Australian College of Nursing

Australian College of Nursing (ACN) submission to the Australian Nursing & Midwifery Accreditation Council (ANMAC) on the *Review of Registered Nurse Accreditation Standards: Consultation paper 1* (September 2017)

ACN submission to ANMAC's Review of Registered Nurse Accreditation Standards Consultation paper 1

Entry criteria in undergraduate nursing courses

***Q1. What support mechanisms should be offered to students from diverse backgrounds entering registered nurse programs to ensure they receive the appropriate levels of support*?**
ACN recognises that requiring student nurses to demonstrate achievement of the NMBA specified level of English language skills prior to commencing a registered nurse program is an important strategy to support nurse workforce diversity. The strategy is likely to positively impact the retention of nursing students from diverse backgrounds. ACN would see value in peer support and mentoring activities to support students from diverse background throughout their educational experience.

ACN members also provided the following range of recommendations for consideration:

- The inclusion of "buddying" support systems linking students from diverse backgrounds with more experienced nurses.
- Minimum standards for providers to offer social and academic supports for student nurses from disadvantaged and ethnically diverse backgrounds, including out of session tutoring or pre-commencement preparation.
- Formalised and targeted orientation to provide information on education support programs.
- Coordinated cultural support for students from diverse backgrounds including cultural awareness and resilience training to support their experiences in both academic and clinical environments.

Q2. How can the accreditation standards support inclusion of strategies to increase student retention?
ACN suggests expanding accreditation criteria requiring processes and supports for students not performing well (current Criteria 6.4 and 6.5) to include strategies and plans to identify and support students who may require other forms of support. For example, flexibility in modes of learning and clinical placement logistics, including timing and duration, may better address individual needs and improve student retention. Consideration should also be given to setting standards for clinical placements including the types and duration of placement. The standards could cover minimum expectations for components such location, acuity, health service capacity and the support that students receive.

ACN members also provided the following range of recommendations for consideration:

- Implementation of the present accreditation standards is reliant on effective and motivated staff and, in practise, staff to student ratios do not always facilitated adequate support for students from diverse backgrounds. The accreditation standards should seek to strengthen resource expectations to ensure adequate staffing to meeting the specific needs of students from diverse backgrounds.
- The introduction of pre-program commencement modules, to introduce students to nursing as a discipline, may be an effective student retention strategy for students to identify their interest in and suitability for the profession.
- National examination of the Student in Nursing (SIN) role to determine any potential scope for recognition of working hours towards clinical placement hours. This may reduce student demand for clinical placements.

English language requirement for entry to Bachelor of Nursing programs

Q3. Should students who are required by the Nursing and Midwifery Board of Australia (NMBA) to provide a formal English language skills test result for registration, also be required to demonstrate achievement of the NMBA specified level of English language skills before starting a registered nurse program?

Yes. ACN is of the strong view that student nurses should be required to demonstrate achievement of the NMBA specified level of English language skills prior to commencing a registered nurse program.
While evidence demonstrating the effectiveness of IELTS and OETS as appropriate English language measures for health professionals has been queried, until such time the NMBA determines an appropriate alternative, student enrolment requirements must align with existing standards for nurse registration. A consistent NMBA registration benchmark for English language skills would provide greater public protection, positively impact student nurse retention and better support expectations that Australian educated students will meet NMBA registered nurse requirements on graduation.

Individuals incur significant financial and personal costs to undertake a registered nurse program of study. It is unethical for the profession to enrol individuals in courses if they are unlikely to achieve academically due to their English language competency level or to award a bachelor degree when a person is unlikely to reach the required English language competency level for NMBA registration. Alignment of NMBA English language requirements across registration categories would reduce these risks and potentially ease demand for English language support services.

ACN members have expressed strong support for setting a formal English language skills test result for student nurse enrolment equivalent to NMBA registered nurse requirements. Their consistent rationale related to public safety during student clinical placements and the need to reduce strain on limited clinical resources resulting from lower standards of English language skills possessed by some students.

Quality of clinical placements

Q4. *What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?*
ACN recognises that close, collaborative and effective relationships between higher education providers and health services are essential to the provision of quality clinical placements. The inclusion of more specific and binding criteria within *Standard 8: Management of Workplace Experience* of the current standards would support relationship building. For example, the inclusion of a requirement for a partnership framework (or agreement) with relevant health providers underpinned by principle-based aims to deliver best practice clinical placements. The current Standards stipulate the need for "clear contractual arrangements", however, there is a need for both education and health service providers to recognise their mutual obligations in relation to developing the registered nurse workforce. A requirement for a partnership framework (or agreement) guided by ANMAC stipulated principles for quality clinical placements could improve collaboration between education and health service providers and set benchmarked guidance to standardise the quality of clinical placements across the sector.

ACN members also provided the following range of recommendations for consideration:

- An endorsed clinical placement model is required, such as the dedicated education unit model, that ensures a supportive clinical learning environment.
- Minimum requirements for acute clinical placements and the presence of a clinical nurse educator (CNE) or similar during placements periods, would positively impact the clinical placement experience.
- Education providers could be encouraged to incorporate flexible clinical placement options to stagger the number of students participating in a single health services at one time.
- Quality clinical placement experiences require exposure to a diverse range of clinical learning environments inclusive of simulation, high-fidelity simulation and consumer partnerships to facilitate skills and aptitudes for the student to be prepared for engagement.
- National qualification standards for educators providing clinical education to support student learning as well as continued professional development for the educators to ensure ongoing support and contemporary practice would broadly improve the quality of clinical placements.
- Embedding a requirement for standardised, systemised monitor and reporting on student placements within the accreditation standards would enhance the quality of clinical placements.

Q5. ***Are elements of the Best Practice Clinical Learning Environment framework useful in developing outcome-based standards for accreditation? If so, which ones?***
ACN is of the view that all the elements of the Best Practice Clinical Learning Environment (BPCLE) framework are likely to be useful in developing outcome-based standards for accreditation. The elements present a sound starting point for developing a suitable framework subject to ongoing consultation within the profession.

There was a broadly shared view amongst many ACN members that all the BPCLE framework elements, and the framework as a whole, could be appropriate for setting accreditation expectations. Members also provided the following feedback in relation to the BPCLE framework:

- The BPCLE can be used as a step-by-step guide to provide clear examples and to identify the quantitative and qualitative outcomes.
- The BPCLE are currently, but not readily, used as a framework for best practice clinical placement. Consideration should be given to including the BPCLE framework within stipulated requirements when developing placement agreements and for setting benchmarks for clinical placement monitoring processes.

Simulation and student learning outcomes

Q6. ***How can the accreditation standards better support the use of simulated learning?***
ACN is of the view that simulated learning is very valuable as an adjunct to clinical practice experience and a critical learning tool with great future potential to reduce the clinical placement burden on health providers. However, due to great variation in the capacity, capabilities and resources of higher education providers to deliver simulation activities, at this stage they should not be used as a replacement to clinical placement. Accreditation standards should seek to set national standards and expectations for simulated learning to facilitate its uptake and standardisation, perhaps including a minimum requirement for dedicated simulated learning hours. Simulated learning standards should also include minimal qualification requirements for educators designing and delivering the simulated learning activities. Educators who use simulation as an educational delivery method require an additional skill set. Additionally, simulated learning standards should incorporate expectations for IPE and content and equipment requirements. It is important that the accreditation standards also specifically state that simulated learning and clinical placement are not interchangeable.

Q7. ***Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum percentage of simulated learning hours be stipulated?***
No, ACN does not currently support the inclusion of simulated learning hours within minimum practice hours. Simulation is a valuable learning methodology, however, it should complement workplace experience, not replace it. While recognising that the setting of minimum practice hours for workplace experience is somewhat arbitrary due to a lack of available evidence-base, ACN would caution against any sweeping change to include simulation hours until a stronger evidence base is available to support the balance of workplace experience and simulated learning hours. ACN recognises the need to find creative solutions to effectively accommodate the educational needs of the expanding pool of student nurses, however, any change to work place experience must be measured and incremental.

ACN members noted a range of issues and opportunities related to the inclusion of simulated learning activities in minimum practice hours. Many members shared the concern that simulation activities do not realistically reflect the dynamics of the workplace and, therefore, should be an adjunct but not a replacement for workplace experience. Furthermore, the design, type and quality of simulated learning activities intended reflect real scenarios is significantly influenced by a higher education provider's available resources and personnel creating great variance in education quality and student experience. Other members supported the inclusion of simulated learning activities within minimum practice hours, however, there was a broad range of suggested percentage breakdowns from a maximum of five per cent to a maximum of 50%. There was noted support for the inclusion of simulated learning where the quality and outcomes of the learning experience could be effectively measured, and support for the

inclusion of simulated learning in minimum practice hours to consolidated learning only alongside an increase in the current 800 practice hours.

ACN members also highlighted the following issues:

- That the incorporation of simulation for many education providers would be viewed as a positive offset to the cost of clinical placement, therefore, it is essential that maximum hours of simulated learning to replace clinical placement hours would be set.
- Any inclusion of simulated learning hours within minimum practice hours would require very specific guidance to emphasise active simulation hours and not include time spent on related activity such as lengthy debriefs. There is a risk that universities would attribute unstructured sessions to 'simulation hours'. Clinical simulation activities should be linked with student reflective practice activities. This could be in documented form for example, a reflective logbook.

Inter-professional learning for collaborative practice

Q8. How can the accreditation standards better support inter-professional learning?

ACN is a strong advocate for inter-professional education (IPE) and would support greater emphasis on IPE within the accreditation standards. IPE should be introduced during the undergraduate curriculum and continued throughout the registered nurse's career. A focus on IPE within simulated learning activities may provide a practical way forward. The current standards in Criteria 2.4, 3.5 and 8.4 provide reference, however, more specific guidance may better support IPE uptake in common areas such as patient assessment and management.

ACN members provided the following additional feedback for consideration:

- Accreditation standards could define IPE and outline program objectives to better support its appropriate incorporation within programs.
- The standards could promote IPE educator/staff mentors to foster collaboration and to promote IPE engagement across the various health faculties within an institution/university

Accreditation standards framework

Q9. What are the strengths of the style and structure of the current registered nurse accreditation standards?

ACN is of the view that the strengths of the current accreditation standards are their simple style and logical structure and the generally clearly expressed Criteria. ACN members have indicated that the standards are generally very clear and allow for a reasonable amount of innovation.

Q10. What are the limitations of the style and structure of the current registered nurse accreditation standards?

The Standards do not place emphasis on public safety, which is a significant limitation.

Q11. Should the registered nurse standards move to a five - standards structure in line with accreditation standards of other registered health professions?

ACN agrees with the need to develop contemporary standards and to align where possible with other registered health professions and welcomes proposals for streamlining regulatory arrangements. While ACN offers in principle support for a move to a five – standards structure, its detailed form and content will require thorough assessment before ACN commits to any proposal.

In addition to feedback offering support for the proposal, some ACN members were resistant to adopting a reduced set of consolidated standards on the basis that nursing incorporates a broad professional scope that is more diverse than other health professions with more narrow expertise.

Guidance on the use of evidence

Q12. To what extent are accreditation standards clear in their expectations of the evidence required of education providers to demonstrate compliance?

ACN is of the general view that the standards could provide some additional guidance to clarify expectations required of education providers to demonstrate compliance. It may be most practical to develop guidance as adjunct documentation that sits outside the body of the Standards and Criteria.

ACN members have expressed some specific views for consideration:

- The current standards are too vague in some respects and do not provide clear guidance for educators seeking to implement requirements. For example, how are "adequate", "sufficient" and "quality" measured?
- Clarity for education providers can be further identified by additional Criteria covering education provider implementation requirements.

Q13. What is the best way to provide guidance to the standards and criteria (for example, to ensure consistent interpretation of those concepts in the current environment and/or elaborate on important concepts)?

ACN members consistently pointed to the inclusion of appropriate examples and references against relevant criteria to provide more specific guidance. As noted above, ACN supports the examination of options for developing a suite of supportive guidance documentation to improve clarity, provide examples and to reduce need for interpretation.

Best practice standards

Q14. Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?

ACN is in support of ANMAC's intent to include both process and outcome-based standards to protect and ensure the quality of registered nurse programs of study, recognising the value of including some prescriptive elements within the standards. Given the importance of clinical experience for the demonstration of student competence as well as for the consolidation of learning, ACN supports the continuation of an input-based standard prescribing the minimum number of clinical practice hours.

Future directions

Q15. What changes are likely to occur in the role of the registered nurse in next five years?

Due to an ageing population and rising rates of chronic disease demands on Australia's health care systems are increasing.[1][2]. A stronger focus on restorative health, disease prevention, coordinated care and chronic disease management across the health sector to manage mounting pressures is likely. The role of the RN will need to be responsive to these changes and the workforce will need to possess the requisite skills, knowledge and capabilities to support service innovation, drive service efficiencies and effect positive change in the way health care is delivered. This will happen against a backdrop of fiscal restraint, within the context of rapidly developing health service technology including increased use of digital tools, eHealth, eLearning and telehealth and in an environment of greater consumer involvement and autonomy in decision making. Furthermore, the RN role will likely be impacted by greater workforce casualization and an ageing nurse workforce demographic. The RN role will need to evolve and keep pace with health care reform and change.

[1] AIHW 2014, *Feature Article Chronic disease—Australia's biggest health challenge, Australian Institute of Health and Welfare 2014 Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.,* http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547726

[2] AIHW 2015, *Media Release: 1 in 5 Australians affected by multiple chronic diseases*, http://www.aihw.gov.au/media-release-detail/?id=60129552034

The RN role will evolve as the workforce continues to expand and develop in response to the changing health service environment. In the next five years the role of the RN will see changes such as:

- Expanded nurse practitioner roles.
- Greater standardisation and expanded advanced practice roles across the sector.
- Increased advanced practice specialisation.
- Increasing roles as care coordinators.
- The gradual introduction of RN prescribing.
- Increasing RN autonomy and scope of practice.
- Greater emphasis on nurse leadership and health service management responsibility.
- Increasing responsibility for third tier workforce supervision as AINs will be more present in the acute system to provide basic care.

In addition, ACN members provided the following observations:

- The role of the registered nurse is continually evolving. More emphasis will be placed on collaborative practice and preventative care such as public and primary health. Acute care will become progressively technology based with increasing patient acuity placing additional skills requirements on the role of RNs.
- Expectation of digital proficiency as outlined by the ADHA National digital health Strategy (2017) may present nurses workforce challenges in a highly technological environment.
- Standardised "specialist" RN roles present risks of RN roles becoming more narrowed in scope, potentially to the detriment of holistic nursing care.
- There will be an increased use of AINs at the bedside and as a consequence the "nurse" may have less hands-on contact with the patient/resident.
- There will be a need for more community based services including acute drug and mental health services requiring an expanded and skilled RN workforce.

Q16. How can the accreditation standards support the development of the role of the registered nurse to meet the future health care requirements of individuals and communities?

To support the development of the role of the RN to meet future health care requirements, the accreditation standards must have the flexibility to lead and steer education requirements while allowing education providers room to be responsive and innovative in developing new learning methodologies and health service practices. Steering program content to include clinical leadership and team-based models of care are key considerations. Greater collaboration and alignment of expectations of the role of the graduate RN between education and service providers should be supported through the accreditation standards, as well as, IPE and resource and investment sharing.

Additionally, ACN believes it is timely for ANMAC to consider the potential benefits of a four-year degree to ensure the RN workforce is suitably prepared to meet Australia's current and future health care needs. The four-year degree may address some challenges associated with pressure to introduce specialisation within the undergraduate program and the disconnect between the expectations of higher education providers and health service providers in relation to RN graduate "work readiness".

A four-year degree provides the opportunity for nurses to increase their clinical hours before graduating as well as potentially specialising in areas of health care need. Areas such as mental health, aged care and primary health care could benefit from registered nurse students gaining vital experience and skills in these under-serviced areas of high demand. The opportunity to undertake focused specialist education in a fourth year may mean the comprehensive generalist RN education is secured within the first three-years. The capacity and capability of the RN workforce needs to keep pace with rapidly increasing and changing health care demands. As a strategy to supporting an appropriately prepared RN workforce into the future, nursing regulators, universities and peak bodies should examine options and implications of a four-year degree.

ACN members provided the following additional feedback for consideration:

- Registered nurse programs of study for need to include more Information Technology learning to prepared the RN workforce for future health care systems.
- Greater emphasis on primary and public health with associated clinical practice. Community based clinical practice is very poorly provided in some jurisdictions. The standards need to make clinical practice more consistent and ensure adequate primary health care clinical practice. Preventing people progressing to chronic disease or those with chronic conditions progressing is important in reducing the health care burden.

Q17. Are there any other issues you would like considered that have not been discussed in this consultation paper?

ACN members have stressed the following additional issues in response to the consultation:

- There is need to drive greater consistency between higher education providers including in relation to assessment, reporting methods, performance appraisals, education tools etc. Greater consistency would better support continual improvement, quality clinical placements and health service engagement. Furthermore, greater consistency would enable prospective students to better compare courses and higher education providers, reduce confusion in the management of students from different institutions on clinical placement and assist in graduate recruitment by allowing health services to more easily compare applications from graduates of different institutions.