



## National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia

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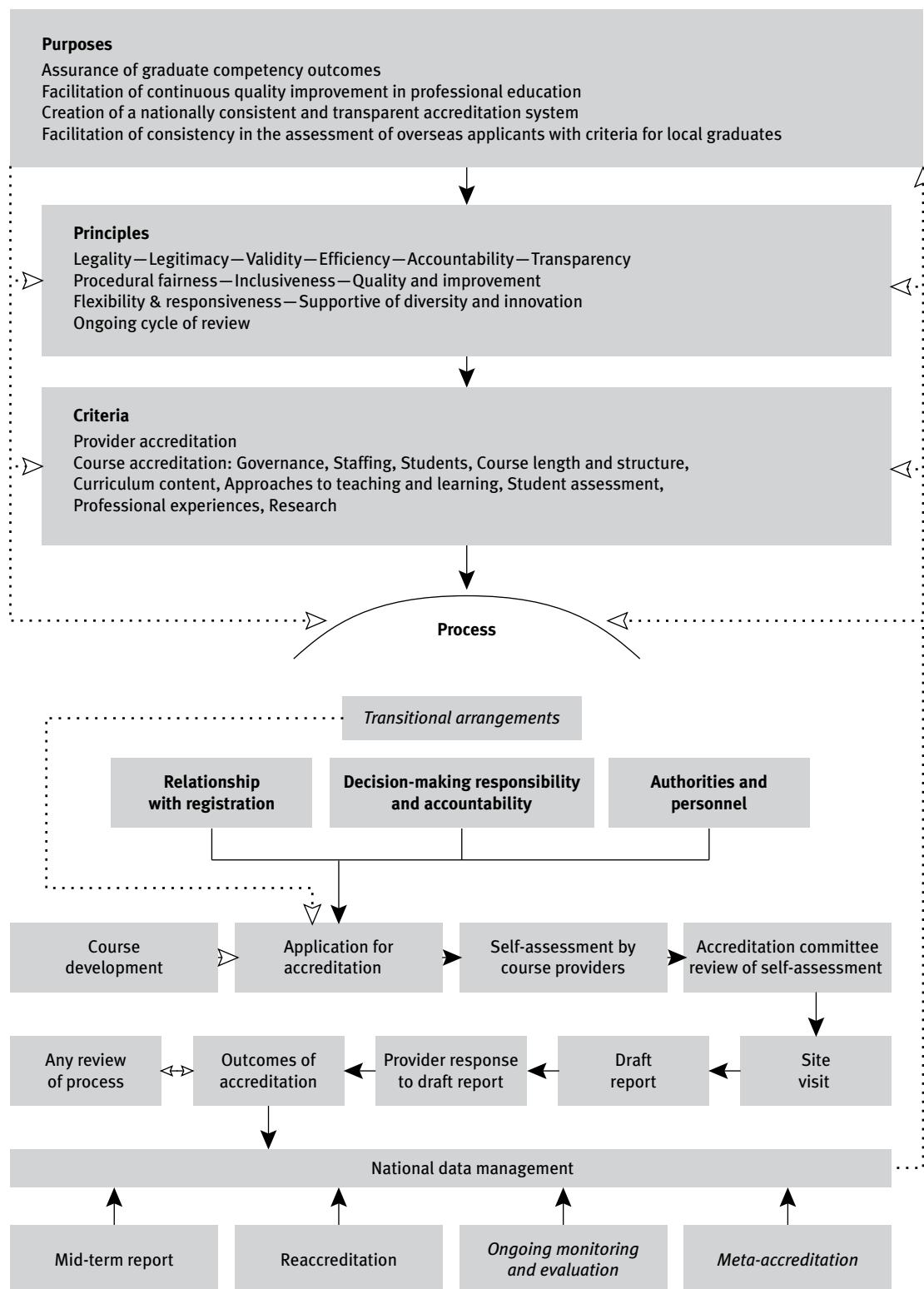
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# FIGURE 1. A NATIONAL FRAMEWORK FOR PROFESSIONAL COURSE ACCREDITATION



# PREAMBLE

This national framework for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation within Australia has been developed by the Australian Nursing and Midwifery Council (ANMC). The ANMC has done so in collaboration with stakeholders including the Nursing and Midwifery Regulatory Authorities (NMRA), the Council of Deans of Nursing and Midwifery (Australia and New Zealand) (CDNM), and the Community Services and Health Industry Skills Council (CS&HISC).

The framework is broad and applies to the accreditation of courses<sup>1</sup> leading to registration, enrolment, endorsement<sup>2</sup> and authorisation as an enrolled nurse<sup>3</sup>, a registered nurse, a registered midwife, a nurse practitioner or a midwife practitioner, in any Australian jurisdiction.

The Council of Australian Governments (COAG) has agreed that a single national scheme for the registration and accreditation of health professions will be established by 1 July 2010.<sup>4</sup> The nature of this scheme has yet to be determined. This framework has been developed in the context of current legislative arrangements, under which state and territory NMRA have final responsibility for both course accreditation and for the registration, enrolment or endorsement of individual nurses and midwives. However, with only minor adjustments, the framework could be applicable to a national system as envisaged by COAG.

Professional accreditation is part of a process of assuring the community that, having completed an accredited program, beginning professional practitioners are safe and competent. Universities and other providers operate within a complex national and international context, with policies and external developments that encourage diversity among providers. Professional course accreditation must ensure that necessary professional standards are protected, while not inhibiting diversity, innovation and the achievement of extraordinary excellence.

The national framework has five sections:

- 1) **Purposes of the national framework for professional course accreditation**, which covers purposes for professional accreditation and purposes for *national* accreditation.
- 2) **Principles guiding a national framework for accreditation**, which covers the principles under existing legislation and under possible national (or nationally consistent) legislation.
- 3) **Necessary graduate competency outcomes**, which, for this national framework, are the relevant ANMC competency standards.
- 4) **Accreditation criteria**, which covers the features of education providers and courses that indicate whether the necessary graduate competency outcomes and other purposes will be attained, and thus whether course accreditation should be awarded.
- 5) **National accreditation process**, which sets out the processes from the transitional arrangements and initial application for accreditation, through to the review of the framework.

<sup>1</sup> The National Health Training Package (HTL07), delivered under the Australian Quality Training Framework (AQTF), has two exit-level qualifications for enrolled nurses (Diploma and Certificate IV). The ANMC's Standards and Criteria, however, designate the Diploma as the minimum qualification for enrolled nurses. To be consistent with the Standards and Criteria, only the Diploma course for enrolled nurses would be covered by the Framework.

<sup>2</sup> The term 'authorisation' is also used in some jurisdictions.

<sup>3</sup> The term 'enrolled nurse' also refers to a Registered Nurse in Division Two (RND2) in Victoria.

<sup>4</sup> Council of Australian Governments (2008) *Intergovernmental Agreement on the Health Workforce*. Available at: <[http://www.coag.gov.au/coag\\_meeting\\_outcomes/2008-03-26/index.cfm#tabs](http://www.coag.gov.au/coag_meeting_outcomes/2008-03-26/index.cfm#tabs)> [Accessed 21 March 2009].

The national framework for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia was amended in May 2009. The amendment was endorsed by the ANMC Board of Directors May 2009.

# 1. PURPOSES OF A NATIONAL FRAMEWORK FOR PROFESSIONAL COURSE ACCREDITATION

## 1.1 PURPOSES OF A FRAMEWORK FOR PROFESSIONAL COURSE ACCREDITATION

The primary purposes of professional course accreditation are concerned with the quality of the profession and its work, from the perspective of the public interest and public safety. Those purposes are external to the institution and the education sector. Professional course accreditation is contrasted with accreditation (or similar assessment) of an institution (provider of professional education) within an education sector for purposes of quality assurance. However, under this framework, such accreditation or quality assurance of institutions (providers) as a whole is a pre-requisite for the accreditation of specific courses of professional education, and is considered further in section 4.1.

### 1.1.1 ASSURANCE OF GRADUATE COMPETENCY OUTCOMES

The primary purpose of external professional (or occupational) accreditation of nursing and midwifery courses is to ensure that graduates who have achieved agreed professional standards, and to provide assurance that *every* graduate has in fact achieved the agreed standards. These are the current *ANMC National Competency Standards for the Registered Nurse*, *ANMC National Competency Standards for the Midwife*, *ANMC National Competency Standards for the Nurse Practitioner*, and *ANMC National Competency Standards for the Enrolled Nurse*. These standards are discussed further in section 3.

External professional course accreditation is part of the process of assuring that individual professionals, having successfully completed an accredited course, are safe and competent beginning practitioners. It stands as an efficient and effective proxy for assessing each graduate against relevant competency standards. Therefore the accreditation process needs to examine the course's processes for assessment, as well as curriculum, approaches to teaching and learning, context and other features.

### 1.1.2 FACILITATION OF CONTINUOUS IMPROVEMENT IN THE QUALITY OF PROFESSIONAL EDUCATION

A secondary purpose of professional course accreditation is to facilitate continuous improvement in the quality of professional education. While such continuous improvement is very important, it is primarily the responsibility of the institution and other agencies and processes (including collaborative processes involving the institution, the profession and the wider health sector). A professional course accreditation process should not duplicate what is better done elsewhere (such as through processes of course or faculty review, or the work performed by course advisory committees).

With appropriate criteria (including support for innovation and diversity) professional course accreditation can help ensure that courses respond to changes in the needs and circumstances of the profession and the health sector, as well as facilitate continuous improvement in the quality of new entrants to the profession (including optimal diversity and numbers of new entrants). Associated with course quality are continuous improvement and responsiveness in research and scholarship, and advancing the knowledge base of the profession.

Public knowledge of accreditation and its outcomes can promote the standing of accredited courses and the standing of graduates.

## **1.2 PURPOSES OF A NATIONAL FRAMEWORK FOR COURSE ACCREDITATION**

### **1.2.1 CREATION OF A NATIONAL PROCESS FOR ACCREDITATION OF COURSES**

Creating a process for accrediting courses that is nationally consistent or that operates within a transparent national framework has a number of benefits:

- > build understanding, communication and collaboration between stakeholders (especially education providers, NMRAs, major employers, professional representative organisations and governments) in different jurisdictions, leading to improved courses and accreditation processes, greater efficiency and avoidance of duplication
- > nationally agreed minimum standards for accredited courses
- > mutual recognition of accredited courses based on an understanding of the requirements for meeting explicit standards
- > mobility of graduates, with greater acceptance of interstate qualifications by employers and greater readiness of graduates for employment in different jurisdictions
- > greater clarity of the differences between jurisdictions (such as the current different qualification levels for enrolled nurses)
- > wider public understanding and appreciation of the professional competencies of nurses and midwives
- > greater international understanding and acceptance of Australian courses and their graduates.

### **1.2.2 FACILITATION OF CONSISTENCY IN ASSESSING OVERSEAS APPLICANTS FOR REGISTRATION OR ENROLMENT WITH CRITERIA FOR LOCAL GRADUATES IN ALL AUSTRALIAN JURISDICTIONS**

A national system of accreditation of courses, leading to consistent recognition of Australian graduates, can facilitate consistency of criteria and assessment processes for overseas applicants with those for local graduates.

## 2. PRINCIPLES GUIDING A NATIONAL FRAMEWORK FOR PROFESSIONAL COURSE ACCREDITATION

Necessary and essential principles are specified by the term ‘must’ and desirable principles are specified by the term ‘should’.

### 2.1 PRINCIPLES UNDER CURRENT LEGISLATION IN EACH JURISDICTION

#### REQUIREMENTS OF ACCREDITATION CRITERIA AND PROCESSES

##### 2.1.1 LEGALITY

The accreditation criteria and processes must be consistent with current legislation in respective jurisdictions, and thus may vary accordingly. Some aspects of this framework (criterion or process) may be inconsistent with legislation in some jurisdictions. In these cases the inconsistency should be noted and the legislative requirements followed.

##### 2.1.2 LEGITIMACY

The accreditation process must be legitimate and acceptable to direct stakeholders (the NMRA and education providers) and to other stakeholders (including professional representative organisations, major employers, health consumers, and community representatives such as for Aboriginal and Torres Strait Islander peoples). Such legitimacy includes real and apparent impartiality in relation to particular stakeholder groups, and appropriate respect for the academic autonomy of education providers.

##### 2.1.3 VALIDITY

The accreditation process must be valid in that the *procedures* are appropriate for assessing the meeting of criteria. These *criteria* must be evidence-based and explicitly related to the necessary graduate competency outcomes and other specified purposes of the accreditation process.

To ensure and assure the validity of accreditation, those involved in accreditation must have appropriate expertise and standing. The alternative perspectives of appropriate individuals outside the jurisdiction or the profession should be sought. Orientation, induction and any necessary training should be provided. Potential or perceived conflicts of interest must be avoided or declared. There must be sufficient financial, human and other resources to carry out the operations of accreditation effectively.

The period and status of accreditation must be appropriate to the general nature of the courses and developments in the professional field.

##### 2.1.4 EFFICIENCY

The accreditation process must cover what is necessary and sufficient to attain the purposes. It must not be unnecessarily burdensome for education providers, accreditation committee members or other participants.

Financial costs should not be excessive. Rather, they should be proportionate to the benefits and be allocated fairly and transparently.

Duplication with other processes should be avoided. Joint accreditation or joint elements of accreditation should be undertaken where appropriate and possible.<sup>5</sup> Similarly, common use of documentation by different accreditors (such as education providers and the NMRA), and common training of accreditation committee members across professions should be undertaken wherever possible.

The accreditation period should not be so long as to raise questions of validity, nor so short that reaccreditation creates an unnecessary administrative burden.

#### 2.1.5 ACCOUNTABILITY

The accreditation process and its outcomes must be accountable to direct stakeholders (the NMRA and education providers) and to relevant government authorities (this may be through the NMRA). The accreditation process and its outcomes should also be accountable to the professions, students, other stakeholders and the public through appropriate dissemination and publication of reports and information.

#### 2.1.6 TRANSPARENCY

The accreditation process and its outcomes must be transparent to direct stakeholders (the NMRA and education providers) so the validity and appropriateness of decisions are apparent. The accreditation process and its outcomes should also be transparent to other stakeholders and the public as long as appropriate confidentiality and protection of privacy is maintained.

Transparency is especially important within the national framework when processes in different jurisdictions are not identical because of different legislative requirements or local circumstances.

#### 2.1.7 INCLUSIVENESS

While the NMRA has final responsibility for the development, implementation and evaluation of the accreditation process and its criteria, other stakeholders must also participate or be consulted.<sup>6</sup> Other stakeholders could include education providers, professional representative organisations, students, employers, health consumers, and community representatives such as Aboriginal and Torres Strait Islander community representatives.

#### 2.1.8 ENSURES PROCEDURAL FAIRNESS

The accreditation processes must accord with principles of procedural fairness (see Glossary). Education providers should have early access to the criteria for accreditation (which must be public and accessible) and be provided with full information about the process. Education providers must have the opportunity to correct or add factual information, and to respond to evaluative judgements. Criteria for accreditation should be interpreted and applied fairly and without bias, and the reasons for decisions made clear to those affected. There should be appropriate opportunities for review or appeal. All participants should be treated equitably.

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<sup>5</sup> For example, clinical components may be jointly accredited by accreditors from different professions where students are undertaking clinical experiences together and inter-professional team work is an aspect of the clinical experience. However, the quality and integrity of the accreditation should not be jeopardised.

<sup>6</sup> Inclusiveness should not lead to a confusion of roles or unnecessary expenditure of time or resources by those involved.

## **FACILITATION OF QUALITY AND IMPROVEMENT**

### **2.1.9 FACILITATES QUALITY AND IMPROVEMENT**

The accreditation processes and criteria should facilitate the development of courses of the highest academic and professional quality, and facilitate the continuous improvement of courses over the period for which they are accredited. Requirements for reporting on courses and for approval of course changes during a standard accreditation period should not inhibit changes that would lead to course improvement.

### **2.1.10 EXHIBITS FLEXIBILITY AND RESPONSIVENESS**

The accreditation processes and criteria should be flexible and responsive to the different circumstances, institutional contexts and orientations of providers and courses without compromising the primary purpose of accreditation. Other principles are to be given adequate weight.

### **2.1.11 SUPPORTIVE OF DIVERSITY AND INNOVATION**

The accreditation processes and criteria should support diversity and innovation, to meet the current and future needs of the Australian and international nursing and midwifery professions.

## **REVIEW**

### **2.1.12 INVOLVES AN ONGOING CYCLE OF REVIEW**

The accreditation processes must undergo an ongoing cycle of review to maintain consistency with the principles in this section and for ongoing improvement. All stakeholders should have an opportunity for input or participation. There must also be periodic review of the framework as a whole.<sup>7</sup>

## **2.2 PRINCIPLES FOR DEVELOPMENT OF NATIONALLY CONSISTENT OR NATIONAL LEGISLATION COVERING ACCREDITATION**

The COAG has agreed on a single national scheme for the registration and accreditation of the health professions by 1 July 2010.<sup>8</sup> Any national scheme and nationally consistent legislation in the states and territories, or single Commonwealth legislation that is developed covering professional accreditation of nursing and midwifery courses should be consistent with this framework.

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<sup>7</sup> External ‘meta-accreditation’ processes by a recognised body may be appropriate. NMRAs and the ANMC may wish to collaborate with other authorities in the development of such a meta-accreditation process that could have parallels with those of other professions such as international meta-accreditation in engineering and medicine.

<sup>8</sup> Council of Australian Governments (2008) *Intergovernmental Agreement on the Health Workforce*.

### 3. NECESSARY GRADUATE COMPETENCY OUTCOMES

The necessary professional graduate outcomes, referred to as ‘graduate competency outcomes’ are the basis for the accreditation criteria and processes. The outcomes are set out in the current *ANMC National Competency Standards for the Registered Nurse*, *ANMC National Competency Standards for the Midwife*, *ANMC National Competency Standards for the Nurse Practitioner*, and *ANMC National Competency Standards for the Enrolled Nurse*—interpreted as appropriate for a pre-registration, pre-enrolment, pre-endorsement or pre-authorisation graduate. (Note: these competency standards incorporate understanding and acceptance of the *ANMC Code of Professional Conduct for Nurses in Australia* and the *ANMC Code of Ethics for Nurses in Australia*.) As standards and codes are reviewed and amended, and new sets developed, they should be included as necessary graduate competency outcomes as soon as they are formally endorsed by the ANMC and the NMRAs. Input from accreditation processes can contribute to the periodic review of ANMC standards and codes.

A course is evaluated primarily on:

- > the characteristics of the course, in its institutional context that facilitate the achievement of the graduate competency outcomes (see section 4)
- > the assurance, through appropriate valid and comprehensive systems of student assessment, that each individual graduate has achieved the graduate competency outcomes.

In addition, the other purposes of course accreditation—as set out in section 1—should be achieved. This does not preclude the achievement of additional graduate outcomes or other course or institutional purposes, as long as these are not inconsistent with the agreed outcomes.

## 4. ACCREDITATION CRITERIA

Accreditation criteria are *indicators* that the professional graduate outcomes, referred to as ‘graduate competency outcomes’, will be achieved and that the other purposes of the accreditation process will be achieved. In general, where an institution and course meet the criteria it can be assumed that the graduate competency outcomes and other purposes will be achieved. If certain criteria are not met, then the provider must demonstrate how those outcomes and purposes are to be achieved. Criteria have been developed from a review of the literature, including NMRA course assessment criteria.<sup>9</sup>

The term ‘must’ is used where a criterion is considered necessary for the achievement of the necessary graduate competency outcomes. The term ‘should’ is used for criteria that are helpful but not necessary for the achievement of graduate competency outcomes, or are related to additional outcomes and purposes.

The relevant ANMC competency standards need to be interpreted in the context of the particular jurisdiction and Australia as a whole, and developments in society and culture that are likely to affect nursing and midwifery practice. This would include matters related to ethnicity, social dislocation, population age profiles, and occupational and recreational health and safety matters.

### 4.1 EDUCATION INSTITUTIONS

Education institutions that are already quality assured or accredited as institutions within their sector by recognised agencies<sup>10</sup> do not need to be separately accredited by the NMRA. Such quality assurance or accreditation provides an institutional context for the professional accreditation of courses by the NMRA.<sup>11</sup>

Any involvement with providers that are not accredited or quality assured by a recognised agency should be treated with great caution. Where a provider is not accredited or quality assured by such a recognised agency, such accreditation or assurance must be sought before an approach is made to the NMRA for professional accreditation of courses.

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<sup>9</sup> See Preston 2006.

<sup>10</sup> Recognised agencies for the quality assurance or accreditation of higher education institutions and vocational education and training institutions (respectively) are the Australian Universities Quality Agency (AUQA) and the state/territory bodies that recognise registered training organisations (RTOs) under the Australian Quality Training Framework (AQTF).

<sup>11</sup> Research is an important part of this institutional context (in VET as well as universities). Excellent and substantial research is vital to the quality of professional practice and to health care generally. This is much broader than the relationships of research with courses and students that are the direct concern of this framework (see 4.2.9). Research findings need to be integrated into practice, and a significant strategy for doing this is through initial and post-initial professional education, as well as informing policy, practice and administration in the field (see National Nursing & Nursing Education Taskforce 2006).

## **4.2 COURSES**

### **4.2.1 GOVERNANCE**

Courses must be provided within an institutional context (faculty, school or department within a larger institution) that is well-managed, adequately resourced and supportive of high-quality courses. Governance structures and functions should be defined and make clear the relationships within the relevant institution (university for registered nurse, nurse practitioner and midwifery courses or Vocational Education and Training (VET) provider for enrolled nurse courses) and with external professional experience facilities and other institutions. There should be clear processes for involvement in decision-making (or consultation as appropriate) of teaching staff, students and other stakeholders, especially the wider profession and health care providers. There should be appropriate processes for developing, monitoring and reviewing courses and other activities of the faculty, school or department. These processes may be covered by the accreditation of the institution (4.1 above), or under relevant headings below.

The selection, organisation, sequencing and delivery of learning experiences must be such that all students have the opportunity to fully attain the relevant graduate competency outcomes. In addition, the course should have emphases, specialisations and electives that reflect the circumstances and needs of the community, the profession and health care providers in the context of other courses offered in the jurisdiction, and wider national or international circumstances and needs.

All students, irrespective of the mode of course delivery, must have adequate and appropriate learning experiences and learning support (including through information and communications technology) to ensure the full development of all graduate competency outcomes.

In general facilities and resources will be covered by the accreditation or quality assurance of the education institution (see 4.1). However, it will also be important to ensure that those associated with the course and utilised by the students of the course are risk assessed and that risk minimisation strategies are in place. The facilities and resources to be utilised by students must be of sufficient quality and quantity that all students can achieve the relevant graduate competency outcomes.

### **4.2.2 STAFFING**

Staff responsible for each element of the course, including professional experiences, must be appropriately qualified and oriented for their roles and responsibilities.<sup>12</sup>

The supervision of students in all aspects and stages of the course must be such that student learning is not compromised. Staff must be appropriately accessible to students.

### **4.2.3 STUDENTS**

Students may enter the course following diverse routes and have different academic, work and life experiences and achievements, different cultural and linguistic backgrounds, and be of different ages—consistent with the policies regarding minimum standards, equity and fairness of the accredited education provider. Aboriginal and Torres Strait Islander students should be encouraged to enrol.

However, all students must be expected to attain the required graduate outcomes, including English language competencies (reading, writing, speaking and listening).

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<sup>12</sup> There may be instances where nursing/midwifery qualifications are not held by the most appropriate person. For example, if cross-professions teamwork and communication is being developed in a clinical setting, the most suitable person to mentor/supervise and assess all students involved may be an academic or practitioner from another profession. In such cases, an explanation must be given as to why a person without nursing/midwifery qualifications is appropriate.

Students requiring additional or special assistance should receive such assistance in a way that is not detrimental to the learning of other students. Prior learning and experience of students should be formally recognised as appropriate. Aboriginal and Torres Strait Islander students and students from cultural and other groups underrepresented in the profession should be encouraged to enrol and appropriate support provided.<sup>13</sup>

#### 4.2.4 COURSE LENGTH AND STRUCTURE

The length<sup>14</sup> of the course and the time and place in the course allocated to each component (including professional experiences) must be appropriate to the competencies to be developed, with an expectation of an integration of theory and practice.

The structure of the course should allow for pathways for entry and exit, and appropriate recognition of prior learning or relevant existing qualifications (such as enrolled nurses).

#### 4.2.5 CURRICULUM CONTENT

The core curriculum content must comprehensively cover the relevant competency standards, including critical thinking and the exercise of clinical judgement. How the competency standards will be achieved should be clearly visible in the curriculum.

The core curriculum and electives should also cover the particular priorities and circumstances in the jurisdiction or region, specialisations of the course or provider, and matters connected with leading research being undertaken by research centres or teams associated with the course.

#### 4.2.6 APPROACHES TO TEACHING AND LEARNING

Approaches to teaching and learning should be based on adult learning principles, and develop a capacity for and commitment to life-long learning.

They must also be consistent with development of relevant competencies.<sup>15</sup>

#### 4.2.7 STUDENT ASSESSMENT

A system of formative and summative student assessment that is explicit, valid, reliable and comprehensive against relevant competency standards must be used to determine progression and graduation of students.

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<sup>13</sup> The World Health Organization (WHO) South-East Asia Regional Advisory Group on Management of Nursing and Midwifery Workforce is carrying out work on student nurses and midwives, the outcomes of which may be relevant to this section.

<sup>14</sup> The National Review of Nursing Education recommended that the minimum qualification for registered nurses 'should remain a university-based bachelor degree, with a minimum length equivalent to six full-time semesters' (National Review of Nursing Education 2002, recommendation 22, p. 25).

<sup>15</sup> For example, developing competencies concerned with working collaboratively with other health professionals should involve clinical and other experiences actually working with students and qualified staff in other health professions. Developing leadership competency (especially in nurse and midwife practitioner courses) should involve actual leadership experience. Similarly, developing sensitivity to and understandings of other cultures should involve experience in and with other cultures, including working with individuals from other cultures as colleagues and patients or clients. Development of communication competencies should involve extensive language experiences (especially oral—speaking and listening—as well as reading and writing) for students from non-English speaking backgrounds, and ensure intelligibility and, as far as practicable, clear communication with people from the diverse cultural and social backgrounds likely to be encountered as a practicing nurse or midwife in Australia.

#### **4.2.8 PROFESSIONAL EXPERIENCE**

There must be a formal agreement between the education provider and the facility providing the professional experiences, and this must be developed in accordance with the education provider's policies for such agreements. The agreement may cover the learning objectives for students undertaking professional experiences, assessment requirements, the roles and responsibilities of each party, and an evaluation of the experience.

The facility staff responsible for supervising students, whether engaged by the education institution or the clinical facility, must be appropriately qualified and oriented to the role, and fully carry out their responsibilities in relation to students.

Risk management processes should be in place at every facility in which students participate in professional experience.

Professional experience must, at least at a general level, be integrated with theoretical studies. It must be provided in sufficient duration, structure, intensity and diversity so students can develop all relevant ANMC competencies. Diversity should cover different types of facilities, geographic locations, consumer groups, and duties and responsibilities (within the student's scope of practice).

Appropriate staff from the professional setting should be involved in formative and summative assessment of student professional experience placement outcomes (theoretical and practical). However, overall summative assessment must remain the responsibility of the education institution.

#### **4.2.9 RESEARCH**

The contribution of staff to the education program must be informed by research and scholarship. The curriculum and approaches to teaching and learning of the course must be evidence-based.

Students, as future professionals, should be inducted into a culture of inquiry through exposure to the research activities of academic staff, as well as gaining the specific research understandings and competencies required to achieve the relevant ANMC competencies.

## 5. NATIONAL ACCREDITATION PROCESS

### 5.1 RELATIONSHIP WITH REGISTRATION

Graduates can only be registered (enrolled or endorsed) as a registered nurse, midwife, enrolled nurse or nurse (or midwife) practitioner if the course from which they have graduated has been accredited, and if the institution that has provided the course has been accredited (or quality assured) by a recognised agency. Accreditation must occur before the course commences, and information about accreditation status (and registration eligibility) must be explicitly communicated to potential and enrolled students if the accreditation process is not complete or if the course has been granted conditional accreditation.

### 5.2 DECISION-MAKING RESPONSIBILITY AND ACCOUNTABILITY

All Australian NMRAAs have the legislated function and power to assess and approve or accredit courses related to entry to practice as a registered nurse or midwife or an enrolled nurse. Broad provisions or policy permit this approval or accreditation function for courses leading to registration or endorsement as nurse practitioners (and midwife practitioners where appropriate). Current NMRA committees responsible for assessing courses for accreditation or approval are of diverse status and membership. Some have membership and functions specified in legislation, others are created as standing committees of the NMRA, and others are created on an ad hoc basis as the need arises. In some cases there are two levels of committees/panels below the NMRA.

Under the framework set out in this paper, unless legislation in a particular jurisdiction requires otherwise, the accreditation committee must recommend to the NMRA that it adopts the accreditation report on a particular course it has prepared. The NMRA must adopt the report unless it has grounds to believe the accreditation committee has failed to follow appropriate processes or meet the specified standards for decision-making and reporting (including basing decisions on accurate and relevant evidence). If the NMRA decides not to adopt the report it must provide reasons to the accreditation committee which should then endeavour to correct the report. The appeals and review processes are described in 5.12.

### 5.3 AUTHORITIES AND PERSONNEL

Those responsible for the accreditation of nursing and midwifery courses leading to initial registration, enrolment or endorsement within Australia should be *impartial* and *expert*.

*Impartiality* is generally explicit in the legislative basis of the NMRA. However, it should also be explicitly assured through the accreditation process. This can be done by formal requirements that the accreditation process is to be carried out in the public interest (primarily in terms of competent and safe professional practitioners) and that conflicts of interest of personnel involved should be avoided or declared. Impartiality can also be facilitated through an appropriate balance of current practicing clinicians, personnel from the education provider sector, and others, and by involving personnel from other jurisdictions and/or other professions. External personnel involved in course development generally should not be involved in the subsequent accreditation process; however, representatives from the NMRA can provide valuable guidance on course development.

*Expertise* should be assured by an appropriate mix of expertise among personnel (including consumers), by adequate resourcing (funds, personnel, time) of the process, and by formal requirements that information be appropriately collected and managed, and that decisions be evidence-based.

#### **5.4 COURSE DEVELOPMENT**

An education provider planning to develop a relevant course should have preliminary discussions with the NMRA on the criteria for accreditation and guidelines for course proposal. The course development process should involve representatives from stakeholders outside the provider (including professional representative organisations, major employers and consumer representatives).

#### **5.5 APPLICATION FOR ACCREDITATION**

The NMRA and education provider must agree on a timeline for the accreditation process. The timeline must allow adequate time for effective and valid accreditation while facilitating the efficient and timely development and implementation of courses. The process is not expected to go beyond six months.

#### **5.6 SELF-ASSESSMENT BY COURSE PROVIDERS**

The education provider must provide a comprehensive self-assessment of the course as part of the accreditation documentation. This self-assessment must follow a specified format and respond to all criteria. It must also demonstrate how the course meets the accreditation standards and criteria. It should be evidence-based and include relevant documentation, such as curriculum and assessment documents; reports on facilities, staff numbers and qualifications and other resources; and reports on the accreditation (or quality assurance) of the provider and clinical facilities.

#### **5.7 ACCREDITATION COMMITTEE REVIEW OF SELF-ASSESSMENT**

The accreditation committee must review the self-assessment, and prepare a response which notes matters requiring additional information or clarification, or where aspects of the course and its provision do not appear certain to adequately meet criteria. This response should be given to the education provider in sufficient time for their consideration prior to the site visit.<sup>16</sup>

#### **5.8 SITE VISITS TO EDUCATION PROVIDERS**

Members of the accreditation committee should conduct a site visit.<sup>17</sup>

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<sup>16</sup> If a site visit is difficult and considered unnecessary (for example, where a recent site visit for the accreditation of another course adequately covered matters such as facilities and resources), then follow-up of the response to the self-assessment may occur through other appropriate means such as a meeting at a suitable location other than the site or an electronic meeting (such as a video conference that might include filmed evidence of facilities, a teleconference, or an email exchange—the nature of the electronic meeting to be appropriate to its purposes and the circumstances).

<sup>17</sup> As above.

The site visit has two major purposes. The first is to confirm or provide additional information on matters such as physical facilities and resources such as libraries and laboratories. The second is to provide an opportunity for formal and informal follow-up of the response to the self-assessment.

## 5.9 PREPARATION OF DRAFT REPORT

Following the site visit<sup>18</sup>, the accreditation committee must prepare a draft final report on the course. The report should make clear the proposed decision regarding accreditation of the course and the reasons behind the decision. In addition, the accreditation committee should take the opportunity to constructively comment on aspects of the proposed course in relation to any criteria, with a view to quality improvement and affirmation of positive features.

## 5.10 OPPORTUNITY FOR PROVIDER TO RESPOND TO DRAFT REPORT

The provider must have an opportunity to respond to the draft report, in particular to correct factual errors or misunderstandings. This may involve providing new evidence.

## 5.11 OUTCOMES OF THE ACCREDITATION PROCESS

The outcomes of the accreditation process must be valid and transparent. They must be based on the fulfilment or lack of fulfilment of the criteria (see sections 3 and 4), according to evidence.

Accreditation will be one of the following:

- > *Full accreditation* is when all criteria are met (see section 4), awarded for the maximum period (see section 5.13) unless relevant changes are planned or expected for the course or institution. In addition, full accreditation will be awarded if the course is assessed as satisfactory in terms of achievement of required graduate outcomes, even if not fully satisfactory in terms of quality improvement (see section 1.2.2, and criteria in section 4 preceded by ‘should’). In such a case relevant recommendations will be made as part of the accreditation report.
- > *Conditional accreditation* is when certain essential<sup>19</sup> criteria are not met. Any inadequacies should be assessed as not necessarily compromising the final achievement of graduate outcomes by individual students (that is, that the graduates of the course would still be ready for registration, enrolment or endorsement, and for competent practice). Therefore inadequacies must be compensated for during the enrolment of all affected students. For example, if certain essential physical facilities or staff expertise are not available at the time of course commencement they must be available in an educationally and practically appropriate way to students before they complete the course. Conditions and timelines involved must be explicit and monitored with a view to full accreditation being achieved as quickly as possible. Students considering or undertaking the course should be fully informed of the accreditation status of the course and progress towards full accreditation.
- > *Denial or withdrawal of accreditation* is when essential criteria are not met, in such a way that students cannot attain the required graduate outcomes through their participation as students of the course.

Outcomes and an accreditation report (not containing material withheld on legitimate confidentiality or privacy grounds) must be made public.

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<sup>18</sup> As above.

<sup>19</sup> Essential criteria are those judged normally necessary for the achievement of the required professional graduate outcomes.

## **5.12 ANY REVIEW OF PROCESS<sup>20</sup>**

The education provider may request a review only on the basis of an alleged failure of the accreditation committee to follow appropriate processes or to meet specified standards for decision-making and reporting (including basing decisions on accurate and relevant evidence). Requests for such a review must be addressed to the NMRA and be dealt with expeditiously.

## **5.13 LENGTH OF ACCREDITATION**

Full accreditation shall normally be for five years. It may be less if changes in the course or provider are planned or they may be materially affected by other review processes. The length of conditional accreditation shall be determined by the conditions, but will normally be a maximum of three years.

## **5.14 REPORTING DURING THE ACCREDITATION PERIOD**

A mid-term report on each accredited course must be made by the education provider to the relevant NMRA. This report must include staff profiles, numbers and demographics of students, information on responses to recommendations in accreditation reports, and any major planned or unplanned changes to the course and its provision (including curriculum, staffing, resources and students).

The education provider must notify the NMRA of any change relevant to the accreditation status of the course as soon as possible. If a major change is planned, notification should be consistent with negotiated timetable for full accreditation, though a shortened period may be agreed. Attention must be given to indicating how the necessary graduate outcomes will be met in the changed circumstances.

## **5.15 REACCREDITATION**

Reaccreditation after the period of full accreditation or after a major change in the course must follow the procedures for initial accreditation (though it may include student focus groups and other assessments of the actual operation of the course). However, relevant documentation and aspects of reporting from the earlier accreditation process may be reused for those areas where there has been no change, thus simplifying the process and reducing its demands on participants.

## **5.16 STANDARDISATION AND NATIONAL MANAGEMENT OF DATA**

Accreditation reports and mid-term course reports should be prepared according to a standard format.

Edited summaries could be maintained in a database or electronic library that is accessible to existing and potential course providers and to NMRAAs and their accreditation committees. The major purposes for doing include the continuous improvement of courses and the facilitation of efficient and effective accreditation.

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<sup>20</sup> This may not be fully consistent with current legislation in some jurisdictions, and where that is the case the legislation prevails.

A publicly available list of all accredited courses should be maintained, with provider contact details and a brief description of the course (structure, mode of delivery and significant emphases or specialisations if not apparent from its title).

The electronic library should be developed and maintained by the ANMC in consultation with the NMRAs and the CDNM.

### **5.17 TRANSITIONAL ARRANGEMENTS**

All courses and providers accredited under previous arrangements should maintain accreditation (if there are no relevant changes to the course or its provision) up to the time their next accreditation review would be due under the previous system, or five years—whichever is less. Then a full accreditation process under the new system must occur.

Transition to the new accreditation system should involve documentation and evaluation activities from the beginning, including comparisons with the previous/existing system for the purposes of evaluation and improvement of the new system.

### **5.18 ONGOING MONITORING AND EVALUATION OF ACCREDITATION PROCESSES AND CRITERIA**

The accreditation process and criteria should be monitored and evaluated, taking account of the principles set out in section 2.

The education provider and accreditation committee members should assess the accreditation process as it is occurring according to a standard format. This would cover matters such as the adequacy of time allowed for aspects of the process, the relevance and burdensomeness of requirements, and any other issues that arise. Input may be sought from students and graduates of accredited programs and other stakeholders.

A brief evaluation report should be lodged with the NMRA. Appropriate modifications may be made to future accreditation processes. Recommendations regarding the framework as a whole should be communicated to the ANMC and other NMRAs, for possible collaborative action if that is considered necessary before a scheduled periodic review (see 5.19).

### **5.19 PERIODIC REVIEW OF THE NATIONAL FRAMEWORK FOR THE PROFESSIONAL ACCREDITATION OF NURSING AND MIDWIFERY COURSES**

At least once every five years all the individual evaluations of accreditation processes should be studied by a national review committee which should also undertake a ‘meta-accreditation’ by examining the substance of the framework as a whole with a view to making recommendations regarding amendments to the framework and its implementation. The review committee should be convened by the ANMC and include representatives from NMRAs, education providers, professional representative organisations, students, major employers and other stakeholders. Substantial ‘meta-accreditation’ could involve personnel experienced in accreditation and meta-accreditation in other professions. The review committee’s recommendations should be directed to the ANMC and NMRAs.

## GLOSSARY AND SHORTENED FORMS

**ANMC**, the Australian Nursing and Midwifery Council, is a peak body established in 1992 to facilitate a national approach to nursing and midwifery regulation. The ANMC works with state and territory nursing and midwifery regulatory authorities (NMRAs) in evolving standards for statutory nursing and midwifery regulation.

**CDNM**, the Council of Deans of Nursing and Midwifery (Australia and New Zealand), formerly known as the Australian Council of Deans of Nursing, is the peak organisation that represents the deans and heads of the schools of nursing in universities that offer undergraduate and postgraduate programmes in nursing and midwifery throughout Australia and New Zealand.

**Clinical facilities** are those health units or other appropriate service providers where students undertake a period of supervised work (paid or unpaid) as part of a *course*, the graduates of which are eligible to apply for nursing or midwifery registration, endorsement or enrolment.

**COAG**, the Council of Australian Governments, is the peak intergovernmental forum in Australia, comprising the prime minister, state premiers, territory chief ministers and the president of the Australian Local Government Association.

**Course** is the full program of study and experiences that are required to be undertaken before a qualification recognised under the Australian Qualifications Framework, such as a Bachelor of Nursing, can be taken out.

**CS&HISC**, the Community Services and Health Industry Skills Council, is the recognised peak national body providing advice to government and industry on the training and skills development needs of the community services and health workforce (including enrolled nurses).

**Education provider** is a university or other higher education institution, or a recognised training organisation, responsible for a *course*, the graduates of which are eligible to apply for nursing or midwifery registration, endorsement or enrolment.

**Formative assessment** is an assessment intended to provide feedback for future learning, development and improvement.

**NMRAs** are Nursing and Midwifery Regulatory Authorities, and include the state and territory nursing and midwifery registration boards or equivalent authorities.

**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 propriety interest in the outcome
- > those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to answer the case and present their own case
- > the decision must be based on sound argument and evidence
- > those affected must be given the reasons for the decision.

**Summative assessment** is the assessment that leads to an indication whether or not certain criteria have been met or whether or not certain outcomes have been achieved.

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