quality Use of Medicines Plain English edition*. Available at: <<http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-natstrateng-cnt.htm>> [Accessed: 8 January 2009].

23 Rosemary Bryant (2005) *Regulation, roles and competency development*. ICN. Available at: <<http://www.icn.ch/global/Issue1Regulation.pdf>> [Accessed: 3 February 2008], p. 17.

24 Merrick Zwarenstein and Scott Reeves (2006). ‘Knowledge Translation and Interprofessional Collaboration: where the rubber of evidenced-based care hits the road of ‘teamwork’, *Journal of Continuing Education in the Health Professions* 26 (1), pp. 46–54.

25 Learning and Teaching for international Practice, Australia (2008). *Interprofessional Health Education in Australia: a proposal for future research and development*. Available at: <<http://www.education.uts.edu.au/research2/projects/l-tipp-proposal-deco8.pdf>> [Accessed: 23 February 2009].

Capability is a concept associated with nurse practitioner practice identified in the Gardner et al Nurse Practitioner Standards Report (pp. 94–95) and discussed by the same authors in a subsequent article published in 2007.²⁶ It conveys the sense that nurse practitioners are able to respond creatively to new situations. As a hallmark of nurse practitioner practice, capability approaches to learning are needed to prepare students in nurse practitioner courses for their role as capable as well as competent practitioners. Importantly, the professional experience environment provides opportunities for applying capability approaches in diverse and challenging ways.

The Gardner et al. Nurse Practitioner Standards Report found that specialisation and ‘significant clinical learning’ were both central to nurse practitioner education. The criteria in standard 6 reflects this view also, asking for ‘extensive learning requirements in the specialist professional experience field’ and ‘mentored experiential processes’. Existing and draft jurisdictional standards for nurse practitioner education stress the need for learning in the professional experience environment to be supported by a nominated mentor or professional experience supervisor. The criteria in this standard ask for professional experience support systems of satisfaction to the education provider such that there is evidence of the professionals constituting these support systems being adequately qualified and prepared to fulfil this role.

STANDARD 7

For the purposes of professional accreditation to be met, all graduate competency outcomes must be assessed by course completion. The education provider must demonstrate that each competency standard is covered in the curriculum (standard 5) and that each has been assessed—this standard.

A number of the criteria under this standard are in common with the ANMC National Accreditation Standards for Registered Nurses and a discussion is available in that document of the evidence base for these. While the literature consulted there is based on the undergraduate context, the criteria that have been developed and adopted in these standards remain relevant for nurse practitioner education.

The need to cater to different learning styles and to prepare students to competently undertake professional tasks as well as to cope with the demands of the work environment dictates the standard on assessment by a diversity of tasks and types. A variety of assessment contexts is also required, based on the view that learning contexts provide different opportunities for different types of learning and that, importantly, demonstrating competence must include a demonstration of putting skills into practise in the professional experience environment. For nurse practitioners, demonstrating capability as well as competence is especially important in the professional experience context.

Demonstration of collaborative approaches to assessment is requested. A study by the University of Glamorgan in Wales attests to the benefits of collaborative approaches to competency assessment: students, tutors and clinical preceptors worked together to refine an assessment tool for use in determining students’ competence in the clinical setting.²⁷ Criterion 8 in this standard asks for evidence of such collaboration for assessment and includes, for nurse practitioners, the nominated professional experience support systems in the process.

²⁶ Jenny Carryer, Glenn Gardner, Sandra Dunn and Anne Gardner (2007). ‘The capability of nurse practitioners may be diminished by controlling protocols’, *Australian Health Review* 31(1): pp. 108–113.

²⁷ Gina Dolan (2003). ‘Assessing student nurse clinical competency: will we ever get it right?’, *Journal of Clinical Nursing* 12, pp. 132–141.

Criteria 9 and 10 draw respectively on the 2004 ANMC Accreditation Standards for Nurse Practitioners, Standards 4 a and 4 b, which detail specific assessment requirements for the nurse practitioner course. Further detail has been added in the course of this project, in consideration of the unique demands of the nurse practitioner role and in consideration of the additional requirements in existing and draft jurisdictional standards. Specific to the nurse practitioner course, the criteria call for oral assessment of the student as well as assessor observation of the student in the course of nurse practitioner practice. They also call for a portfolio of learning and practice experiences and assessment in pharmacology competence.

STANDARD 8

The criteria under this standard in many cases have complementary criteria in other standards, as outlined in the text. The criteria on formal agreements and risk management, for instance, have been discussed in the rationale for standard 1 and should be read in conjunction with the complementary criteria in standard 1. The criteria under standard 8 are grouped as a discrete standard in deference to the importance of this aspect of the educational experience as well as to consolidate and capture any outstanding requirements in relation to professional experience.

The criteria under standard 8 focus on providing the conditions for students to develop their graduate competency outcomes in and through exposure to the professional experience context. This includes exposure to and the opportunity to practise in key contexts where specific skill-sets can be acquired, as well as, for nurse practitioners, exposure to the array of experiences that develop capability. At the same time, other teaching and learning approaches (such as simulated learning) are important ways to augment other skills and learning activities, such as collaborative learning and reflective practice. A study on simulation used for interprofessional health education in Norway, for instance, noted that it allowed time to explore team decision-making and to reflect on experiences.²⁸

Assessing how students rate professional experience placements (once completed) is an essential quality improvement measure. This can be achieved through a simple post-placement questionnaire and it is important in assisting education providers in identifying good venues for professional experience placement for future cohorts of students.²⁹

STANDARD 9

The Royal College of Nursing, *Australia*, and the ANF have made a joint position statement on the importance of nursing research which advocates that schools of nursing in the higher education setting assist with the preparation of nurse researchers.³⁰

In its position statement on nursing research, the ICN supports efforts to improve access to 'education which prepares nurses to conduct research, critically evaluate research outcomes, and promote appropriate application

28 Jane Mikkelsen Kyrkjebø, Guttorm Brattebø and Hilde Smith-Strøm (2006). 'Improving patient safety by using interprofessional simulation training in health professional education', *Journal of Interprofessional Care* 20(5): pp. 507–516.

29 Joy Penman and Mary Oliver (2004). 'Meeting the challenges of assessing clinical placement venues in a Bachelor of Nursing program'. *Journal of University Teaching and Learning Practice* 1(2): pp. 59–72. Available at: <http://www.jutlp.uow.edu.au/2004_v01-i02/pdf/penman-02.pdf> [Accessed: 5 January 2008]

30 Royal College of Nursing, *Australia* and Australian Nursing Federation (2007). Joint Position Statement: *Nursing Research*. Available at: <<http://www.rcna.org.au/site/positionstatement.php>> [Accessed: 10 January 2008].

of research findings to nursing practice.³¹ The International Confederation of Midwives has a statement on the role of the midwife in research which recommends that ‘midwifery education include the theory and practical application of research so that midwives are able to appraise, interpret and critically apply valid research findings’.³²

The literature reviewed for this project highlights that research and evidence-based practice is a recurring theme in international education standards. In other professions also this is a noted emphasis. The Australian Medical Council’s standard 1.7, for example, requires that ‘the medical course is set in the context of an active research program within the school’ and states that ‘it is desirable that most academic staff be “research active” and that all academic staff are seen to be involved in scholarly activities.’³³

The N3ET conducted a study in 2006—*Priorities for Nursing and Midwifery Research*—which made the point that:

Research findings are utilised at all levels of health service: by practitioners (not only nurses and midwives) at the clinical interface; managers and executives involved in managing clinical risk and developing organisation policies and procedures; academics in professional education and training; and in forming local or national health policies and strategies.³⁴

The study also found that ‘pre- and post-registration educational programs that... reflect and harness the value of research e.g., where research and evidence-based practice are integrated and/or embedded into the program...’ are important in fostering the skills and positive attitudes to research needed by nurses and midwives.³⁵

This standard aims to establish that course development is informed by research and that students themselves, already having developed the skills of nursing inquiry for their practice in previous study, strengthen these. Nursing inquiry recognises three levels of engagement in knowledge production and application:

- 1) critical engagement in everyday practice through systematic reflection on processes and outcomes
- 2) collaborative and ongoing evaluation of local practices
- 3) nursing research for the advancement of nursing knowledge.³⁶

For nurse practitioners, the emphasis is on strengthening existing skills and recognising that students have already attained basic skills in nursing inquiry. While nurse practitioners are being educated primarily as clinicians rather than researchers, there is a higher level of understanding of and skills in contributing to nursing inquiry demanded by nurse practitioner practice as opposed to practising as a registered nurse. In terms of a Master’s level education, the minimum qualification for nurse practitioner practice, students need to be prepared to participate in all aspects of research including conducting or participating in research projects to advance nursing knowledge.³⁷

31 ICN (2007). Position Statement: *Nursing Research*. Available at: <<http://www.icn.ch/policy.htm>> [Accessed: 10 January 2008].

32 International Confederation of Midwives (1999). *The role of the midwife in research*. Available at <<http://www.internationalmidwives.org/index.php?module=ContentExpress&func=display&ceid=32&bid=22&btile=ICM%20Documents&meid=26>> [Accessed: 5 February 2008].

33 Australian Medical Council (2007). *Assessment and Accreditation of Medical Schools: Standards and Procedures*, pp. 7–8.

34 N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*. Available at: <http://www.nnnet.gov.au/downloads/rec8_m_bennett_priorities_report.pdf> [Accessed: 16 February 2009].

35 N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*.

36 J Crisp and B McCormack ‘Critical inquiry and practice development’ in Jackie Crisp and Catherine Taylor eds., *Potter and Perry’s Fundamentals of Nursing*, 3rd edition, in press.

37 Jackie Crisp and Catherine Taylor eds. (2005). *Potter and Perry’s Fundamentals of Nursing Australian adaptation* 2nd edition, Elsevier Australia, Marrickville, pp. 81–83.

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