

REVIEW OF CONSULTATION PAPERS, STANDARDS AND GUIDELINES

Template for Jurisdictional Comments

Jurisdiction:	Commonwealth (Department of Health)
Due Date:	Sunday 22 October 2017
Consultation Paper: Review of Registered Nurse Accreditation Standards (Consultation paper 1)	
Name of National Board: ANMAC	
Questions	Comments
<p>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?</p>	<p><i>Support for students could begin pre-enrolment with the education provider ensuring adequate provision of appropriate information to prepare students and to ensure they develop informed expectations of the course requirements and the nursing profession generally. All students should be well informed so they can make decisions regarding enrolment, course choice and the need to balance work, life, study and any other commitments appropriately.</i></p> <p><i>Skills to support the development of academic writing and study skills are appropriate, but tertiary institutions should not rely on students developing these skills in their entirety while trying to also pass assignments as this increases the risk of failure and inevitably increases levels of student stress.</i></p> <p><i>Education providers / relevant course advisers need to be aware of students from diverse backgrounds and should have mechanisms in place to ensure that students who need support can access it as required and be assisted and encouraged to enrol in study patterns that will accommodate a more supportive life/study balance.</i></p>
<p>2. How can the accreditation standards support inclusion of strategies to increase student retention?</p>	<p><i>For students who may not have the necessary study and/or writing skills, the accreditation standards could require education providers to offer courses designed to develop these skills to students prior to the commencement of the first year.</i></p> <p><i>However, it is suggested that the responsibility for student retention is primarily that of the education</i></p>

	<i>provider and does not fall within the remit of the accreditation standards.</i>
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?	<i>Yes, this should be a requirement.</i>
4. What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?	<i>Changes and/or additions to the standards need to be informed by what is known and well-supported by evidence, on what either reduces the quality of clinical learning environments for students or what the key elements are that support quality clinical learning environments.</i> <i>Standards would also benefit from further clarity supporting exactly what is known to reflect current major health priorities to ensure students are exposed to relevant clinical workplace experiences. Clinical experiences should also clearly support acquisition of required skills and knowledge as part of overall learning.</i>
5. Are elements of the Best Practice Clinical Learning Environment framework useful in developing outcome-based standards for accreditation? If so, which ones?	<i>All the elements (1-6) of the framework may be useful, however if utilised within the accreditation standards the expectations surrounding how they are demonstrated by education providers throughout the standards need to be made clear as currently the framework uses a number of adjectives such as well (prepared), highly (competent) and appropriate (ratios).</i> <i>Evidence-based guidance outlining what is known to support good clinical learning experience may be useful for education providers.</i>
6. How can the accreditation standards better support the use of simulated learning?	<i>The accreditation standards could include evidence-based guidance supporting the use of simulation to facilitate learning, including in team-based scenarios and the development of life support skills or skills known to improve with repetitive practice, in which simulated learning is known to be beneficial.</i>
7. Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum percentage of	<i>The minimum number of practice hours should not be inclusive of simulated learning hours as the clinical</i>

<p>simulated learning hours be stipulated?</p>	<p><i>practicum currently undertaken by students is already at a minimum.</i></p> <p><i>However, it would not be unreasonable for the standards to include a minimum number of simulated learning hours in addition to the established minimum number of clinical practice hours as an adjunct to practical clinical experience to better prepare students for the reality of the clinical environment.</i></p>
<p>8. How can the accreditation standards better support inter-professional learning?</p>	<p><i>The accreditation standards could mandate a minimum number of inter-professional learning activities / experiences (in simulated or clinical learning environments) to which students are to be exposed during the duration of the course.</i></p> <p><i>Guidance could also be provided as to what is known to provide a quality inter-professional learning activity.</i></p> <p><i>Including a description of what inter-professional learning entails and what it is expected to achieve as a mode of learning for students would be useful.</i></p>
<p>9. What are the strengths of the style and structure of the current registered nurse accreditation standards?</p>	<p><i>Nil comment.</i></p>
<p>10. What are the limitations of the style and structure of the current registered nurse accreditation standards?</p>	<p><i>The accreditation standards are reported to lack clear indicators outlining how each standard is to be interpreted. This leaves the standards open to interpretation, and while this can encourage diversity, it can also lead to wide variation in the interpretation of the standards.</i></p>
<p>11. Should the registered nurse standards move to a five - standards structure in line with accreditation standards of other registered health professions?</p>	<p><i>As long as all relevant areas are adequately and appropriately covered by a five-standard structure, a move to this structure might prove beneficial to education providers in terms of facilitating greater consistency across the professions.</i></p>
<p>12. To what extent are accreditation standards clear in their expectations of the evidence required of education providers to demonstrate compliance?</p>	<p><i>The standards are not particularly clear in relation to the evidence required of education providers to demonstrate compliance. Language could be strengthened to ensure that the requirements are clear to both assessors and education providers. Examples of evidence that would be considered appropriate should be included in supporting documentation accompanying the standards.</i></p>

<p>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)?</p>	<p><i>The best way to provide guidance is to include clear indicators of evidence acceptable as demonstrating compliance.</i></p>
<p>14. Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?</p>	<p><i>Yes. In addition, the accreditation standards would be strengthened by the development of a contemporary and consistent list of clinical skills expected of the competent beginning practitioner that might include skills such as venepuncture, catheterisation of all genders, nasogastric tubes and electrocardiogram. Nursing is a practice-based profession and there are core clinical skills that all nurses need to have been educated in and be able to perform. These cannot necessarily be covered by an outcome statement.</i></p>
<p>15. What changes are likely to occur in the role of the registered nurse in next five years?</p>	<p><i>Nil comment.</i></p>
<p>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?</p>	<p><i>Nil comment.</i></p>
<p>17. Are there any other issues you would like considered that have not been discussed in this consultation paper?</p>	<p><i>In light of current considerations in relation to nurse / midwife prescribing, it would be necessary to ensure that the standards adequately covered the pharmacotherapeutics to support RNs utilising standing orders, protocol prescribing arrangements and nurse-initiated medicines.</i></p>