

Australian Nursing And Midwifery Federation

**REVIEW OF REGISTERED  
NURSE ACCREDITATION  
STANDARDS CONSULTATION  
PAPER 2**

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Australian  
Nursing &  
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Federation



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## INTRODUCTION

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 268,500 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

As the largest professional organisation for nurses and midwives in Australia, the ANMF has, on behalf of our members, a genuine interest in, and concern for, matters relating to the education of our professions. We therefore have contributed significantly, and continue to do so, to a range of committees and working groups at national and jurisdictional levels, which relate to the design, accreditation and evaluation of education programs for nurses, midwives and carers.



## GENERAL COMMENTS

Nursing is a complex and demanding profession. The educational preparation for such a profession must therefore be rigorous, with a skilful mix of theory and clinical practice experience. The standards for accrediting education programs leading to registration of nurses likewise must be designed to ensure these programs equip the beginning practitioner with the skills and knowledge to transition safely and competently into the role a registered nurse.

### Consultation questions

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

##### 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.**

The draft accreditation standards address a number of the elements of the *Registered Nurse Standards for Practice*, however there are a number of elements that are not appropriately covered within the draft.

At a broad level the draft standards do not appropriately address the core elements of nursing practice, namely: assessment, planning, implementation and evaluation. The following elements in the *Registered Nurse Standards for Practice* need to be addressed in the draft accreditation standards:

- *Comprehensively conducts assessments;*
- *Develops a plan for nursing practice;*
- *Provides safe, appropriate and responsive quality nursing practice; and*
- *Evaluates outcomes to inform nursing practice.*

The ANMF suggest that these elements are added to Standard 3 of the draft elements –Program of study and be incorporated into 3.3.

It is also essential that the accreditation standards clearly articulate how each education provider's unique curriculum will educate undergraduate students on the management of supervision and delegation. This particularly applies to appropriate delegation of care to enrolled nurses and unregulated workers such as carers. Similarly, it is essential that the curriculum include education on enrolled nursing practice, principally with regard to the differences in the scope of practice of a registered nurse and an enrolled nurse.

Lastly, the new accreditation standards need to address effective therapeutic and professional relationships. This is outlined in Standard 2 of the *Registered Nurse Standards for Practice*, however effective therapeutic relationships are not addressed in the draft accreditation standards. This should be added as criteria in Standard 3 – Program of study in the accreditation standards.



## Question 2

### Are there any additional criteria that should be included?

In addition to the comments made above, the ANMF notes the importance of mental health being separately identified in standard 3.3, however there are a number of other health priorities that are not included. For example primary health and aged care are two areas of nursing practice that are essential to providing comprehensive care which will meet the current and future needs of the community. Both of these areas are known to be priority care areas however they are not included in the draft standard.

## Question 3

### Are there any criteria that could be deleted or amalgamated with another criteria?

While the ANMF acknowledge the intention of the standards within the draft, overall the language used could be improved. Further clarity is required in many of the standards to ensure the requirements are less ambiguous. The attempt to reduce the number of criterion within the standards has resulted in some standards being extensive, results in a number of requirements being outlined in one criterion. An example of this is in standard 2.2. These items need to be addressed.

The following changes to the draft standards are also recommended:

- Standard 1.6a) must be deleted. The ANMF does not support supervision of nursing students being conducted by other health professionals.
- Standard 3.3 currently states:

*Learning outcomes ensure achievement of the Registered Nurse Standards for Practice, with regional, national, global health priorities and content related to mental health integrated throughout the program.*

This standard needs to be made into two standards as follows:

1. The first should state: **Learning outcomes ensure achievement of the *Registered Nurse Standards for Practice*.**

This is an essential standard and must be identified as a standalone requirement. It is the only standard that makes reference to the NMBA *Registered Nurse Standards for Practice*.

2. The second standard should state:

**Learning outcomes ensure achievement of regional, national and global health priorities. In particular, content relating to mental health, primary care and aged care should be integrated throughout the program.**

- Criteria 3.8 of the current *Registered Nurse Accreditation Standards* state:

*The program provider demonstrates workplace experience included as soon as is practically possible in the first year of study to facilitate early engagement with the professional context of nursing.* This criterion has not been addressed in the draft accreditation standards and it needs to be included.

- Criteria 3.9 is another essential criterion in the current *Registered Nurse Accreditation Standards* that has been omitted in the structure of the new draft standards. 3.9 states: The program provider demonstrates



extended workplace experience in Australia included towards the end of the program to consolidate the acquisition of competence and facilitate transition to practice. A summative assessment is made at this time against the Registered nurse standards for practice in the clinical setting. This criterion must be retained.

- The importance of embedding an understanding of diversity in providing care, needs to be clearly identified as a learning outcome in the accreditation standards. Students need to understand how to adjust the care they provide taking into consideration the diverse characteristics and life experiences of all people receiving care.

#### **Question 4**

**Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?**

The duplication within the standards has been reduced.

#### **Question 5**

**Please provide any other feedback about the structure and/or content of the draft standards.**

As identified in the ANMF response to consultation 1 of the Registered Nurse Accreditation Standards, the existing *standards* have been tried and tested over many years. We consider this a strength of the existing *Registered Nurse Accreditation Standards* and highlight that they have been improved over time in an iterative process. The ANMF acknowledges that there is significant corporate expertise in the structure of these standards that should not be underestimated. Specifically, the structure is consistent across the other categories of registration, including enrolled nurse, midwife and nurse practitioner. The accreditation standards are clearly, established, and embedded so that the profession understands their structure. They have been designed, implemented and evaluated by ANMAC since they were first used for the largest number of accredited programs across all the regulated health professions.

The *National Registration and Accreditation Scheme for health professions* (December 2014)<sup>1</sup> highlights the importance of standardising accreditation processes and avoiding duplication. The ANMF agrees it is important that accreditation processes are efficient and avoid duplication; however, it is essential that the nursing and midwifery professions maintain their professional identity and established expertise in relation to accreditation and standards. If we do not achieve this, then we risk losing the distinctive contribution of nurses and midwives to the health system, with concomitant creation of blurred and eroded discipline boundaries and a confused and chaotic workforce with no one quite sure who is responsible for aspects of care. The end result can only be compromised care delivery.

As we have previously highlighted, ANMAC has extensive experience and expertise in the development of accreditation standards that are relevant to nursing and midwifery. Unlike the other regulated health professions, nursing and midwifery have a significant number of accredited programs. These programs have unique requirements.

The draft standards structure is simple and clear. However, if this structure was to be implemented it is essential that ongoing formalised evaluation be undertaken to establish firstly, that this framework is better than the current ANMAC framework, and secondly, that it would be fit for purpose for nursing and midwifery.



The ANMF supports additional documentation in the accreditation standards that would assist with consistent interpretation of the standards. An evidence guide was required with the previous registered nurse standards but was removed with the review and implementation of the 2012 standards. It is essential that, if an evidence guide were to be re-instated, there be public consultation with the same rigour as the accreditation standards.

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

#### 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)?**

The ANMF's position statement titled *Registered Nurse and Midwife Prescribing (2018)*<sup>2</sup> states:

*Current Bachelor of Nursing, Bachelor of Midwifery and Postgraduate Diploma of Midwifery programs provide the underpinning education required to enable registered nurses and midwives to safely administer and prescribe medicines.*

We consider the proposed accreditation standards, with the changes identified in this submission, will capture the learning outcomes required to enable graduates to competently supply and administer medicines via the development of a profession agreed protocol and/or standing order. The addition of the new standard 5.4 *Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines will further enable education content for this important area of nursing practice to be thoroughly assessed during the accreditation process.*

### Simulated learning

#### Question 7

**Should the proposed definition of simulation be adopted for the RN Accreditation Standards?**

The simulation definition proposed in the consultation paper is not supported by the ANMF, as simulation cannot replace real experiences. It can prepare students for real experiences and re-inforce learning but it cannot replace clinical care.

The ANMF supports the statement made in the consultation paper that simulation will remain exclusive of the minimum practice hours and the definition of simulation needs to reflect this position. Simulation is a valuable adjunct to the learning experience for students, but the ANMF has a firm position that simulation does not replace clinical placement hours and real life learning.

The ANMF would support the following definition of simulation:

**Simulation is a technique, not a technology, to prepare for real situations with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. Simulation can be an adjunct to, but does not replace, clinical nursing experience.**

Further the ANMF strongly recommends the inclusion of the statement found in the current *Registered Nurse Accreditation Standards, 2012*, criteria 3.6: *A minimum of 800 hours of workplace experience, not*



*inclusive of simulation activities, incorporated into the program and providing exposure to a variety of health-care settings.*

The draft standards also need to provide further details around simulation requirements, requesting education providers to outline evidence of how simulation learning is embedded within the program. This should include identifying the type of simulation, the equipment used, and, the experience and qualification of the educators conducting the simulation. The addition of this criterion will enable ANMAC assessors to consider whether an appropriate level of simulation is being implemented to meet the required educational outcomes.

## **Health informatics and health technology**

### **Question 8**

#### **How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?**

The *ANMF National Informatics Standards* for nurses and midwives are an evidenced based approach outlining the requirements for registered nurses. The three domains outlined in the standards, namely: computer literacy, information literacy and information management, are an important starting point to identify the baseline learning outcomes for a registered nurse in the undergraduate program.

Further, the National Digital Health Strategy, developed by the Australian Digital Health Agency, outlines clear objectives for the health workforce to be achieved by 2022.<sup>3</sup> These objectives require the health workforce, including registered nurses, to be confident and efficient in using digital technology, understand the benefits of digital health, and promote the role of the Chief Clinical Information Officer. The accreditation standards need to address the fundamental requirement for all programs to address digital health information and technology in the delivery of care.

The uptake of electronic medical records (EMR) within the acute context is a good example of the changing environment in digital health. As EMRs are now a common addition in many healthcare settings, it is essential that students understand the fundamentals of managing these systems. Further, education providers need to ensure that students have, at a minimum, access and exposure to electronic health systems in the learning environment, to enable immersion in this technology and safe care delivery when they are on placement in the clinical setting.

Students are also required to understand coding and the impact data and data collection have on care outcomes. Telehealth and simulated telehealth would also be an important addition to the undergraduate curriculum.

As a regulatory body, the ANMF believes that ANMAC is a key stakeholder in the digital health space both in terms of the preparation of nursing and midwifery clinicians to work in a digital health enabled workplace, as well as in ensuring that these technologies support and encourage professional practice, and reflect the needs of nurses and midwives across diverse work environments. Feedback from members suggests that issues arising from the implementation of digital health technologies continue and include negative impacts on workloads, functionality that does not optimally support nursing and midwifery practice, implementation issues, as well as training and support when these technologies are introduced. While the ANMF acknowledges that regulatory bodies such as ANMAC have minimal influence over the



implementation of digital health technologies, we urge ANMAC to take all opportunities to be involved in digital health at the strategic level, e.g. at the policy level, to help ensure synergies between ANMAC standards and the realities of practice for nurses and midwives.

## **Quality professional experience**

### **Question 9**

#### **Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?**

The criterion outlined in the draft accreditation standards referring to the learning outcomes for professional learning experience needs further work. There are a number of additions required to ensure minimum criteria are identified and clarity is improved.

The professional learning experience is an area about which our members express concern. The provision of high quality professional learning experiences throughout the undergraduate program is essential in preparing students to transition into employment. There are two parts to ensuring quality professional learning experiences: firstly, that the accreditation standards ensure the curriculum shows quality policies and processes are in place, and secondly, evidence that these are being appropriately implemented. The latter also needs to be addressed through monitoring processes by ANMAC.

The ANMF is aware of situations where undergraduate nursing students have been required to attend clinical placements that offer the student little or no professional learning experience. Specifically, some placement localities are not appropriate to meet any part of the undergraduate curricula. For example, a number of nursing students in Adelaide spent valuable clinical placement hours in a Salvation Army opportunity shop with no clinical objectives for this placement.

Other members have experienced situations where although students have not met the learning outcomes for the placement, the clinical placement assessor is strongly advised by the education provider not to fail the student. Some recently graduated ANMF members have indicated that there was not enough clinical placement hours or that the undergraduate program did not enable them to enter the workforce 'work ready'.

Achieving quality professional learning experiences is difficult. The ANMF acknowledges that the space education providers have to compete in to negotiate quality clinical placements is both onerous and complex, and is driven by a number of factors.<sup>4</sup> This complex situation has been further compounded by the recent uncapping of university places, resulting in significant increases in student numbers, and therefore the number of student clinical placements required. Nonetheless, every undergraduate nursing student must achieve his or her learning objectives that align to the course content.

## **Theory to practice**

A recent study completed in Australia recommended that appropriate sequencing of clinical experience in relation to theory, consistency of venue, and preparation for the health setting, were important in providing quality placements for students.<sup>5</sup> The ANMF supports these findings. Students must be able to link the theory they are learning with the practical setting as well as feel a part of the context within which they are working. The communication interface between the health setting and the education provider, prior, during, and after student clinical placement, also has to be clear and comprehensive to enable links



to be identified between theory and practice. This should include providing the health setting with the necessary information about the students attending clinical placement, their objectives for the placement, and all relevant paperwork.

### **Service agreement**

There is an increasing trend for health services to provide the clinical education support for students within their clinical settings at a charge to the education provider. Our members have expressed concern that at times this agreement has not necessarily been in the best interest of students. The ANMF contends the accreditation standards should require education providers and health services using this model to establish a contract that clearly states, inter alia, the model of clinical support being provided, the ratio of students to clinical educator, the minimum qualifications of the educator, and a clear process for conflict resolution and/or escalating concerns.

The service agreements between education providers and clinical placement providers must articulate that students will be mentored and guided in their experience by a supervisory role undertaken by a registered nurse, including delegation and evaluation of care. The agreement also requires collaborative communication between the education providers and placement providers to promote continuity of the learning experience for the student.

### **Clinical support**

Effective clinical support is an essential element to a quality-learning environment. Undergraduate nursing students require timely clinical support from registered nurses who are equipped to support their learning and who are familiar with educational principles. Undergraduate students must therefore have access to preceptors, clinical support nurses and nursed educators. The accreditation standards must provide a framework for the education providers to ensure such clinical support is provided. Additionally, the accreditation standards must include measures for ensuring the clinical placement environment fosters a safe and positive learning culture which is led by strong clinical leadership. A quality learning culture is demonstrated by ensuring learning is prioritised, and as part of that, undergraduate students are provided appropriate workloads and access to timely clinical support. Our members have expressed concern that at times there is no facilitator available to students.

It is essential that clinical facilitators/preceptors or buddies are experienced registered nurses who understand the importance of reflective practice and are able to provide appropriate feedback. Some student members have expressed that they do not receive feedback in a timely and effective manner.

Many of our members also report that when their facility receives students for clinical placement, the facilitation of that placement impacts upon the quality of care. Clinical nurses providing support are often not provided with the necessary provisions by the education provider, including the supernumerary staff required, to enable a positive learning experience for the students. The provision of clinical education support to students and nursing staff who are the 'buddy' or preceptor is a key requirement for an educationally meaningful placement.

### **Staffing and skills mix**

Another feature of a quality clinical learning environment, often overlooked, is the staffing and skills mix in the area where the student is completing their placement. There can often be haphazard provision of



facilitators to support the students on placement.

The accreditation standards must address the requirements for quality professional learning experiences. As identified in our previous submission the ANMF supports the Best Practice Clinical Learning Environment Framework (BPCLEF) as a comprehensive, evidence-based framework. This framework could be effectively used as an established outcome based best practice principles document for professional learning experiences. The ANMF also suggests the inclusion of standard 1.9 from the 2017 ANMAC Enrolled Nurse Accreditation Standards which states:

*The education provider must provide evidence of:*

*1.9 Governance arrangements between the education provider and health service providers to monitor students' learning and teaching when undertaking workplace experience including, but not limited to, clinical teaching, supervision and assessment.*

#### **Question 10**

#### **Are there any other issues that should be considered?**

##### **English language skills**

The ANMF supports the inclusion of 1.9 (a) in the draft standards:

1.9 Admission and progression requirements and processes are fair, equitable and transparent. Applicants are informed of the following before accepting an offer of enrolment:

*a) Applicants that would be required by the NMBA to provide a formal English language skills test when applying for registration, must provide formal English language test results demonstrating they have achieved the NMBA specified level of English language skills, prior to commencing the program.*

This requirement will ensure students selected for the program are able to complete the theoretical requirements and workplace experience as required, without delays. It also positions students well to successfully complete the course requirements and to gain registration following completion. It is consistent with the enrolled nurse accreditation standards.

It is essential that with this change, ANMAC have processes in place to ensure education providers are correctly assessing student English language skills, and that the assessment is in line with NMBA requirements. The concern is that if education providers are incorrectly interpreting the NMBA requirements, then on completion of the program, through no fault of their own, students will be unable to gain registration.

##### **Professional learning experience hours**

The current professional learning experience hours requirement of 800 hours for the Bachelor of Nursing is supported by the ANMF. However, this is a bare minimum and is low compared to New Zealand, where the requirement is between 1,100 to 1,500 hours; the United Kingdom, which requires 1,000 hours; and, South Africa, which requires 2,800. As identified earlier in the submission some of our members express concern that 800 hours is not enough for students to achieve the *Registered Nurse Standards for Practice*.



The ANMF would support an increase in these minimum hours. We would also encourage education providers to go beyond the minimum requirements and increase the clinical experience opportunities for students where possible.

### **Attrition**

While the ANMF acknowledges the high attrition rates in the Bachelor of Nursing, we also contend the quality of this data lacks rigour. Attrition data is captured by calculating the difference between commencements and completions from year to year. Frustratingly, this data is incomplete as it does not track individual students but rather provides whole numbers from year to year. The data does not enable any analysis of students' movements from year to year, therefore making it impossible to identify if, for example, students have been retained within a program or if they have deferred their studies. Education providers do collect their own attrition data, however, as far as the ANMF is aware, they are not required to make this information publicly available.

The data currently available does not provide any information as to why students have chosen to leave or defer an undergraduate program. This is important information, essential for making informed decisions on future requirements for accreditation standards.

Attrition rates are also an important element for ANMAC to consider when undertaking a risk assessment approach to accreditation and monitoring. As the available data is currently of poor quality and inconsistent, the ANMF strongly suggests the Registered Nurse Accreditation Standards require education providers to submit annual reports to ANMAC detailing their attrition rates, using an established ANMAC template that would include:

- Student entry numbers;
- Existing student numbers;
- Student deferrals;
- Student withdrawals; and
- Where possible, reasons why students have withdrawn or deferred from the program.

This data can then be analysed and themed to enable ANMAC to be better informed about how accreditation standards can potentially improve attrition rates and provide valuable data on accredited programs.



## CONCLUSION

The ANMF appreciates the opportunity to provide comment to the review of the Registered Nurse Accreditation Standards second consultation paper, on behalf of our significant cohort of registered nurse and student registered nurse members. Registered nurse education programs must enable students to meet the NMBA *Registered Nurse Standards for Practice* and prepare safe and competent registered nurses through attainable requirements which reflect contemporary nursing practice.



## REFERENCES

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