



Australian  
**Nursing & Midwifery**  
Accreditation Council

nurse practitioner

**Nurse Practitioner**  
Accreditation Standards 2015



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# Nurse Practitioner Accreditation Standards 2015

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# 1 Preamble

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## 1.1 Nurse practitioner education in Australia

To apply to become a nurse practitioner in Australia, individuals must first have completed a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA). Programs of study eligible for accreditation are delivered by a government-accredited university or other higher education provider. These programs lead to the award of a Master of Nurse Practitioner.

The Australian regulatory environment in which nurse practitioners are endorsed and programs of study accredited and delivered, has undergone significant change over the last five years. Higher education regulation and quality assurance has also undergone major transformation during this time. Implementation of national reforms in health policy, governance and funding, particularly in relation to eligibility for the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), has also influenced nurse practitioner education. This context underpinned the review of these Nurse Practitioner Accreditation Standards.

## 1.2 Health practitioner regulation

The *Health Practitioner Regulation National Law Act 2009* (the National Law), enacted in July 2010, is the national law by which the National Registration and Accreditation Scheme for health practitioners is instituted.

The scheme has six objectives, with the first of primary importance:

**... 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.<sup>1</sup>**

Under Section 49(1) of the National Law, graduates of nurse practitioner programs of study are not eligible to register unless the program is accredited by ANMAC and approved by the NMBA as meeting the educational requirements for endorsement as a nurse practitioner.

After the National Law was introduced, the Australian Nursing and Midwifery Council (ANMC) was appointed under the National Registration and Accreditation Scheme as the independent accreditation authority for all nursing and midwifery education providers and programs of study leading to registration and endorsement in Australia. The name ANMC was changed to ANMAC in November 2010 to reflect its principal role as an accrediting authority.

ANMAC is responsible for monitoring education providers and programs of study leading to qualification for registration in nursing and midwifery. In addition, through a process of cyclical review, ANMAC maintains the integrity and effectiveness of accreditation standards that underpin the accreditation of programs of study under its mandate.

Professional education accreditation is concerned with the quality of the profession and its work, from the perspective of the public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and are able to practise in a safe and competent manner because they are equipped with the necessary foundation knowledge, professional attitudes and essential skills. This process, however, relies on two fundamental principles:

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<sup>1</sup> AHPR (2009). *Health Practitioner Regulation National Law Act 2009*, as enacted in each state and territory. Viewed at: [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx) on 5 March 2015.



1. That the education providers themselves are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates.
2. That there is a set of agreed and contemporary competency or practice standards for the profession, against which the capability of graduates of programs is assessed.

The first principle is discussed in Section 1.3. The second relates to the Nurse Practitioner Standards for Practice<sup>2</sup> developed by the NMBA in 2014. These standards articulate the core competencies used to assess the performance of those wanting to obtain and retain a licence to practise as a nurse practitioner in Australia. Higher education providers use them when developing nurse practitioner curricula and assessing student performance. Employers use them when evaluating new graduate performance.

The accreditation process administered by ANMAC is an efficient and effective proxy for externally assessing graduates against standards for practice. Professional program accreditation must ensure that professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement. As with the national standards for practice, the national accreditation standards are regularly reviewed to ensure relevance in the light of changes in health and education legislation, policy, delivery and ethos.

### 1.3 Higher education regulation

The Tertiary Education Quality and Standards Agency (TEQSA) was established in July 2011 as an independent national body to regulate and assure the quality of all types of higher education and fulfil the Government's commitment to:

... **accredit providers, evaluate the performance of institutions and programs, encourage best practice, simplify current regulatory arrangements and provide greater national consistency.**<sup>3</sup>

Recent Australian Government directions are intended to assure quality while reducing the higher education regulatory burden.<sup>4</sup> Consequently, there is now emphasis on improving the focus, timeliness and efficiency of TEQSA's regulatory activities.<sup>5</sup>

A part of TEQSA's regulatory responsibility is to evaluate the performance of universities and other higher education providers within a period that does not exceed seven years or when there is evidence that standards are not being met. The Higher Education Standards Framework sets a legislated standard by which TEQSA accredits higher education providers.<sup>6</sup> These standards apply to all higher education providers offering Level 5 (diploma) to Level 10 (doctoral) qualifications as described in the Australian Qualifications Framework (AQF).<sup>7</sup> Consequently, all higher education institutions offering degree programs in nursing are regulated and accredited by TEQSA.

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 one comprehensive framework comprising 10 levels of qualification, with a Masters Degree sitting at Level 9.

<sup>2</sup> NMBA (2014). *Nurse Practitioner Standards for Practice*. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx) on 10 March 2015.

<sup>3</sup> Australian Government (2009). *Transforming Australia's Higher Education System*, p. 31.

<sup>4</sup> Australian Government (2013). *Review of Higher Education Regulation Report*. Viewed at: <https://docs.education.gov.au/documents/expert-panel-s-review-higher-education-regulation-report> on 10 March 2015.

<sup>5</sup> Australian Government (2011). *Tertiary Education Quality and Standards Agency Act—Ministerial Direction No. 2 of 2013 Explanatory Statement*. Viewed at: [www.comlaw.gov.au/Details/F2013L01824/Explanatory%20Statement/Text](http://www.comlaw.gov.au/Details/F2013L01824/Explanatory%20Statement/Text) on 10 March 2015.

<sup>6</sup> Australian Government (2011). *Higher Education Standards Framework (Threshold Standards)*. Viewed at: [www.comlaw.gov.au/Series/F2012L00003](http://www.comlaw.gov.au/Series/F2012L00003) on 10 March 2015.

<sup>7</sup> Australian Qualifications Framework (AQF) Council (2013). *Australian Qualifications Framework*, Second edition. Viewed at: [www.aqf.edu.au/wp-content/uploads/2013/05/AQF-2nd-Edition-January-2013.pdf](http://www.aqf.edu.au/wp-content/uploads/2013/05/AQF-2nd-Edition-January-2013.pdf) on 9 April 2015.

The AQF stipulates the learning outcomes expected within each AQF level and qualification type. It expresses these as dimensions of knowledge, skills and their application. This ensures the integrity of qualifications and standardises them across education providers, settings and delivery modes. All institutions offering nursing programs are required to comply with AQF criteria for learning outcomes.

## 1.4 Health reforms

Major reforms in the governance, funding and provision of health services<sup>8</sup> over recent years have aimed to increase national integration and local control of the health care system. The reform is intended to improve patient access and the performance, transparency and accountability of health services, while ensuring funding sustainability.

As part of the Australian Government's health reform, nurse practitioners have been supported in having a greater role in the delivery of patient care.<sup>9</sup> The reform proposes that nurse practitioners, working within the hospital setting, would support and contribute to such national initiatives as:

- four-hour national access target for emergency departments
- increased number of sub-acute care beds
- reduced waiting times for elective surgery.<sup>10</sup>

In 2010, funding was provided to allow eligible nurse practitioners access to the MBS and the PBS with the purpose of improving access to primary health care services and promoting multidisciplinary team-based approaches to health care.<sup>11</sup> MBS access enables eligible nurse practitioners to:

- treat patients with a broad range of medical conditions in a variety of settings, including aged care facilities
- access a number of telehealth clinical support items
- perform certain pathology tests and request a range of pathology and diagnostic services
- refer patients to specialists and consultant physicians within their scope of practice.<sup>12</sup>

Access to MBS and PBS would also provide nurse practitioners with an opportunity to have a greater role in non-acute settings, including in the areas of primary care, aged care and in rural and remote Australia<sup>13</sup>, although a recent study suggests that more MBS access is necessary for viability of the nurse practitioner primary health care role.<sup>14</sup>

These health reforms are influencing both nurse practitioner practice and education.

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8 Australian Government (2010). *A National Health and Hospitals Network for Australia's Future and A National Health and Hospitals Network: Further Investments in Australia's Health*. Viewed at: [www.budget.gov.au/2010-11/content/glossy/health/download/health\\_overview.pdf](http://www.budget.gov.au/2010-11/content/glossy/health/download/health_overview.pdf) on 9 April 2015.

9 Australian Government (2012). Health Workforce, Nurse Practitioners. Viewed at: [www.health.gov.au/internet/main/publishing.nsf/Content/work-nurse-prac](http://www.health.gov.au/internet/main/publishing.nsf/Content/work-nurse-prac) on 8 April 2015.

10 *ibid.*

11 *ibid.*

12 Australian Government (2013). Medicare: Primary Care (GP, nursing, allied health), Midwives and Nurses. Viewed at: [www.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-practitioners](http://www.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-practitioners) on 8 April 2015.

13 Australian Government (2012). Health Workforce, Nurse Practitioners. Viewed at: [www.health.gov.au/internet/main/publishing.nsf/Content/work-nurse-prac](http://www.health.gov.au/internet/main/publishing.nsf/Content/work-nurse-prac) on 8 April 2015.

14 Helms C, Crookes J & Bailey D (2015). Financial viability, benefits and challenges of employing a nurse practitioner in general practice. *Australian Health Review*, 39(2), 205–210, <http://dx.doi.org/10.1071/AH13231>.

## 1.5 Background

The original Nurse Practitioner Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia—with Evidence Guide were developed in February 2009 by the ANMC with key industry stakeholders, including regulators, professional bodies, consumers and academics. The standards were approved by the newly established NMBA in 2010.<sup>15</sup>

As the external accreditation authority for nursing and midwifery programs, ANMAC has, since 1 July 2010, used the current standards to undertake accreditation assessments of programs of study leading to nurse practitioner endorsement. During this time, education providers have submitted valuable feedback on the accreditation standards, as have independent assessment team members and ANMAC Associate Directors for Professional Programs.

As part of the cyclical review of all accreditation standards, the ANMAC Board authorised the review of the Nurse Practitioner Accreditation Standards to start in January 2014 with stakeholder engagement to be implemented in accordance with National Law, which states:

**In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.<sup>16</sup>**

## 1.6 Review of the Nurse Practitioner Accreditation Standards

The ANMAC Board convened an EAG (see Acknowledgements) to oversee the review of the Nurse Practitioner Accreditation Standards. The EAG provided input into a project timeline and identified a wide-ranging list of stakeholders to consult. A letter of invitation was sent to stakeholders outlining the process and options for providing comment and feedback throughout the review. Feedback options included completing an online survey, sending a written submission and/or attending one of three consultation forums.

The review was an iterative process including two stages of consultation, each focused on a separate consultation paper.

### Stage 1—first consultation paper

The first consultation paper and first version of the revised standards was prepared with a consultancy firm, edited by the EAG, approved by the ANMAC Board and sent to stakeholders to consider in May 2014.

This paper covered the background, context, purpose and process of the review. It also addressed key areas of change in education and health care policy pertinent to revising the nine Nurse Practitioner Accreditation Standards. Stakeholders were asked to consider specific content areas in the first version of the standards, including:

- defining and implementing the concept of ‘capability’ as understood by nurse practitioners
- attaining national prescribing competencies
- replacing ‘professional experience’ terminology
- strengthening viva voce assessment
- specifying program entry criteria
- specifying supernumerary clinical hours

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<sup>15</sup> ANMC (2009). *Registered Nurse 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, Canberra.

<sup>16</sup> AHPRA (2009). *Health Practitioner Regulation Law Act 2009* as in force in each state and territory. Viewed at: [www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx) on 6 May 2013.

- specifying program convenors be endorsed nurse practitioners
- developing students' generic and specialty knowledge and skills
- clarifying what is meant by 'a suitably qualified multidisciplinary team member'.

Stakeholders were also asked to consider if the first version of the standards was complete and sufficient to assure the NMBA and Australian community that a graduate of an accredited nurse practitioner program was fit to be endorsed and practise in a safe and competent manner in the context of a contemporary, Australian health care setting.

Feedback indicated overall support for much of the content in the first version of the Nurse Practitioner Accreditation Standards, with a few areas of difference emerging:

1. Specifying 500 hours of supernumerary clinical hours: stakeholders focused on the absence of evidence to guide curriculum design and the potential benefits and/or burdens associated with specifying supernumerary practice.
2. Specifying the program convenor be an endorsed nurse practitioner: stakeholders held varying perspectives on whether the incumbent could maintain their nurse practitioner endorsement and meet the academic demands and educational requirements of this role.
3. Specifying student exposure to generic and speciality practice settings: stakeholder feedback indicated lack of agreement as to what constituted 'generic' and 'speciality' knowledge, skills and practice settings and whether multiple settings were pedagogically required.

## Stage 2—second consultation paper

The second consultation paper, released in September 2014, included the second version of the draft Nurse Practitioner Accreditation Standards, which was informed by stakeholder feedback.

In this version, the EAG considered there to be, on balance, support for specifying minimum requirements for integrated professional practice. Previous stakeholder feedback indicated that 500 supernumerary hours was excessive and likely to be a significant burden. Consequently, the minimum requirement was reduced to 300 hours.

Questions posed in the second consultation paper sought clarity on the:

- role of endorsed nurse practitioners in providing the nurse practitioner program of study
- management of integrated professional practice so it supports student preparation for nurse practitioner practice in contemporary health care settings.

Stakeholders were again asked to comment on any other issue, wording, error, gap or duplication in the draft accreditation standards.

Written feedback was collated before the summative consultation forum held on 11 November 2013. A review of each standard and final issues were addressed at the forum. After considering emerging literature and stakeholder feedback, the EAG arrived at these outcomes:

### Standard 3. Program development and structure

The minimum of 300 supernumerary hours of integrated profession practice was maintained in the standards in light of case study findings from the CLLEVER Study<sup>17</sup> that reported perceived conflict at times where employed role and student role exist together (that is, lack of supernumerary clinical time allocation) resulting in employment requirements taking precedence over learning and teaching opportunities.

17 Educating nurse practitioners: advanced specialty competence, clinical learning and governance. Also known as the CLLEVER study: NP Clinical Learning & Governance Project, Final Report 2014. Viewed at: <https://acnp.org.au/article/cllever-study> on 12 January 2015. NB: Publication not released in time for inclusion in Consultation Paper 2.

### **Standard 6. Students**

The change to the specified amount of advanced level practice experience required on entry to the nurse practitioner program balanced the need for students to demonstrate sufficient depth and length of experience with the need to minimise potential restrictions on advanced practitioners entering a nurse practitioner program. The term ‘advanced nursing practice’ was introduced into criterion 6.2b so as to align with terminology used in the NMBA’s Nurse Practitioner Standards for Practice.

### **Standard 7. Resources**

The academic role of the endorsed nurse practitioner was specified as one that contributes to, rather than is responsible for, the design and development of nurse practitioner curricula, teaching and learning approaches and quality improvement and risk management strategies.

### **Standard 8. Management of integrated professional practice**

Planned health care experiences were needed to support student knowledge and skill development in patient-centred care that are consistent with principles of primary health care and complementary to the student’s speciality skills and knowledge.

## **1.7 Regulatory impact assessment of Accreditation Standards for Nurse Practitioner**

During the development of the Nurse Practitioner Accreditation Standards, ANMAC undertook a Regulation Impact Statement Preliminary Assessment. This assessment is required by the Australian Government’s Office of Best Practice Regulation so that national standard setting agencies, such as ANMAC, consider the impact of regulation, standards and other quasi-regulation before implementation.

This assessment was undertaken in accordance with the Council of Australian Governments’ Best Practice Regulation—A Guide for Ministerial Councils and National Standard Setting Bodies 2007<sup>18</sup> and considered such matters as benefits and burdens of introducing the new accreditation standards and the potential impact on stakeholders.

ANMAC’s Regulation Impact Statement Preliminary Assessment was submitted to the Office of Best Practice Regulation which considered proposed changes to the NMBA-approved national accreditation standards to be minor and required no further regulatory impact assessment.

## **1.8 Ratification and approval**

While ANMAC is responsible for developing the accreditation standards, the NMBA is responsible for approving them under the National Law. This same dual regulatory function applies to the accreditation of individual programs of study leading to registration or endorsement as a nurse or midwife.

The EAG and the Standards, Accreditation and Assessment Committee reviewed the final draft of the standards before presenting them to the ANMAC Board to ratify. After ratification, the Nurse Practitioner Accreditation Standards were submitted to the NMBA for review.

The standards were approved by the NMBA on 3 July 2015.

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<sup>18</sup> Council of Australian Governments (2007). Best Practice Regulation—A guide for Ministerial Councils and national standard setting bodies. Viewed at: [www.dpmc.gov.au/sites/default/files/publications/COAG\\_best\\_practice\\_guide\\_2007.pdf](http://www.dpmc.gov.au/sites/default/files/publications/COAG_best_practice_guide_2007.pdf) on 5 February 2015.

## 2 Introduction

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### 2.1 Purpose of the ANMAC accreditation process

ANMAC's accreditation process aims to ensure the quality of the nursing and midwifery professions and their work, on behalf of public interest and public safety. The public needs to know that those who graduate from higher education provider nurse practitioner programs of study are competent to practise safely and effectively and eligible to be endorsed through the NMBA as a nurse practitioner in Australia.

Education providers ensure that graduates have the common and transferable skills, knowledge, behaviours and attitudes (as articulated in the Nurse Practitioner Standards for Practice) required to practice. Accreditation evaluates if the education provider, on the evidence they provide, will meet this goal.

Professional program accreditation is concerned with the quality of the profession and its work, from the perspective of public interest and public safety. This is in contrast to accreditation (or similar assessment) of higher education providers by TEQSA for quality assurance and risk management. However, having TEQSA accreditation is a prerequisite for ANMAC to assess nursing and midwifery programs for accreditation.

External professional (or occupational) accreditation helps assure the community that professionals who have completed an accredited program of study are safe and competent beginning practitioners. It is an efficient and effective proxy for assessing every graduate against the Nurse Practitioner Standards for Practice. Accreditation therefore involves comprehensively examining the higher education provider's:

- governance system and quality management framework
- student enrolment processes, student support, assessment and workplace experience
- curriculum philosophy, curriculum structure and content
- teaching and learning approaches.

Periodic accreditation of nursing and midwifery programs stimulates education providers to review and assess their own programs. It enables providers to validate the strengths of existing programs, identify areas for improvement and introduce new teaching and learning initiatives.

ANMAC's accreditation process supports diversity, innovation and evolution in approaches to education. The standards therefore have minimal prescription of curricula content, core subject inclusion and educational approaches required for program delivery.

### 2.2 Nurse Practitioner Accreditation Standards

The Nurse Practitioner Accreditation Standards detail the minimum requirements that higher education providers must meet if they want their program of study to be accredited by ANMAC. TEQSA-approved higher education providers must also be accredited. Under Section 49(1) of the National Law, graduates cannot register unless their program of study is accredited by ANMAC and approved by the NMBA.

The nine Nurse Practitioner Accreditation Standards are in Figure 1:

**Figure 1: Nurse Practitioner Accreditation Standards**

<b>STANDARD 1: GOVERNANCE</b>
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.
<b>STANDARD 2: CURRICULUM FRAMEWORK</b>
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.
<b>STANDARD 3: PROGRAM DEVELOPMENT AND STRUCTURE</b>
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 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.
<b>STANDARD 4: PROGRAM CONTENT</b>
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.
<b>STANDARD 5: STUDENT ASSESSMENT</b>
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. This includes a comprehensive summative assessment of student performance against the current Nurse Practitioner Standards for Practice.
<b>STANDARD 6: STUDENTS</b>
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.
<b>STANDARD 7: RESOURCES</b>
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.
<b>STANDARD 8: MANAGEMENT OF INTEGRATED PROFESSIONAL PRACTICE</b>
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.
<b>STANDARD 9: QUALITY IMPROVEMENT AND RISK MANAGEMENT</b>
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.

## 2.3 Using the Nurse Practitioner Accreditation Standards

The Nurse Practitioner Accreditation Standards are designed principally for use by higher education providers seeking accreditation of a nurse practitioner program of study. ANMAC's Associate Directors for Professional Programs, the Nurse Practitioner Accreditation Committee and members of ANMAC assessment teams evaluate programs against these standards and make recommendations to the ANMAC Board for decision making.

While the standards are principally for use by higher education providers, they are also useful for anyone interested and involved in the education of nurse practitioners.

Higher education providers seeking accreditation have to complete an application pack (available at [www.anmac.org.au](http://www.anmac.org.au)), which includes the Nurse Practitioner Accreditation Standards and guidance on addressing them. This guidance is regularly reviewed and updated to help education providers prepare their submissions.

Other reference material that may assist education providers (available at [www.anmac.org.au](http://www.anmac.org.au)) include the:

- National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia<sup>19</sup>, which describes the structures, personnel and processes of accreditation of nursing and midwifery providers and programs of study
- ANMAC Assessor Handbook.<sup>20</sup>

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<sup>19</sup> ANMAC (2012). *National Guidelines for Accreditation of Nursing and Midwifery Programs of Study Leading to Registration and Endorsement in Australia*. November 2012. Viewed at: [www.anmac.org.au/document/national-guidelines-accreditation-nursing-and-midwifery-programs](http://www.anmac.org.au/document/national-guidelines-accreditation-nursing-and-midwifery-programs) on 5 February 2015.

<sup>20</sup> ANMAC (2012). Assessor Handbook. Viewed at: [www.anmac.org.au/sites/default/files/documents/Assessors\\_Handbook.pdf](http://www.anmac.org.au/sites/default/files/documents/Assessors_Handbook.pdf) on 5 February 2015.





## 3 Nurse Practitioner Accreditation Standards

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### 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<sup>21</sup>.

#### Criteria

The education provider must provide evidence of:

- 1.1 Current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider.<sup>22</sup>
- 1.2 Current accreditation of the nurse practitioner program of study by the University (or TEQSA for non-self-accrediting higher education providers) detailing the expiry date and any recommendations, conditions and progress reports related to the school.
- 1.3 Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Masters Degree (Level 9)<sup>23</sup> as a minimum, with the title Master of Nurse Practitioner as the named degree.
- 1.4 Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) that 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 the relevant program advisory committee demonstrating partnership with key stakeholders<sup>24</sup>, including partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
- 1.6 Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.
- 1.7 Governance arrangements between the university or higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.

21 NMBA (2014). *Nurse Practitioner Standards for Practice*. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx) on 10 March 2015.

22 For an explanation of provider categories see: TEQSA, (2011). *Higher Education Standards Framework (Threshold Standards)*. Viewed at: [www.teqsa.gov.au/higher-education-standards-framework](http://www.teqsa.gov.au/higher-education-standards-framework) on 5 February 2015.

23 This is the 'required level' referred to throughout these standards.

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

- 1.8 Policies relating to credit transfer or the recognition of prior learning that are consistent with AQF national principles and the graduate's ability to meet the Nurse Practitioner Standards for Practice.
- 1.9 Governance arrangements between the education provider and health service providers to monitor students' practice experience and learning and teaching in the clinical setting including, but not limited to, program resourcing and clinical teaching, supervision and assessment.

## Standard 2: Curriculum framework

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

### Criteria

The program provider demonstrates:

- 2.1 A clearly documented and explained framework for the program, including a curriculum philosophy that includes knowledge concepts relating to:
  - a. a nursing model of health care
  - b. primary health care principles and contexts
  - c. capability theory.
- 2.2 A clearly described educational theory that is applied throughout the nurse practitioner program to:
  - a. shape, organise and guide the delivery of curriculum content
  - b. accommodate differences in student learning style and learning contexts
  - c. stimulate student engagement, innovation and self-directed learning.
- 2.3 Application of learning and teaching approaches, derived from the stated educational theory, that are responsive to the goals of the stated curriculum philosophy and:
  - a. enable achievement of stated learning outcomes
  - b. scaffold learning appropriately throughout the program
  - c. engender deep rather than surface learning
  - d. embed contextualised experiential learning and scenario-based evaluation
  - e. develop and enhance intellectual skills in inquiry, analysis and synthesis in dealing with complex information
  - f. build clinical leadership and clinical scholarship
  - g. enable intraprofessional and interprofessional learning for collaborative practice
  - h. 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)<sup>25</sup> 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:

- 3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, nurse practitioners, other relevant clinical experts working in clinical service provision, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.
- 3.2 A map of subjects against the Nurse Practitioner Standards for Practice that clearly identifies the links between learning outcomes, assessments and required graduate standards for practice.
- 3.3 A map of subjects against the National Prescribing Competencies Framework<sup>26</sup> that clearly identifies the links between learning outcomes, assessments and required graduate competencies.
- 3.4 Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the application of the knowledge and skills expected of students at this required level.
- 3.5 A map of student interaction opportunities with other health professions to facilitate interprofessional learning.
- 3.6 A minimum of 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.
- 3.7 Content and sequencing of the program of study and, where appropriate, additional simulated learning opportunities that prepare students for integrated professional practice.
- 3.8 Equivalence of subject outcomes for programs taught in all delivery modes in which the program is offered (subjects delivered on-campus or in mixed-mode, by distance or by e-learning methods).

25 AQF (2013). Second Edition. Viewed at: [www.aqf.edu.au/](http://www.aqf.edu.au/) on 5 February 2015.

26 NPS: Better choices, Better health, (2012). Competencies required to prescribe medicines—putting quality use of medicines into practice. Sydney: National Prescribing Service Limited. Viewed at: [www.nps.org.au/\\_\\_data/assets/pdf\\_file/0004/149719/Prescribing\\_Competerencies\\_Framework.pdf](http://www.nps.org.au/__data/assets/pdf_file/0004/149719/Prescribing_Competerencies_Framework.pdf) on 5 February 2015.

## 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:

- 4.1 A comprehensive curriculum document, based on the framework discussed in Standard 2 that includes:
  - a. program structure and delivery modes, including online components
  - b. subject outlines that detail content, objectives, learning outcomes and associated assessment
  - c. teaching and learning strategies
  - d. an integrated professional practice plan demonstrating opportunities to meet the Nurse Practitioner Standards for Practice.
- 4.2 The central focus of the program is application of knowledge and skills at the required level that enable the nurse practitioner to provide a patient-centred health service to consumers:
  - a. within a range of health care contexts
  - b. that incorporates national and regional health priorities, research, policy and reform
  - c. that complies with national and relevant jurisdictional legislative frameworks.
- 4.3 Program content includes but is not limited to:
  - a. sciences that underpin all elements of nurse practitioner practice
  - b. advanced holistic health assessment and diagnostics
  - c. clinical research and practice improvement methodologies
  - d. therapeutic practice approaches grounded in a nursing model of care and that incorporate quality use of medicines
  - e. socio-economic, geographical and political factors that influence nurse practitioner service models, for example health care contexts, funding arrangements and business proficiency.
- 4.4 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.
- 4.5 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.

- 4.6 Inclusion of content specifically addressing the health needs of people with geographically, or culturally, socially and linguistically diverse backgrounds.
- 4.7 Inclusion of content specifically addressing health informatics and health technology and its role in supporting health care.<sup>27</sup>
- 4.8 Ensure specialties and/or electives in the program are at the required level and complement nurse practitioner practice.

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<sup>27</sup> 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.

## 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:

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



- 5.11 Comprehensive summative assessment of the student's achievement of the Nurse Practitioner Standards 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<sup>28</sup> of the multidisciplinary team, to demonstrate the achievement of Australian Qualifications Framework Level 9 graduate descriptors.

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<sup>28</sup> '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.

## Standard 6: Students

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

### Criteria

The program provider demonstrates:

- 6.1 Applicants are informed of the following before accepting an offer of enrolment:
  - a. modes for program delivery and location of integrated professional practice placements
  - b. specific requirements for entry to the program of study, including English language proficiency
  - c. compliance with the National Law<sup>29</sup> by notifying the Australian Health Practitioner Regulation Agency if a student undertaking integrated professional practice has an impairment that may place the public at risk of harm
  - d. specific requirements for right of entry to health services for integrated professional practice experience placements (including, fitness for practice, immunisation and criminal history)
  - e. requirements specified in the Nursing and Midwifery Board of Australia's Endorsement as a Nurse Practitioner Registration Standard.
- 6.2 Students are selected for the program based on clear, justifiable and published admission criteria that includes:
  - a. current general registration as a registered nurse
  - b. a minimum of two years full time equivalent (FTE) as a registered nurse in a specified clinical field and two years FTE of current<sup>30</sup> advanced nursing practice in this same clinical field
  - c. a postgraduate qualification at Australian Qualifications Framework Level 8 in a clinical field.
- 6.3 Students have sufficient English language proficiency and communication skills to successfully undertake academic experience and integrated professional practice requirements throughout the program.
- 6.4 Students are informed about, and have access to, appropriate support services including counselling, health care and academic advisory services.
- 6.5 Processes to enable early identification and support for students who are not performing well academically, clinically or have professional conduct issues.
- 6.6 All students have equal opportunity to meet the Nurse Practitioner Standards for Practice. The mode or location of program delivery should not influence this opportunity.

<sup>29</sup> AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, as enacted in each state and territory. Viewed at: [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx) on 5 March 2015.

<sup>30</sup> 'Current' is within the previous six years.

- 6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.
- 6.8 Aboriginal and Torres Strait Islander peoples are encouraged to apply and a range of support is provided to those students as needed.
- 6.9 Other groups 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:

- 7.1 Staff, facilities, online tools, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.
- 7.2 Students have sufficient and timely access to academic and clinical teaching staff, including nurse practitioners to support student learning.
- 7.3 A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.
- 7.4 Staff recruitment strategies:
  - a. are culturally inclusive and reflect population diversity
  - b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.
- 7.5 Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.
- 7.6 The Head of Discipline holds current Australian general registration as a nurse with no conditions relating to conduct or performance<sup>31</sup>, holds a relevant post graduate qualification, maintains active involvement in the nursing profession, and has strong engagement with contemporary nursing education and research.
- 7.7 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.
- 7.8 Staff teaching and assessing nursing practitioner specific subjects, including those with pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.
- 7.9 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.
- 7.10 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.

<sup>31</sup> 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](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx) on 22 April 2015.

- 7.11 Processes to ensure academic staff demonstrate engagement in research, scholarship and practice in the subjects they teach.
- 7.12 Teaching and learning takes place in an active research environment where academic staff are engaged in research, scholarship or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.
- 7.13 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:

- 8.1 Negotiated and secure integrated professional practice experiences and an associated clinical and professional support team for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the program.
- 8.2 Constructive relationships and clear contractual arrangements with all health providers where students gain their integrated professional practice and processes to ensure these are regularly evaluated and updated.
- 8.3 Risk management strategies in all environments where students are placed to gain integrated professional practice and processes to ensure these are regularly reviewed and updated.
- 8.4 Each student is provided with 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.
- 8.5 Each student is provided with sufficient integrated professional practice to support the meeting of the Nurse Practitioner Standards for Practice.
- 8.6 Each student is provided with integrated professional practice experiences that reflect the major health priorities specific to the student's area of practice with opportunities for intraprofessional and interprofessional learning and the development of knowledge and skills and their application for collaborative practice.
- 8.7 Clearly articulated models of supervision, support, facilitation and assessment are in place so students can meet the Nurse Practitioner Standards for Practice.
- 8.8 Academics, nurse clinicians and other health professionals engaged in supervising and supporting students during integrated professional practice are adequately prepared for the learning and teaching role and apply contemporary and evidence-based Australian and international perspectives on nurse practitioner practice.
- 8.9 Nominated professionals in the student's clinical and professional support team undertake assessment of the student against the Nurse Practitioner Standards for Practice within the context of integrated professional practice experience.
- 8.10 Resources are provided, monitored and regularly evaluated to support students and their supervisors while on integrated professional practice to 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:

- 9.1 Responsibility and control of program development, monitoring, review, evaluation and quality improvement is delegated to the school with oversight by the academic board or equivalent.
- 9.2 Regular evaluation of academic and clinical and professional support team supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.
- 9.3 Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.
- 9.4 Feedback gained from the quality cycle is incorporated into the program of study in consultation with stakeholders, including health care consumer advocates<sup>32</sup>, to improve the experience of theory and practice learning for students.
- 9.5 Regular evaluation and revision of program content to include contemporary and emerging issues surrounding nurse practitioner practice, health care research and health policy and reform.
- 9.6 Students, supervisors and staff are adequately indemnified for relevant activities undertaken as part of program requirements.

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<sup>32</sup> Available through organisations that provide leadership in representing the interests of Australian health care consumers (for example, Consumer Health Forum of Australia).

# Glossary and abbreviations

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**Advanced nursing practice**— is a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Advanced nursing practice is a level of practice and not a role. It is acknowledged that advanced nursing practice is individually attributed within a regulated nursing scope (enrolled nurse, registered nurse or nurse practitioner).<sup>33</sup>

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

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

**Australian Nursing and Midwifery Council**—the 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 or standards for practice for nursing and midwifery.

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

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

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<sup>33</sup> NMBA (2014). *Nurse Practitioner Standards for Practice*. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx) on 10 March 2015.



**Capability**—moves beyond competency<sup>34</sup> and is the extent to which an individual can adapt to change, generate new knowledge and continue to improve practice.<sup>35</sup> Capability and its dimensions include:

- knowing how to learn
- working well with others
- being creative
- having a high degree of self-efficacy
- applying competencies to both novel and familiar situations.<sup>36</sup>

**Competence**—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area (from the National Competency Standards for the Registered Nurse).<sup>37</sup>

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

**Cultural safety**—can only be determined by those who are receiving healthcare; they will determine if their cultural identity and meanings are being respected and they are not being subjected to discrimination.<sup>38</sup>

**Curriculum**—the full outline of a program of study, usually built around a conceptual framework with the educational and professional nursing or midwifery philosophies underpinning the curriculum, including:

- program philosophy
- program structure and delivery modes
- subject outlines
- links between subject objectives, learning outcomes and their assessment as well as national competencies or standards for practice
- teaching and learning strategies
- workplace experience plan.

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

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

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34 O'Connell J, Gardner G and Coyer F, (2014). Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing. *Journal of Advanced Nursing*, doi: 10.1111/jan.12475.

35 Fraser S and Greenhalgh T, (2001). Coping with complexity: educating for capability. *British Medical Journal*, 323, pp. 799–803.

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

37 Nursing and Midwifery Board of Australia, (2006). Registered Nurse Competency Standards. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx) on 23 September 2014.

38 National Aboriginal Community Controlled Health Organisation, (2011). Cultural Safety Training Standards: A background paper. Viewed at: [www.naccho.org.au/promote-health/cultural-safety/](http://www.naccho.org.au/promote-health/cultural-safety/) on 9 September 2014.

**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.

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

**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. The National Law is legislated in each state and territory. The *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* outlines the administrative arrangements established under the first stage of the National Registration and Accreditation Scheme for the Health Professions (Act A).

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

**Integrated professional practice**—an integrated learning approach that enables nurse practitioner students to develop and demonstrate the Nurse Practitioner Standards for Practice within the clinical practice setting. Supports the use and generation of theory to enhance emerging and developed knowledge, behaviours and clinical and professional judgement. Also provides a supported learning environment for the development of clinical practice skills, including, but not limited to:

- comprehensive assessment, diagnosis and management of complete episodes of care
- prescription of medicines
- ordering and interpreting of diagnostic tests
- initiating and accepting referrals from other health professionals for the purposes of care coordination.

The concept includes ‘clinical training’ as embodied in the National Law.<sup>39</sup>

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

**Medicare Benefits Schedule**—this a listing of the Medicare services subsidised by the Australian Government. The schedule is part of the wider Medicare Benefits Scheme managed by the Department of Health.<sup>40</sup>

**Nurse practitioner**—a protected title that refers to a nurse whose registration has been endorsed by the NMBA as a nurse practitioner under Section 95 of the National Law.<sup>41</sup>

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39 AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, as enacted in each state and territory. Viewed at: [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx) on 5 March 2015.

40 Australian Government, Department of Human Services, Medicare Benefits Schedule. Viewed at: [www.medicareaustralia.gov.au/provider/medicare/mbs.jsp](http://www.medicareaustralia.gov.au/provider/medicare/mbs.jsp) on 13 June 2015.

41 AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, as enacted in each state and territory. Viewed at: [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx) on 5 March 2015.

**Nurse Practitioner Standards for Practice**—core standards for practice by which performance and professional conduct is assessed to obtain and retain endorsement as a nurse practitioner.<sup>42</sup>

**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 (the National Law)<sup>43</sup>, 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 Australian must meet.

**Pharmaceutical Benefits Scheme**—this is a scheme run by the Australian Government to subsidise prescription medicines for Australians who have a Medicare card. If a medicine is subsidised under the scheme, the patient pays a lower price for the medicine, and the Australian Government pays the rest.<sup>44</sup>

**Primary health care**—derived from the World Health Organization’s Declaration of Alma-Ata and the National Aboriginal Community Controlled Health Organisation definitions which explain primary health care as a holistic approach, incorporating body, mind, spirit, land, environment, culture, custom and socio-economic status to the provision of essential, integrated, quality care based upon practical, scientifically sound and socially acceptable methods and technology. Made accessible to all people, families and communities as close as possible to where they live and through their full participation, in the spirit of self-reliance and self-determination, and at a cost the Australian community can afford.

Primary health care forms an integral part both of Australia’s health system and of the overall social and economic development of the community. The policy and provision of primary health care is shaped around the contribution of citizens identifying priorities for the promotion of healthy living, the prevention of disease, injury and disability. In addition, it must meet the health care, treatment, self-management and rehabilitation needs of people, their families and communities; and their desire for humane, safe care throughout their lives.<sup>45 46</sup>

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

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

**Quality use of medicines**—part of the National Medicines Policy<sup>47</sup> to ensure the judicious, appropriate, safe and effective use of medicines.

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

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42 NMBA (2014). *Nurse Practitioner Standards for Practice*. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx) on 10 March 2015.

43 AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, as enacted in each state and territory. Viewed at: [www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx) on 5 March 2015.

44 NPS MedicineWise. Viewed at: [www.nps.org.au/glossary/pharmaceutical-benefits-scheme-pbs](http://www.nps.org.au/glossary/pharmaceutical-benefits-scheme-pbs) on 15 June 2015.

45 Australian Nurses Federation, (2009). *Primary Health Care in Australia. A nursing and midwifery consensus view*. Viewed at: [www.anmf.org.au/documents/reports/PHC\\_Australia.pdf](http://www.anmf.org.au/documents/reports/PHC_Australia.pdf) on 31 March 2014.

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

47 Commonwealth of Australia, (2000). *National Medicines Policy*. Viewed at: [www.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policy](http://www.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policy) on 23 September 2014.

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

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

**Scholarship**—application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual) and professional practice. Also includes applying this new knowledge to the enrichment of the life of society.<sup>48</sup>

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

**Simulated learning or practice**—educational methods or clinical experiences that evoke or replicate aspects of the real world in an interactive manner. As an educational method for nurse practitioner students it can provide learning conditions to develop knowledge and skills such as how to prescribe and write prescriptions.

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

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

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

**Supernumerary**—where the student undertakes supervised practice outside their employed position or when they are not counted in the staffing roster.

**Tertiary Education Quality and Standards Agency**—TEQSA was established in July 2011 to regulate and assure the quality of Australia's large, diverse and complex higher education sector. Registers and evaluates the performance of higher education providers against the Higher Education Standards Framework. Also undertakes compliance and quality assessments.

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<sup>48</sup> Nursing and Midwifery Board of Australia, (2006). Registered Nurse Competency Standards. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx) on 23 September 2014.

**Viva voce clinical examination**—method of assessing students' ability to use knowledge in a face-to-face examination. This assessment approach has two basic models:

- The 'short case' model is used as a formative assessment. It focuses on specific skills or sub-skills and can take the form of an objective structured clinical examination or a case presentation on a specific clinical activity.
- The 'long case' model is used as a summative assessment. It seeks to examine the student's ability to apply knowledge in an actual clinical situation. The 'long case' exam requires the student to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedures and determine a management plan. It assesses learning outcomes related to deep learning, application and synthesis of knowledge and high-level clinical reasoning.

