Review of the Enrolled Nurse Accreditation Standards

First Consultation Paper
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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. Consequently, all ANMAC accreditation standards undergo cyclical review so that they remain current and effective. Revised or new standards once approved by the Nursing and Midwifery Board of Australia (NMBA) are the standards used by ANMAC to assess and accredit programs that lead to registration, enrolment or endorsement of nurses and midwives in Australia.

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 registration.(1) The Enrolled Nurses Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – with Evidence Guide (2), (2009) were approved by the NMBA in 2010 and are currently used to assess and accredit enrolled nurse programs. These standards are now due to be revised and updated.

The previous work in developing these standards is recognised and valued. This review seeks to refine and improve the current standards through a process of constructive and respectful engagement with stakeholders so that the standards continue to meet the following objective of the National Law:(1)

...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.

Aim of the review

The aim of this review is to develop a revised set of Standards that are:

- contemporary and aligned with emerging research, policy and relevant industry guidance
- able to ensure enrolled nurses are suitably educated and qualified to practise in a competent and ethical manner to the required NMBA Standard for practice
- acceptable to the profession and relevant stakeholders
- able to support continuous development of a flexible, responsive and sustainable Australian health workforce
- supportive of innovation in the education of health practitioners
- acceptable to the community in supporting safe, accessible, quality care.
Review process

ANMAC, as an independent accrediting authority, must comply with the National Law when reviewing and developing accreditation standards; this law states that:

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.(1)

The ANMAC review process (3) ensures stakeholder feedback, expert opinion, any relevant national or international benchmarks, as well as the best available evidence is used in the development of standards content. The iterative process for stakeholder consultation provides ANMAC with an opportunity to:

- validate whether the revised accreditation standards are accurate and relevant for a contemporary Australian health care system and education environment
- evaluate whether the expectations upon education providers to meet the revised standard are reasonable in terms of benefits and burdens.

Stakeholder-identified benefits and burdens are considered by the Office of Best Practice Regulation during preliminary assessment of the revised standards’ regulatory impact.

A robust standards review process is essential if ANMAC is to assure the NMBA and the community that a graduate of an accredited enrolled nurse program is eligible for registration and can practice in a safe and competent manner.

Purpose of the consultation paper

This Consultation Paper identifies how the National Law underpins the aim of this review. It describes the process of consultation, including how to provide feedback and offers contextual information to promote stakeholder understanding of key issues and engagement with the review process. This paper also presents the first draft of the revised standards for stakeholder comment and transcribes the online survey questions.

To achieve the aim of the review, it is important that organisations and individuals with an interest in the education of nurses provide critical input. This paper has therefore been distributed to organisations and individuals with an interest in enrolled nurse practice education and/or accreditation standards and who wish to contribute in writing or attend scheduled consultation forums. Appendix A provides a wide-ranging list of stakeholders identified for participation in the consultation process.

Literature search

A search was conducted for relevant policy, standard or discussion documents on Australian Government and other relevant websites that related to enrolled nurse practice, education, policy or regulation. Further documents were provided by professional networks and identified when searching bibliographies of relevant articles.

Consultation process

The ANMAC Board convened an Expert Advisory Group (EAG) to guide the review process. The EAG also reports and offers advice to ANMAC’s Standards Assessment and Accreditation
Committee on any arising issues. The selected EAG, as listed below, provides expertise in: consumer advocacy, clinical practice, continuing and higher education, health service delivery and management, regulation, industrial matters and Aboriginal and Torres Strait Islander culture:

- Ms Gabrielle Koutoukidis, Expert Advisory Group, Chair
- Mrs Noela Baglot, Consumers Health Forum of Australia
- Dr Siobhan Bidgood, National Enrolled Nurse Association of Australia
- Professor Melanie Birks, Educationalist
- Ms Debbie Blow, TAFE Directors Australia
- Miss Myra Book, Senior Nursing Officer, Department of Health, Western Australia
- Ms Julianne Bryce, Australian Nursing and Midwifery Federation
- Ms June Cox, Australian College of Nursing
- Ms Louise Dearman, Enrolled Nurse, Practice Nurse
- Ms Petrina Halloran, Nursing and Midwifery Board of Australia
- Ms Jodie Hughson, Quality and Risk Manager, HealthCare Australia
- Associate Professor Alison McMillan, Australian and New Zealand Council of Chief Nurse and Midwifery Officers
- Ms Janine Mohamed, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Professor Penelope Paliadelis, Council of Deans of Nursing and Midwifery
- Professor Robert Meyenn, ANMAC Standards Accreditation and Assessment Committee, Chair
- Ms Elizabeth Grant, ANMAC, Associate Director of Professional Programs
- Ms Julie Watts, ANMAC, Associate Director of Professional Programs

During the review, the EAG will oversee project planning, document development, stakeholder engagement and feedback synthesis.

**How stakeholders can participate.**

In Stage 1 of consultation stakeholders can provide feedback by:

1. Attending a consultation forum:
   - Register for attendance by emailing standardsreview@ANMAC.org.au.
   - Forums are scheduled for:
     - Melbourne, 2 Dec 2015
     - Adelaide, 3 Dec 2015
     - Sydney, 9 Dec 2015
     - Brisbane, 30 Mar 2016

2. Completing the online survey:
Survey responses or submissions are requested by close of business on 20 November 2015

The ANMAC website will be updated to reflect each stage of the review – **Stage 2 of consultation is planned for mid-February 2016** followed by a summative forum in Brisbane in 2016.

Expected release of the Revised Enrolled Nurse Accreditation Standards is mid-2016 subject to NMBA approval.

**Background**

**Workforce characteristics**

A review of available data indicates that over 60,000 enrolled nurses are registered to practice in Australia and an additional 5,500 hold both dual and concurrent registration. Of this number nearly 62 percent are aged 45 years and over.(4) The highest proportion of enrolled nurses are reported to be working in aged care settings.(4) It is noteworthy for the purposes of this review that between 2006 and 2011 the number of Aboriginal and Torres Strait Islander enrolled nurses increased by 32 percent, although raw numbers remain small.(4)

Mixed indicators make the future demand for enrolled nurses difficult to predict. Information on occupational skills shortages indicate all jurisdictions, other than New South Wales and the Northern Territory, have no shortage of enrolled nurses. Tasmania, however, reports some difficulty recruiting to the position.(5) Differences in staffing models across jurisdictions may be influencing these findings as well as opportunities for graduate employment.(4) In 2012, the National Health Workforce Dataset reported that only 55 percent of enrolled nurse graduates immediately entered employment as a nurse.(6) Outcomes for the remaining 45 percent are unknown and may relate to such factors as continuing enrolment in other programs of study or enrolment into the Diploma only for the purposes of updating medication skills. There is some debate that the predicted nursing shortage may drive the need for different models of care and innovative workforce arrangements, including an increased role for the enrolled nurse.(4)

**Enrolled nurse practice**

Enrolled nurses are an integral part of the nursing profession, delivering nursing care that is complementary to that delivered by registered nurses. Enrolled nurses work under the supervision of a registered nurse, midwife or nurse practitioner and retain responsibility for their nursing actions and are accountable for the provision of delegated nursing care.(7) The NMBA acknowledges that there has been significant change to enrolled nurse practice over the past decade, particularly in the range of tasks they perform and settings in which they
Contemporary enrolled nursing practice, in some contexts, may include supervision of other workers, provision of direct consumer care and instruction of students.(8)

The NMBA have recently reviewed the Enrolled nurse standards for practice, replacing the National competency standards as the minimum practice standards that provide the framework for assessing enrolled nurse practice.(9)

As stated in the enrolled nurse standards for practice, ‘enrolled nurses engage in analytical thinking; use information and/or evidence; and skilfully and empathetically communicate with all involved in the provision of care, including the person receiving care their family and community and health professional colleagues’.(9) The standards for practice recognise that the scope of practice for each enrolled nurse may vary according to context and education, however, clinically enrolled nurses have the capability to:

- Provide direct and indirect care
- Engage in reflective and analytical practice
- Demonstrate professional and collaborative practice.
- Educate and support other (unregulated) health care workers (however titled) in relation to the provision of care, where appropriate.(9)

The contemporary role of the EN within the health environment is reflected in the Enrolled nurse standards for practice.

**Enrolled nurse education**

Enrolled nurse programs of study support students to achieve the NMBA Enrolled nurse standards for practice and, consequently, ensure graduates are able to practice safely and competently with the required attitude, knowledge and skills.

Enrolled nurse education currently occurs in the VET sector and requires the completion of an NMBA approved Diploma of Nursing program through either a private or public Registered Training Authority (RTO) that is registered with the Australian Skills Quality Authority (ASQA) or other state regulator1. The program’s structure, design and content is derived from a National Health Training Package, which ensures consistency with Australian Qualification Framework (AQF) requirements and national practice standards.(10) The National Health Training Package is sequenced to prepare students for workplace experience. Graduates of the program are eligible to register with the NMBA to practice as an enrolled nurse. This pathway for enrolled nurse education and registration is depicted in Diagram 1.

At the present time student places in the Diploma program are supported by way of Commonwealth government funded student loan schemes (such as VET FEE HELP) as well as Aged Care Education and Training Incentive (ACETI) payments for eligible aged care workers wanting to undertake enrolled or registered nurse studies.(11) In addition, some state governments provide selected RTOs with a subsidy towards the training cost of Diploma of

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1 Other state regulators include Training and Accreditation Council (TAC), Western Australia and the Victorian Registration and Qualification Authority (VRQA)
Nursing students. These current funding arrangements are, however, likely to be affected by planned Government reform to the education sector, a major part of which includes the deregulation of the provision of Commonwealth supported student places.

Figure 1: Enrolled nurse education - pathway to registration

Program provider - is a Registered Training Organisation

Accredited by:
- ASQA or
  - WA – TAC
  - VIC – VRQA
- ANMAC

Diploma of Nursing
- program content derived from the National Health Training Package

Graduate Outcome
- achieves the Enrolled nurse Standards for Practice

AHPRA
- eligible to apply for General Registration as an Enrolled Nurse
Key areas for consideration

The 2012 revision of the Registered Nurse Accreditation Standard introduced a new Australian Nursing and Midwifery Accreditation Council’s (ANMAC) accreditation standards structure. As a consequence, this review will include restructuring of the enrolled nurse accreditation standards so that they incorporate the new ANMAC accreditation standard structure. A comparison of ANMC and ANMAC structures is shown in Table 1.

Table 1: Table 1: Comparison of accreditation standards structures

<table>
<thead>
<tr>
<th>ANMC structure</th>
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<tbody>
<tr>
<td>1. Governance</td>
<td>1. Governance</td>
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<td>2. Staffing</td>
<td>2. Conceptual framework</td>
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<td>3. Students</td>
<td>3. Program development and structure</td>
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<td>4. Course length and structure</td>
<td>4. Program content</td>
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<td>5. Course content</td>
<td>5. Student assessment</td>
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<td>6. Approaches to teaching and learning</td>
<td>6. Students</td>
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<td>7. Student assessment</td>
<td>7. Resources</td>
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<td>8. Professional experience</td>
<td>8. Management of workplace experience</td>
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<tr>
<td>9. Research</td>
<td>9. Quality improvement and risk management</td>
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A mapping exercise has been conducted to ensure a level of continued alignment between the current ANMC accreditation standards and the revised ANMAC draft accreditation standards. The introduction of a new standards structure with detailed criterion has enabled ANMAC to move away from the use of an evidence guide.

Stakeholders are asked to provide feedback on key areas of consideration, including specific content, concepts and wording, in the revised draft of the Enrolled Nurse Accreditation Standards.
Standard 3 Program development and structure

The current 2009 enrolled nurse accreditation standards specify no less than 400 hours total workplace experience be included in enrolled nurse programs.(7) This inclusion was aimed at reducing the risk of programs having very low numbers of hours in the clinical setting that did not provide students with sufficient opportunities for clinical experience.(7) Further, it was acknowledged that prescribed minimum hours provided no guarantee of effective student learning.(7) Specifying a minimum period of workplace experience was also considered a supportive strategy that enabled entry to practice students’ time to acclimatise to the culture of healthcare workplaces.(7)

Contemporary research and benchmarking against international second level nurse programs has provided no consensus or new guidance as to the optimal amount of workplace experience required to support the achievement of graduate outcomes. It was the collective opinion of the EAG that in Australia a minimum of 400 hours, not inclusive of simulation, continued to be an appropriate inclusion in the revised Enrolled Nurse Accreditation Standards.

Stakeholders are asked to consider the proposal that revised accreditation standards continue to specify a minimum of 400 hours workplace experience and provide feedback by responding to the following question in the online survey. (Note questions 1 and 2 in the online survey are demographic.)

Version 1 DRAFT Enrolled Nurse Accreditation Standards
Proposed wording for criterion 3.6 to specify the minimum number of workplace experience hours required in all enrolled nurse programs.

The program provider demonstrates:
A minimum of 400 hours of workplace experience, not inclusive of simulation activities, incorporated into the program and providing exposure to a variety of health-care settings that support achievement of the Enrolled Nurse Standards for Practice.

Question 3. Do you support the inclusion of proposed criterion 3.6 in the revised enrolled nurse accreditation standards?
Criterion 3.6 Yes No
Please provide a reason for your answer.

Standard 4 Program content
Enrolled nurse program content is currently derived from a National Health Training Package developed by the Community Services and Health Industry Skills Council in consultation with key stakeholders and the Subject Matter Expert Group.(10) The training package ensures national practice standards and qualification requirements are met.(10) The proposed
National Health Training Package HLT54115 for enrolled nurse programs is anticipated to be released in December 2015 with a transition period for the current HLT51612 package to expire nominally on 30 June 2018.

It is proposed that the National Health Training Package content and content specified in the current accreditation standard relating to chronic disease and mental health be encompassed in the revised draft accreditation standards by way of the following criterion:

**Criterion 4.2** The central focus of the program is enrolled nursing practice, comprising core health professional knowledge and skills and specific enrolled nurse practice knowledge and skills that are evidenced based and incorporate national and regional health priorities, health research, health policy and reform.

The revised draft accreditation standards will maintain current accreditation standards requirements that specify inclusion of the following content in enrolled nurse programs:

- Health informatics and health technology *(Criterion 4.4 e)*
- Principles of cultural respect and safety *(Criterion 4.5)*
- Aboriginal and Torres Strait Islander Peoples’ history, health, wellbeing and culture *(Criterion 4.6)*

The revised draft accreditation standards also propose new areas of guidance, including:

- **Criterion 4.4** – which specifies the inclusion of content to support the development of knowledge and skills required for contemporary enrolled nurse practice and the attainment of the Enrolled nurse standards for practice.
- **Criterion 4.8** – which specifies the need for elective units of competence relevant to the communities’ health priorities.

Stakeholders are asked to provide feedback on proposed criteria to guide enrolled nurse program content by responding to the following question in the online survey.

**Version 1 DRAFT Enrolled Nurse Accreditation Standards**

Proposed criteria to enable content found in the National Health Training Package and the current accreditation standards to be included within the draft Enrolled Nurse Accreditation Standards.

The program provider demonstrates:

4.2 The central focus of the program is enrolled nursing practice, comprising core health professional knowledge and skills and specific enrolled nursing practice knowledge and skills that are evidenced based and incorporate national and regional health priorities, health research, health policy and reform.

4.4 Program content supports the development and application of knowledge and skills in

a. analytical and reflective practice
b. quality and safety principles
c. research appreciation and translation
d. legal and ethical issues in health care
e. health informatics and health technology.

4.5 Inclusion of subject matter that gives students an appreciation of the diversity of Australian culture, develops their knowledge of cultural respect and safety, and engenders the appropriate skills and attitudes.

4.6 Inclusion of a discrete unit specifically addressing Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples are also appropriately embedded into other units within the program.

4.8 Elective units\(^2\) of competence in the program are relevant to the communities’ health priorities.

Question 4. Do you support the inclusion of proposed program content as specified in the following criteria in Standard 4 of the draft Enrolled Nurse Accreditation Standards?

| Criterion 4.2 | Yes | No |
| Criterion 4.4 | Yes | No |
| Criterion 4.5 | Yes | No |
| Criterion 4.6 | Yes | No |
| Criterion 4.8 | Yes | No |

Please provide a reason for your answer.

Standard 5 Student assessment

Since 2008 graduates from Board-approved enrolled nurse programs have completed relevant medicine administration units.\(^{15}\) For the purposes of consistency, criterion 5.9 in the revised draft enrolled nurse accreditation standards now specifies the need for student assessment that appraises competence in pharmokinetics, pharmacodynamics and the quality use of medicines. In the interest of public protection, it is considered essential that enrolled nurses have the required education to safely administer medicines even though this aspect of their practice may sometimes be restricted by state legislation or hospital policy.

Also in the interests of public protection, criterion 5.6 in the revised accreditation standards now requires program providers to assess students’ English language skills prior to commencing workplace experience; the criterion states:

*The program provider demonstrates:*

*Criterion 5.6 Student communication and English language skills are assessed before undertaking workplace experience.*

\(^2\) Elective units here mean any approved units that are not part of core units.
It has been suggested by the EAG that this criterion would be strengthened by including a specified minimum level of English language skills that students would be expected to demonstrate prior to commencing workplace experience. Though it is anticipated that the minimum level would be less than that specified in the NMBA Registration Standard for English Language Skills.

Currently a formal assessment of English language skills occurs only when graduates of nursing and midwifery programs apply to register with the NMBA. The NMBA Registration Standard for English Language Skills requires applicants to demonstrate, through formal assessment, competency in speaking and communicating in English for the purposes of practicing nursing and/or midwifery. The level currently required is a score of 7 on an IELTS test, or equivalent.

Stakeholders are asked to consider the proposal that program providers be required to formally assess whether students meet a minimum level of English language skills prior to undertaking supervised workplace experience. Please provide feedback by responding to the following questions in the online survey.

Question 5. What in the current system would facilitate program providers assessing students’ English language skills prior to undertaking workplace experience?

Question 6. What in the current system would be a barrier to program providers assessing students’ English language skills prior to undertaking workplace experience?

Question 7. Do you support criterion 5.6 specifying a minimum level of English language skills that students would be required to demonstrate prior to undertaking workplace experience?
   a) Yes
   b) No
   Please provide a reason for your answer.

Question 8. If you answered ‘yes’ to question 7, please identify what you would consider an appropriate minimum level of English language skills that students would be required to demonstrate prior to undertaking workplace experience?

Please review the NMBA Registration Standard for English Language Skills as a reference point.

Complete Standards

It is important that stakeholders critically review the draft accreditation standards as a whole and assess their effectiveness and relevance for guidance of enrolled nurse education. Additionally, stakeholders are asked to consider whether revisions have introduced any issues, omissions, gaps, duplications or errors.

Stakeholders are asked to review all standards and criteria and provide feedback by responding to the following question in the online survey.
Question 9. Please review all standards and criteria in the first draft of the Enrolled Nurse Accreditation Standards and provide feedback in relation to identified issues, omissions, gaps, duplications or errors.

Standard 1:

Standard 2:

Standard 3:

Standard 4:

Standard 5:

Standard 6:

Standard 7:

Standard 8:

Standard 9:

Glossary:

Conclusion

ANMAC as the independent accrediting authority for nursing and midwifery programs of study is responsible for maintaining and developing the integrity of accreditation standards for professional programs. The review of the Enrolled Nurse Accreditation Standards has now commenced. The outcome of this review process, which includes wide ranging consultation, will be revised Enrolled Nurse Accreditation Standards that protect the public and are acceptable to the community, the nursing profession, related jurisdictions, employers and relevant education providers. A further outcome will be revised standards that are nationally consistent, contemporary, comprehensive and clearly articulated.

The ANMAC Board will oversee and consider the outcomes of the review. The Expert Advisory Group will guide the stages of the review and will inform and offer advice to ANMAC’s Standards Accreditation and Assessment Committee.

Revised Enrolled Nurse Accreditation Standards are expected to be released in 2016 subject to NMBA approval.
Appendix A. Stakeholder list

Any interested parties or individuals not listed here are able to provide feedback by:

- Answering questions from the Consultation Papers via Survey Monkey at www.surveymonkey.com/r/Enrolled_Nurse_Accreditation_Standards
- Submitting comments or submissions via the following dedicated email address: standardsreview@anmac.org.au.

Table: Key stakeholder list

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<tr>
<th>Agency Name</th>
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<tr>
<td>Aged and Community Services Australia</td>
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<td>Association of Nurse Continence Advisors NSW</td>
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<td>Australasian Cardiovascular Nursing College</td>
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<td>Australasian College for Infection Prevention and Control</td>
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<td>Australasian Hepatology Association</td>
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<td>Australasian Neuroscience Nurses' Association</td>
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<td>Australasian Rehabilitation Nurses' Association Incorporated.</td>
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<td>Australasian Sexual Health &amp; HIV Nurses Association Incorporated</td>
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<td>Australian and New Zealand Council of Chief Nurses and Midwives</td>
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<td>Australian and New Zealand Orthopaedic Nurses Association</td>
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<td>Australian and New Zealand Urological Nurses Society</td>
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<td>Australian Association of Stomal Therapy Nurses Incorporated</td>
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<td>Australian College of Children and Young People’s Nurses</td>
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<td>Australian College of Critical Care Nurses Ltd</td>
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<td>Australian College of Emergency Nurses</td>
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<td>Australian College of Mental Health Nurses</td>
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<td>Australian College of Nursing</td>
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<td>Australian College of Midwives</td>
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<td>Australian College of Operating Room Nurses</td>
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<td>Australian Commission on Safety and Quality in Health Care</td>
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<td>Australian Council for Private Education and Training</td>
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<td>Australian Day Surgery Nurses Association</td>
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<td>Australian Dermatology Nurses Association</td>
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<td>Australian Diabetes Educators Association</td>
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<td>Australian Faith Community Nurses Association Incorporated</td>
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<td>Australian Government Department of Health – Chief Nursing and Midwifery Officer</td>
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<td>Australian Health Care Reform Alliance</td>
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<td>Australian Health Ministerial Advisory Council</td>
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<td>Australian Health Practitioner Regulation Agency</td>
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<td>Australian Nurse Teachers’ Society</td>
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<td>ANMF Australian Nursing and Midwifery Association – Federal, state and territory offices</td>
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<td>Australian Ophthalmic Nurses’ Association Incorporated</td>
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<td>Australian Primary Health Care Nurses Association</td>
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<td>Australian Skills Quality Authority</td>
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<td>Australian Wound Management Association</td>
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<td>Chamber of Commerce and Industry, Western Australia</td>
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<td>Coalition of National Nursing Organisations</td>
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<td>Commonwealth Chief Nurse and Midwife</td>
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<td>Community Service and Health Industry Skills Council</td>
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<td>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives</td>
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<td>Consumers Health Forum of Australia</td>
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<td>Council of Australian Governments – Education Council</td>
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<td>Council of Australian Governments – Health Council</td>
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<td>Council of Australian Governments – Industry and Skills Council</td>
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<td>Council of Children’s Nurses</td>
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<td>Council of Deans of Nursing and Midwifery Australia &amp; New Zealand</td>
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<td>Council of Remote Area Nurses of Australia plus Remote Health Professionals</td>
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<td>Departments of Health – all states and territories</td>
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<td>Discharge Planning Association</td>
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<td>Drug and Alcohol Nurses of Australasia</td>
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<td>Enrolled Nurse Professional Association – NSW</td>
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<td>Health Workforce Principal Committee</td>
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<td>Hyperbaric Technicians and Nurses Association</td>
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<td>Maternal Child and Family Health Nurses Australia</td>
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<td>National Enrolled Nurse Association of Australia</td>
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<td>National Rural Health Alliance</td>
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<td>Nursing and Midwifery Board of Australia</td>
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<td>Otorhinolaryngology Head and Neck Nurses Group</td>
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<td>Queensland Health - Queensland Government</td>
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<td>Renal Society of Australasia</td>
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<td>SA Health - Government of South Australia</td>
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<td>TAFE Directors Australia</td>
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<td>The Thoracic Society of Australia and New Zealand</td>
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<td>Transplant Nurses Association Incorporated</td>
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<td>Victorian Registration and Qualification Authority</td>
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# DRAFT Enrolled Nurse Accreditation Standards

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<tr>
<th>STANDARD 1: GOVERNANCE</th>
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<tr>
<td>The education provider has established governance arrangements for the enrolled nurse program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the Enrolled Nurse Standards for Practice.</td>
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<tr>
<th>STANDARD 2: CONCEPTUAL FRAMEWORK</th>
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<td>The program provider makes explicit, and uses a contemporary conceptual framework for the enrolled nurse program of study that incorporates an educational philosophy and a philosophical approach to professional nursing practice.</td>
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<tr>
<th>STANDARD 3: PROGRAM DEVELOPMENT AND STRUCTURE</th>
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Standard 1: Governance

The education provider has established governance arrangements for the enrolled nurse program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the Enrolled Nurse Standards for Practice (9).

Criteria

The education provider must provide evidence of:

1.1 Current registration by the Australian Skills Quality Authority or other state regulator\(^2\), as an Australian Registered Training Authority (RTO).

1.2 Current accreditation of the enrolled nurse program of study by ASQA, or other state regulator, detailing the expiry date and recommendations, conditions and progress reports related to the school.

1.3 Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Diploma Degree (level 5).

1.4 Current documented academic governance structure for the RTO 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 school committees and advisory and/or consultative groups, including direct consumer involvement and 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 of the RTO that are responsive to requirements for ongoing compliance with accreditation 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 Enrolled Nurse Standards for Practice.

\(^2\) Other state regulators include Training and Accreditation Council (TAC), Western Australia and the Victorian Registration and Qualification Authority (VRQA)
Standard 2: Conceptual framework

The program provider makes explicit, and uses a contemporary conceptual framework for the enrolled nurse program of study that incorporates an educational philosophy and a philosophical approach to professional nursing practice.

Criteria

The program provider demonstrates:

2.1 A clearly documented and explained conceptual framework for the program, including underpinning educational and professional nursing philosophies.

2.2 The incorporation of contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies to enhance the delivery of program content, accommodate differences in student learning styles and stimulate student engagement and learning.

2.3 A program of study that is congruent with contemporary and evidence-based approaches to enrolled nurse practice and education and underpinned by principles of safety and quality in health care.\(^4\)

2.4 Teaching and learning approaches that:
   a. enable achievement of stated learning outcomes
   b. facilitate the integration of theory and practice
   c. scaffold learning appropriately throughout the program
   d. encourage the development and application of reflective and analytical practice
   e. engender deep rather than surface learning
   f. encourage students to become self-directed learners
   g. embed recognition that graduates take professional responsibility for continuing competence and life-long learning
   h. instil in students the desire and capacity to continue to use and learn from research and implement as evidenced-based care throughout their careers
   i. promote emotional intelligence, communication, collaboration and teamwork, cultural safety and ethical practice expected of an enrolled nurse

j. incorporate an understanding of, and engagement with, 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 contemporary trends in nursing and education; complying in length and structure with the Australian Qualifications Framework (AQF) for the qualification offered and enabling graduates to meet the Enrolled Nurse Standards for Practice. Workplace experience is sufficient to enable safe and competent nursing practice by program completion.

Criteria

The program provider demonstrates:

3.1 Consultative and collaborative approaches to program design and program organisation between teaching staff, those working in health disciplines, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals and communities.

3.2 Contemporary enrolled nursing and education practice in the development and design of the program.

3.3 A map of units against the Enrolled Nurse Standards for Practice which clearly identifies the links between learning outcomes, assessments and required graduate competencies.

3.4 Descriptions of program content and the rationale for its extent, depth and sequencing in relation to the knowledge, skills and behaviours expected of students.

3.5 Opportunities for student interaction with other health professions to support understanding of the multi-professional health care environment and facilitate intra professional and interprofessional learning for collaborative practice.

3.6 Refer to questions 3, pp. 11-12.

3.7 Content and sequencing of the program of study prepares students for workplace experience and, wherever possible, incorporates opportunities for simulated learning.

3.8 Workplace experience included as soon as is practically possible in the first year of study to facilitate early engagement with the professional context of nursing.

3.9 Workplace experience in Australia included towards the end of the program to consolidate the acquisition of competence and facilitate transition to practice. A summative assessment is made at this time against the Enrolled Nurse Standards for Practice in the clinical setting.

3.10 Equivalence of unit outcomes for programs taught in Australia in all delivery modes in which the program is offered (units delivered on-campus or in mixed-mode, by distance or by e-learning methods).
3.11 Where the structure of the program allows for multiple entry pathways for which students receive block credit or advanced standing (other than on an individual basis), evidence that each pathway meets the Enrolled Nurse Accreditation Standards.
Standard 4: Program content

The program content delivered by the program provider comprehensively addresses the Enrolled Nurse Standards for Practice and incorporates Australian and international best practice perspectives on enrolled nursing as well as existing and emerging national and regional health priorities.

Criteria

The program provider demonstrates:

4.1 A comprehensive program content document structured around the conceptual framework that includes:
   a. program structure and delivery modes
   b. unit outlines that detail content, objectives, learning outcomes and associated assessment
   c. links between unit learning outcomes and their assessment and the Enrolled Nurse Standards for Practice
   d. teaching and learning strategies
   e. a workplace experience plan demonstrating opportunities to meet the Enrolled Nurse Standards for Practice.

4.2 The central focus of the program is enrolled nursing practice, comprising core health professional knowledge and skills and specific enrolled nursing practice knowledge and skills that are evidenced based and incorporate national and regional health priorities, health research, health policy and reform.

4.3 Research and evidence-based inquiry underpins all elements of program content and delivery.

4.4 Program content supports the development and application of knowledge and skills in
   a. analytical and reflective practice
   b. quality and safety principles
   c. research appreciation and translation
   d. legal and ethical issues in health care
   e. health informatics and health technology.

4.5 Inclusion of subject matter that gives students an appreciation of the diversity of Australian culture, develops their knowledge of cultural respect and safety, and engenders the appropriate skills and attitudes.

4.6 Inclusion of a discrete unit specifically addressing Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture. Health conditions prevalent among
Aboriginal and Torres Strait Islander peoples are also appropriately embedded into other units within the program.

4.7 Equivalence of theory or workplace experience gained outside Australia in terms of unit objectives, learning outcomes and assessment. Learning experiences undertaken outside Australia do not exceed one sixth of the total program of study or total workplace experience hours.\(^5\)

4.8 Elective units\(^6\) of competence in the program are relevant to the communities' health priorities.

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\(^5\) ANMAC Explanatory Note: Offshore components in accredited Australian programs of study for nurses and midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/20150723_ANMAC_Explanatory_Note_Offshore_Components_in_Accredited_Australian_Programs_of_Study_for_Nurses_and_Midwives_0.pdf on 24 August 2015

\(^6\) Elective units here mean any approved units that are not part of core units.
Standard 5: Student assessment

The program 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 summative assessment of student performance against the Enrolled Nurse Standards for 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 are provided to students at the start of each unit.

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 types and tasks exist across the program to enhance individual and collective learning as well as inform student progression.

5.5 A variety of assessment approaches across a range of contexts to evaluate competence in the essential knowledge, skills and behaviours required for enrolled nurse practice.

5.6 Student communication and English language skills are assessed before undertaking workplace experience.

5.7 Validated instruments are used in workplace experience assessment to evaluate student knowledge, skills, behaviours and competence.

5.8 Ultimate accountability for the assessment of students in relation to their workplace experience.

5.9 Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines relevant to the enrolled nurse legislated scope of practice.

5.10 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.

5.11 Processes to ensure the integrity of assessment across all modes.

5.12 Collaboration between students, health service providers and teaching staff in selecting and implementing assessment methods.
5.13 A summative assessment of student achievement of competence against the Enrolled Nurse Standards for Practice by a registered nurse in an Australian clinical context before program completion.

7 Holds current Australian general registration as a registered nurse.
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. specific requirements for entry to the program of study, including English language proficiency
   b. education providers will, under the National Law, register students with the NMBA and notify the Australian Health Practitioner Regulation Agency if a student undertaking clinical training has an impairment that may place the public at risk of harm
   c. specific requirements for right of entry to health services for workplace experience (including capability for practice, immunisation and criminal history)
   d. requirements for registration as an enrolled nurse by the NMBA including, but not limited to, the explicit registration standard on English language skills.

6.2 Students are selected for the program based on clear, justifiable and published admission criteria.

6.3 Students have sufficient English language proficiency and communication skills to be able to successfully undertake academic experience and workplace experience 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 of and support for students not performing well academically or with professional conduct issues.

6.6 All students have equal opportunity to meet the Enrolled Nurse Standards for Practice. The mode or location of program delivery should not influence this opportunity.

6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.

6.8 Affirmative action strategies are adopted to support the enrolment of Aboriginal and Torres Strait Islander students and a range of supports are provided to students as needed.
6.9 Other groups under-represented in the enrolled nurse profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to enrol and a range of supports are provided to those students.

6.10 People with diverse academic, work and life experiences are encouraged to enrol in the program.
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 meet the Enrolled Nurse Standards for 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 program and clinical teaching staff to support their learning.

7.3 A balance of teaching, clinical, technical and administrative staff appropriate to meeting research or scholarship, governance and teaching 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 or performance, holds a relevant post graduate tertiary qualification relevant to their discipline.

7.7 Staff teaching, supervising and assessing enrolled nurse practice related units have current Australian general registration as a registered nurse, with relevant clinical and academic preparation and experience.

7.8 Teaching staff are qualified in the relevant discipline for their level of teaching, to at least one qualification standard higher than the program of study being taught or with equivalent professional experience.

7.9 In cases where a teaching staff’s tertiary qualifications do not include nursing, that their qualifications and experience are relevant to the unit(s) they are teaching.

7.10 Processes to ensure teaching staff demonstrate a sound understanding of contemporary nursing research, scholarship and practice in the unit(s) they teach.

7.11 Teaching and learning, are underpinned by research and staff are engaged in scholarship and/or research and/or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.
7.12 Policies and processes to verify and monitor the academic and professional credentials, including registration, of current and incoming staff and evaluate their performance and development needs.
Standard 8: Management of workplace experience

The program provider ensures that every student is given a variety of supervised workplace experiences conducted in environments providing suitable opportunities and conditions for students to attain the Enrolled Nurse Standards for Practice.

Criteria

The program provider demonstrates:

8.1 Constructive relationships and clear contractual arrangements with all health providers where students gain their workplace experience and processes to ensure these are regularly evaluated and updated.

8.2 Risk management strategies in all environments where students are placed to gain their workplace experience and processes to ensure these are regularly reviewed and updated.

8.3 Workplace experiences provide timely opportunities for experiential learning of program content that is progressively linked to attaining the Enrolled Nurse Standards for Practice.

8.4 Each student is provided with a variety of workplace experiences reflecting the major health priorities and broad landscape of enrolled nurse practice. Opportunities are provided for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.

8.5 Clearly articulated models of supervision, support, facilitation and assessment are in place for all workplace settings so students can achieve the required learning outcomes and Enrolled Nurse Standards for Practice.

8.6 Teaching staff, nurse clinicians and other health professionals engaged in supervising and supporting students during workplace experiences are adequately prepared for this role and seek to incorporate contemporary and evidence-based Australian and international perspectives on nursing practice.

8.7 Assessment of nursing competence within the context of the workplace experience is undertaken by an appropriately qualified registered nurse.

8.8 Appropriate resources are provided, monitored and regularly evaluated to support students while on workplace experience.
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 The ability 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.

9.2 Regular evaluation of teaching staff and clinical 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 nursing 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.
Glossary

**Advanced standing**—refers to the recognition of prior learning through experience and/or studies.

**Australian Health Practitioner Regulation Agency (AHPRA)**—is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA supports the National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme. AHPRA manages the registration and renewal processes for health practitioners and students around Australia.

**Australian Nursing and Midwifery Accreditation Council (ANMAC)**—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 for the providers of those programs.

**Australian Nursing and Midwifery Council (ANMC)**—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 for nursing and midwifery.

**Australian Qualifications Framework (AQF)**—the AQF 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.

**Australian Skills Quality Authority (ASQA)**—is the national regulator for Australia’s vocational education and training sector that regulates courses and training providers to ensure nationally approved quality standards are met.

**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.

**Australian university**—refers to a higher education provider registered with TEQSA in the ‘Australian university’ provider category.

**Block Credit**—the recognition of previously completed formal training/qualifications such that credit is given for whole stages or components of a program.

**Collaborative practice**—where health professionals work as an effective team, optimising individual skills and talents and sharing case management to reach the highest of patient care standards.

**Competence**—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area. (16)

**Competent**—when a person is competent across all the domains of competencies applicable to the nurse or midwife, at a standard judged to be appropriate for the level of nurse being assessed. (16)

**Conceptual framework**—promotes coherence in the program of study by identifying how underpinning educational and nursing philosophies are used to guide teaching and learning approaches and support program learning outcomes.

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

**Cultural safety**—the effective nursing practice of a person or a family from another culture, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; indigeneity, ethnic origin or migrant experience; religious or spiritual belief; and disability. The enrolled nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (17)
Deep versus surface learning—surface learning is when students accept information at face value and focus on merely memorising it as a set of unlinked facts. This leads to superficial, short-term retention of material, such as for examination purposes. In contrast, deep learning involves the critical analysis of new ideas, linking them to already known concepts and principles. This leads to understanding and long-term retention of concepts so they can be used to solve problems in unfamiliar contexts. Deep learning promotes understanding and application for life.

Education provider—is a university or other higher education institution, or a recognised training organisation (RTO) that is responsible for a program; the graduates of which are eligible to apply for nursing or midwifery registration or endorsement.

Emotional intelligence—the ability to understand, identify in oneself and others, and manage emotions. Includes the domains of self-monitoring, self-regulation, self-motivation, empathy and social skills.(18)

English language proficiency—where English language skills, including listening, reading, writing and speaking, are at a level enabling the provision of safe, competent practice. Demonstration of English language proficiency, as per the NMBA English Language Skills Registration Standard, is a criterion for registration.(19)

Enrolled Nurse Standards for Practice—standards for practice developed by the NMBA by which performance and professional conduct is assessed to obtain and retain registration as an enrolled nurse.

Equivalent professional experience—refers to the 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 an 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.

Graduate competency outcomes—knowledge, skills, behaviours and attitudes possessed by graduating students in accordance with Enrolled Nurse Standards for Practice.

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 informatics—refers to the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.(20)

Health Practitioner Regulation National Law Act 2009 (the National Law)—this legislation contained in the schedule to the Act, 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.

Health service providers—refers to health units or other appropriate service providers, where students undertake supervised workplace experience as part of a program, the graduates of which are eligible to apply for general registration as an enrolled nurse. (Adapted from definition for ‘clinical facilities’ in the ANMC National Accreditation Framework).

Interprofessional learning—occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.(21)

Intraprofessional learning—occurs when learners from the one/similar profession learn about, from and with each other to enable effective collaboration and improved outcomes.(22)

Life-long learning—includes learning firmly based in clinical practice situations, formal education, continuing professional development and informal learning experiences within the workplace. Also
involves the learner taking responsibility for their own learning, and investing time, money and effort in training or education on a continuous basis.

**Nursing and Midwifery Board of Australia**—The NMBA 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.

**Pharmacodynamics**—study of the biochemical and physiological effects of drugs and the mechanisms of their action in the body.

**Pharmacokinetics**—study of the bodily absorption, distribution, metabolism, and excretion of drugs.

**Program or program of study**—refers to the full program of study and experiences that are required to be undertaken before a qualification, such as a statement of completion or attainment, can be awarded.

**Program provider**—the full program of study and experiences that must be completed before a qualification recognised under the AQF, such as a Diploma of Nursing, can be awarded.

**Quality use of medicines**—part of the National Medicines Policy to ensure the judicious, appropriate, safe and effective use of medicines.(23)

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

**Registered Training Organisation**—are those training providers registered by ASQA (or, in some case a state regulator such as the Training Accreditation Council Western Australia or the Victorian Registration and Qualification Authority) to deliver vocational education and training (VET) services.(24)

**Registered nurse**—a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise nursing in Australia.

**Regulation impact statement**—is a key component of the Australian Government’s best practice regulation process and contains seven elements that set out:

1. Problems or issues
2. Desired objectives
3. Options that may achieve the desired objectives
4. Assessment of impact
5. Consultation
6. Recommended option
7. Strategy to implement and review the preferred option.

The purpose of a regulatory impact statement is to give decision makers a balanced assessment based on the best available information and to inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.(25)

**Research**—is defined as the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies and understandings. This could include synthesis and analysis of previous research to the extent that it leads to new and creative outcomes. This definition of research is consistent with a broad notion of research and experimental development as comprising of creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of humanity, culture and society, and the use of this stock of knowledge to devise new applications. This definition encompasses pure and strategic basic research, applied research and experimental development.(26)

**Scholarship**—refers to application of a systematic approach to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications,
presentations (verbal and audio-visual) and professional practice. Also includes applying this new knowledge to the enrichment of the life of society. (21)

**School**—refers to an organisational entity of an education provider responsible for designing and delivering 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 these standards.

**Simulation**—any educational method or experience evoking or replicating aspects of the real world in an interactive manner.

**Standard**—a level of quality or attainment.

**State regulators**—include the Training and Accreditation Council (TAC), Western Australia and the Victorian Registration and Qualification Authority (VRQA), all other states are regulated by ASQA.

**Student**—any person enrolled in a program leading to registration to practice as an enrolled nurse.

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

**Teaching staff**—education provider staff who teach into the program of study, meet the requirements established in Standard 7, and are engaged in teaching, supervising, supporting and/or assessing students for acquiring required skills, knowledge, attitudes and graduate competency outcomes.

**Unit**—refers to a unit of study taught within a program of study. Although other ANMAC accreditation standards use the term ‘subject’ unit is used here to promote consistency with National Health Training Package nomenclature.

**Vocational Education Training**—is one of the three major sectors of education and training in Australia, the other two being the school and higher education sectors. VET is provided by industry, adult education, community based and also private training providers. VET is supported by the Commonwealth and State governments in Australia primarily through their TAFE Institutes and TAFE Divisions in dual sector universities. (27)

**Workplace Experience**—component of nursing education allowing students to use judgement when applying theoretical knowledge in an actual practice setting. Includes the concept of ‘clinical training’ as embodied in the National Law.
Reference List


