

Consultation Paper 1: Nurse Practitioner Accreditation Standards

Review of Nurse Practitioner Accreditation
Standards

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Introduction

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

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

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

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

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

Consequently, consultation will be carried out across Australia to ensure stakeholders have opportunities for engagement with the review process. This consultation with stakeholders will ensure the new accreditation standards are contemporary, comprehensive, clearly articulated and nationally consistent.

Objectives of the review

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

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

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

² Health Practitioner Regulation National Law Act 2009 Qld.

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

Context of the review

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

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

The revised Nurse Practitioner Accreditation Standards will be the standards against which education providers and programs will be assessed by ANMAC once approved by the NMBA. The objective of nurse practitioner programs of study is to ensure graduates are able to meet the NMBA approved Nurse Practitioner Standards of Practice⁵ and, therefore, practice safely and competently in the context of the current Australian health care environment. Successful completion of such programs allows graduates to apply for endorsement with the Australian Health Practitioner Regulation Agency (AHPRA) as a nurse practitioner.

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

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

³ Health Practitioner Regulation National Law Act 2009 Qld.

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

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

Purpose of the consultation paper

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

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

This Consultation Paper also includes the first revised version of the draft Nurse Practitioner Accreditation Standards for stakeholder consideration and feedback. Critical review of all the draft standards and criteria is encouraged. Questions placed throughout the Consultation Paper are provided to stimulate discussion and feedback in key areas identified by the Expert Advisory Group. How feedback can be provided and incorporated is outlined in the section—‘Consultation processes’. The comprehensive review process that incorporates a high level of stakeholder consultation and feedback will ensure that the final published versions of the accreditation standards will be based on the best available evidence and, where possible, a consensus from experts and stakeholders in the relevant fields. Furthermore, the review’s consultative process provides an opportunity to evaluate whether the expectations reflected in the revised Nurse Practitioner Accreditation Standards are considered reasonable by education providers and other stakeholders in terms of benefits and burdens.

Consultation process

Following the decision to review the accreditation standards for nurse practitioner programs of study, an Expert Advisory Group (EAG) was established by the ANMAC Board comprising the following people:

- Professor Anne Gardner, Australian Catholic University, EAG Chair
- Doctor Rosemary Bryant, Commonwealth Chief Nurse and Midwifery Officer
- Ms Julianne Bryce, Australian Nursing and Midwifery Federation Nominee
- Ms Amanda Davies, Nursing Practitioner, Nursing Policy Advisor, Queensland
- Professor Phil Della Curtin University, Council of Deans for Nurses and Midwives Australian and New Zealand nominee
- Professor Maxine Duke, Deakin University, Educationalist
- Professor Glenn Gardner, ANMAC Nurse Practitioner Accreditation Committee, Chair
- Ms Helen Gosby, Australian College of Nurse Practitioners Nominee
- Mr Christopher Helms, Nurse Practitioner
- Associate Professor Greg Kyle, University of Canberra, Pharmacist
- Ms Helen Mikolaj, Health Consumer Forum of Australia Nominee
- Professor Lisa Nissen, Queensland University of Technology, Pharmacist
- Ms Jane O’Connell, Nurse Practitioner

- Ms Veronica Croome, Australian and New Zealand Council of Chief Nurses and Midwives Nominee
- Ms Lesley Salem, Nurse Practitioner
- Clinical Professor Fiona Stoker, ANMAC Board, Chair
- Professor Bob Meyenn, ANMAC Standards, Accreditation and Assessment Committee, Chair
- Ms Jo Gibson, ANMAC Associate Director for Professional Programs
- Ms Julie Watts, ANMAC Associate Director for Professional Programs.

ANMAC advisory staff:

- Ms Amanda Adrian, ANMAC Chief Executive Officer
- Ms Louise Carter, ANMAC Executive Director of Implementation Strategies and Communications
- Ms Donna Mowbray, ANMAC Executive Director of Accreditation and Assessment Services
- Ms Jackie Doolan, ANMAC Standards Review and Development Co-ordinator, Project Lead

The EAG, supported by ANMAC staff, have developed a project plan for the review of the Standards in order that they be finalised and submitted to the Nursing and Midwifery Board of Australia (NMBA) in 2015. A list of key stakeholders has also been identified for the purpose of participation in the process of consultation (see Appendix 1).

The development of this consultation paper has been guided by the EAG and will be distributed to all identified stakeholders and placed on the ANMAC website. The consultation process will include a number of methods by which stakeholders can provide input into the review of these accreditation standards.

Two rounds of consultation forums for identified stakeholders are planned:

Initial forums:

- Three initial consultation forums: Brisbane – 22 July, Melbourne – 23 July, and Perth – 29 July 2014.

Final forum:

- Final consultation forum: Sydney – 11 November 2014.

Additionally, stakeholders and other interested parties will be offered the opportunity to provide feedback in writing following dissemination of each consultation paper. The consultation paper includes the first draft of the Nurse Practitioner Accreditation Standards (Version 1) and identifies proposed areas for revision. The questions embedded within the consultation paper aim to stimulate stakeholder consideration of these proposed changes and promote their response.

- Questions provided in **Consultation paper 1** can be accessed as an online survey via the following link:

www.surveymonkey.com/s/Survey_1_Nurse_Practitioner_Accreditation_Standards_Review

- Alternatively, written feedback can be sent to the following email address: standardsreview@ANMAC.org.au.
- **Stakeholder feedback would be appreciated by close of business 4 July 2014** in preparation for the first of the initial consultative forums in Brisbane 22 July 2014.

Feedback from the first round of consultation will inform the development of a second consultation paper with a second version of the draft Nurse Practitioner Accreditation Standards which will again be circulated to stakeholders for comment and be the subject of consultation at the second forum. The [ANMAC website](#) will be updated to reflect the stages of the review.

Nurse practitioner role

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

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

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

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

Nurse practitioner endorsement

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

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

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

As of January 2014 the NMBA’s Nurse Practitioner Standards of Practice replaced the NMBA approved National Competency Standards for the Nurse Practitioner that were initially published by the Australian Nursing and Midwifery Council in 2006. The term ‘competency’ has now been removed from the new NMBA standards of practice.

Current status

The AHPRA reported in its 2013 annual report that there were 763 nurse practitioners in 2012-13 an increase from 512 in 2010 -11.¹³ In 2014 over 1000 nurse practitioners were endorsed in Australia.¹⁴ However in census studies undertaken in 2007 and 2009 only 75% were working as nurse practitioners.^{15 16} Data from the 2012 national survey by the Australian College of Nurse Practitioners, the professional body who represents more than 50% of endorsed nurse practitioners in Australia, revealed that 12% of endorsed nurse practitioners were not employed in a nurse practitioner role.

Nurse practitioners work in a variety of clinical settings, ranging from primary to tertiary care environments. They work in generalist to specialist capacities within the nursing profession.

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

¹³ Australian Health Practitioners Regulation Agency, Regulating health practitioners in the public interest. Annual Report 2012-2013.

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

¹⁵ Gardner A, Gardner G, Middleton S and Della P. 2009. The status of Australian nurse practitioners: the first national census *Australian Health Review*, 33(4). 679–689.

¹⁶ Middleton S, Gardner A, Gardner G and Della P. 2011. The status of Australian nurse practitioners: the second national census. *Australian Health Review*, 35. 448–454.

The 2010 health reforms, including access to the Medical Benefits Scheme and the Pharmaceutical Benefits Scheme, have allowed nurse practitioners to explore innovative practice models in both the public and private healthcare sectors. The profession continues to build capacity, which allows for professional mentorship and clinical placement opportunities for nurse practitioner students.

Areas for consideration

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

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

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

These papers assisted in the identification of other primary and secondary resources, all of which were analysed and in discussion with the EAG led to the following issues being highlighted for consideration in the revision of the Nurse Practitioner Accreditation Standards.

Feedback from stakeholders will be critical in ascertaining the relevance and impact of these issues and will guide proposed changes to the accreditation standards.

Standard 2 Curriculum framework

Capability

Little has been published on the effectiveness of the education preparedness of nurse practitioners. In general, nursing and midwifery curricula have emphasised the development of competence as an outcome measure of learning. When developing the inaugural Australian standards for nurse practitioners Gardner et al (2004) identified the notion of capability because it incorporated attributes related to creativity, dealing with complexity and using competencies in novel and unpredictable environments.¹⁷ Gardner et al (2008) argued that, due to the complexity of the nurse practitioner role, capability as well as competence should be considered.¹⁸ Fraser and Greenhalgh (2001) describe competence as what an individual knows or is able to do in terms of knowledge, skills and attitude whereas capability is the extent to which an individual can adapt to change, generate new knowledge and continue to improve their practice.¹⁹ Furthermore competence is considered to reflect previous performance where capability measures the ability to apply competencies in both novel and

¹⁷ Gardner, G., Carryer, J., Dunn, S., & Gardner, A. 2004. *Nurse practitioner standards report*. Canberra Major Research Report. ANMC, Canberra, ACT. ISBN 095806976X.

¹⁸ Gardner A, Hase S, Gardner G, Dunn S, and Carryer J. 2008. From competence to capability: a study of nurse practitioners in clinical practice. *Journal of Clinical Nursing*, 17 (2), 250-258.

¹⁹ Fraser S and Greenhalgh. 2001 Coping with complexity: educating for capability. *British Medical Journal*, 323, 799-803.

familiar situations.²⁰ Research by Hase and Davis as cited in Gardner et al (2006) show that capability and its dimensions include²¹:

- knows how to learn
- works well with others
- is creative
- has a high degree of self-efficacy
- applies competencies to both novel and familiar situations.

These dimensions provide a model for describing the advanced level attributes of nurse practitioners. Nurse practitioners have highlighted unique elements of their practice which align well with these dimensions of capability.²² The current²³ and draft Nurse Practitioner Accreditation Standards continue to support nurse practitioner program curricula that emphasise both competence and capability as graduate outcomes.

DRAFT Nurse Practitioner Accreditation Standards - Version 1

Examples of proposed criteria to enable the development of capability dimensions within nurse practitioner practice.

The program provider demonstrates:

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

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

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

- a. enable achievement of stated learning outcomes
- b. scaffold learning appropriately throughout the program
- c. engender deep rather than surface learning
- d. embed contextualised experiential learning and scenario-based evaluation
- e. develop and enhance intellectual skills in inquiry, analysis and synthesis in dealing with complex information
- f. build clinical leadership and clinical scholarship

²⁰ Gardner A, Hase S, Gardner G, Dunn S, and Carryer J. 2008. From competence to capability: a study of nurse practitioners in clinical practice. *Journal of Clinical Nursing*, 17 (2), 250-258.

²¹ Gardner G, Dunn S, Carryer J and Gardner A. 2006. Competency and capability: Imperative for nurse practitioner education. *Australian Journal of Advanced Nursing*, 24 (1), 8-14.

²² Gardner A, Hase S, Gardner G, Dunn S, and Carryer J. 2008. From competence to capability: a study of nurse practitioners in clinical practice. *Journal of Clinical Nursing*, 17 (2).250-258.

²³ Nursing and Midwifery Board of Australia approved *Australian and Nursing Midwifery Council, Nurse Practitioners: Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia - with Evidence Guide February 2009*. Viewed at www.anmac.org.au/accreditation-standards on 14 May 2014

- g. enable intraprofessional and interprofessional learning for collaborative practice.

5.11 A comprehensive summative assessment of the student's achievement of the Nurse Practitioner Standards of Practice on completion of the program. This assessment includes a comprehensive clinical viva voce within the student's nominated scope of practice by suitably qualified members of the multidisciplinary team and should demonstrate achievement of AQF level 9 graduate descriptors.

QUESTION 1:

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

- a) Yes, they are sufficient.
- b) No, they are not sufficient.
- c) I am unsure.

If you answered b) or c) please provide your reason.

Standard 3 Program development and structure

The National Prescribing Competencies Framework

The nurse practitioner role in Australia is evolving. Recent legislative changes have meant that from late 2010 nurse practitioners have been able to access the Medical Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS). Medicare benefits are available for specific services provided by participating privately practising nurse practitioners working in legislated collaborative arrangements. Participating nurse practitioners are able to request certain pathology and diagnostic imaging services for their patients and refer patients to specialists and consultant physicians, as the clinical need arises.²⁴ Nurse practitioners endorsed to prescribe under state or territory legislation can apply for approval as PBS prescribers (*authorised nurse practitioners*). Prescribing of PBS medicines is contingent on a prescriber being an authorised nurse practitioner and having collaborative arrangements in place, as required by amendments to the National Health Act 1953.²⁵ In view of this, the National Prescribing Competencies Framework²⁶, as a new resource, is being considered for inclusion in the Nurse Practitioner Accreditation Standards to support preparation for the nurse practitioner scope of practice.

The National Medicines Policy²⁷ aims to improve health outcomes for all Australians through access to, and wise use of, medicines so that both optimal health outcomes and economic objectives are achieved. The Policy has four central objectives:

²⁴ Medicare Australia. Eligible Nurse Practitioners Questions and Answers Viewed at www.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-pract-qanda-nursepract accessed on 23 January 2014.

²⁵ Department of Health. Browse by Nurse Practitioner Items. Viewed at www.pbs.gov.au/browse/nurse accessed on 23 January 2014.

²⁶ NPS: Better choices, Better health. 2012. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited. Viewed at www.nps.org.au/health-professionals/professional-development/prescribing-competencies-framework on 14 May 2014.

²⁷ Australian Government. The Department of Health and Ageing. National Medicines Policy 2000.

1. Timely access to the medicines that Australians need, at a cost that the person, the facility, and the community that funds the health system can afford
2. Medicines that meet the standards of quality, safety and efficacy
3. Quality use of medicines (judicious, appropriate, safe and effective use of medicines)
4. Maintaining a responsible and viable medicines industry.

In support of objective three, quality use of medicines, the National Prescribing Service has developed competencies for health professionals who prescribe. The National Prescribing Competencies Framework identifies the knowledge, skills, and behaviours required by practitioners who prescribe autonomously, and establishes an acceptable standard of practice across the contexts in which they are reasonably expected to practise. This framework is currently being adopted by several other health professions and promotes opportunities for interprofessional learning. A summary of the National Prescribing Competencies is shown in Appendix 2.

A recent study reported seventy-eight per cent of nurse practitioners prescribe medicines as part of their practice, prescribing 234 separate medications from most Australian Medicines Handbook major drug classifications.²⁸ Consequently, the National Prescribing Competencies Framework is considered relevant to the nurse practitioners' scope of practice and may be seen as an important new resource to support student attainment of nationally accepted standards in prescribing. The National Prescribing Competencies Framework offers a way in which prescribing practices can be assessed that is consistent with the overarching Nursing Practitioner Standards of Practice.

DRAFT Nurse Practitioner Accreditation Standards - Version 1

Proposed criterion to support student attainment of nationally accepted standards in prescribing:

The program provider demonstrates:

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

QUESTION 2:

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

- a) Yes
- b) No

If you answered no, please provide a reason for your response.

Integrated professional practice terminology

Provision of learning experiences in the clinical setting is central to nurse practitioner education. This clinical learning context provides opportunities for the student to develop both

²⁸ Buckley T, Cashin A, Stuart M, Browne G and Dunn S. 2013. Nurse practitioner prescribing practices: the most frequently prescribed medications. *Journal of Clinical Nursing*, 22, 2053–2063.

professional and clinical competency and to demonstrate capability attributes. 'Integrated professional practice' is a title considered by the EAG to most aptly label this element of the curriculum and is being considered for inclusion, to replace the term 'professional experience', in the Nurse Practice Accreditation Standards.

QUESTION 3:

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

a) Yes

b) No

If you answered no, please provide your reason.

Specified minimum hours and supernumerary integrated professional practice

In Australia health care settings are changing with a move away from an emphasis on health care delivery in acute care and tertiary settings to greater diversity of continuing care and primary health care settings.^{29 30 31} These changes to health care delivery are likely to result in new employment opportunities for Nurse Practitioners and will continue to require them not only to be clinically capable but also able to demonstrate clinical leadership in systems where forging new roles can be a challenge.

So that students are fully prepared to practice safely at the high level required on completion of the Masters Degree the EAG proposes that supernumerary clinical learning time be part of all nurse practitioner programs of study. It is thought that supernumerary time will foster the development of nurse practitioner capability that includes³²:

... not only knowledge and skills but also the capacity to continue to learn from experience, to act in unfamiliar and changing contexts, to be clear on professional purpose and to successfully function with others in the workforce.

Workplace models of clinical learning, although widely used in other programs, for example midwifery, are problematic for nurse practitioner students because these models generally do not include:

- A critical mass of endorsed and other student nurse practitioners to support clinical leaning
- Clinical support teams that fully understand the nurse practitioner role and scope of practice.

²⁹ Andregard, A-C., & Jangland, E. 2014. The tortuous journey of introducing the Nurse Practitioner as a new member of the healthcare team: A meta-synthesis. *Scandinavian Journal of Caring Science*. doi: 10.1111/scs.12120.

³⁰ The Centre for International Economics, 2013. Final Report: Responsive patient centred care: the economic value and potential of Nurse Practitioners in Australia. The Centre for International Economics. Prepared for Australian College of Nurse Practitioners.

³¹ NT Department of Health 2014-2016 Strategic Plan for Nurse Practitioners in the Northern Territory. Viewed at: www.health.nt.gov.au/nursing_and_midwifery/ on 23 May 2014.

³² Downton S, 2005. Imperatives of medical education and learning in response to demands for a sustainable workforce. *Medical Journal of Australia*, Vol. 183, No.11/12, pp595-598.

Furthermore, the current accreditation standards do not specify the length of integrated professional practice experience required during the Masters Degree, only that it is 'sufficient'. There is currently no published research or other empirical evidence that specifies best practice in terms of required clinical hours in Australian and international nurse practitioner programs.^{33 34} The EAG proposes stakeholders consider whether 500 hours of supernumerary clinical practice as a minimum standard is an appropriate inclusion for the Nurse Practitioner Accreditation Standards. This would not preclude programs from including a greater number of supernumerary hours or inclusion of additional integrated workplace learning (usually not supernumerary).

DRAFT Nurse Practitioner Accreditation Standards - Version 1

Proposed criterion to enable the specification of:

- a minimum number of integrated professional practice hours for all nurse practitioner programs of study
- 500 hours as the minimum number
- minimum integrated professional practice hours to be supernumerary.

The program provider demonstrates:

3.6 A minimum of 500 hours³⁵ of supernumerary integrated professional practice incorporated into the program that provides exposure to a range of health care settings relevant to the students' learning and teaching needs.

QUESTION 4:

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

- a) Yes
- b) No

If you answered no, please provide a reason for your response.

QUESTION 5:

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

- a) Yes
- b) No

If you answered no, please provide a reason for your response.

QUESTION 6:

³³ Bray C and Olson K, 2009. Family Nurse Practitioner Clinical Requirements: Is the best recommendation 500 hours? *Journal of American Academy of Nurse Practitioners* 21: 135-139.

³⁴ Hallas D, Biesecker B, Brennan M, Newland J and Haber J, 2012. Evaluation of the clinical hour requirement and attainment of core clinical competencies by nurse practitioner students. *Journal of American Academy of Nurse Practitioners* 24: 544-553.

³⁵ Inclusion may change – await stakeholder feedback.

Do you support this minimum number of hours being supernumerary?

a) Yes

b) No

If you answered no, please provide a reason for your response.

Standard 5 Student assessment

Student assessment

Requirements for inclusion of a *viva voce* examination is being considered as an assessment strategy to evaluate nurse practitioner students' standard of professional and clinical practice and development of capability attributes particularly prior to their transition into an endorsed nurse practitioner role. The *viva voce* assessment, when undertaken as a long case model, can require students to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedure and determine a management plan. This assessment enables evaluation of learning outcomes related to deep learning, application and synthesis of knowledge and high level clinical reasoning. The Nurse Practitioner Accreditation Standards specifies that the student's summative *viva voce* examinations are to be assessed by a multidisciplinary team.

DRAFT Nurse Practitioner Accreditation Standards - Version 1

Proposed criteria to support incorporation of clinical *viva voce* assessment.

The program provider demonstrates:

5.5 The use of a variety of assessment approaches to evaluate competence in the application of knowledge and skills at the required level and required for professional practice as a nurse practitioner including:

- a. a comprehensive portfolio of learning and integrated professional practice
- b. contextualised, scenario based assessment strategies
- c. *viva voce* clinical assessment
- d. observation in integrated professional practice settings.

5.11 A comprehensive summative assessment of the student's achievement of the Nurse Practitioner Standards of Practice on completion of the program. This assessment includes a comprehensive summative clinical *viva voce* within the student's nominated scope of practice by suitably qualified members of the multidisciplinary team and should demonstrate achievement of AQF level 9 graduate descriptors.

QUESTION 7:

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

a) Yes

b) No

If you answered no, please provide a reason for your response.

Standard 6 Students

Program entry criteria

The current accreditation standards lists multiple admission criteria for a student entering a nurse practitioner program of study.³⁶ One of the criteria requires students to have 5 years' full time equivalent experience as a registered nurse, 3 years of which in a specialty area, and 1 year in an advanced nursing practice role. Changes to the current standards' admission criteria are being considered for inclusion in the DRAFT Nurse Practitioner Accreditation Standards. The proposed program entry criteria for students align more closely to the current NMBA Endorsement as a Nurse Practitioner Regulation Standard and would include:

- a. current general registration as a registered nurse in Australia
- b. demonstration of requisite experience in advanced practice nursing as specified in the NMBA's Endorsement as a Nurse Practitioners Registration Standard³⁷
- c. a postgraduate qualification in a speciality field that has prepared the student for advanced practice.

Such an entry criterion would enable students entering the program to have the necessary higher order thinking, decision-making experience and clinical leadership to support achievement of the program's learning outcomes including development of competency and capability as a nurse practitioner. Additionally such students are likely to be experienced in self-directed learning and self-assessment, be highly committed to personal and professional development and to the health outcomes of their community.

Ensuring students have the pre-requisite advanced practice nursing experience prior to entry to the Nurse Practitioners Masters Degree would also enable students to gain timely endorsement as a nurse practitioner on successful completion of a NMBA approved nurse practitioner program.

³⁶ Nursing and Midwifery Board of Australia approved *Australian and Nursing Midwifery Council, Nurse Practitioners: Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia - with Evidence Guide February 2009, p.12*. Viewed at www.anmac.org.au/accreditation-standards on 23 May 2014

³⁷ Under consultation –currently refers to a minimum of 5000 hours (i.e., 3 years) within a 6 year period.

DRAFT Nurse Practitioner Accreditation Standards - Version 1**Proposed criterion to increase alignment of the program's student entry criteria with the current NMBA Endorsement as a Nurse Practitioner Regulation Standard.****The program provider demonstrates:**

6.2 Student are selected for the program based on clear, justifiable and published admission criteria that include:

- a. current general registration as a registered nurse
- b. demonstration of requisite experience in advanced practice nursing as specified in the NMBA's Endorsement as a Nurse Practitioners Registration Standard
- c. a postgraduate qualification in a speciality field that has prepared the student for advanced practice.

QUESTION 8:

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

- a. current general registration as a registered nurse
- b. demonstration of requisite experience in advanced practice nursing as specified in the NMBA's Endorsement as a Nurse Practitioners Registration Standard
- c. a postgraduate qualification in a speciality field that has prepared the student for advanced practice.

a) Yes

b) No

If you answered no, please provide your reason.

Standard 7 Program resources**Program resources**

Academic staff currently teaching into an accredited nursing or midwifery tertiary program of study who do not have a qualification at least one level higher than that being taught or an equivalent qualification³⁸ and the required professional experience as described above, are provided with a grace period of five (5) years to upgrade their qualifications. After this time, they will be ineligible to teach into an accredited nursing or midwifery program of study. This requires academic staff teaching into the nurse practitioner program to hold an AQF level 10, Doctorate degree.

To strengthen program curriculum design and development, teaching and learning approaches as well as quality improvement and risk management strategies, consideration is being given to stipulating the education provider have an endorsed nurse practitioner be the Program convener of the nurse practitioner program. Given the Australian Qualifications Framework

³⁸ Refer to Section 4.2 Provider Course Accreditation Standards, Higher Education Standards Framework (Threshold Standards) 2011. Viewed at www.teqsa.gov.au/higher-education-standards-framework on 14 May 2014.

requirements outlined above, this would require the nurse practitioner to hold a PhD or professional doctorate. There are an increasing number of nurse practitioners endorsed in Australia who are doctorally prepared or are currently completing doctoral programs. There are also successful models internationally where nurse practitioner Masters Degree program coordinators are endorsed nurse practitioners with joint appointments enabling them to remain clinically proficient as well as provide academic leadership.

A nurse practitioner as Program convener also brings the Nurse Practitioner Accreditation Standards in line with other curricula for degrees that provide title protection (for example, registered nurses and midwives). An endorsed nurse practitioner in this role would ensure a high level of understanding of the nurse practitioner role and scope of practice which could be articulated to internal and external stakeholders when working collaboratively. Where this is not possible immediately the education provider would be asked to demonstrate existing arrangements that ensure an endorsed nurse practitioner collaboratively contributes to the convening of the program and a plan to implement the recommendation within a specified period of grace.

DRAFT Nurse Practitioner Accreditation Standards - Version 1

Proposed criterion to support program convenors holding current endorsement as a nurse practitioner.

The program provider demonstrates:

7.8 The program convenor, responsible for nurse practitioner curriculum development, holds current endorsement as a Nurse Practitioner or the program provider has evidence of a plan to appoint within 2 years³⁹. Where there is not currently a Nurse Practitioner as a program convenor, arrangements exist for a currently endorsed Nurse Practitioner(s) to be part of the program's team for curriculum design and development, learning and teaching approaches, quality improvement and risk management processes.

QUESTION 9:

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

- a) Yes
- b) No

If you answered no, please provide a rationale.

If you answered yes, please proceed to Question 8.

QUESTION 10:

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

- a) 2 years
- b) 3 years
- c) 5 years

³⁹ Inclusion may change – await stakeholder feedback.

d) Other – please specify

Comments:

Standard 8 Management of integrated professional practice

Clinical learning contexts

The introduction of the nurse practitioner model is part of the health care reform agenda which aims to address consumers' changing health care needs and address issues of affordability, access and timeliness of care. As part of this reform agenda governments are looking to reduce the burden on hospitals by improving care delivery in the community setting.

Data reinforces that nurse practitioners fill clinical service gaps and are complementary rather than substitutive to clinical care by general practitioners in Australia.⁴⁰ Nurse practitioner education needs to be proactive in anticipating the potential changing contexts of care by preparing a flexible nurse practitioner workforce that has portable clinical practice skills and knowledge, and deep insight into primary health care service models. In order to promote responsiveness to consumer needs and development of capability and flexibility of the nurse practitioner scope of practice, student exposure to both generic and specialist clinical placements is being considered for inclusion in the Nurse Practitioner Accreditation Standards.

DRAFT Nurse Practitioner Accreditation Standards - Version 1

Proposed criterion to support student exposure to health care settings that enable development and application of generic and specialist knowledge and skills.

The program provider demonstrates:

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

QUESTION 11:

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

a) Yes

b) No

If you answered no, please provide your reason.

Clinical and professional support team

Student assessment in nurse practitioner Masters Degrees is conducted across a range of clinical and academic settings and require multidisciplinary team involvement. Currently, in the clinical learning context the student and/or the health facility may have been required to

⁴⁰ The Centre for International Economics, Prepared for the Australian College of Nurse Practitioners, Final Report – Responsive patient centred care: the economic value and potential of Nurse Practitioners in Australia, May 8 2013. Viewed at www.acnp.org.au/article/responsive-patient-care on 2 May 2014.

assemble this team to support the student's integrated professional practice. The Nurse Practitioner Accreditation Standards continue to emphasise the responsibility of the program provider to negotiate and assess secure integrated professional practice experiences and systems, including a clinical and professional support team, prior to the student's commencement of the program. This will support consistent quality of learning and teaching and student assessment in the clinical setting. There is good evidence that clinical and professional support team members who are not nurse practitioners, may struggle to understand the role of the nurse practitioner.⁴¹ What qualities should the program provider be seeking, that is, what are the suitable qualities for the clinical and professional support team?

QUESTION 12:

Do you support the following definition of a suitably qualified multidisciplinary team member?

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

- a) Yes
- b) No

If you answered no, please identify the changes you would make to this definition.

Other

Question 13:

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

⁴¹ Barton, T. 2006. Clinical mentoring of nurse practitioners: The doctors' experience. *British Journal of Nursing*, 15, 820-824.

ANMAC accreditation standards structure

Standards structure

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

Table 1: New ANMAC standards structure

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

The new ANMAC standards structure reflects the commonalities in education requirements and environments across programs. The revised Nurse Practitioner Accreditation Standards is based on this structure with the following exceptions:

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

DRAFT Nurse Practitioner Accreditation Standards

Please note: All standards are open to change based on feedback from the consultation period. Some specific criteria relating to the questions posed in the consultation paper have been footnoted as such.

Standard 1: Governance

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

Criteria

The education provider must provide evidence of:

1.1 Current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian University or other Higher Education Provider.⁴²

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

1.3 Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Master's Degree (level 9)⁴³ as a minimum, with the title 'Nurse Practitioner' in the named degree.

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

1.5 Terms of reference for relevant program advisory committee demonstrating partnership with key stakeholders⁴⁴, including partnerships with Aboriginal and Torres Strait Islander health professionals and communities.

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

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

⁴² For explanation of Provider Categories see: Tertiary Education and Quality Standards Agency (2011), *Higher Education Standards (Threshold Standards) 2011 Legislative Instrument, Chapter 2*, Accessed on 7th March 2012 at <http://www.teqsa.gov.au/higher-education-standards-framework>.

⁴³ This is the 'required level' referred to throughout the standard.

⁴⁴ Key stakeholders include, but are not limited to, consumers and representatives from relevant professional organisations.

standards.

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

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

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Standard 2: Curriculum framework

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

Criteria

The program provider demonstrates:

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

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

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

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

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

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

Standard 3: Program Development and Structure

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

Criteria

The program provider demonstrates:

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

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

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

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

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

3.6 A minimum of 500 hours⁴⁵ of supernumerary integrated professional practice incorporated into the program that provides exposure to a range of health care settings relevant to the students' learning and teaching needs.

3.7 Content and sequencing of the program of study prepares students for integrated professional practice and incorporates opportunities for simulated learning.

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

⁴⁵ Inclusion may change – await stakeholder feedback.

Standard 4: Program content

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

Criteria

The program provider demonstrates:

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

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

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

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

4.3 Program content should include but not be limited to:

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

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

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

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

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

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Standard 5: Student Assessment

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

Criteria

The program provider demonstrates:

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

by suitably qualified members⁴⁶ of the multidisciplinary team and should demonstrate achievement of AQF level 9 graduate descriptors.

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⁴⁶ 'Suitably qualified members' refers to health care professionals who are recognised by the Education and Health Service Providers and clinical peers as having: sufficient qualifications, knowledge and skills to be considered an expert in a specific clinical area; an understanding of the role and scope of nurse practitioner practice, and adequate preparation and training in undertaking student assessment. Nurse practitioners should be included as part of this team where possible.

Standard 6: Students

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

Criteria

The program provider demonstrates:

- 6.1 Applicants are informed of the following before accepting an offer of enrolment:
- a. modes for program delivery and location of integrated professional practice placements
 - b. specific requirements for entry to the program of study including English language proficiency
 - c. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency if a student undertaking integrated professional practice has an impairment that may place the public at risk of harm
 - d. specific requirements for right of entry to health services for integrated professional practice experience placements (including, fitness for practice, immunisation and criminal history)
 - e. requirements specified in the NMBA's Endorsement as a Nurse Practitioners Registration Standard.
- 6.2 Student are selected for the program based on clear, justifiable and published admission criteria that includes⁴⁷:
- a. current general registration as a registered nurse
 - b. demonstration of requisite experience in advanced practice nursing as specified in the NMBA's Endorsement as a Nurse Practitioners Registration Standard
 - c. a postgraduate qualification in a speciality field that has prepared the student for advanced practice.
- 6.3 Students have sufficient English language proficiency and communication skills to be able to successfully undertake academic experience and integrated professional practice requirements throughout the program.
- 6.4 Students are informed about, and have access to, appropriate support services including counselling, health care and academic advisory services.
- 6.5 Processes to enable early identification and support for students who are not performing well academically, clinically or have professional conduct issues.
- 6.6 All students have equal opportunity to attain the Nurse Practitioner Standards of Practice. The mode or location of program delivery should not influence this opportunity.
- 6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.

⁴⁷ Inclusion may change – await stakeholder feedback.

6.8 Aboriginal and Torres Strait Islander peoples are encouraged to apply and a range of support is provided to those students as needed.

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

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Standard 7: Resources

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

Criteria

The program provider demonstrates:

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

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

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

7.4 Staff recruitment strategies:

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

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

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

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

7.8 The program convenor, responsible for nurse practitioner curriculum development, holds current endorsement as a Nurse Practitioner or the program provider has evidence of a plan to appoint within 2 years⁴⁸. Where there is not currently a Nurse Practitioner as a program convenor, arrangements exist for a currently endorsed Nurse Practitioner(s) to be part of the program's team for curriculum design and development, learning and teaching approaches, quality improvement and risk management processes.

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

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

⁴⁸ Inclusion may change – await stakeholder feedback.

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

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

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

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

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Standard 8: Management of Integrated Professional Practice

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

Criteria

The program provider demonstrates:

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

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

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

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

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

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

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

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

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

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

Standard 9: Quality Improvement and Risk Management

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

Criteria

The program provider demonstrates:

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

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

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

9.4 Feedback gained from the quality cycle is incorporated into the program of study to improve the experience of theory and practice learning for students.

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

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

Acronyms

Acronyms used in this document.

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Integrated professional practice⁴⁹—component of nurse practitioner learning and teaching allowing students to use both professional and clinical judgement when applying theoretical knowledge in a practice setting. Includes the concept of ‘clinical training’ as embodied in the National Law. Refers to both the minimum hours specified for supernumerary integrated professional practice and integrated workplace learning.

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

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

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

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

Primary health care—derived from the World Health Organisation Declaration of Alma-Ata and the National Aboriginal Community Controlled Health Organisation (NACCHO) definitions which explain primary health care as a holistic approach, incorporating body, mind, spirit, land, environment, culture, custom and socio-economic status, to the provision of essential, integrated, quality care based upon practical, scientifically sound and socially acceptable methods and technology. It is made accessible to all people, families and communities as close

⁴⁹ Content may change – await stakeholder feedback.

as possible to where they live and through their full participation, in the spirit of self-reliance and self-determination; and at a cost that the Australian community can afford.

Primary health care forms an integral part both of Australia's health system, of which it is the nucleus, and of the overall social and economic development of the community. The policy and provision of primary health care is shaped around the contribution of citizens identifying priorities for the promotion of healthy living, the prevention of disease, injury and disability. In addition, it must meet the health care, treatment, self-management and rehabilitation needs of people, their families and communities; and their desire for humane, safe care across the period of their lives.^{50 51}

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

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

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

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

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

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

Scholarship—application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual), professional practice and the application of this new knowledge to the enrichment of the life of society. (Nursing and Midwifery Board of Australia, *Registered Nurse Competency Standards 2006*. Viewed at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx> on 27 April 2012.)

⁵⁰ Australian Nurses Federation, 2009. Primary Health Care in Australia. A nursing and midwifery consensus view. Viewed at: www.anmf.org.au/documents/reports/PHC_Australia.pdf on 31 March 2014.

⁵¹ National Aboriginal Community Controlled Health Organisation, 2009. Towards a national primary health care strategy: fulfilling Aboriginal peoples aspirations to close the gap. Canberra: NACCHO.

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

Standard—level of quality or attainment.

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

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

TEQSA—Tertiary Education Quality and Standards Agency regulates and assures the quality of Australia’s large, diverse and complex higher education sector. Its function is to register and evaluate the performance of higher education providers against the Higher Education Standards Framework and to undertake compliance and quality assessments.

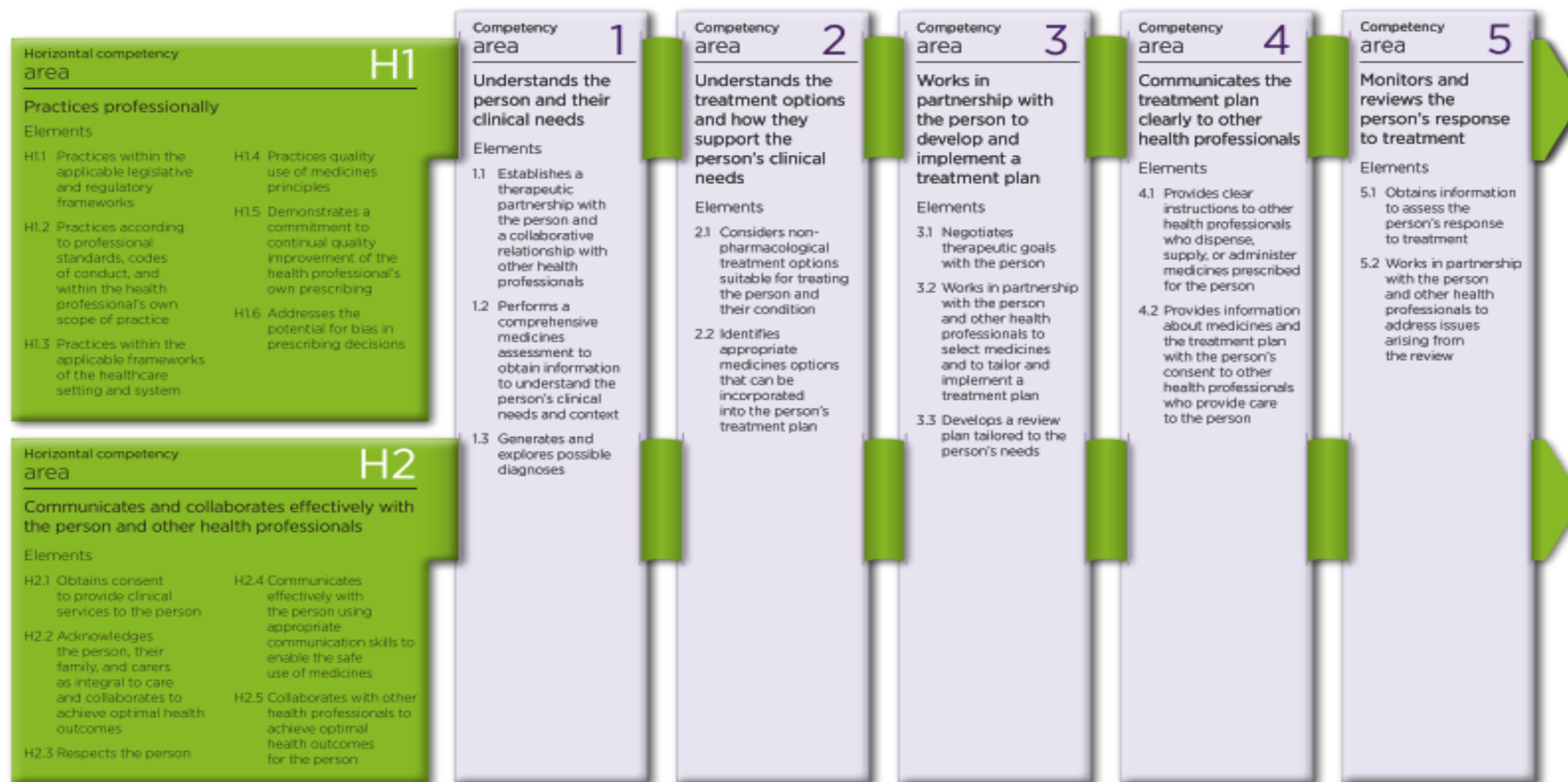
Viva voce clinical examination— *Viva voce*, meaning ‘living voice’, the clinical viva examination is a method of assessing students’ ability to use knowledge in a face-to-face examination encounter. Various titles for this assessment approach are used essentially all derived from two basic models. The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

Appendix 1: Stakeholder list

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

PROFESSIONAL BODIES CONTINUED
Australian College of Nursing
Australian Nurse Practitioner Association
Australian Nurse Teachers Society (NSW) Inc.
Australian Primary Health Care Nurses Association
Australian Women's Health Nurse Association Inc.
Australian Wound Management Society
Australasian Rehabilitation Nurse Association Inc.
Cancer Nurses Society of Australia
Council of Children's Nurses Inc.
CRANA plus
Diabetes Australia New South Wales
Discharge Planning Association
Drug and Alcohol Nurses of Australasia
Gastroenterological Nurses College of Australia Inc.
National Rural Health Alliance
Nursing Unit Managers Society of NSW Inc.
Palliative Care Nurses Australia
Renal Society of Australasia
Respiratory Nurses Interest Group of NSW
Spinal Injury Nurses Association Inc.
The Child and Family Health Nurses Association
The New South Wales Institute of Psychiatry Mental Health Education Provider
Wound Care Association of NSW Inc.
COMMUNITY AND OTHER STAKEHOLDERS
Community Health Services
Education Providers
Nurse Practitioners (Clinicians)
Nurse Practitioners (Educationalists)
Nurse Practitioners (Managers)
Nurse Practitioners (Researchers)
Pharmaceutical Society of Australia
Pharmacists
Royal Australian College of General Practitioners
Society of Hospital Pharmacists of Australia

Appendix 2: National Prescribing Competencies



From NPS: Better choices, Better health. 2012. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, p. 5. Viewed at www.nps.org.au/health-professionals/professional-development/prescribing-competencies-framework on 14 May 2014.