

ANMAC Review of RN Accreditation Standards 2017

Entry criteria in undergraduate nursing courses

Question 1

What support mechanisms should be offered to students from diverse backgrounds entering registered nurse programs to ensure they receive the appropriate levels of support?

The RN accreditation standards need to ensure students from diverse backgrounds entering registered nurse programs receive appropriate levels of support, however appropriate support will vary depending on the student background so the standards should avoid mandating what the support looks like.

Alternative pathways are appropriate to encourage diversity, but must include evidence that both the writing and reading skills are appropriate to enter the degree.

Question 2

How can the accreditation standards support inclusion of strategies to increase student retention?

Most of the factors identified in the consultation paper that affect retention are out of the control of an education provider – outside commitments, engaging with learning and attending programs, and wrong career choice. However, key strategies can support a successful transition to a nursing course. These often focus on the first-year experience and include effective orientation programs, early assessments to provide formative feedback and the provision of information on academic and other university services available to students. TEQSA Standards for Higher Education mandate this so any additional ANMAC standards should be aligned. The professional standards should not inhibit diversity and innovation or constrain continuous quality improvement therefore should seek to identify strategies are in place rather than what those strategies might be.

English language requirement for entry to Bachelor of Nursing programs

Question 3

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, this change is supported. Standards protect the health and safety of the Australian community by establishing high-quality standards of nursing and midwifery education, training and assessment. As such English Language skills are essential. In addition, Clinical placements usually commence in the first semester of studies, so student nurses need to have safe communication practice from the commencement of their studies. Emphasis needs to be on verbal, listening and reading skills equally, as these are related not only to academic achievement, but to patient safety as well.

Quality of clinical placements

Question 4

What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?

Educational institutions have mechanisms in place to assess the clinical learning environment which incorporate a number of the elements in the Best Practice Clinical Learning Environments (BPCLE) framework. However, within the clinical learning environment there are often variations that are not easily controlled and come under the jurisdiction of the health service. Universities provide mechanisms such as clinical facilitator training, ensuring policies and processes are in place to manage student and staff issues, developing communication channels to facilitate effective communication between all parties and discontinuing using placements which have been found to be negative learning environments. There should be appropriate processes in place for students and clinical facilitators to provide feedback on the learning environment as part of the quality improvement processes and risk management. The professional standards should not inhibit diversity and innovation or constrain continuous quality improvement therefore should seek to identify strategies are in place rather than what those strategies might be. The ability to use different supervision models for professional practice enables use of diverse settings (including primary care, remote nursing and public health) where different nursing practices and staffing configurations exist.

Question 5

Are elements of the Best Practice Clinical Learning Environment framework useful in developing outcome-based standards for accreditation? If so, which ones?

The Best Practice Clinical Learning Environment Framework is focused on health services. Whilst education providers can assist in some areas such as ensuring communication between health service/provider is open and respectful (5) and the development of an effective relationship (4), how best practice clinical guidelines are used (2), the culture of the ward (1), development of a positive learning environment (3) and resourcing of the facilities are out of their control. Hence this framework is not useful for accreditation of RN standards but rather a workforce reform process that would need to be driven by Health Service Providers and State and Commonwealth jurisdictions.

Simulation and student learning outcomes

Question 6

How can the accreditation standards better support the use of simulated learning?

While simulation has an important role to play in helping educate nurses to deliver safe, effective patient care, it works in combination with clinical placements to enable this. Both experiences provide learning opportunities. Most educational providers stipulate mandatory attendance at simulation sessions (demonstration wards, laboratory sessions) in which students develop clinical skills and learn critical thinking. A change in standards isn't necessary to support the use of simulation.

Question 7

Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum percentage of simulated learning hours be stipulated?

There is insufficient evidence to support this change at this time and any such change has the potential to adversely impact on the standards ability to protect the health and safety of the Australian community. ANMAC and the NMBA should work with the ANZCDNM to facilitate an appropriate study to examine the use of simulation in more detail before any change to the minimum practice hours.

Inter-professional learning for collaborative practice**Question 8**

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

The current Registered Nurse Accreditation Standards 2012 require education providers to include opportunities for nurses to engage in activities that facilitate inter-professional learning for collaborative practice and these do not need to be strengthened. Educational providers should be and are innovative in how they create IPE opportunities for students. Mandating this aspect further may constrain opportunities rather than supporting them.

In addition, over regulation may disadvantage education providers who do not have multiple disciplines at the institution or campus (such as rural campuses and smaller institutions). Most IPE naturally occurs in the clinical setting, although the ability for structured IPE to occur during placements is limited by the size of the health service and context of care. Having students learn in the same classroom is not IPE as students are not learning about or from each other.

Accreditation standards framework**Question 9**

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

Current RN Accreditation standards cover all aspects of nursing education to provide a thorough overview of each program. Accreditation using assessors from different areas of Australia helps to develop networks of educators and provide insight into different ways of developing and implanting programs for the assessors.

Question 10

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

There is a lot of repetition of requirements between disciplines to provide accreditation information in different formats. Accreditation often focuses on the particular area of interest of the people undertaking the process, so is not always fair or transparent.

Question 11

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

The five-standard structure is appropriate for use. The areas are similar to those in the current standards. This approach would simplify the accreditation process for education providers with multiple accreditation of programs.

Guidance on the use of evidence**Question 12**

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

Evidence guides would be useful in assisting education providers determine the evidence required to demonstrate compliance. While the standards do not set clear expectations of the evidence required accreditation teams often have predetermined expectations of what counts as evidence. The accreditation process would be more transparent if these expectations were shared and better communicated.

Question 13

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)?

Provide explanations on the type of evidence required and exemplars of best practice. Ensure accreditation panel members are consistent in their expectations and understandings

Best practice standards**Question 14**

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

This should continue. Yes. While hours are a crude measure of student learning it sets a measurable minimum threshold for all students. The combination of both process and outcome based standards provides a better learning experience where experiential learning, socialisation into the practice community and application of theoretical knowledge can occur. This approach helps overcome the limitations of outcome based standards.

Future directions**Question 15**

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

This depends on the degree of health reform, changes in delivery models and role expectations.

Question 16

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?

The standards need to be sufficiently flexible to support these changes while staying true to their purpose to protect the health and safety of the Australian community by establishing high-quality standards of nursing and midwifery education, training and assessment.

Question 17

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

Nurse education provides nurses for the future. It takes a minimum of three years to complete a nursing course and should set graduates up for their future careers. Graduates should understand diverse health settings but the standards need to recognise that in responding to the changing environment should not result in an over-crowded curriculum and decreased focus on the necessary foundation knowledge, professional attitudes and essential skills. If further requirements are added to curriculum, consideration should be made to extending the basic nursing curriculum to a 4-year degree.