

Review of the Enrolled Nurse Accreditation Standards

Second Consultation Paper

Contents

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Introduction

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for nursing and midwifery programs of study. In this role ANMAC is responsible 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 determine whether programs of study for nurses and midwives seeking to practice in Australia meet the required education standards.

Under Section 49(1) of the Health Practitioner Regulation Law Act 2009 (the National Law), graduates of programs of study will not be eligible to apply 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, February 2009*⁽²⁾ were approved by the NMBA in 2010 and are currently used to assess and accredit enrolled nurse programs. These accreditation standards are now due to be revised and updated.

The previous work in developing these accreditation 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 accreditation 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 community in supporting safe, accessible, quality care
- acceptable to the profession and relevant stakeholders
- supportive of innovation in the education of health practitioners
- able to support continuous development of a flexible, responsive and sustainable Australian health workforce.

Where there are competing stakeholder interests, ANMAC will weigh review outcomes against the primary objective of providing for the protection of the public.

Review process

As an accreditation authority, ANMAC 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 used 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 when conducting a 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 to apply 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 second version of the draft accreditation standards for stakeholder comment and transcribes online survey questions.

To achieve the aims of this 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 regulation and who wish to contribute in writing or attend scheduled consultation forums. Appendix A provides a wide-ranging list of stakeholders who have been invited to engage with the consultation process.

Consultation process

In July 2015 the ANMAC Board convened an Expert Advisory Group (EAG) to guide the review process. The EAG provides advice and reports to the CEO, by way of the Standards Assessment and Accreditation Committee, on the progress of the review. Any arising issue is reported to the ANMAC board. The selected EAG members, as listed, provide 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, Educationalist, Expert Advisory Group, Chair
- Associate Professor Alison McMillan, Australian and New Zealand Council of Chief Nurse and Midwifery Officers (member from February 2015 to May 2016)
- Ms Ann Maree Keenan, Australian and New Zealand Council of Chief Nurse and Midwifery Officers (member from September 2016)
- Ms Julianne Bryce, Australian Nursing and Midwifery Federation
- Ms June Cox, Australian College of Nursing
- Ms Janine Mohamed, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Mrs Noela Baglot, Consumers Health Forum of Australia
- Professor Penelope Paliadelis, Council of Deans of Nursing and Midwifery
- Miss Myra Book, Department of Health, Western Australia
- Professor Melanie Birks, Educationalist
- Ms Louise Dearman, Enrolled Nurse, Practice Nurse
- Dr Siobhan Bidgood, National Enrolled Nurse Association of Australia
- Ms Petrina Halloran, Nursing and Midwifery Board of Australia
- Ms Jodie Hughson, Quality and Risk Manager, Health Care Australia
- Ms Debbie Blow, TAFE Directors Australia
- Professor Robert Meyenn, ANMAC, Standards Accreditation and Assessment Committee - Chair (February 2015 to September 2016 – continuing member)
- Ms Donna Mowbray, ANMAC, Executive Director of Accreditation Services (member from February 2015 to November 2016)
- Dr Margaret Gatling, ANMAC, Director of Accreditation Services (member from December 2016)
- Ms Elizabeth Grant, ANMAC, Associate Director (member from February 2015 to December 2016)
- Ms Julie Watts, ANMAC, Associate Director
- Ms Jackie Doolan, ANMAC, Associate Director, Project Lead.

During the review, the EAG oversees project planning, document development, stakeholder engagement and feedback synthesis. A summary of stakeholder feedback from the first stage of consultation and the EAG's synthesis of this feedback is provided below.

How stakeholders can participate

The key stakeholders, listed in Appendix A, and other interested individuals or organisations are invited to participate in Stage 2 of consultation that commences on the 16 January 2017 and extends for a six-week period. Stakeholders can provide feedback by:

1. Answering the questions in the online survey:

- Accessible via www.surveymonkey.com/r/Enrolled_Nurse_Accreditation_Standards_2. Questions in the consultation paper are reproduced in this online survey.
- **NB:** Please identify whether the submitted response is on behalf of an individual or an organisation - please include the organisation's name in the textbox provided.

2. Emailing a submission to standardsreview@ANMAC.org.au.

3. Attending the Stage 2 summative forum:

- Scheduled for **Brisbane, Tuesday, 7 March, 2017:**
 - Register your interest in attending to standardsreview@ANMAC.org.au
 - Registrants will be sent an agenda with event details closer to the time, once confirmed.

Survey responses or submissions are requested by close of business, 24 February, 2017.

The ANMAC website will be updated to reflect each stage of the review. Expected release of the revised Enrolled Nurse Accreditation Standards will be in the latter half of 2017 – subject to NMBA approval.

Background

Workforce characteristics

A review of recent NMBA data indicates that 59,818 enrolled nurses are registered to practice in Australia and an additional 4,965 hold both dual and concurrent registration.⁽⁴⁾ Nearly sixty-two percent are aged 45 years and over.⁽⁴⁾ The highest proportion of enrolled nurses are reported to be working in aged care settings.⁽⁵⁾ It is noteworthy for the purposes of reviewing these accreditation standards that between 2006 and 2011 the number of Aboriginal and Torres Strait Islander enrolled nurses increased by 32 percent, although raw numbers remain small (see criterion 6.8, Appendix C).⁽⁵⁾

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.⁽⁶⁾ Differences in staffing models across jurisdictions may be influencing these findings as well as opportunities for graduate employment.⁽⁵⁾ In 2012, the National Health Workforce Dataset reported that only 55 percent of enrolled nurse graduates immediately entered employment as a nurse.⁽⁷⁾ 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.⁽⁵⁾

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.⁽⁸⁾ 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 work.⁽⁹⁾ Contemporary enrolled nursing practice, in some contexts, may include supervision of other workers, provision of direct consumer care and instruction of students.⁽⁹⁾

The NMBA has now released the Enrolled nurse standards for practice, replacing the National competency standards as the practice standards that provide the framework for assessing enrolled nurse practice.⁽¹⁰⁾

As stated in the NMBA 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'.⁽¹⁰⁾ The standards for practice recognise 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.⁽¹⁰⁾

The contemporary role of the EN within the health environment is now reflected in the NMBA Enrolled nurse standards for practice, which are used also to underpin enrolled nurse education.

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 Organisation (RTO) that has current registration 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.⁽¹¹⁾ The National Health Training Package is also sequenced to prepare students for workplace experience. Graduates of an NMBA approved program of study are eligible to apply for registration with the NMBA to practice as an enrolled nurse.

¹ Other state regulators include Training and Accreditation Council (TAC), Western Australia and the Victorian Registration and Qualification Authority (VRQA)

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.⁽¹²⁾ In addition, some state governments provide selected RTOs with a subsidy towards the training cost of Diploma of Nursing students.^(13, 14)

Stage 1: Consultation outcomes

Feedback from stakeholders participating in stage one of consultation (listed in Appendix B) has assisted the EAG to understand the implications of proposed revisions to the Enrolled Nurse Accreditation Standards and how criterion wording or content may be improved. Moreover, stakeholder feedback has also highlighted where further stakeholder consultation is required to guide development of the next draft of these accreditation standards. In stage 2 of consultation, stakeholder feedback is sought in relation to the following:

- Criterion 6.1a – modification to program entry criteria for English language skills (ELS) assessment
- Criterion 6.3 – requirement for literacy and numeracy assessment
- All standards – content changes, clarity, accuracy and completeness.

NB: In this document the term ‘organisation’ is used when referring to - organisations, boards, councils, agencies, departments or committees.

Standard 1 Governance

Stakeholder response

Arising from stakeholder consultation was a recommendation that the revised accreditation standards maintain alignment with the current 2009 accreditation standards in terms of criterion 4.1, which states:

The course provider is required to demonstrate that, for courses leading to enrolment as a nurse, the *minimum* qualification must be a Diploma⁽²⁾

It was proposed that re-instating the intent of this wording with the accreditation standards would provide opportunities for the development of qualifications other than the Diploma of Nursing.

Consultation outcome

This feedback was discussed at length by the EAG and progressed to the ANMAC Board for consideration. The ANMAC Board noted the provisions in the National Law for National Boards to determine a health profession’s qualifications for the purposes of registration and, as a consequence, liaised with the NMBA for further guidance on this matter.

This criterion now stipulates the Diploma of Nursing (AQF level 5) is the required qualification for enrolled nurse programs of study and is to be achieved through successful completion of the current National Health Training Package. This inclusion is based on advice received from the NMBA, which has discretion to set the requirements in terms of entry level qualification in accordance with its functions under the National Law and through the approval process for accreditation standards, under section 47 for consideration by ANMAC. See Appendix C for the revised wording in the draft Enrolled Nurse Accreditation Standards.

Standard 3 Program development and structure

Stakeholder response

Stakeholders were asked whether the revised Enrolled Nurse Accreditation Standards should maintain the currently specified minimum of 400 hours for workplace experience. Further, it was proposed that these hours would not be inclusive of simulation activities and would require student exposure to a variety of health-care settings that supported achievement of the NMBA Enrolled nurse standards for practice.

Ninety-one per cent of individual respondents and all responding organisations supported the inclusion of this criterion in the standards. Respondents' supporting rationale mostly related to the professional and educational benefits associated with the proposed workplace experience.

A few individual respondents suggested specific settings for workplace experience. Others commented on the importance of student access to registered nurse and enrolled nurse supervision. One commented that current levels of competition presented a risk to the quality of clinical placements.

The overall response from organisations was one of support, particularly for the inclusion of various clinical practice settings that enable application of the program's theoretical content. Some professional bodies suggested specification of such clinical placement settings as primary health, mental health, acute and tertiary care. One organisation asked that consideration be given to the demand placed on practice settings with less capacity to mentor enrolled nurse learners. Three organisations while acknowledging the importance of learning through simulation, considered it to be complementary to workplace experience. Others held the view that high quality simulation may, in the future, enable a reduction in the specified workplace experience hours. One organisation recommended the minimum quantum of hours be increased to 450 hours.

Consultation outcome

The large level of stakeholder support has led to the inclusion of proposed criteria 3.6 into Version 2 of the draft Enrolled Nurse Accreditation Standards. The EAG agreed that:

- The quality of students' clinical learning experiences would be further supported by amending the definition for workplace experience so that *successful* completion by the student is a requisite for inclusion into the 400-hour quantum.
- No further amendment to the criterion was required. The guidance provided to education providers in Standard 3. Program development and structure, Standard 5. Student assessment and Standard 8. Management of workplace experience was considered to adequately address flexible program delivery while supporting the quality of student supervision and workplace experience.

Standard 4 Program content

Stakeholder response

Stakeholders were asked to consider whether proposed criteria (4.2, 4.4, 4.5, 4.6 and 4.8 – see Appendix C) together enabled content found in the 2009 ANMC accreditation standards and the current National Health Training Package to be encompassed within the draft Enrolled Nurse Accreditation Standards.

Feedback from individuals and organisations indicated majority support for the inclusion of these proposed criteria in Standard 4 of the revised accreditation standards. The overall stakeholder response included:

- Criterion 4.2 was supported by all individual respondents and 18 of the 19 responding organisations – improvements to flow and clarity were recommended by one organisation.
- Criterion 4.4 was supported by 98% of individual respondents and 15 of the 18 responding organisations. The main rationale given for not supporting criterion inclusion was that the content did not align with the skills and knowledge required of enrolled nurses in contemporary practice.
- Criterion 4.5 was supported by 98% of the individual respondents and all responding organisations.
- Criterion 4.6 – was supported by 85% of individual respondents and 17 out of 18 responding organisations. Stakeholders who withheld support suggested this content be subsumed into criterion 4.5.
- Criterion 4.8 – was supported by 91% of individual respondents and 18 out of 19 responding organisations. Rationale for not supporting criterion inclusion related to a reduction in student choice.

A number of individual's reported on content that was omitted; two organisations made further comment – one noted the absence of reference to the enrolled nurse's regulated scope of practice and the other to relevant National Safety and Quality Health Service Standards.

Consultation outcome

The large level of stakeholder support for these criteria has meant they have now been incorporated into Version 2 of the draft Enrolled Nurse Accreditation Standards. The EAG, however, supported the following changes and inclusions:

- Criterion 4.2 - reword to improve clarity and the logical flow of concepts across this standard.
- Criteria 4.4 – change content to better support preparation of graduates for contemporary practice, include an emphasis on knowledge and skills development in person-centred, evidence-based care and applying the enrolled nurse regulatory framework.
- Criteria 4.8 - incorporate a consultative process to assist education providers in identifying elective options that will support student preparation for understanding and meeting the health needs of the community.
- Criteria 2.3 - incorporate the Australian Commission on Safety and Quality in Health Care, Australian Safety and Quality Framework for Health Care.

Standard 5 Student assessment

Stakeholder response

Stakeholders were asked to consider the implications of program provider's formally assessing students' ELS prior to undertaking supervised workplace experience. It was anticipated the required minimum level may be less than that specified in the NMBA English language skills registration standard, which currently is a score of 7 across all bands on an International English Language Testing System (IELTS) test, or equivalent.

An overview of stakeholder feedback:

- The most frequently reported facilitator of student ELS assessment was the timing of the assessment, with most respondents supporting pre-enrolment testing. Other reported facilitators included interactive teaching strategies, such as interview, simulation and viva voce assessment, and literacy, language and numeracy programs. It was suggested that a standardised process may facilitate and reduce bias in ELS assessment.
- Reported barriers to undertaking student assessment of ELS mostly related to the lack of standardised, equitable, valid or reliable processes. Others commented on the lack of resources, including the required expertise, to support student assessment. A few expressed concern that changes to the process may impose burdens on students and/or education providers.
- Ninety-five percent of individual respondents and sixteen out of seventeen responding organisations supported specifying a minimum ELS requirement in the revised accreditation standards. Stakeholders' comments rationalised that this inclusion could potentially increase public safety, promote quality patient care and optimise student learning. Consistency of ELSs requirements across all ANMAC accreditation standards was also identified as an important consideration. One organisation and 6 individuals did not support this inclusion for reasons relating to possible perceptions of student discrimination or satisfaction with current processes.
- On aggregate there was a reduced response from stakeholders regarding what was an appropriate specification for a minimum level of ELS, comments indicated a level of uncertainty about the specialised content in this area. The feedback provided, however, indicated a preference for ELS specifications to be aligned with the NMBA English language skills registration standard. A smaller number of stakeholders supported identifying outright an IELTS score of 6.5 or 7.0. Some respondents also recommended the wider application of literacy, language and numeracy testing as used, for example, in VET-ASSESS.

Consultation outcome

Initial consultation showed the majority of participating stakeholders supported the specification of a minimum ELS requirement in the revised standards. Further, stakeholder comments indicated a preference for a standardised, unbiased process that occurred prior to enrolment, rather than prior to clinical placement. The importance of assessing students' numeracy and literacy skills was also a key message.

The EAG agreed that development of this area in the revised accreditation standards required further consultation with stakeholders.

Stage 2: Key considerations

Stakeholder feedback from the first stage of consultation assisted in the identification of these key areas for consideration.

Standard 6 Students

In the first round of consultation the following criteria relating to ELS requirements were proposed for inclusion in the revised Enrolled Nurse Accreditation Standards

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

Criterion 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. requirements for registration as an enrolled nurse by the NMBA including, but not limited to, the explicit registration standard on English language skills.

Criterion 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.

As detailed earlier in this paper, stakeholders not only supported inclusion of these criteria but also supported an extension of this guidance, as long as it facilitated an ELS assessment process that was:

- valid and reliable
- appropriately resourced
- conducted prior to program entry.

English language skills (ELS) assessment

On initial registration *all* nursing and midwifery graduates, regardless of whether English is their first or second language, are required to meet the NMBA English language skills registration standard to demonstrate that their competency in speaking and communicating in English is sufficient to practice safely. Enrolled nurse graduates meeting the requirements of the *NMBA English language skills registration standard* requires evidence of:

- a. Achievement of at a specified level in an English language test², or

² There are a number of different types of English language tests. Equivalence in English language test scores are detailed in the NMBA English language skills registration standard on pages 2-4. IELTS, as a well-known English language test, is referred to consistently across this document so that the reader has a reference point from which they can compare other English language test results, as needed. The NMBA require a minimum IELTS academic module score of seven in each of the four components of listening, reading, writing and speaking.

- b. Completing five years, or fulltime equivalent, of a combination of vocational, secondary and/or tertiary education taught and assessed in English in a recognised country³, or
- c. Completing at least a one year full-time equivalent pre-registration program of study approved by a recognised nursing and/or midwifery regulatory body in a recognised country and evidence the relevant professional qualification was taught and assessed solely in English in one of the recognised countries.⁽¹⁵⁾

To date students undertaking enrolled nurse programs of study (or other nursing or midwifery programs) have not been required to demonstrate a similar level of ELS, even though in such programs students complete a minimum of 400 hours of supervised workplace experience. In the clinical setting students may be directly or indirectly supervised, which means there will be periods when students interact with patients, their families and other health care professionals on a one-to-one basis.

Literature exploring the experiences of nursing students with English as a second language in the clinical setting found students:

- had difficulty with understanding directions given by nurses and were reticent about seeking clarification
- struggled with understanding medical and non-medical jargon and described this as the burden of learning the additional language of nursing as well as English
- had difficulty introducing themselves, making small talk and understanding patient requests when interacting with their assigned patient
- were fearful of making an error with a patient due to lack of language skill
- had difficulty communicating with colleagues, patients and their families
- had problems with pronunciation, telephone communication and comprehending colloquial expressions.^(16, 17)

Due to enrolled nurse programs being relatively short (one to two years), students have little time to address shortfalls in ELS as well as assimilate foundational knowledge prior to undertaking workplace experience, which usually occurs within the first six months of the program. According to the IELTS 9-band scale ⁽¹⁸⁾ to use complex language well and understand detailed reasoning the English language user requires an IELTS Band score of at least 7.

Table: Extract from the IELTS 9-band scale.

7 Good user	Has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning.
6 Competent user	Has generally effective command of the language despite some inaccuracies, inappropriacies and misunderstandings. Can use and understand fairly complex language, particularly in familiar situations.

³ Recognised countries include Australia, Canada, New Zealand, Republic of Ireland, South Africa, the United Kingdom and the United States of America.

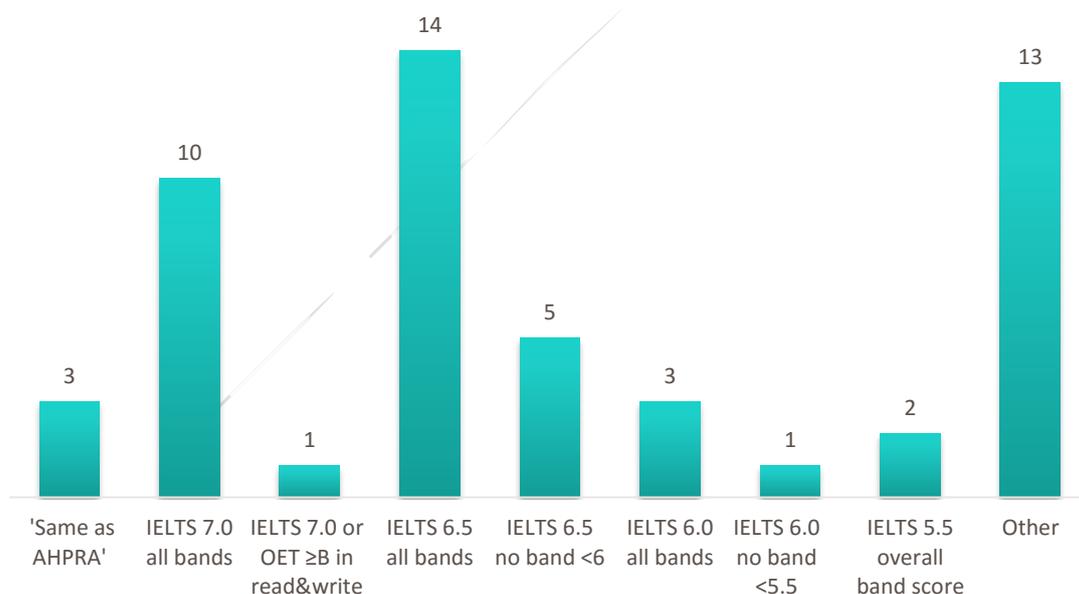
From the commencement of studies, it is essential enrolled nursing students have sufficient ELS to support their understanding and synthesis of complex program content. Unfortunately, there is a lack of published data, specific to international enrolled nursing students, that explores the relationship between program entry IELTS Band scores (or other English language test scores) and program completion and attrition rates. For those students completing enrolled nurse programs there is also no published information regarding their experiences or outcomes when applying for NMBA registration.

For the purposes of public protection and to mitigate risk for enrolled nursing students, stakeholders are asked to consider what standard of English language proficiency should be required of students on entry to an enrolled nurse program of study.

Context for Diploma of Nursing programs

As part of ANMAC's accreditation processes education providers are required to report students ELS requirements as a condition of program entry. Responses, as shown in Diagram 1, illustrate the wide variation in the ELS entry criteria required by the 52 education providers currently offering an accredited Diploma of Nursing program.

Diagram 1. Education provider self-reported ELS entry criteria for Diploma of Nursing programs



Only 25% of education providers (13) required ELS program entry criteria similar to that specified in the NMBA registration standard or recommended in the IELTS guide for education institutions, governments, professional bodies and commercial organisations. The IELTS guide states an IELTS band score of 7.0 is 'probably acceptable' for linguistically demanding academic programs⁴ and that the test results relate only to capacity for academic tasks.⁽¹⁸⁾ Similarly, 27%

⁴ Note there are 'IELTS academic' and 'IELTS general training' English language testing modules. The NMBA English language skills registration standard requires applicants to provide IELTS test score results from the academic module (p.3). In the IELTS Guide for education institutions, governments, professional bodies and commercial organisations it states the writing component of an IELTS academic test includes tasks suitable for test takers seeking professional registration (p.11).

of education providers required an IELTS score of 6.5. The remaining 46% of education providers (24) specified a score below 6.5 or 'other' criteria, such as, outcomes from secondary schooling or language, literacy and numeracy programs.

Relevant research⁵, although limited and focused only on higher education, has demonstrated minimal IELTS gains between entry and exit scores for international students completing degrees, over extended enrolment periods. An IELTS commissioned study in 2009 at the University of Melbourne found an overall improvement of just half an IELTS band to be the norm for international students from time of entry to their final semester, despite enrolment periods varying from three to four and half years.^(19, 20) A more recent IELTS study at the University of Technology Sydney found that between entry and exit points some students IELTS scores improved, others become worse, and many remained stable.⁽¹⁹⁻²¹⁾ Out of 40 international students that were tracked over two to three years of higher education, just eight students had increased their IELTS score by a band from their entry score, 14 had increased it by half a band, but 12 had maintained the same level, and six students had dropped half a band.^(21, 22) Further, research shows that students' English language gains are slower for students admitted with higher IELTS scores.^(19, 20) This is demonstrated in a recent Australian study that found just two of 40 international students who had begun their study with an IELTS Band of 6.5 had achieved Band 7 scores by program completion.^(20, 21) In relation to English language gains attained through English language immersion courses, research has found an increase of just half an IELTS Band to be fairly typical for students who studied English *full-time for three months*.^(20, 23)

Based on these findings there appears to be no certainty that students' English language ability will improve over the life of a *tertiary* program.^(20, 24) Addressing the standard of students' ELS on entry to an enrolled nursing program is, therefore, considered a critical issue, particularly in a context where:

- only 13 out of 52 education providers offering enrolled nursing programs accept students with an IELTS score of 7.0 or equivalent.
- professional registration requires relevant applicants to demonstrate an IELTS Band score of no less than 7.0 (or equivalent).

As the only nationally accepted and evidenced-based benchmark stipulating a minimum level of ELS for safe nursing and midwifery practice, it is proposed that the NMBA English language skills registration standard be used to establish equivalent ELS standards for students entering an enrolled nurse program of study.

Based on the graph above, seventy-five percent of education providers already request international applicants to provide evidence of their ELS prior to program entry. Formally embedding this assessment process into the revised Enrolled Nurse Accreditation Standards would ensure:

⁵ The source for much of this analysis in this paragraph is Hawthorne, L & To, A (2013), *English Language Skills Registration Standards – An Australian and Global Comparative Assessment*, Australian Health Practitioner Regulation Agency, Melbourne, 169pp.

- more equitable program entry criteria for all international students and as a consequence more equitable application costs
- valid and reliable ELS assessment, undertaken by independent experts
- program entry ELS requirements comparable to those required by the NMBA for professional registration, provisions for the protection of the public by preventing the lowering of ELS requirements to be used as a competitive device within the VET market.

These outcomes would potentially meet the provisions made by stakeholders in the first stage of consultation.

Literacy and numeracy (LLN) assessment

Language and literacy skills for native English speaking students are addressed, to some extent, within the NMBA English language skills registration standards by requiring evidence of completion of 5 years of education taught and assessed in English. Numeracy skills are, however, not specifically addressed within this same standard. This may be because, unlike language and literacy, mathematical theory is taught and applied consistently across cultures with application and assessment of numeracy embedded within all schooling systems. Regardless of these measures there can still be significant variance in students' LLN skills on commencement of a Diploma of Nursing program.

Context for enrolled nurse education and practice

Undetected shortfalls in LLN skills on entry to Diploma of Nursing programs is an issue because administration of medications is now an essential component of contemporary enrolled nurse education and practice. All nursing and midwifery accreditation standards require the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines relevant to the profession's legislated scope of practice. Even so, a recent literature review exploring medication safety reported the clinical error rate for medicine administration in the Australian hospital setting to be between 5-10% of medicine administrations.⁽²⁵⁾ One New South Wales study into intravenous administration errors, reported 'wrong mixture, wrong volume, wrong rate or medicine incompatibility accounted for 92% of all clinical [medication] errors'.⁽²⁵⁾

While medication errors are shown to be multifactorial,⁽²⁶⁾ having the required literacy and numeracy skills to read drug labels, product information, prescribing orders and to perform drug calculations are essential in supporting safe medicine administration practices. As a public safety measure, stakeholders are, therefore, being asked to consider the proposal that

⁶ It is noteworthy that the NMBA will accept formal English language test results if they were obtained:

- within the two years before the date the registration application is lodged
- for more than two years if the applicant has been continuously enrolled in a Board approved program of study, which commenced within 12 months of the date of the test result and undertook subjects in each semester, with no break from study apart from the education provider's scheduled holidays
- the registration application is lodged within 12 months of completing the Board approved program of study.⁽¹⁵⁾

students' LLN skills be of a specified standard prior to commencing an enrolled nurse program of study.

Diploma of Nursing program providers are already required to determine individual learner needs and supports for LLN skills, prior to program enrolment or commencement (whichever is easier) as stipulated in Clause 1.7 of the ASQA's Standards for RTOs and associated user guide.⁽²⁷⁾ At minimum, support for LLN skills is expected to include, *identifying particular requirements learners would need to complete the course* and strategies to make support available where gaps are identified.⁽²⁷⁾ It is proposed that the additional guidance provided by the revised Enrolled Nurse Accreditation Standards would clarify for education providers the minimum level of LLN skills requirements that would be needed for students undertaking a Diploma of Nursing. A number of Diploma of Nursing providers, with state government subsidy arrangements^(13, 14), already use the VETASSESS Test for pre-entry assessment of candidates' literacy and numeracy competence.⁽²⁸⁾ This test is aligned to the Australian Core Skills Framework (ACSF) which is the recognised standard for adult literacy and numeracy in Australia.⁽²⁸⁾

Due to recent reforms in the VET FEE-HELP scheme, the ACSF now also underpins the LLN skills benchmark for candidates seeking financial support to undertake Diploma studies. Before program enrolment and before an offer of a VET FEE-HELP loan, such students must provide evidence of a year 12 certificate or an exit level 3 in the ACSF from a government approved provider⁽²⁹⁾ (e.g. Australian Council for Education Research (ACER) and Basic Key Skills Builder (bksb)).⁽³⁰⁾ The Government contends requiring program providers to assess students' academic suitability prior to program enrolment potentially facilitates program completion and safeguards vulnerable students from incurring avoidable debt.⁽²⁹⁾

In line with this regulatory environment, it is proposed the revised Enrolled Nurse Accreditation Standards incorporate a similar LLN assessment process and benchmark to mitigate clinical risks to patients as well as pedagogical and financial risks to students that may arise from undetected shortfalls in LLN skills.

Stakeholders are asked to consider and provide feedback on the proposal to specify in Standard 6 of the revised Enrolled Nurse Accreditation Standards the following entry criteria for enrolled nurse programs of study:

- *a minimum level of ELS in line with requirements outlined in the NMBA English language skills registration standard as determined by an independent body, such as IELTS or other recognised agency that undertakes formal ELS testing*
- *a minimum level of literacy and numeracy skills for all students as determined by an independent body, such as Government approved providers undertaking VET FEE HELP LLN skills assessments.*
- *candidates that have evidence of a grade 12 certificate or a language skills test score the meets the NMBA registration standard only need demonstrate completion of the numeracy component of the LLN skills test.*

(Stakeholders can respond by answering the following questions in the online survey – accessible via www.surveymonkey.com/r/Enrolled_Nurse_Accreditation_Standards_2)

Version 2 of the DRAFT Enrolled Nurse Accreditation Standards

Please consider proposed new wording of the following criteria (in blue text):

- **Sub-criterion 6.1(a)** now specifying a minimum level of English language skills required by students on entry to an enrolled nurse program of study.

The program provider demonstrates:

Applicants are informed of the following before accepting an offer of enrolment:

- a. Specific requirements for entry to the program of study, including formal English language skills test results equivalent to those specified in the NMBA Registration standard for English language skills

- **Criterion 6.3** now specifying a minimum level of language, literacy and numeracy skills required by students on entry to an enrolled nurse program of study

The program provider demonstrates:

Students, prior to commencing the program, are able to provide evidence* of sufficient literacy and numeracy skills to be able to successfully undertake academic experience and workplace experience requirements throughout the program.

*Footnote: Evidence refers to a language, literacy and numeracy (LLN) test result from an Australian Government approved provider (e.g., ACER, bksb) at exit level 3 in the Australian Core Skills Framework in both reading and numeracy. Australian students who have completed an Australian Grade 12 certificate or students who have undertaken a formal English language skills test (e.g., IELTS) that meets program entry criteria, need only undertake the numeracy component of the LLN test.

Questions 1 and 2 in the online survey are demographic questions.

Question 3.

Do you support the *inclusion* of proposed changes to sub-criterion 6.1a (above), which will introduce into the revised Enrolled Nurse Accreditation Standards a minimum level requirement for students' English language skills on program entry?

Yes

No

Please provide a reason for your answer.

Question 4.

By specifying a minimal level of English language skills at program entry it is proposed criterion 5.6 is no longer required.

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

Do you support the *removal* of criterion 5.6 from the revised Enrolled Nurse Accreditation Standards?

Yes No

Please provide a reason for your answer.

Question 5.

Do you support the *inclusion* of proposed wording changes to criterion 6.3 (above), which will introduce into the revised Enrolled Nurse Accreditation Standards a minimal level requirement for students' language, literacy and numeracy skills on program entry?

Yes No

Please provide a reason for your answer.

All standards

The EAG reviewed and discussed all stakeholder suggestions when amending the standards and glossary. Blue text denotes the revisions in the second version of the draft Enrolled Nurse Accreditation Standards (refer to Appendix C). The main areas of change include:

- **Standard 1. Governance** – the current Health Training Package and award of Diploma of Nursing (Level 5) has been embedded within criterion 1.3
- **Standard 4. Program content** – rewording and additions, particularly to program focus (criterion 4.2) and content (criterion 4.4)
- **Standards 5. Assessment** – refer to Question 4, above
- **Standard 6. Students** – refer to Questions 3 and 5, above
- **Standard 7. Resources** – staff teaching, supervising and assessing enrolled nurse practice related units may now hold either Division 1 or 2 general registration as a nurse (criterion 7.7), as long as they have at least one qualification standard higher than the program of study being taught or with equivalent professional experience (criterion 7.8)
- **Standard 8. Management of workplace experience** – education providers may use temporary in-principle agreements as evidence of contractual arrangements with health service providers until such time contractual arrangements are finalised (criterion 8.1)
- **Glossary** – important updates to definitions for continuing professional development, cultural safety, education provider, graduate outcomes, registered nurse, unit and workplace experience (now requires successful completion of the 400 hours). New definitions for enrolled nurse, practice and supervision.

Stakeholders are again asked to consider whether changes in content and revisions to the accreditation standards have introduced any issues, omissions, gaps, duplications or errors.

(Stakeholders can respond by answering the following question in the online survey - accessible via www.surveymonkey.com/r/Enrolled_Nurse_Accreditation_Standards_2.)

Question 6.

Please review all standards and criterion in the second draft of the Enrolled Nurse Accreditation Standards and provide feedback in relation to identified issues, gaps, omissions, duplications or errors.

Standard 1:

Standard 2:

Standard 3:

Standard 4:

Standard 5:

Standard 6:

Standard 7:

Standard 8:

Standard 9:

Glossary and terms:

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. Stage 2 of this review has commenced and includes review of stakeholder initiated changes to the first version of the draft Enrolled Nurse Accreditation Standards. 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 CEO, by way of the Standards Assessment and Accreditation Committee. Revised Enrolled Nurse Accreditation Standards are expected to be released in 2017 subject to NMBA approval.

Appendix A. Stakeholder list

Any interested organisations 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_2
- Submitting comments or submissions via the following dedicated email address: standardsreview@anmac.org.au.

In addition to those listed here – correspondence will also be sent to education providers and other key stakeholders that were invited to participate in the 2016 ANMAC Diploma of Nursing Transition Information Seminar.

Table: Key stakeholder list

Names of organisations
Aged and Community Services Australia
Association of Nurse Continence Advisors NSW
Australasian Cardiovascular Nursing College
Australasian College for Infection Prevention and Control
Australasian Hepatology Association
Australasian Neuroscience Nurses' Association
Australasian Rehabilitation Nurses' Association Incorporated.
Australasian Sexual Health & HIV Nurses Association Incorporated
Australian and New Zealand Council of Chief Nurses and Midwives
Australian and New Zealand Orthopaedic Nurses Association
Australian and New Zealand Urological Nurses Society
Australian Association of Stomal Therapy Nurses Incorporated
Australian College of Children and Young People's Nurses
Australian College of Critical Care Nurses Ltd
Australian College of Emergency Nurses
Australian College of Mental Health Nurses
Australian College of Nursing
Australian College of Midwives
Australian College of Operating Room Nurses
Australian Commission on Safety and Quality in Health Care
Australian Council for Private Education and Training
Australian Day Surgery Nurses Association
Australian Dermatology Nurses Association

Australian Diabetes Educators Association

Australian Faith Community Nurses Association Incorporated

Australian Government Department of Health – Chief Nursing and Midwifery Officer

Australian Health Care Reform Alliance

Australian Health Ministerial Advisory Council

Australian Health Practitioner Regulation Agency

Australian Nurse Teachers’ Society

ANMF Australian Nursing and Midwifery Association – Federal, state and territory offices

Australian Ophthalmic Nurses’ Association Incorporated

Australian Primary Health Care Nurses Association

Australian Private Hospitals Association

Australian Skills Quality Authority

Australian Wound Management Association

Chamber of Commerce and Industry, Western Australia

Coalition of National Nursing Organisations

Commonwealth Chief Nurse and Midwife

Community Service and Health Industry Skills Council

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Consumers Health Forum of Australia

Council of Australian Governments – Education Council

Council of Australian Governments – Health Council

Council of Australian Governments – Industry and Skills Council

Council of Children’s Nurses

Council of Deans of Nursing and Midwifery Australia & New Zealand

Council of Remote Area Nurses of Australia plus Remote Health Professionals

Departments of Health – all states and territories

Discharge Planning Association

Drug and Alcohol Nurses of Australasia

Education Providers of the Diploma of Nursing

Endocrine Nurses Society of Australasia Incorporated

Enrolled Nurse Professional Association – NSW

Gastroenterological Nurses College of Australia

Health Informatics Society of Australia

Health Ministerial Advisory Committee

Health Professions Accreditation Councils’ Forum

Health Workforce Principal Committee

Hyperbaric Technicians and Nurses Association

Maternal Child and Family Health Nurses Australia

National Enrolled Nurse Association of Australia

National Rural Health Alliance

Nursing and Midwifery Board of Australia

Nursing Council of New Zealand

Nursing Informatics Australia

Otorhinolaryngology Head and Neck Nurses Group

Palliative Care Nurses Australia

Psychogeriatric Nurses Association Australia Incorporated

Queensland Health - Queensland Government

Renal Society of Australasia

Respiratory Nurses Interest Group of NSW

SA Health - Government of South Australia

TAFE Directors Australia

Training Accreditation Council Western Australia

The Thoracic Society of Australia and New Zealand

Transplant Nurses Association Incorporated

Victorian Registration and Qualification Authority

Appendix B. Stage 1 stakeholder participation

Summary – written participation:

- ANMAC received eighty-three separate responses to the first consultation paper, submitted through the online survey or as electronic correspondence.
- Sixty-three individual respondents and nine organisations accessed the online survey, though, due to skipped responses, there was significant variations in the number of answered questions.
- From question 5 onward respondent numbers dropped to 30-40 per question.
- In total 20 key stakeholder organisations – ten national – submitted feedback.
- The participating organisations and their jurisdiction are tabled below.

Name of organisations	Location
Austin Health	Victoria
Australian College of Mental Health Nurses	National
Australian College of Nursing	National
Australian Commission for Safety and Quality in Healthcare	National
Australian Nursing and Midwifery Federation	National
Australian Primary Health Care Nurses Association	National
Celtic Training and Consultancy Pty Ltd	South Australia
Council of Deans of Nursing and Midwifery	National
Department of Health and Human Services, Office of the Chief Nurse	Tasmania
EQUALS International	South Australia
Gastroenterological Nurses College of Australia	New South Wales
Health Workforce Principal Committee	National
Institute of Health and Nursing Australia	National
Nursing and Midwifery Board of Australia	National
Renal Society Australasia	National
Rozelle Campus, Centre for Education and Workforce Development	New South Wales
South Australia Health Nursing and Midwifery Office	South Australia
South Western Sydney, Centre for Education and Workforce Development	New South Wales
TAFE Queensland Brisbane	Queensland
TAFE NSW	New South Wales

Summary – forum participation:

- In total 65 stakeholders attended the Melbourne, Adelaide and Sydney consultation forums, with Melbourne having the highest attendance and Sydney the least.
- Fifteen RTO representatives participated in the consultation forums, this constituted less than 20% of all education providers that deliver the Diploma of Nursing program.
- Other stakeholder representation included:
 - educationalists
 - Registered Training Organisations
 - enrolled nurse clinicians
 - health service industry
 - industrial - federal and state
 - professional nursing groups
 - a state education department
 - state health or health workforce departments
 - community services and health industry skills council
 - national regulators, including NMBA and ANMAC.
- Key forum discussions included the:
 - possibility of further guidance on the ‘variety of health care setting’ (proposed in criterion 3.6).
 - effects of compulsory health service student facilitation on education provider management of supervision models (see criterion 8.5).
 - level of research content expected for an AQF level 5 program of study (proposed in criterion 4.4c).
 - logistics and implications of introducing an English language skills assessment for the Diploma of Nursing program (proposed in criterion 5.6, also refer to criterion 6.1a).
 - most appropriate minimum level of English language skills to ensure public safety.
- Forum stakeholder evaluation (n=37):
 - 22% of stakeholders disagreed or strongly disagreed they received enough information in advance of the forum.
 - All stakeholders agreed or strongly agreed that:
 - the venue and facilities were accessible
 - the forum provided them with relevant information about the review
 - they were encouraged to participate in forum discussions
 - they understood the next steps in the development of the standards.

Appendix C. DRAFT Enrolled Nurse Accreditation Standards – v2

Changes to these standards, arising from stage 1 of consultation, are denoted in blue text.

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 [NMBA](#) Enrolled nurse standards for practice

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 [enrolled](#) nursing practice.

STANDARD 3: PROGRAM DEVELOPMENT AND STRUCTURE

The program of study is developed in collaboration with key stakeholders reflecting contemporary trends in [education and professional nursing](#); complying in length and structure with the Australian Qualifications Framework (AQF) for the qualification offered and enabling graduates to meet the [NMBA](#) Enrolled nurse standards for practice. Workplace experience is sufficient to enable safe and competent [enrolled](#) nursing practice by program completion.

STANDARD 4: PROGRAM CONTENT

The program content delivered by the program provider comprehensively addresses the [NMBA](#) Enrolled nurse standards for practice and incorporates [Australian best practice](#) perspectives on enrolled nursing as well as existing and emerging [international](#), national and regional health priorities.

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 [NMBA](#) Enrolled nurse standards for practice.

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.

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 [NMBA](#) Enrolled nurse standards for practice.

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 [NMBA](#) Enrolled nurse standards for 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.

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 [NMBA Enrolled nurse standards for practice](#) ⁽¹⁰⁾.

Criteria

The education provider⁷ must provide evidence of:

- 1.1 Current registration by the Australian Skills Quality Authority or other state regulator⁸, as an Australian Registered Training Organisation (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 [education provider](#).
- 1.3 Listing, [as per](#) the Australian Qualifications Framework (AQF) National Registry, of the award of Diploma of Nursing (AQF level 5), [attained through successful completion of the current, Nationally-recognised health training package](#).
- 1.4 Current documented academic governance structure for the RTO and the [education provider](#) conducting the program 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 [education provider](#) 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 [NMBA Enrolled nurse standards for practice](#).
- 1.9 [Governance arrangements between the education provider and health service providers to monitor students' learning and teaching when undertaking workplace experience including, but not limited to, clinical teaching, supervision and assessment.](#)

⁷ Refer to glossary for an operational definition of education provider.

⁸ Includes registration by 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 **enrolled** 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.⁹
- 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 **professional development** 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

⁹ Including the current *Australian Safety and Quality Framework for Health Care* released by the Australian Commission on Safety and Quality in Health Care. Viewed at: www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf on 5 February 2015.

- 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 [education and professional nursing](#); complying in length and structure with the Australian Qualifications Framework (AQF) for the qualification offered and enabling graduates to meet the [NMBA](#) Enrolled nurse standards for practice. Workplace experience is sufficient to enable safe and competent [enrolled](#) 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 [NMBA](#) Enrolled nurse standards for practice which clearly identifies the links between learning outcomes, assessments and required graduate [outcomes](#).
- 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 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 NMBA Enrolled Nurse Standards for Practice](#).
- 3.7 Content and sequencing of the program of study, [as well as the incorporation of simulated learning opportunities](#), prepare students for workplace experience.
- 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 [placement toward the end of the program, undertaken in Australia](#), to consolidate the acquisition of competence and facilitate transition to practice. A summative assessment is made at this time against the [NMBA](#) 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 [ANMAC](#) Enrolled Nurse Accreditation Standards.

Standard 4: Program content

The program content delivered by the program provider comprehensively addresses the [NMBA](#) Enrolled nurse standards for practice and incorporates [Australian best practice](#) perspectives on enrolled nursing as well as existing and emerging [international](#), 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 [NMBA](#) Enrolled nurse standards for practice
 - d. teaching and learning strategies
 - e. a workplace experience plan demonstrating opportunities to meet the [NMBA](#) Enrolled nurse standards for practice.
- 4.2 The central focus of the program is enrolled nursing practice, [comprising core health professional and specific enrolled nurse knowledge and skills](#) and incorporates 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. [person-centred care](#)
 - b. [evidence-based care](#)
 - c. analytical and reflective practice
 - d. [legal, regulatory¹⁰ and ethical requirements for contemporary practice](#)
 - e. quality and safety principles
 - f. [health informatics and health technology¹¹](#).

¹⁰ As detailed in NMBA policies, standards, guidelines and codes—available at www.nursingmidwiferyboard.gov.au/

¹¹ Refer to ANMAC Health informatics and health technology: an explanatory note—available at www.anmac.org.au/sites/default/files/documents/20150130_Health_Informatics_Technology_Explanatory_Note.pdf

- 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 hours¹²
- 4.8 Elective [units](#)¹³ in the program are relevant to the communities' health priorities [as determined through consultation with key stakeholders, including industry representatives](#).

¹² ANMAC Explanatory Note: Offshore components in accredited Australian programs of study for nurses and midwives available 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

¹³ Elective units here mean any approved unit that is not part of the 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 [NMBA Enrolled nurse standards for practice](#).

Criteria

The program provider demonstrates:

- 5.1 Ultimate accountability for the assessment of students in relation to their workplace experience.
- 5.2 A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.
- 5.3 Clear statements about assessment and progression rules and requirements are provided to students at the start of each unit.
- 5.4 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.
- 5.5 Both formative and summative assessment types and tasks exist across the program to enhance individual and collective learning as well as inform student progression.
- 5.6 **REMOVAL UNDER CONSULTATION:** Student communication and English language skills are assessed before undertaking workplace experience
- 5.7 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.
- 5.8 Validated instruments are used in workplace experience assessment to evaluate student knowledge, skills, behaviours and [achievement of the NMBA Enrolled nurse standards for practice](#).
- 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 the [NMBA](#) Enrolled nurse standards for practice [conducted](#) by a registered nurse¹⁴ in an Australian clinical context before program completion.

¹⁴ 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. **UNDER CONSULTATION:** specific requirements for entry to the program of study, including formal English language skills test results equivalent to those specified in the NMBA English language skills registration standard¹⁵
 - 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 impairment¹⁶ that may place the public at risk of harm
 - c. specific requirements for right of entry to health services for workplace experience
 - 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 **UNDER CONSULTATION:** Students, prior to commencing the program, are able to provide evidence¹⁷ of sufficient language, literacy and numeracy 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.

¹⁵ Refer to www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

¹⁶ Impairment is defined in the Health Practitioner Regulation Law Act 2009, as in force in each state and territory. Section 5. Viewed at: www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx on 8 March 2016.

¹⁷ Evidence refers to a language, literacy and numeracy (LLN) test result from an Australian Government approved provider (e.g., ACER, bksb) at exit level 3 in the Australian Core Skills Framework in both reading and numeracy. Australian students who have completed an Australian Grade 12 certificate or students who have undertaken a formal English language skills test (e.g., IELTS) that meets program entry criteria, need only undertake the numeracy component of the LLN test.

- 6.6 All students have equal opportunity to meet the [NMBA](#) 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 [Enrolment policies that support inclusiveness and student diversity](#), especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to enrol and a range of supports are [offered](#) to those students.
- 6.10 Affirmative action strategies are adopted to support people with diverse academic, work and life experiences 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 [NMBA](#) 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 [registered](#) nurse with no conditions relating to conduct or performance, holds a relevant post graduate tertiary qualification relevant to their discipline.
- 7.7 Staff teaching enrolled nurse practice related units have current Australian general registration [as an enrolled](#) or 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 scholarly [activities that generate](#) 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 [NMBA](#) Enrolled nurse standards for practice.

Criteria

The program provider demonstrates:

- 8.1 Constructive relationships, 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 [NMBA](#) 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 the [NMBA](#) 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 prepared for this role and seek to incorporate contemporary and evidence-based Australian and international perspectives on nursing practice.
- 8.7 Assessment of student practice [against the NMBA Enrolled nurse standards for practice](#), 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 [enrolled](#) 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

Australian Council for Educational Research (ACER)—is an organisation that undertakes development and provision of assessment and reporting tools and services for schools, universities, TAFE institutes and Registered Training Organisations, health professionals, employers and governments in Australia and internationally. ACER offers online assessment tools that are matched to the Australian Core Skills Framework and identify and measure an individual's foundation skills levels in English language literacy and numeracy skills.⁽³¹⁾

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

Australian Core Skills Framework (ACSF)—is a tool which assists both specialist and non-specialist English language, literacy and numeracy practitioners describe an individual's performance in the five core skills of learning, reading, writing, oral communication and numeracy.⁽³²⁾

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)—ANMAC is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. In this role ANMAC is responsible for developing the content of accreditation standards and determining whether programs of study for nurses and midwives seeking to practice in Australia meet the required education standards. This contributes to protecting the health and safety of the community.

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.

Basic key skills builder® (bksb)—is an organisation that provides online literacy, numeracy and foundation skills assessment tools. The bksb assessment tool has been mapped to the Australian Core Skills Framework and provides an overview of an individual's learning strengths and determines their English and Maths level.⁽³³⁾

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.⁽³⁴⁾

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.⁽³⁴⁾

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.

Continuing professional development—is the means by which members of the professions maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.⁽³⁵⁾

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

Cultural safety—This term originated in the nursing profession in New Zealand and is specifically focused on the health care experiences and outcomes of First Nations Peoples.⁽³⁶⁾ It has been adapted to the Australian context for Aboriginal and Torres Strait Islander Australians over the last 15 years, and is often used in conjunction with cultural respect. Cultural safety occurs when culturally respectful individual and organisational health service practices and policies, which require the absence of individual and institutional racism, result in an experience of cultural safety *as determined by* Aboriginal and Torres Strait Islander peoples.⁽³⁷⁻³⁹⁾ This requires change at both individual and systemic levels.⁽³⁶⁻³⁹⁾ In terms of his or her individual practice, an enrolled nurse ‘...*delivering a 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.*’⁽⁴⁰⁾

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.⁽⁴¹⁾

Education provider—for the purposes of these standards, refers to the organisational entity responsible for the design, delivery and quality assurance of a program of study in enrolled nursing from which graduates are eligible to apply for registration with the NMBA.

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.⁽⁴²⁾

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.⁽¹⁵⁾

Enrolled nurse—(Registered nurse, division 2) a person with appropriate educational preparation and competence for practice, who is registered under the Health Practitioner Regulation National Law.⁽¹⁰⁾

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 outcomes—knowledge, skills, behaviours and attitudes possessed by graduating students in accordance with the NMBA Enrolled nurse standards for practice and those specified by the education provider.

Head of 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.⁽⁴³⁾

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).

International English Language Testing System (IELTS)—is used to test English language proficiency. The IELTS test is designed to assess the language ability of non-native speakers of English who intend to study or work where English is the language of communication.⁽¹⁸⁾

Interprofessional learning—occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.⁽⁴⁴⁾

Intraprofessional learning— occurs when learners from the one/similar profession learn about, from and with each other to enable effective collaboration and improved outcomes.⁽⁴⁵⁾

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.

Practice—refers to any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.⁽⁴⁶⁾

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.⁽⁴⁷⁾

Recognition of prior learning—refers to 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.

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.⁽⁴⁸⁾

Registered nurse—(Registered nurse, division 1) a person who has completed the prescribed educational preparation, demonstrated competence to practise, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia.⁽¹⁰⁾

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.⁽⁴⁹⁾

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.⁽⁵⁰⁾

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.⁽⁴⁴⁾

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 from which graduates are eligible to apply for 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.

Supervision/supervise—can be either direct or indirect:

- Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
- Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised.⁽¹⁰⁾

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. Referred to as ‘subject’ in other ANMAC accreditation standards, ‘unit’ is used here to promote consistency with nomenclature commonly used in the Diploma of Nursing, Health Training Packages.

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.⁽⁵¹⁾

Workplace Experience—is a component of nursing education that students are required to successfully complete, so as to foster sound clinical judgement when applying theoretical knowledge in a practice setting and to support demonstrated achievement of the NMBA Enrolled nurse standards for practice. Includes the concept of ‘clinical training’ as embodied in the National Law.

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