**Review of Registered Nurse Accreditation Standards**

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| **Name** | Ruth King & the ACM Midwifery Education Advisory Committee |
| **I am responding on behalf of an organisation** | Australian College of Midwives (ACM) |

**Accreditation Standards Framework – moving to five standards**

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| **Question** | **Related Section** | **ACM Response** |
| **Question 1**  Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the new graduate meets the Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia, 2016)?  Please provide an explanation for your answer. | 1.11 Any multiple entry pathways for which students receive block credit or advanced standing (other than on an individual basis) meet Registered Nurse Accreditation Standards. | This standard was not well understood and may need some clarification.  An example was provided where a university has an EN block credit pathway, a paramedics’ block credit pathway, and a block credit pathway for international students who have done two years at their home university. How would that university write about how they meet this Standard in these cases? |
| 2.5 There is relevant input to the design and management of the program from external representatives of the nursing profession including Aboriginal and Torres Strait Islander peoples and other relevant stakeholders. | Finding nurses who are Aboriginal or Torres Strait Islander, and who are not totally overburdened by requests to join consultative groups, is extremely challenging.  ACM suggest that ‘where possible’ is added to this aspect of this Standard – at least until the critical mass of nurses who are Aboriginal or Torres Strait Islander increases.  Alternatively, amend the Standard to look for input from Aboriginal and/or Torres Strait Islander people more broadly. |
| 2.6 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education in a timely and effective manner. | This phrase should articulate what is meant by “mechanisms”, e.g. are they ‘referral pathways’, ‘experts’, ‘resources’ or a combination of all? |
| 3.3 … content related to mental health integrated throughout the program. | Physiological health and wellbeing is known to be not well addressed in mental health care settings and services.  ACM suggests this aspect of this Standard could be revised to say ‘content related to physiological and mental health is integrated throughout the program.’ To ensure that mental health focused units reflect both aspects also. |
| 3.10 The program has the human, physical and financial resources to sustain the quality of education that is required to facilitate the achievement of the Registered Nurse Standards for Practice. | To ensure that this Standard can be met, the term ‘quality’ must be defined. |
| 4.3 The provider identifies and supports the academic learning needs of students. | 4.3 ‘should also include ‘and make contact with the student whilst on clinical experience’, or this could be an additional criteria as per Question 2 |
|  | Overall ACM thought the Standards to be very broad without specifying the skills and knowledge required. To identify these requirements individuals/facilities are required to refer to the RN standards for practice which leaves this open to interpretation.  There is reference to specific skills/knowledge/attitudes such as interprofessional learning (3.4), cultural safety (3.5), Aboriginal and Torres Strait Islander unit (3.6). The entire content is summed up in (3.3) Learning outcomes ensure achievement of the Registered Nurse Standards for Practice, with regional, national and global health priorities and content related to mental health integrated throughout the program. It is also referenced in (5.2). |
| **Question 2**  Are there any additional criteria that should be included? | Criteria 4 | There could be an addition to the student experience as an extra criteria (4.3).  *4.3.1 ‘The provider ensures contact with the student on clinical placement to ensure student is managing and making progress.’* |
| Criteria 5 | 5.7 Learning experiences undertaken outside Australia cannot exceed one the equivalent of one semester, and must be equivalent in terms of subject objectives, learning outcomes and assessment.  Add onto the above and counts towards clinical experience e.g.  5.7 Learning experiences undertaken outside Australia cannot exceed one the equivalent of one semester, and must be equivalent in terms of subject objectives, learning outcomes and assessment *and are counted towards clinical experience*. |
|  | Given the increasing recognition of stress, burnout and dropout of new graduates and nurses more generally, ACM queries whether there should be a requirement for courses to include learning and teaching to equip students to self-care / care for others’ mental and emotional health. |
| ACM suggest that competence in health promotion needs to be factored in/addressed. |
| ACM is undecided whether the reference to the RN standards for practice is a smart, time saving move, or whether it should be summarised in this document as noted in our response to Question 1. |
| **Question 3**  Are there any criteria that could be deleted or amalgamated with another criteria? |  | No. |
| **Question 4**  Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist? |  | Yes, reduces duplication. |
| **Question 5**  Please provide any other feedback about the structure and/or content of the draft standards. |  | ACM Notes that apart from Standard 3.10 (see responses to Question1 above) each Standard appears to be able to be ‘evidenced’ in an application for course accreditation. |
|  | ACM is disappointed that the standards developed by the Australian Dental Council and the New Zealand dental council were used instead of the five pillars of education and training developed by the UK Nursing and Midwifery council even though the UK Nursing and Midwifery council have been referenced. |
|  | Overall ACM believe the format is useable. |

**Prescribing for graduates of an entry-to-practice program**

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| **Question 6**  Do the draft standards continue to capture the learning outcomes required to enable graduates to safely supply and administer medicines via a protocol and/or standing order (prescribing via a structured prescribing arrangement)? | Criteria 5.4 | This Standard addresses Assessments and includes the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines. |
|  | However it could also be considered to be added to Standard 3: Program of study. |

**Simulated learning**

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| **Question 7**  Should the proposed definition of simulation be adopted for the RN Accreditation Standards? |  | Yes. |

**Health informatics and health technology**

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| **Question 8**  How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs? |  | Students should have access to information and technology in the workforce under supervision to enable them to develop appropriate technology skills and critical decision-making skills that includes access to medical and medication electronic records. |
|  |  | This is addressed in (3.2) Program content and reflects contemporary practices in health and education whilst responding to emerging trends including health informatics and digital health technologies and is based on research and other forms of evidence. |
|  |  | ACM suggests that it could be considered to identify *assessment of computer literacy; information literacy and information management* as an extra point in standard 5. However we note that this may be seen as duplication. |

**Quality professional experience**

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| **Question 9**  Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs? |  | There is no reference to what is expected to be ‘known’ by a graduate on completion of their course.  ACM notes that there appears to be an expectation (due to lack of definition) that all graduates will be able to nurse, all people across the lifespan, who present to health care services with compromised wellbeing that ranges in severity, and contributes to illness prevention or harm minimisation as part of fundamental nursing care.  We are concerned that there is not a clear expectation of what is expected of all Australian nursing graduates as a beginning practitioner.  Standards 3.2 and 3.3 appear to leave it up to the individual course to decide, but ACM would argue there is a need for a minimum expectation of what a graduate RN is equipped for. In midwifery, for example, it is evident in the accreditation standards that graduates must be able to safely and competently (including culturally competently) assess women’s and fetus’ health status, plan care (including consulting and referring with other HCPs), implement and evaluate care for childbearing women of all obstetric risk profiles (in an interdisciplinary team if necessary) until 6 weeks postpartum, and for the neonate from birth to 6 weeks – it’s very specific. |
| **Question 10**  Are there any other issues that should be considered? |  | Nothing further |