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| Application Pack |
| Nurse Practitioner Accreditation Standards 2015 |

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# Submission preparation

The relevant accreditation standards for this application pack are the:

[*Nurse Practitioner Accreditation Standards 2015*](http://www.anmac.org.au/sites/default/files/documents/Nurse_Practitioner_Accreditation_Standard_2015_FINAL_0.pdf)

When preparing documentation for review it is important to keep in mind:

* readability – present documents in a clear and concise manner
* accessibility – readers may not have access to specialised software
* searchability – readers will need to be able to easily find the evidence that you’ve provided using search tools, bookmarks, tabs or accurately referenced pages.

Your submission will be divided into two sections:

* Part 1 – Application Pack
* Part 2 – Evidence in-line with the Accreditation Standards.

To complete the application pack fill in the ‘evidence’ column by referencing the location of the information in your evidence documents, include appendix number, title, page numbers, and paragraph numbers as required or provide a hyperlink to the relevant sections. If you are submitting a modification to your currently accredited program you are only required to complete the standards that are directly relevant to the changes you are planning to make.

The glossary and abbreviations for these accreditation standards may provide further clarification and are available on the ANMAC website.

You are required to provide ANMAC with one hard copy of your submission documents and one electronic copy (USB or cloud based). Please make sure the electronic copy of the application pack is provided in Word format not as a PDF.

Send your completed submission to:

Executive Director
Accreditation & Assessment Services
Australian Nursing & Midwifery Accreditation Council
GPO Box 400
CANBERRA CITY ACT 2601

# Program details

### Contact information

|  |  |
| --- | --- |
| EDUCATION PROVIDER |  |
| ADDRESS OF HEAD OFFICE |  |
| HEAD OF DISCIPLINE (NAME AND TITLE) |  |
| PHONE NUMBER |  |
| EMAIL |  |
| PROGRAM CONTACT PERSON (NAME AND TITLE) |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |

### Program information

|  |  |
| --- | --- |
| PROGRAM |  |
| PROGRAM ABBREVIATION |  |
| PROGRAM OF STUDY COURSE CODE |  |
| REGISTRATION TYPE | Nurse Practitioner |
| QUALIFICATION TYPE | Masters |
| PROGRAM TYPE | Entry |
| ACCREDITATION TYPE | Choose an item. |
| SITES WHERE PROGRAM IS TO BE OFFERED |  |
| NO. OF STUDENTS TO BE ENROLLED PER COHORT |  |
| NO. OF COHORTS PER YEAR |  |
| PROGRAM LENGTHPart time, full time where applicable |  |
| MODES OF DELIVERY |  |
| ENTRY LEVEL ENGLISH LANGUAGE PROFICIENCY REQUIREMENT |  |

### ANMAC use only

|  |  |
| --- | --- |
| ANMAC ASSOCIATE DIRECTOR FOR PROFESSIONAL PROGRAMS |  |
| SUBMISSION RECEIVED |  |
| PRELIMINARY REVIEW DATE |  |
| ASSESSMENT TEAM (AT) MEMBERS |  |
| DATE OF FIRST TELECONFERENCE |  |
| DATE SITE VISIT INFORMATION AND COLLATED REVIEW SENT TO EDUCATION PROVIDER |  |
| DATE OF SITE VISIT(S) |  |
| DATE(S)FURTHER EVIDENCE RECEIVED |  |
| DATES OF FOLLOW UP MEETINGS |  |

Program/units – theoretical and experiential learning

|  |  |  |  |
| --- | --- | --- | --- |
| Program/unit codes (list all) | Program/unit title | No. of theoretical hours-lectures and tutorials | No. of experiential hours |
| Laboratory & simulation | Professional experience off campus |
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# Declaration

Academic integrity means honesty and responsibility in scholarship. This principle forms the foundation of the education system. The intellectual property of an education institution is central to the work and structures that support the business of the institution and it is essential that this work is protected. This declaration indicates acknowledgement of and adherence to this fundamental principle.

|  |
| --- |
| **Academic integrity of submission**I, [insert name] declare that all documentation in this submission, or in support of this submission, is true and correct and is the original work of [insert name of education provider] except in so far as acknowledgement is made to other sources. I acknowledge that any reporting requirements, including the submission of an Annual Declaration confirming that the program is being delivered as accredited, is a general condition of accreditation.Signature:Date: |

# Standard 1: Governance

The education provider has established governance arrangements for the nurse practitioner program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the Nurse Practitioner Standards for Practice[[1]](#footnote-1).

### Criteria

The education provider must provide evidence of:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Current registration with Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider.[[2]](#footnote-2)
 |  |  |
| * 1. Current accreditation of the nurse practitioner program of study by the University (or TEQSA for non-self-accrediting higher education providers) detailing the expiry date and any recommendations, conditions and progress reports related to the school.
 |  |  |
| * 1. Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Masters Degree (Level 9)[[3]](#footnote-3) as a minimum, with the title Master of Nurse Practitioner as the named degree.
 |  |  |
| * 1. Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) that ensures academic oversight of the program and promotes high-quality teaching and learning scholarship, research and ongoing evaluation across all learning settings.
 |  |  |
| * 1. Terms of reference for the relevant program advisory committee demonstrating partnership with key stakeholders[[4]](#footnote-4), including partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
 |  |  |
| * 1. Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.
 |  |  |
| * 1. Governance arrangements between the university or higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.
 |  |  |
| * 1. Policies relating to credit transfer or the recognition of prior learning that are consistent with AQF national principles and the graduate’s ability to meet the Nurse Practitioner Standards for Practice.
 |  |  |
| * 1. Governance arrangements between the education provider and health service providers to monitor students’ practice experience and learning and teaching in the clinical setting including, but not limited to, program resourcing and clinical teaching, supervision and assessment.
 |  |  |

# Standard 2: Curriculum framework

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

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. A clearly documented and explained framework for the program, including a curriculum philosophy that includes knowledge concepts relating to:
		+ - 1. a nursing model of health care
 |  |  |
| * + - * 1. primary health care principles and contexts
 |  |  |
| * + - * 1. capability theory.
 |  |  |
| * 1. A clearly described educational theory that is applied throughout the nurse practitioner program to:
		+ - 1. shape, organise and guide the delivery of curriculum content
 |  |  |
| * + - * 1. accommodate differences in student learning style and learning contexts
 |  |  |
| * + - * 1. stimulate student engagement, innovation and self-directed learning
 |  |  |
| * 1. Application of learning and teaching approaches, derived from the stated educational theory, that are responsive to the goals of the stated curriculum philosophy and:
		+ - 1. enable achievement of stated learning outcomes
 |  |  |
| * + - * 1. scaffold learning appropriately throughout the program
 |  |  |
| * + - * 1. engender deep rather than surface learning
 |  |  |
| * + - * 1. embed contextualised experiential learning and scenario-based evaluation
 |  |  |
| * + - * 1. develop and enhance intellectual skills in inquiry, analysis and synthesis in dealing with complex information
 |  |  |
| * + - * 1. build clinical leadership and clinical scholarship
 |  |  |
| * + - * 1. enable intraprofessional and interprofessional learning for collaborative practice
 |  |  |
| * + - * 1. engender cultural safety in patient management and health care delivery.
 |  |  |

# Standard 3: Program development and structure

The program of study, developed in collaboration with key stakeholders, reflects current nurse practitioner practice and learning and teaching approaches, complies with the Australian Qualifications Framework (AQF)[[5]](#footnote-5) for a Level 9 Masters Degree and has sufficient integrated professional practice to enable graduates to meet the Nurse Practitioner Standards for Practice and to function as a safe, autonomous and collaborative nurse practitioner by program completion.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Consultative and collaborative approaches to curriculum design and program organisation between academic staff, nurse practitioners, other relevant clinical experts working in clinical service provision, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.
 |  |  |
| * 1. A map of subjects against the Nurse Practitioner Standards for Practice that clearly identifies the links between learning outcomes, assessments and required graduate standards for practice.
 |  |  |
| * 1. A map of subjects against the National Prescribing Competencies Framework[[6]](#footnote-6) that clearly identifies the links between learning outcomes, assessments and required graduate competencies.
 |  |  |
| * 1. Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the application of the knowledge and skills expected of students at this required level.
 |  |  |
| * 1. A map of student interaction opportunities with other health professions to facilitate interprofessional learning.
 |  |  |
| * 1. A minimum of 300 hours of supernumerary integrated professional practice incorporated in the program that provides exposure to a range of health care experiences relevant to the students’ learning needs and enables students’ achievement of the Nurse Practitioner Standards for Practice.
 |  |  |
| * 1. Content and sequencing of the program of study and, where appropriate, additional simulated learning opportunities that prepare students for integrated professional practice.
 |  |  |
| * 1. Equivalence of subject outcomes for programs taught in all delivery modes in which the program is offered (subjects delivered on-campus or in mixed-mode, by distance or by e-learning methods).
 |  |  |

# Standard 4: Program content

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

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. A comprehensive curriculum document, based on the framework discussed in Standard 2 that includes:
		+ - 1. program structure and delivery modes, including online components
 |  |  |
| * + - * 1. subject outlines that detail content, objectives, learning outcomes and associated assessment
 |  |  |
| * + - * 1. teaching and learning strategies
 |  |  |
| * + - * 1. an integrated professional practice plan demonstrating opportunities to meet the Nurse Practitioner Standards for Practice
 |  |  |
| * 1. The central focus of the program is application of knowledge and skills at the required level that enable the nurse practitioner to provide a patient-centred health service to consumers:
		+ - 1. within a range of health care contexts
 |  |  |
| * + - * 1. that incorporates national and regional health priorities, research, policy and reform
 |  |  |
| * + - * 1. that complies with national and relevant jurisdictional legislative frameworks
 |  |  |
| * 1. Program content includes but is not limited to:
		+ - 1. sciences that underpin all elements of nurse practitioner practice
 |  |  |
| * + - * 1. advanced holistic health assessment and diagnostics
 |  |  |
| * + - * 1. clinical research and practice improvement methodologies
 |  |  |
| * + - * 1. therapeutic practice approaches grounded in a nursing model of care and that incorporate quality use of medicines
 |  |  |
| * + - * 1. socio-economic, geographical and political factors that influence nurse practitioner service models, for example health care contexts, funding arrangements and business proficiency
 |  |  |
| * 1. Inclusion of content giving students a deep appreciation of the diversity of Australian culture, to further develop and engender their knowledge of cultural respect and safety.
 |  |  |
| * 1. Inclusion of discrete content specifically addressing Aboriginal and Torres Strait Islander peoples’ histories, health, wellness and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples and communities are appropriately embedded across the curriculum and linked to subject objectives, learning outcomes and assessment.
 |  |  |
| * 1. Inclusion of content specifically addressing the health needs of people with geographically, or culturally, socially and linguistically diverse backgrounds.
 |  |  |
| * 1. Inclusion of content specifically addressing health informatics and health technology and its role in supporting health care.[[7]](#footnote-7)
 |  |  |
| * 1. Ensure specialties and/or electives in the program are at the required level and complement nurse practitioner practice.
 |  |  |

# Standard 5: Student assessment

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

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.
 |  |  |
| * 1. Clear statements about assessment and progression rules and requirements are provided to students at the start of the program.
 |  |  |
| * 1. The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.
 |  |  |
| * 1. Both formative and summative assessment exist across the program to enhance individual and group learning as well as inform student progression.
 |  |  |
| * 1. The use of a variety of assessment approaches to evaluate competence in the application of knowledge and skills at the required level and as required for professional practice as a nurse practitioner, including:
		+ - 1. a comprehensive portfolio of learning and integrated professional practice
 |  |  |
| * + - * 1. contextualised, scenario-based assessment strategies
 |  |  |
| * + - * 1. viva voce clinical assessment
 |  |  |
| * + - * 1. observation in integrated professional practice settings
 |  |  |
| * 1. A range of instruments, validated where possible, are used in integrated professional practice assessment to evaluate student knowledge, skills, behaviours and capacity to meet the Nurse Practitioner Standards for Practice.
 |  |  |
| * 1. Ultimate accountability for the assessment of students in relation to integrated professional practice.
 |  |  |
| * 1. Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.
 |  |  |
| * 1. Processes to ensure the integrity of assessment across all modalities.
 |  |  |
| * 1. Collaboration between the education provider, health service providers and other stakeholders involved in integrated professional practice in selecting, implementing and evaluating assessment methods.
 |  |  |
| * 1. Comprehensive summative assessment of the student’s achievement of the Nurse Practitioner Standards for Practice on program completion. This includes a comprehensive summative clinical viva voce within the student’s nominated scope of practice by suitably qualified members[[8]](#footnote-8) of the multidisciplinary team to demonstrate achievement of Australian Qualifications Framework Level 9 graduate descriptors.
 |  |  |

# 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:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Applicants are informed of the following before accepting an offer of enrolment:
		+ - 1. modes for program delivery and location of integrated professional practice placements
 |  |  |
| * + - * 1. specific requirements for entry to the program of study, including English language proficiency
 |  |  |
| * + - * 1. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency if a student undertaking integrated professional practice has an impairment that may place the public at risk of harm
 |  |  |
| * + - * 1. specific requirements for right of entry to health services for integrated professional practice experience placements (including, fitness for practice, immunisation and criminal history)
 |  |  |
| * + - * 1. requirements specified in the Nursing and Midwifery Board of Australia’s Endorsement as a Nurse Practitioner Registration Standard.
 |  |  |
| * 1. Students are selected for the program based on clear, justifiable and published admission criteria that includes:
		+ - 1. current general registration as a registered nurse
 |  |  |
| * + - * 1. a minimum of two years full time equivalent (FTE) as a registered nurse in a specified clinical field and two years FTE of current advanced nursing practice in this same clinical field
 |  |  |
| * + - * 1. a postgraduate qualification at Australian Qualifications Framework Level 8 in a clinical field.
 |  |  |
| * 1. Students have sufficient English language proficiency and communication skills to successfully undertake academic experience and integrated professional practice requirements throughout the program.
 |  |  |
| * 1. Students are informed about, and have access to, appropriate support services including counselling, health care and academic advisory services.
 |  |  |
| * 1. Processes to enable early identification and support for students who are not performing well academically, clinically or have professional conduct issues.
 |  |  |
| * 1. All students have equal opportunity to meet the Nurse Practitioner Standards for Practice. The mode or location of program delivery should not influence this opportunity.
 |  |  |
| * 1. Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.
 |  |  |
| * 1. Aboriginal and Torres Strait Islander peoples are encouraged to apply and a range of support is provided to those students as needed.
 |  |  |
| * 1. Other groups under-represented in the nursing profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to apply and support is provided to those students as needed.
 |  |  |

# 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 Nurse Practitioner Standards for Practice.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 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.
 |  |  |
| * 1. Students have sufficient and timely access to academic and clinical teaching staff, including nurse practitioners to support student learning.
 |  |  |
| * 1. A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.
 |  |  |
| * 1. Staff recruitment strategies:
		+ - 1. are culturally inclusive and reflect population diversity
 |  |  |
| * + - * 1. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.
 |  |  |
| * 1. Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.
 |  |  |
| * 1. The Head of Discipline holds current Australian general registration as a nurse with no conditions relating to conduct or performance[[9]](#footnote-9), holds a relevant post graduate qualification, maintains active involvement in the nursing profession, and has strong engagement with contemporary nursing education and research.
 |  |  |
| * 1. At least one endorsed nurse practitioner is a member of academic staff that teaches into the nurse practitioner program of study and as part of this role contributes to curriculum design and development, supervision and mentorship models, as well as quality improvement and risk management processes.
 |  |  |
| * 1. Staff teaching and assessing nursing practitioner specific subjects, including those with pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.
 |  |  |
| * 1. Each student’s integrated professional practice clinical and professional support team is qualified for their level of teaching and/or supervision. This includes clinical practice expertise in a relevant clinical area and an academic qualification in education or equivalent learning and teaching experience.
 |  |  |
| * 1. In cases where an academic staff member’s tertiary qualifications do not include nursing, their qualifications and experience are directly relevant to the subjects they are teaching.
 |  |  |
| * 1. Processes to ensure academic staff demonstrate engagement in research, scholarship and practice in the subjects they teach.
 |  |  |
| * 1. Teaching and learning takes place in an active research environment where academic staff are engaged in research, scholarship or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.
 |  |  |
| * 1. Policies and processes to verify and monitor the academic and professional credentials of current and incoming staff, including current general registration as a registered nurse and endorsement as a nurse practitioner, where applicable, and to evaluate their performance and development needs.
 |  |  |

# Standard 8: Management of integrated professional practice

The program provider ensures that every student is given supervised integrated professional practice in environments providing suitable learning and teaching opportunities and conditions for students to meet the Nurse Practitioner Standards for Practice.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Negotiated and secure integrated professional practice experiences and an associated clinical and professional support team for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the program.
 |  |  |
| * 1. Constructive relationships and clear contractual arrangements with all health providers where students gain their integrated professional practice and processes to ensure these are regularly evaluated and updated.
 |  |  |
| * 1. Risk management strategies in all environments where students are placed to gain integrated professional practice and processes to ensure these are regularly reviewed and updated.
 |  |  |
| * 1. Each student is provided with a range of health care experiences that supports knowledge and skills development in patient centred care that is consistent with the principles of primary health care and complements the student’s speciality skills and knowledge.
 |  |  |
| * 1. Each student is provided with sufficient integrated professional practice to support the meeting of the Nurse Practitioner Standards for Practice.
 |  |  |
| * 1. Each student is provided with integrated professional practice experiences that reflect the major health priorities specific to the student’s area of practice with opportunities for intraprofessional and interprofessional learning and the development of knowledge and skills and their application for collaborative practice.
 |  |  |
| * 1. Clearly articulated models of supervision, support, facilitation and assessment are in place so students can meet the Nurse Practitioner Standards for Practice.
 |  |  |
| * 1. Academics, nurse clinicians and other health professionals engaged in supervising and supporting students during integrated professional practice are adequately prepared for the learning and teaching role and apply contemporary and evidence-based Australian and international perspectives on nurse practitioner practice.
 |  |  |
| * 1. Nominated professionals in the student’s clinical and professional support team undertake assessment of the student against the Nurse Practitioner Standards for Practice within the context of integrated professional practice experience.
 |  |  |
| * 1. Resources are provided, monitored and regularly evaluated to support students and their supervisors while on integrated professional practice to meet the Nurse Practitioner 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.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Responsibility and control of program development, monitoring, review, evaluation and quality improvement is delegated to the school with oversight by the academic board or equivalent.
 |  |  |
| * 1. Regular evaluation of academic and clinical and professional support team supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.
 |  |  |
| * 1. Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.
 |  |  |
| * 1. Feedback gained from the quality cycle is incorporated into the program of study in consultation with stakeholders, including health care consumer advocates[[10]](#footnote-10), to improve the experience of theory and practice learning for students.
 |  |  |
| * 1. Regular evaluation and revision of program content to include contemporary and emerging issues surrounding nurse practitioner practice, health care research and health policy and reform.
 |  |  |
| * 1. Students, supervisors and staff are adequately indemnified for relevant activities undertaken as part of program requirements.
 |  |  |

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| Further Comments |

1. NMBA (2014). *Nurse Practitioner Standards for Practice.* Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx on 10 March 2015. [↑](#footnote-ref-1)
2. For an explanation of provider categories see: TEQSA (2011), *Higher Education (Threshold Standards) 2011 Legislative Instrument*, Chapter 2. Viewed at: [www.teqsa.gov.au/higher-education-standards-framework](http://www.teqsa.gov.au/higher-education-standards-framework) on 6 November 2014. [↑](#footnote-ref-2)
3. This is the ‘required level’ referred to throughout these standards. [↑](#footnote-ref-3)
4. Key stakeholders include, but are not limited to, consumers and representatives from relevant professional organisations. [↑](#footnote-ref-4)
5. AQF (2013). Second Edition. Viewed at: [www.aqf.edu.au/](http://www.aqf.edu.au/) on 5 February 2015. [↑](#footnote-ref-5)
6. NPS: Better choices, Better health, (2012). Competencies required to prescribe medicines – putting quality use of medicines into practice. Sydney: National Prescribing Service Limited. Viewed at: [www.nps.org.au/\_data/assets/pdf\_file/0004/149719/Prescribing\_Cmpetencies\_Fraeword.pdf](http://www.nps.org.au/_data/assets/pdf_file/0004/149719/Prescribing_Cmpetencies_Fraeword.pdf) on 5 February 2015. [↑](#footnote-ref-6)
7. Refer to ANMAC (2014). Health informatics and health technology – explanatory note. Viewed at: [www.anmac.org.au/sites/default/files/documents/20150130\_Health\_Informatics\_Technology\_Explanatory\_Note.pdf](http://www.anmac.org.au/sites/default/files/documents/20150130_Health_Informatics_Technology_Explanatory_Note.pdf) on 5 February 2015. [↑](#footnote-ref-7)
8. ‘Suitably qualified members’ refers to health care professionals recognised by education and health service providers and clinical peers as having: sufficient qualifications, knowledge and skills to be considered an expert in a clinical field relevant to the scope of practice of the student; a thorough understanding of the role and scope of nurse practitioner practice; and appropriate preparation and training in undertaking student assessment. Nurse practitioners should be included as part of this team where possible. [↑](#footnote-ref-8)
9. For definitions related to conduct and performance refer to Part 1, Section 5 in the *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory. Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 22 April 2015. [↑](#footnote-ref-9)
10. Available through organisations that provide leadership in representing the interests of Australian health care consumers (for example, Consumer Health Forum of Australia). [↑](#footnote-ref-10)