**How stakeholders can participate**

During this consultation stage, stakeholders can provide feedback in several ways:

1. Completing an online survey The questions in this consultation paper are reproduced in an online survey, accessible via SurveyMonkey

2. Preparing a written submission Written submissions must include the stakeholder’s name and contact details (phone number, email and address). They can be emailed to ANMAC: standardsreview@anmac.org.au or posted to:

Standards Review Australian Nursing and Midwifery Accreditation Council GPO Box 400 Canberra City ACT 2601

3. Attending a consultation forum in person

10am-3pm, Tuesday, 24 July 2018

Holiday Inn Melbourne Airport

RSVP: standardsreview@anmac.org.au

**Consultation questions**

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

1. Safety of the public

2. Governance

3. Program of study

4. Student experience

5. Student assessment

**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.

*Yes, we support consolidation of the standards from nine to five.*

*Review of Registered Nurse (RN) Accreditation Standards Consultation paper 2, Page 10 indicates the standards are expressed as statements and each supported by a set of criteria however, the standards are presented only as a heading.*

 *It is suggested the inclusion of a stem for each standard that describes the domain and provides a link to the criteria for meeting the standard.*

**Question 2**

Are there any additional criteria that should be included?

*No.*

**Question 3**

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

*Yes, recommend consider including Student Assessment standard as part of the Program of Study Standard.*

**Question 4**

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

*Agree that the duplication of the existing standard’s has been removed in the draft standards.*

**Question 5**

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

***Standard 1 Public Safety***

*Require clarification whether this statement results in the replacement for the registered nurse or is in combination with the RN.*

*1.1 Suggest change Protection to Safety for consistency*

*1.2 Clarify who the consent is provided to, health service, education provider and /or student*

*1.4 Should it include standards of practice, codes of conduct and ethics for nursing*

*1.6 (a)” in collaboration with other registered relevant health professionals”*

*1.8 How can the effectiveness of impairment screening and management processes stated in the criteria be measured?*

*1.9 (a) unclear requires a re-write (b) is repetitive of (a)*

*1.11 re TEQSA standards*

***Standard 2 Governance***

*2.3 RN Standards of Practice referred to as current*

***Standard 3 Program of Study***

*3.1 Include learning and teaching approaches after the educational philosophy*

*3.3* *Recommend replacing reference to single reference to mental health is expanded* and suggest use the statement earlier stated in the consultation paper 2, “content related to ageing population, management of physical and mental health, a significant increase in chronic disease and co-morbidities” p.9

*3.5 Cultural safety extended by using a statement that it is provided to all people and based on individuality not just ethnicity*

*3.7 Require consistency in reference to RN Standards of Practice*

***Standard 4 Student experience***

*4.1 Clear and transparent similar meaning suggest change one to timely*

*4.3 use education provider consistently throughout document*

***Standard 5 Student assessment***

*If retained review title to reflect criteria suggest rename as Student Learning and Assessment*

*5.3 Change clinical to professional experience placement*

*5.5 Wording incoherent consider require timely feedback*

**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)?

*We support the notion that RNs prescribing from an agreed formulary via established clinical protocols.*

*Definition of prescribing via a structured prescribing arrangement to be included in glossary.*

*However, the processes for this type of prescribing varies widely across Australia. This complicates the identification of core knowledge and competencies require to prescribe within a protocol driven environment. This in turn poses challenges for education providers as they attempt to meet assessment standard 5.4 (Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines.) I would argue that an agreed core of knowledge and competencies is established by ANMAC in consultation with Pharmacy guild, education providers and health care services. This could be included as an explanatory note attached to the standard. I would further argue that there is insufficient time in the current 3 year UG curriculum and that consideration is given to dedicated modules within a fourth year internship or graduate year to facilitate this content.*

*Standards require clarification that the standard refers to quality use of medicines is at a foundation*

*that this standard is not moving into the extended guidelines current standard ambiguous, refer to executive summary for clear statement on this area level rather than extension as per RIPEN HWA clarity needed on Critical Care Guidelines (NSW)*

**Simulated learning**

**Question 7**

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

*We support the definition provided Gaba (2004) Center for Immersive and Simulation-based learning.*

*Simulated based education should replace simulated learning experiences and be stated in full as part of the provided definition in the glossary.*

*We agree that insufficient evidence is available to justify the inclusion of simulation into the 800 hours and that is should remain as an adjunct to clinical practice opportunities.*

*Issues that require consideration in the replacement of clinical hours is the quality criteria of the simulation based education, a standardised approach to delivery, design and evaluation of simulation and faculty development, provide a working definition for the simulation based education to replace professional placement hours and understanding of the equivalence of simulation hours to professional practice experience. Refer to International Nursing Association Clinical Simulation Learning Standards as a reference.*

**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?*

*This is challenging area as the mega trend of “information” is a major disruptor. Patients will have access to their own investigation results (via MyHealth record), are able to seek varied options from internet and social media platforms, receive feedback from wearable technology (e.g. continuous blood glucose monitoring) and have health care interventions performed by robotic technology. Equally contemporary students are well versed in the use of communication technology and digitally native.*

*Whilst ii could be argued that the broad accreditation standards “encompassed learning outcomes such as clinical knowledge and skills, therapeutic communication, critical thinking and problem-solving skills; skills that contribute to managing challenges in an era of change” overshadow the need for specific informatic standards. I believe that the extent of the disruption created by such technologies is great enough to require a specific set of standards. It will fundamentally change the ‘way of working’ and cannot be left as an area that is subsumed within current standards. The need to work in partnership with health care consumers via technology, undertake client assessment with only visual and auditory cues, threats posed by breaches in cybersecurity, and changes to practice that will results from ongoing integration of robotics and surveillance technology are examples.*

*The domains suggested by Nursing Informatics Australia “computer literacy; information literacy and information management” would form a sound foundation for such standards. This information could be included as an explanatory note for standard 3.2 “Program content reflects contemporary practices in health and education and responds to emerging trends including health informatics and digital health technologies and is based on research and other forms of evidence”.*

**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 standards are currently open to interpretation. For example “appropriately qualified and experienced” in 1.6) or “are suitably qualified” (in 3.11) or “ Appropriate resources are provided” (in 4.7). This unstructured approach facilitates ‘gaming’ of clinical experiences. Students are placed in environments that have very loose affiliations to the clinical experiences being sought ( for example outpatient departments for community experience). They are supervised by an ever increasing array of facilitators (for example RNs delegating supervision to ENs and nursing assistants), and access to resources varies widely (e.g. orientation/induction material, car parking, computer technology that can bypass a firewalls for research needs, and limited access to normal amenities). The time has come to establish standards required to ensure optimal experience and supervision for students. Formal preceptorship/education course exist, as does research concerning optimal learning environments. Whilst implementation will always be an issue, the standards regarding student professional experience need to reflect the above and be more directive to remove differing interpretations.*

**Question 10**

Are there any other issues that should be considered?

*No.*