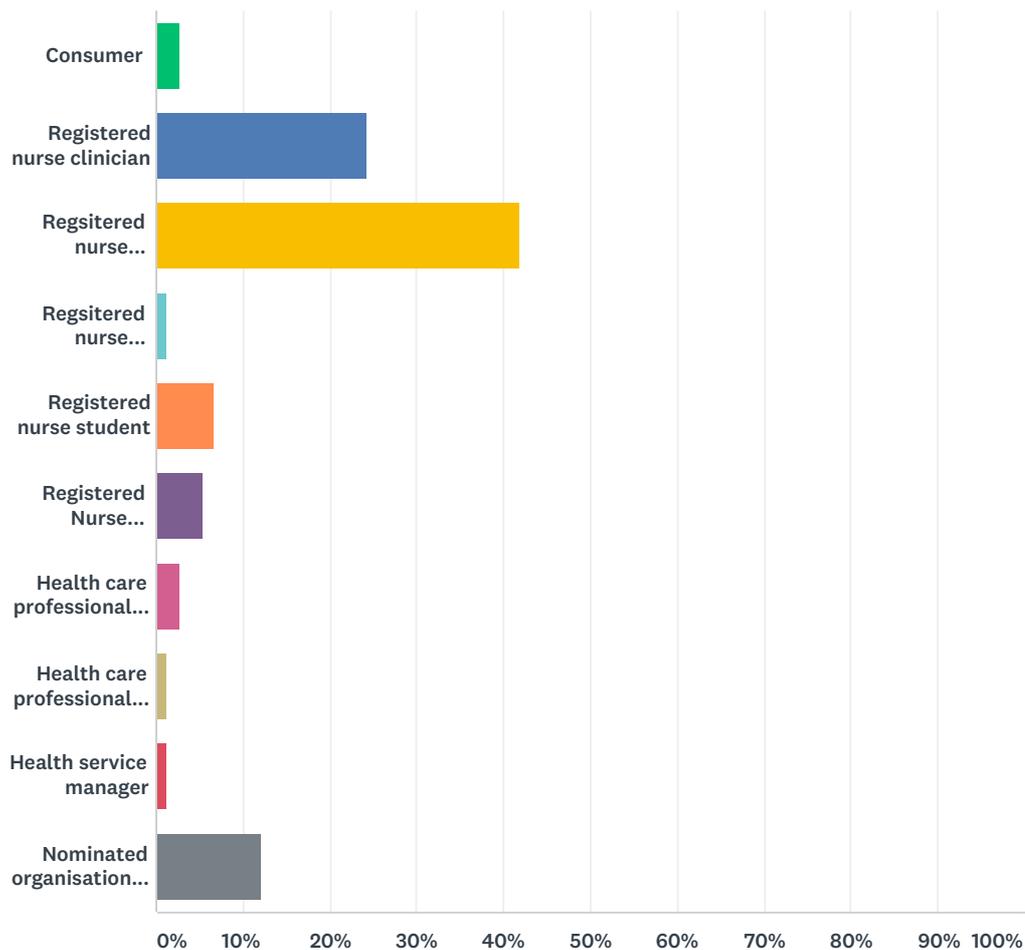


Q1 Welcome Thank you for taking time to complete this survey and for contributing to the registered nurse accreditation standards review. This survey represents the first round of consultation in the review of the Registered Nurse Accreditation Standards 2012 and is an opportunity for stakeholders to comment on the key issues identified in Consultation paper 1. The key issues identified in the literature include:

- entry criteria and undergraduate nursing courses
- attrition rates
- English language requirement for entry to registered nursing programs
- quality of clinical placements
- simulation and student learning outcomes
- inter-professional learning for practice
- accreditation standards framework.

You are strongly encouraged to read the consultation paper before providing a response to this survey. We invite you to share the survey with other interested stakeholders within your network. The first round of consultation closes Sunday, 22 October 2017. **QUESTION 1: Which ONE of the following role options best describes your perspective when responding?**

Answered: 74 Skipped: 4



ANSWER CHOICES

RESPONSES

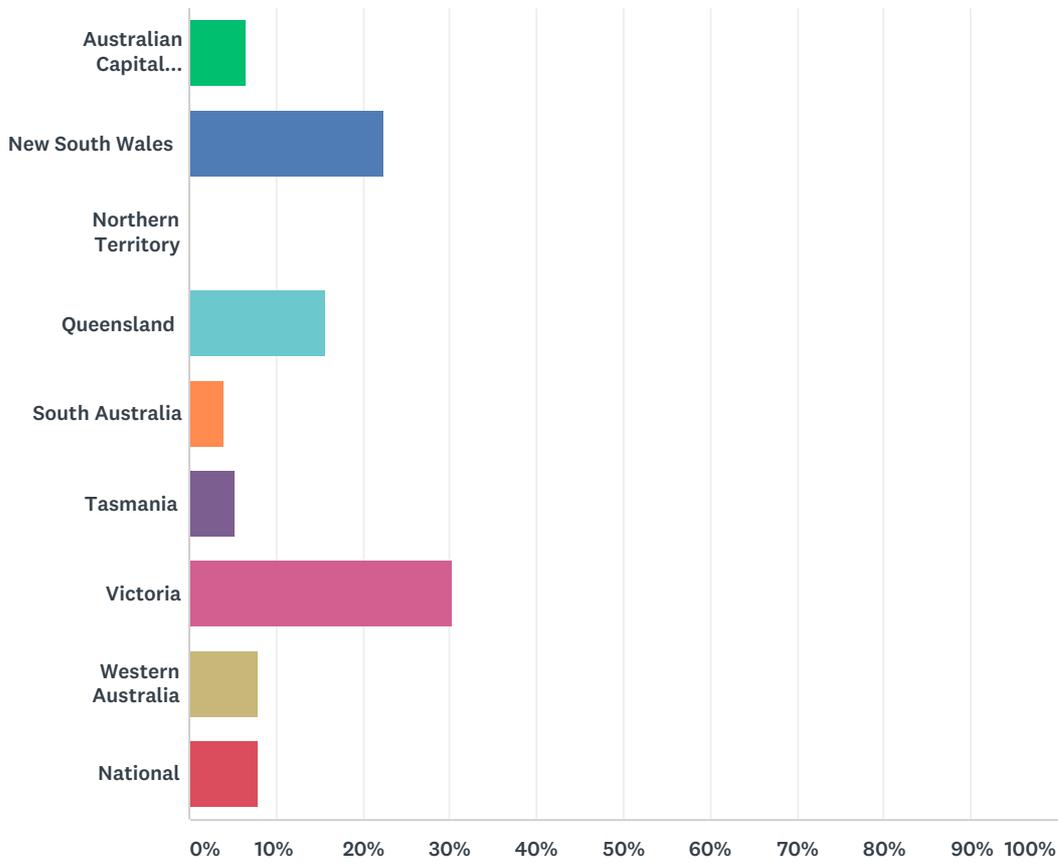
Registered nurse accreditation standards review - survey 1

Consumer	2.70%	2
Registered nurse clinician	24.32%	18
Registered nurse educator/facilitator/lecturer/teacher	41.89%	31
Registered nurse researcher	1.35%	1
Registered nurse student	6.76%	5
Registered Nurse Accreditation Committee member (ANMAC)	5.41%	4
Health care professional regulator or policy advisor	2.70%	2
Health care professional other than registered nurse (Please specify the profession in the text box below)	1.35%	1
Health service manager	1.35%	1
Nominated organisational representative (Please specify the organisation's name in the text box below)	12.16%	9
TOTAL		74

#	TEXT BOX	DATE
1	Queensland University of Technology	10/22/2017 6:58 PM
2	Nursing Informatics Australia	10/22/2017 3:53 PM
3	Council of Deans of Nursing and Midwifery (Aus. & NZ)	10/22/2017 12:03 PM
4	NSW Nursing & Midwifery Office	10/22/2017 8:42 AM
5	Safer Care Victoria & Victorian Department of Health and Human Services Workforce Branch	10/20/2017 5:09 PM
6	Australian Pharmacy Council	10/20/2017 2:06 PM
7	University of South Australia, School of Nursing and Midwifery	10/6/2017 1:18 PM
8	and Organisational representative for Australian Society for Simulation in Healthcare	10/6/2017 9:55 AM
9	Ramsay Health Care	10/5/2017 9:12 AM
10	Enrolled Nurse	9/22/2017 4:34 PM
11	Eastern Health	9/12/2017 8:38 PM
12	Louise - this is a test	9/7/2017 5:01 PM

Q2 QUESTION 2: Which of the following options best identifies your primary work location?

Answered: 76 Skipped: 2



ANSWER CHOICES	RESPONSES	
Australian Capital Territory	6.58%	5
New South Wales	22.37%	17
Northern Territory	0.00%	0
Queensland	15.79%	12
South Australia	3.95%	3
Tasmania	5.26%	4
Victoria	30.26%	23
Western Australia	7.89%	6
National	7.89%	6
TOTAL		76

Q3 What support mechanisms should be offered to students from diverse backgrounds entering registered nurse programs to ensure they receive the appropriate levels of support?

Answered: 45 Skipped: 33

#	RESPONSES	DATE
1	Continue supportive strategies throughout the first year and beyond Encourage peer support opportunities	10/22/2017 3:55 PM
2	Clear and transparent information about the expectations of the education program must be provided initially. This includes University wide support for all students and program specific support which may include the length of the course, modes of delivery, amount of time to devote to study, technological requirements, available support services, academic skills support, mentorship and key contacts if the students experience difficulties. This would also include regular evaluation of support services to ensure they are 'fit for purpose'. This could be based on student evaluations and regular feedback. Under Standard 6, Universities should offer all students support via academic advisory services, counseling services, health services, library support services, and disability services. Universities should have a support unit for First Nation People's students that offers additional support, advice and tutoring. Universities should provide academic skills development support for all commencing students whether this is built into classes/courses or through the opportunity to engage in additional workshops. Academic advisory services can be provided at the year level (year coordinators), at the program level (program director) and at the university level (student administration). Peer mentoring programs should be implemented as a matter of course to provide additional peer support for students. English language skills development for students from a NESB should also be provided. Maths skills are also important as well as information technology support.	10/22/2017 12:03 PM
3	Students from diverse backgrounds should be given the opportunity to enter the registered nurse programs via tertiary preparation alternative pathways.	10/22/2017 10:36 AM
4	If Universities are admitting students from backgrounds which may add a level of complexity to coping with their chosen course of study, then the Universities should ensure the students are not simply offered the chance to study, but also the best chance of successfully completing the course. This would include ensuring that students were identified and offered the opportunity to utilise support services and not left to cope. Mechanisms offered to students from diverse backgrounds should aim to provide support across areas in which these students are known to encounter difficulties. Depending on the life circumstances of students, supports including assistance with time management, priority setting, understanding the demands and expectations of tertiary study, access to support services for those who may be carers and or access to supports aiming to develop academic writing and research skills may be useful. Importantly, support should begin pre enrolment with the education provider ensuring students are provided with information to help them understand the expectations of tertiary study. Prospective students should also be encouraged to develop a realistic understanding of the role and expectations of the nurse across health care systems. The provision of support services should aim to provide students with the opportunity address skill and or knowledge gaps and to ensure a level of support that maybe required as a result of circumstances arising from their diverse background, however such supports should not provide an avenue by which a student's preparation for competent entry level practice is compromised by reducing the rigor of any assessment of competence.	10/22/2017 8:45 AM
5	A university program can identify diagnostic mechanisms within a program to assist students to identify supports required and direct to available supports is a potential idea however translation of this to students actually seeking help is variable.	10/21/2017 9:07 AM
6	Greater flexibility in clinical placement options and length of time in which the program can be completed. Consideration of delivery style (e.g. increasing classroom based learning) Mentors/lecturers/tutors from diverse backgrounds (males, Aboriginal tutors etc.) Consider raising ATAR score for entry to program and promote Enrolled Nurse pathway for those with lower ATAR scores.	10/20/2017 5:28 PM
7	Early identification of students who are being challenged by the study program is essential to ensuring their ongoing participation. Support services need to be well advertised so the student can initiate support for themselves if they feel the need. 'Buddy system or mentoring by students further into the study program could be beneficial Regular student surveys can monitor overall student satisfaction.	10/20/2017 2:14 PM

Registered nurse accreditation standards review - survey 1

8	1. orientation program 2. LLN assessment prior to entry 3. Diploma of Nursing pathway	10/19/2017 4:57 PM
9	English support if needed, academic support, numeracy support, emotional support	10/19/2017 3:20 PM
10	Essay writing support supplementary English classes	10/18/2017 11:06 PM
11	Academic Enabling/Support Units Student mentors Counselling Services	10/17/2017 8:24 PM
12	Apart from the discussion in the standards - specialised attention, realistic assessment with objectives including understanding of complex documentation and communication, clinical supervision where the supervisor understands the situation of the student in relation to diversity of background, students should be interviewed prior to entry to ascertain that they have a clear understanding of the requirements of communication as a student and registered nurse.	10/17/2017 4:12 PM
13	English language support Student support groups	10/17/2017 11:11 AM
14	One of the biggest issues is lack of financial support options for students attending clinical placement for blocks of time. More scholarship funding would be appropriate to better support students while they needed to attend placement.	10/17/2017 1:31 AM
15	Specific adaptation programs to include essential skills such as developing study habits, writing for nursing skills, professional language etiquette etc	10/16/2017 2:10 PM
16	By assigning preceptors	10/14/2017 6:11 AM
17	Counseling	10/11/2017 6:16 PM
18	comprehensive understanding of English language	10/11/2017 1:46 PM
19	A buddy to help support them not only through nursing pathways but also through Australian life as I feel this will boost their understanding towards our culture and way of life in effect, their perspective in work.	10/11/2017 8:40 AM
20	Have culturally appropriate support people available on clinical placement and at university to debrief. Try and link students from similar cultural backgrounds across all years of study to provide peer support.	10/10/2017 3:08 AM
21	ability to shadow an RN preceptor. Access to translator service meeting between RN & preceptor weekly.	10/9/2017 3:00 PM
22	Freely available academic language and learning services that are well resourced. Resourced academic support staff to monitor progress and to develop and implement early intervention strategies to maintain academic progress. Resourced conversational English opportunities. Resourced specific Indigenous academic support staff at the School level framed as an academic leadership role.	10/9/2017 2:47 PM
23	culture learning sessions, brief history of Australia, language learning sessions and a brief law and ethics session.	10/9/2017 1:45 PM
24	I think that all students should have a good understanding of English before entering any programme as it is an important fact in nursing to ensure their is clear communication between patient and nurse. so, maybe extra English training if needed	10/9/2017 9:07 AM
25	Students must be fluent in English and courses prior to commencing any nursing program	10/8/2017 12:47 PM
26	The Tertiary Education Quality and Standards Agency (TEQSA) is the independent national regulator of the higher education sector and all registered providers of higher education must demonstrate how they meet, and continue to meet, all requirements of the Higher Education Standards Framework (Threshold Standards). Threshold Standards 1 and 2 (Student Participation and Attainment and Learning Environment) require higher education providers to demonstrate how they support students from diverse backgrounds. Therefore, if a higher education provider is registered by TEQSA we maintain this item does not need to be included as a separate standard under Governance.	10/6/2017 1:19 PM
27	Basic science and maths training	10/6/2017 9:58 AM
28	Programs that offer support should include basic science and mathematics tutoring.	10/6/2017 8:56 AM
29	curricula that embed discipline specific academic and health /health systems literacy within them	10/5/2017 2:44 PM
30	education communication cultural and language support	10/5/2017 2:17 PM
31	Supplementary English classes Utilise mentors with similar cultural background (already existing working) to assist in tutorials (even if just once or twice)	10/4/2017 2:53 PM
32	Specific learning support staff to assist with English language skills and academic writing not just designed to complete assessment tasks.	10/4/2017 11:04 AM
33	Most education providers have international student liaisons as well as disability support services, pastoral care and academic help	10/4/2017 9:14 AM

Registered nurse accreditation standards review - survey 1

34	Support mechanisms should only be provided where their provision enables the same standards or outcomes to be achieved. The outcome should be the same as for domestic students. We need clinicians of different cultures to deliver culturally appropriate care, who are able to embrace the Australian workplace and professional communication requirements. If we choose to train overseas students as a income stream for the education providers and the country that is fine, but this needs to be made explicit. Preparing students for other health care systems or international registration is fine, but will not create practitioners prepared for local practice. It needs to be recognised (strongly) that the language of practice is English, as is the language of the Australian workplace, among clinicians, and of the profession. Ability to perform within this (known) structure is essential.	10/1/2017 2:49 AM
35	English speaking and writing support. Australian and aboriginal cultural education	9/27/2017 7:16 PM
36	Access to study supports, equity and diversity supports within tertiary education	9/27/2017 2:36 PM
37	This is not an ANMAC issue and ANMAC should leave this alone. Universities need to meet TEQSA requirements for this. ANMAC needs to understand the role of TEQSA better	9/26/2017 10:53 AM
38	Flexible ways to follow distance learning programs online.	9/22/2017 9:39 PM
39	Adequate literacy and numeracy For overseas students - cultural awareness	9/20/2017 5:35 PM
40	Learning and teaching, counselling, cultural support and orientation/introduction to the Australian health care system	9/15/2017 5:10 PM
41	Online assistance- someone who is always online to provide assistance.	9/13/2017 9:57 PM
42	a peer and academic mentor	9/13/2017 11:38 AM
43	Wellbeing / support officer to assist with the culture transition	9/12/2017 6:38 PM
44	Diversity is a positive any profession. Standards are for all registered nurses regardless of their background. I would be uncomfortable to see we were in some way highlighting diversity as in need to a special standrad. Curricula should be designed to cater for all students regardless of age, race, ethnicity, gender and so on. Universities have multiple mechanisms for student support and these are available to all and cater for individual need. Standards should only be aimed at ensuring this assistance is available.	9/12/2017 5:03 PM
45	test	9/7/2017 5:01 PM

Q4 How can the accreditation standards support inclusion of strategies to increase student retention?

Answered: 43 Skipped: 35

#	RESPONSES	DATE
1	Incorporate peer support and debriefing into teaching and learning approaches as part of the curriculum conceptual framework	10/22/2017 3:55 PM
2	Latest research (Harvey & Szalkowicz 2016) identifies that multiple entry and exit pathways and 'nested' qualifications are one important way to improve student retention. There is potential to amend the RN standards to enable RN pre-registration programs to embed an EN exit point, as most already have an EN entry point. The Federal Government Higher Education Reform package, if passed, includes funding for sub-degrees; this would mean that universities would be funded to offer a Diploma or Associate Degree within a Bachelor degree. This would require an amendment to the EN standards. Support for students not performing well-Standard 6.5 refers to 'processes to enable early identification and support for students who are not performing well or have professional conduct issues'. These can include risk assessments that involve tracking and following up on students who have not accessed their Learning Management System by a specific time or who have not attended class or who have not submitted an early assessment task. These students can be followed up through phone and email and directed to support services to improve retention. Retention can also be improved through the provision of the support services discussed in the previous section, specifically including academic skills development workshops/sessions. Peer support may also assist. The empirical evidence indicates that replacing traditional didactic teaching methods, particularly lectures, with active learning teaching methods can reduce fail rates and potentially improve retention. For example, a meta-analysis by Freeman et al (2014) of 255 studies examining learning outcomes in STEM students related to traditional lecturing versus active learning methods found that 'on average, students in traditional lecture courses are 1.5 times more likely to fail than students in courses with active learning'. This suggests that active learning can improve retention rates. Freeman, S., et al. (2014). Active learning increases student performance in science, engineering, and mathematics. PNAS 111(23): 8410-8415.	10/22/2017 12:03 PM
3	Strategic First Year Engagement (FYE) strategies are led at the University level and the standards currently require demonstration of the application at program level.	10/22/2017 10:36 AM
4	Accreditation standards could include a requirement for education providers to provide evidence of strategies that aim to improve retention that are based upon what the evidence demonstrates to be the major factors that influence withdrawal rates, for example, difficulty with writing and assessment tasks and misconceptions surrounding the role of the nurse.	10/22/2017 8:45 AM
5	Current accreditation standards ensure a transparent at risk process and support processes are in place. retention will remain a major issue as the variables impacting on retention are wide ranging. Development of diagnostic mechanisms is a possibility	10/21/2017 9:07 AM
6	Increasing satisfaction with the clinical placement experience. Ensuring clinical supervision during placements meets the student's needs and creates a safe learning environment. Create an anonymous and safe feedback mechanism for students to provide feedback regarding clinical supervisors for the purpose of improvement. In the development of the new standards, ANMAC should look to universities with low attrition rates to determine the success factors and qualities of these courses to inform the accreditation standards.	10/20/2017 5:28 PM
7	Evidence of student support services Evidence of regular student involvement eg in curriculum or governance structures Evidence of student feedback being incorporated into program design	10/20/2017 2:14 PM
8	1. Support mechanisms exist at the EP for students e.g academic skills, counselling 2. EP has mechanisms to identify at risk students 3. Entry requirements e.g interview	10/19/2017 4:57 PM
9	Educational institutions should provide evidence that they offer these support mechanisms	10/19/2017 3:20 PM
10	more clinical labs and more placement experience	10/18/2017 11:06 PM
11	Requiring evidence of the promotion and use of the above	10/17/2017 8:24 PM
12	By including clear policy requirements of teaching organisations for support of diversity in the student body.	10/17/2017 4:12 PM

Registered nurse accreditation standards review - survey 1

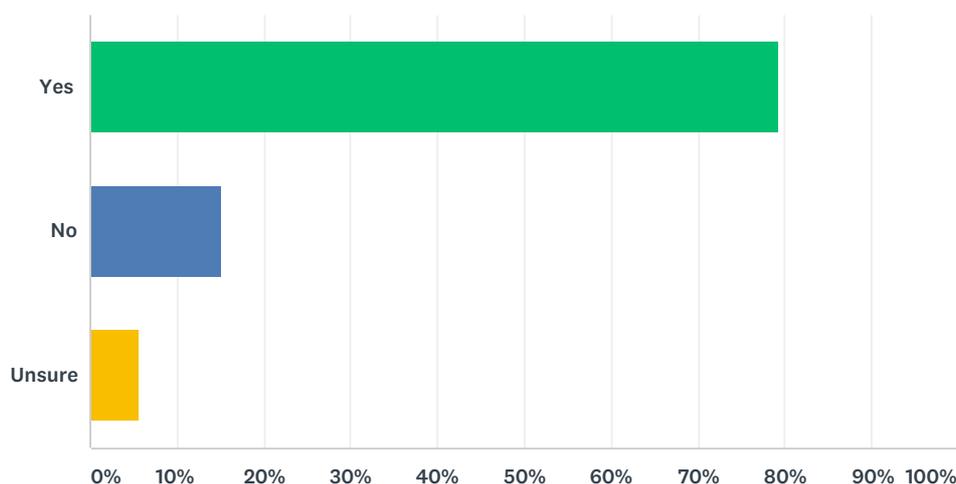
13	I think this is an education provider responsibility. Students should be required to attend a university preparation course prior to entry to assist in understanding expectations of study and learning time management skills leading to success in a professional course.	10/17/2017 1:31 AM
14	Define specific adaptation programs to be included in all nursing education programs	10/16/2017 2:10 PM
15	Stipulate regular check ins with students to assess welfare and progress	10/14/2017 6:11 AM
16	acknowledge the CAREing factor provided by nurses	10/11/2017 1:46 PM
17	Outlining them	10/11/2017 8:40 AM
18	Ensure that students are not expected to travel unreasonable distances for clinical placement. Recognise that students have commitments other than study and that large blocks of unpaid clinical placement can place strain financially and otherwise on some students.	10/10/2017 3:08 AM
19	By expecting Schools of Nursing to offer scholarships, bursaries and other forms of support to low income students. By expecting Schools to properly resource monitoring of and responses to first year students at risk of poor academic performance. Introduce responsive student feed back processes on clinical placement. By supporting Schools to focus on developing student sense of belonging and professional identity. By expecting Schools to work with students' personal well-being.	10/9/2017 2:47 PM
20	by providing them with workplaces to experience working as a nurse in different settings like the doctor's attachment, thus students could better identify and understand which setting or workplace is best suited for them to develop their ability and give back to society	10/9/2017 1:45 PM
21	I firmly believe that student s required more hands on time during their training so that when they have completed training there is no so much of a "shock" when the expected level of responsibility becomes evident	10/9/2017 9:07 AM
22	All units should be aimed at the standards	10/8/2017 12:47 PM
23	Universities are required to set targets for student retention, particularly for first year students and students from diverse backgrounds (there is evidence to support that students retained in the first year of a program are likely to complete the degree). Standard 6 of the current Registered Nurse Accreditation Standards requires higher education providers to identify how they support students throughout their program of study hence we do not support a separate standard. There is already considerable overlap and repetition across the accreditation standards and creating additional standards is unnecessarily repetitious	10/6/2017 1:19 PM
24	Lowering benchmarks for entry means we attract students that may not have the right motivation for learning. Nursing needs to be considered as an equal profession to other health professions - and by having low entry standards we run the risk of attracting students that may not be capable of being retained.	10/6/2017 9:58 AM
25	I think it is important to acknowledge that, like other health professions, nursing is one of standard and requires effort and intrinsic (As well as extrinsic) motivation. The accreditation standards should allow for the development of increasing professional standards - just because we need nurses does not mean we drop the standards. Student retention would also be improved by Standard 3 and 4 improvement.	10/6/2017 8:56 AM
26	look at student load esp when on prac and having to complete other assessment that places significant demand on them; encourage flexibility and supportive policy in things like extensions etc.	10/5/2017 2:44 PM
27	extended time, quality and diverse clinical placements	10/5/2017 2:17 PM
28	Provide clearer guidelines for student placements and expectations (between the University and Hospital)	10/4/2017 2:53 PM
29	Incorporate a requirement for Learning Support Staff in proposed Standard 3.	10/4/2017 11:04 AM
30	the best way to keep students is to bring in the best from the get go	10/4/2017 9:14 AM
31	Education entry standards need to include interviews to establish professional knowledge / understanding of what nursing entails. These interviews would be rated as part of the selection process, and weighted. These should be entirely in English, and appropriate level conversational and workplace communication expected.	10/1/2017 2:49 AM
32	It is covered in Standard 3 - trends in nursing and education	9/27/2017 7:16 PM
33	Developing core learning content for inclusion in 1st year nursing programs to develop nursing identity Set guidelines around appropriate clinical placement settings, quality, requirements and supports	9/27/2017 2:36 PM
34	This is not an ANMAC issue and ANMAC should leave this alone. Universities need to meet TEQSA requirements for this	9/26/2017 10:53 AM

Registered nurse accreditation standards review - survey 1

35	Through practical tests	9/22/2017 9:39 PM
36	Ensure that the higher education institutions have minimum standards of enrollment i.e. pre requisite math and English	9/20/2017 5:35 PM
37	Student retention issues stem from students enrolling in degrees without realising that they will need to make some sacrifices to the way they are living prior to study. Requirements for prospective students to attend education days to understand the requirements and expectations of studying and working as a nurse. Currently many students appear to have unrealistic expectations.	9/15/2017 5:10 PM
38	Should initiate more programmes. Provide Incentives	9/13/2017 9:57 PM
39	fine as they are	9/13/2017 11:38 AM
40	education in wellbeing and resilience	9/12/2017 8:39 PM
41	Peer support or mentoring programs	9/12/2017 6:38 PM
42	This is not the role of accreditation standards. Attrition and retention are the concerns of higher education providers not accreditors	9/12/2017 5:03 PM
43	test	9/7/2017 5:01 PM

Q5 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?

Answered: 53 Skipped: 25



ANSWER CHOICES	RESPONSES
Yes	79.25% 42
No	15.09% 8
Unsure	5.66% 3
TOTAL	53

#	PLEASE PROVIDE COMMENTS	DATE
1	there is usually minimal IELTS gains between course entry and exit as the focus is on nursing content and so English language skills need to be sufficient at commencement	10/22/2017 3:58 PM
2	Universities already have strict English language requirements for entry to nursing. It is vital that applicants to nursing programs are aware of the English language requirements before they commence studies and understand that they are responsible for demonstrating achievement at a specified level of English Language skill prior to registration. Achieving an English language proficiency at a level lower than required at registration (for example a minimum overall IELTS band 7.0) has one advantage and that is it allows greater opportunity for students from non-English speaking backgrounds to attempt a career in nursing, but there are risks associated with this. The assumption is that the 3-year program of study enables students to improve their English language skills over time, while studying and that the further study to complete the BN will improve their English language skills to the level required for registration. This assumption could be empirically tested though examining the percentage of NESB BN graduates who must provide a formal English language skills test for registration that fail to meet that standard. This would provide an evidence-based method for making a decision on this issue. While the research is not conclusive enough to provide policy direction, the opinion of Council is that IELTS of 7 on entry should be consistent with the Diploma requirement of IELTS 7. It also must be considered that although students do work under supervision they will need to communicate to others and this is essential for safe practice. They will be working and studying with members of interprofessional teams so clear communication is essential. This is perhaps another argument to support the requirement.	10/22/2017 12:03 PM
3	Standards based on available evidence to support a student's success in all facets of their learning in a program are what is required.	10/22/2017 10:36 AM

Registered nurse accreditation standards review - survey 1

4	i consider the current english language tests provide too much variation. i also consider that a student can meet the requirements and then have their start in the program delayed. Therefore a further requirement should be that the student commence studies with 3 months of commencing the program of study.	10/21/2017 9:09 AM
5	Yes. This should be in line with the Enrolled Nurse Accreditation Standards. Registered Nurses need to demonstrate proficiency with the English language to join the register therefore it is unfair for students to complete Registered Nurse training to then fail to enter the register due to language.	10/20/2017 5:37 PM
6	English language skills required for registration should be the same as entry into the study program. This is necessary to ensure the student can fully participate in the study program and not have the additional demand of further developing english competency skills. It should not be assumed the student will gain increased english competency during the course	10/20/2017 2:19 PM
7	The EN Standards already require this - it is essential for the safety of the public.	10/17/2017 4:13 PM
8	Language skill testing should include health literacy	10/17/2017 11:12 AM
9	My experience of many students who have allegedly met the English Language skills test is that they do not have the language skills required to be considered safe in clinical practice. Some of this can be culture based such as nodding yes, if they mean no etc.	10/17/2017 1:34 AM
10	It is important to consider this issue (as the leading authority in Nursing in Australia) as there is a huge ethical and moral obligation to these students who may or may not meet inherent (English language) requirements and invest their money, resources and time only to be told "their English is not good enough to practice" after 1 or more years of study.	10/16/2017 2:10 PM
11	It is unfair to students particularly international students, to be able to enrol into a program and be unable to complete due to deficits in English language. If not possible, then educator providers need to ensure that adequate clinical communication and language programs are offered. Poor language communication skills impacts on patient safety	10/11/2017 3:33 PM
12	The English test results is already standardised towards academic. Given the validity of 2 years, this will be sufficient.	10/11/2017 8:42 AM
13	Well it depends on what is NMBA course of plan and also the achievements of the students, e.g. a master degree student will normally be well versed in their English language	10/9/2017 1:46 PM
14	Whilst there are particular positions put forward regarding English language proficiency for skilled migration (e.g the work of Prof. Lesleyanne Hawthorne) there is still limited robust research to support a minimum English language literacy threshold (as evidenced by a formal English language skills test) to be identified for commencement of a three-year undergraduate nursing degree. Currently, a number of non-native speakers of English who are Australian citizens or permanent Australian residents are not required by the NMBA to provide evidence of a formal English language skills test to enter nursing degrees. While we support the current English language requirements for registration, we would only support a standard mandating 6.5 in each band for entry into a bachelor of nursing program. This provides ample opportunity for students from culturally and linguistically diverse backgrounds to meet the NMBA English language requirement on registration.	10/6/2017 1:21 PM
15	As someone who provides support for healthcare providers (hospital and community settings), a common complaint is the time that is spent on international students is 3x the time of domestic students. This is a significant burden on healthcare services and can also increase the risk of errors (due to language misunderstandings etc)	10/6/2017 9:59 AM
16	Working in the tertiary sector and liaising with health facilities has highlighted the need for improved English language standards - our health facilities are already under huge strain, and adding language problems is a confounding factor. More attention is required on these students (I would estimate up to 3x the amount of time as an English speaking student) and the risk of error is significantly increased as a result.	10/6/2017 8:57 AM
17	Doing so may prevent graduates taking a long time, and spending a considerable amount of money, before being considered proficient.	10/4/2017 11:13 AM
18	There needs to be a common understanding of level of reading and writing and listening and speaking is needed for entry to tertiary study. This should be pre-university, not in the beginning of the 3 year program.	10/1/2017 2:51 AM
19	Students with deficient English language proficiency will be disadvantaged in progressing/completing nursing programs. They may be better suited to develop language skills and proficiency before proceeding with nursing studies. Results of language skills tests prior to commencing a nursing program may then inform the NMBA upon application for registration	9/27/2017 2:39 PM
20	Too many university graduates are unable to gain registration due to low English ability	9/21/2017 2:29 PM

Registered nurse accreditation standards review - survey 1

21	Poor English language proficiency leads to issues with patient safety. Many issues with domestic based students who have managed to short cut English language proficiency assessments due to studying other courses in English.	9/15/2017 5:12 PM
22	strongly disagree as a student has already passed NMBA then there is no need for it.	9/13/2017 10:00 PM
23	communication is a safety issue for patients and staff and it adversely affects their mental health when they are not at the standard when studying	9/13/2017 11:39 AM
24	Students are engaged in clinical placements from quite early in their courses and they need to be able to communicate and provide safe practice.	9/12/2017 5:03 PM
25	They often struggle to complete the course of study if they struggle to communicate effectively in English	9/12/2017 4:37 PM
26	test	9/7/2017 5:01 PM

Q6 What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?

Answered: 36 Skipped: 42

#	RESPONSES	DATE
1	We need to consider how digital technologies affect and can potentially enhance the teaching and learning experience as well as the clinical environment in which future nurses are expected to operate. More specifically, additions in the following standards should be made: Standard 2.4 embed and encourage the use of technology for learning Standard 5 or 6 needs to include professional online communication and use of social media Standard 7 educators must have sufficient health informatics knowledge and skills to enable them to teach safe use of technology in practice	10/22/2017 4:04 PM
2	There are several aspects to this and they include the quality of the clinical experience (mix of patients and variety of acuity) placement and the quality of the clinical supervision. We address the second point specifically. Council supports the view that it is vital that Universities have greater control over the quality of clinical placements. The current situation may place students at risk and means that Universities are unable to ensure the provision of a quality experience in some cases. Greater control could be achieved by amending the standards to require greater input into the selection and evaluation of clinical facilitators. This is particularly important in States/Territories where the providers in the health system charge set fees for placements and provide their own clinical supervisors. Universities have no control and no input and are unable to assess the qualifications or performance of those health service staff. This raises problems related to accountability for the student environment, supervision and assessment Standard 9 clearly requires program providers to demonstrate that they apply a quality improvement framework to the clinical learning experience, and this requires the collection and evaluation of student feedback on the experience and the incorporation of that feedback into the program. This works very well when the program provider has control of the clinical supervisors as they can ensure training and performance evaluation. However as previously stated some health services choose to employ their own facilitators/supervisors and these are not under the control of the program provider. So, when Universities are unable to determine who will facilitate their students in the clinical area then its difficult to ensure quality when they have no control. A requirement that the health service conducts an evaluation of supervision quality with feedback and checks for accountability in place that could address that.	10/22/2017 12:04 PM
3	Management of Work integrated learning (Standard 8) is multidimensional. The education provider works with healthcare partners to develop and maintain appropriate clinical learning environments for students on WIL, however the provider's influence over the quality of the healthcare environment for learning has limitations. The education provider cannot be made responsible for providing evidence and assurances against the elements of the Best Practice Clinical Learning Environment model set out in this document.	10/22/2017 10:37 AM
4	Accreditation standards should be strengthened to require evidence of not only interaction between stakeholders to arrange clinical placements, but also evidence of how professional practice experiences are developed and structured to support students learning requirements. Standards would also benefit from further clarity outlining exactly what is known to constitute specific nursing knowledge and skills to ensure students are exposed to relevant clinical workplace experiences. The current standards are unclear and therefore the range of what is considered core knowledge and skills can vary widely. Changes to the standards to support quality improvement in the clinical learning environment should be based upon evidence describing the experience of the student, those supporting and facilitating their learning and the expected outcomes of an entry level graduate. Quality improvement will stem from addressing identified gaps in the current system including issues known to effect the quality of clinical placements and learning environments.	10/22/2017 8:46 AM
5	With the diversity across tertiary providers and the constant budget considerations, accreditation standards can assist in quality education. in saying this i consider that the a specific minimal facilitation ratio model will assist this and make this clear across each year of clinical placement. The DEU is a good model, however the ratio needs to clear as 1:20 may be appropriate at one hospital, but is not possible across multiple sites.	10/21/2017 9:21 AM

Registered nurse accreditation standards review - survey 1

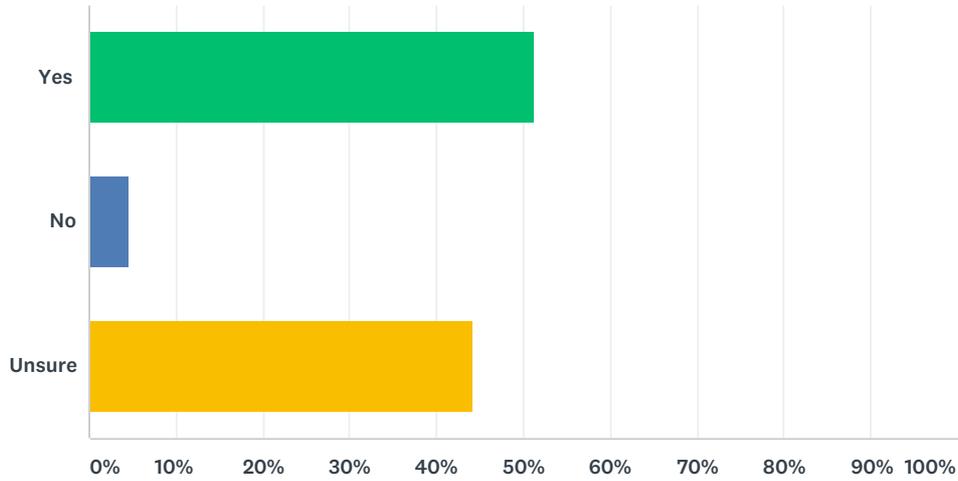
6	The BPCLE Framework is a guide for health and human service organisations, in partnership with education providers, to coordinate and deliver high-quality clinical training. However it is primarily targeted at student placement providers, that is, the majority of the actions that will improve the clinical learning environment are to be implemented in-house. In context of the accreditation standards, the focus therefore needs to be, 'what elements of the clinical environment are universities able to influence/control?' and 'how can universities demonstrate that they are doing all they can to help placement providers create and maintain high-quality learning environments.' For example, in the current standards, Standard 8 addresses the management of workplace experience. However, while one criteria of this standard is that the program provided demonstrates that those 'engaged in supervising and supporting students...are adequately prepared for this role,' and this may be proven by the university keeping a record of supervisor qualifications, a better approach might be to also ask education providers to demonstrate how they will help to ensure this is the case, i.e: from visits by university staff while students are on placement up to the provision of student supervision workshops.	10/20/2017 5:40 PM
7	Minimum standards of training for clinical supervisors	10/20/2017 2:23 PM
8	1. demonstrate support of students on placements & ratios 2. scaffolding of learning and teaching experience	10/19/2017 4:59 PM
9	Opportunities for all educational providers to access clinical placements and evidence of placements provided.	10/19/2017 3:23 PM
10	Ensuring cultural safety training of clinical facilitators Providing debriefing services Promoting code of conduct	10/17/2017 8:25 PM
11	The requirement of evidence of a strong relationship between the teaching organisation and the clinical provider - not just a quick check of the clinical setting by the teaching organisation nor the acceptance of students by the clinical provider without understanding the requirements of placement.	10/17/2017 4:13 PM
12	800 clinical hours is nowhere near enough Key selection criteria for nurse educators needs to be more clearly defined. Currently anyone can sign a student's competency framework	10/17/2017 11:13 AM
13	Quality of clinical staff involved in facilitating students that may not really understand adult education principles or their own professional responsibilities to be educators. A level of requirement (certificate of attainment) or standard for clinical staff to work with students?	10/17/2017 1:48 AM
14	Need more time in the labs doing skills workshops Need to include direction on correct documentation	10/14/2017 6:14 AM
15	consideration of the adaptation of the mentor program that is currently utilised in the UK. Accreditation of clinical facilitators Quality simulation	10/11/2017 3:36 PM
16	specific time allocated for education sticking to appropriate ratios	10/11/2017 1:49 PM
17	Provide supported grad year, standards to be at par with Australian standards, educate educators regarding these standards and support to be provided to overseas students	10/11/2017 8:45 AM
18	strengthen evaluation of clinical supervision strengthen educational requirements for clinical supervisors mandate that all clinical supervisors must undertake cultural safety education ensure cultural safety is included in all clinical assessment processes	10/9/2017 3:00 PM
19	Perhaps some guidelines or guidebooks on safe clinical practices and references to safe practice will be beneficial	10/9/2017 1:47 PM
20	More focus on relevant clinical skills	10/9/2017 9:08 AM
21	Nil	10/8/2017 12:48 PM
22	Despite the standard on clinical placements stating that supervisors need adequate support and training, the definition of adequate is not described. I cover a large area of New South Wales - at least 5 universities send their students to the health facilities within this area. To my knowledge, there is no formal training or expectation of standards for student support. I am working to develop programs for RNs and EENs to develop skills for supervising students (including topics such as learning theories, engaging learners, delivering feedback, teaching clinical skills etc.). I believe there needs to be a clear articulation from ANMAC as to what "adequate" means for standards setting, and to provide a benchmark of expectations for tertiary sectors to provide this education. This could potentially include accredited programs.	10/6/2017 10:03 AM

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23	Standard 8 identifies that the "nurse clinicians...engaged in supervising and supporting students ...are adequately prepared for this role." - In my current role I support a large number of health services in New South Wales who take students on placement. These facilities have no standards of best practice for supporting students, and the universities sending students to these areas (of which there are at least 5) have no standards or measures for assessing quality clinical placements. In my role I have begun implementing training and supervisory training programs, with the intent that each facility identifies "champions" for student supervision. This model is as a result of research and literature. I believe there needs to be a standard that stipulates universities must provide regular (and potentially accreditable) training to health care facilities - especially when the students are accepted at no cost. Perhaps Standard 8 could also provide a benchmark as to what constitutes "adequate preparation".	10/6/2017 9:09 AM
24	Incorporate preceptorship/mentoring more heavily into nursing practice (Nurses must see it is part of their job) Give better guidelines to preceptors - require less tasks/written assessment to be signed off (e.g. seen as a taking up time), becomes task orientated Incorporate how to have professional conversation nursing conversations in curriculum (e.g. assertive communication) Improve relationships between University and Hospitals (students should receive their rosters in adequate time before starting, be welcomed onto the ward etc.)	10/4/2017 3:00 PM
25	Allow simulation with the recommended conditions to ensure satisfactory outcomes. Encourage clinical practice providers to utilise a dedicated education unit.model within the practicalities of the service. Some small centres may not have the staff to enable this model.	10/4/2017 11:28 AM
26	ther needs to be a mechanism to measure and ensure quality	10/4/2017 9:15 AM
27	More cohesive approach to developing placements between education providers and placements providers	9/27/2017 2:41 PM
28	This is not an ANMAC issue and ANMAC should leave this alone. Universities need to meet TEQSA requirements for this	9/26/2017 10:53 AM
29	Efforts to ensure that the care provided in the clinical environment is both high quality and safe	9/22/2017 9:44 PM
30	Only accredited organizations for BN students should be used Training of clinical facilitators/preceptors mandatory	9/20/2017 5:38 PM
31	Feedback on the unusual occurrence of incidence at workplace. Have general nurses meeting once every month to get more options.	9/13/2017 10:04 PM
32	preceptor RNs must undertake preceptor training days in their organization, Clinical teachers with students must have a post basic qualification eg Grad Dip	9/13/2017 11:41 AM
33	inter-professional placement models sufficient educator resource flexibility in student placement ie: mixing of year years MORE CLINICAL HOURS	9/12/2017 8:40 PM
34	No comment	9/12/2017 6:41 PM
35	Outcome approach rather than a concentration on hours completed.	9/12/2017 5:03 PM
36	test	9/7/2017 5:02 PM

Q7 Are elements of the Best Practice Clinical Learning Environment framework useful in developing outcome-based standards for accreditation?

Answered: 43 Skipped: 35



ANSWER CHOICES	RESPONSES	
Yes	51.16%	22
No	4.65%	2
Unsure	44.19%	19
TOTAL		43

Q8 If so, which ones?

Answered: 22 Skipped: 56

#	RESPONSES	DATE
1	All of the elements are useful. Some of them are of course more easily quantifiable than others. However, elements 2, 3, and 5 are associated with student performance outcomes and therefore would be most relevant for accreditation. For example, the corresponding outcomes could be: Does the student demonstrate best practice? Has the student shown evidence of adequate learning? Can the student communicate effectively and professionally?	10/22/2017 4:04 PM
2	The elements of the BPCLE Framework are a very useful starting point and could be embedded in the RN Standards, however they do not go far enough in clarifying the minimum standards for those that supervise student learning in clinical environments, nor does this framework identify that it is the education provider that has ultimate responsibility for ensuring quality student learning. For Universities, the risk however of non-compliance with minimum standards for the clinical learning environment is that this may reduce clinical places for students. The details of the BPCLE tool are also not freely available to health services outside Victoria so judging the merit of the framework and its associated tools is difficult in the absence of information on specifically what indicators are informing the planning and QI process. In principle though, having a clear framework to guide best practice, assess performance against and plan improvements should be useful.	10/22/2017 12:04 PM
3	The development of a National Best Practice Clinical Learning Environment requires further consideration. The State based framework referenced in this document could be used as a reference point for this, however the inclusion of all 55 performance indicators is impractical. Key issues that would have to be considered include: placement funding models, models of WIL supervision, availability of placements, RN program requirements and how all stakeholders would partner in a collaborative approach to implement and evaluate a framework.	10/22/2017 10:37 AM
4	The Framework may prove useful, however, there needs to be clear indicators to ensure consistency and enable accreditation teams to easily identify that elements of the framework are indeed in place and effective.	10/22/2017 8:46 AM
5	i consider that the framework itself could underpin accreditation, however again would lead to repetition.	10/21/2017 9:21 AM
6	See comment above.	10/20/2017 5:40 PM
7	All 6 elements can underpin outcome based standards	10/20/2017 2:23 PM
8	Difficult to say - Best practice in the clinical environment is often based on what facilitators or staff believe it to be	10/19/2017 3:23 PM
9	all	10/17/2017 8:25 PM
10	All - it is a sound model.	10/17/2017 4:13 PM
11	All of them 1. An organisational culture that values learning 3. A positive learning environment-these inspire and enthuse students. 2. Best practice clinical practice-student learn the correct way from the start 4. An effective health service-education provider relationship 5. Effective communication processes-these highlight shared values and demonstrate effective communication 6. Appropriate resources and facilities-absolute must for effective learning	10/17/2017 1:48 AM
12	These define outcomes quite clearly	10/16/2017 2:11 PM
13	all	10/9/2017 3:00 PM
14	I have done extensive literature searches on quality clinical placements and best practice, and this framework never surfaced. To my knowledge, health facilities do not use this at an organisational level in NSW.	10/6/2017 10:03 AM
15	Despite extensive literature searches on this topic on my behalf, this document never surfaced. In addition, after reading this- I doubt this has been used in any NSW hospitals. As mentioned above, we require benchmark or model for what support actually constitutes - universities require some responsibility in this aspect.	10/6/2017 9:09 AM
16	2,3,4,6,	10/4/2017 3:00 PM
17	All, but 3 particularly.	10/4/2017 11:28 AM

Registered nurse accreditation standards review - survey 1

18	The BPCLE ideal describes the illusive perfect workplace / university. It is a unicorn. It doesn't exist. As aspirational goal, it places the information in one place. More likely to be noted in the breech than in compliance.	10/1/2017 2:53 AM
19	2, 3, 5	9/27/2017 2:41 PM
20	Positive Learning environment An effective health service-training provider relationship	9/12/2017 6:41 PM
21	Perhaps though this document is quite low level and not enforcable.	9/12/2017 5:03 PM
22	test	9/7/2017 5:02 PM

Q9 How can the accreditation standards better support the use of simulated learning?

Answered: 37 Skipped: 41

#	RESPONSES	DATE
1	The concept of simulation for education purposes needs to be more clearly defined. Then under this definition, the appropriate evidence should be sought to determine if there are certain forms of simulation that should be recommended based on effectiveness and achievement of learning outcomes. The accreditation standards would ideally hold a clear position on the extent to which simulation enhances learning and how and when it may be delivered. Standards should be regularly reviewed as more evidence emerges.	10/22/2017 4:08 PM
2	ANMAC can answer this question by supporting and enabling research that explores the value of simulated learning compared to learning in practice. Standard 3.7 already indicates that 'Content and sequencing of the program of study ...wherever possible, incorporates opportunities for simulated learning.' Allowing education providers to use simulation in place of some of the current clinical experience hours will almost certainly increase the uptake of simulation and it is a contentious issue and requires further investigation.	10/22/2017 12:04 PM
3	Simulation is a learning tool and demonstration of its use to support students' learning is important and certainly recommended. Currently, this is stated as "...wherever possible, incorporates opportunities for simulated learning". The relevant standards could be crafted to seek evidence that research based approaches to learning and teaching are demonstrated rather than mandating a particular modality e.g. simulation.	10/22/2017 10:37 AM
4	Well-designed simulated learning is a valuable adjunct to practical clinical experience and can be utilised to better prepare students for the reality of the clinical environment. While it is assumed that education providers are well informed, it might be useful for the accreditation standards to provide examples of innovative ways in which simulation can be used to facilitate learning experiences.	10/22/2017 8:47 AM
5	Simulated learning has a definite place in preregistration nursing programs. Simulated learning can be used effectively alongside clinical placements, especially for at risk students and for small hours of make up clinical placement for example 1-2 days. These small hours are not valuable for the student or the facility if done in the clinical environment. Additionally simulated learning should be used to assist those students who have breaks between placement of longer than 18 months.	10/21/2017 9:25 AM
6	There is strong evidence that simulation in healthcare curricula and continuing education improves clinicians' learning outcomes and clinical practice and enables local transformation that improves access to care. If done correctly, simulation can provide broad benefits to an organisation including: - improved patient safety through risk and error reduction - increased clinical competence and confidence - deliberate practice and on-demand training - standardised settings and assessment platforms -evidence of competency -training and education mapped to standards - quality and process improvements	10/20/2017 5:46 PM
7	Ensure students can experience a range of health care environments / situations even if clinical placements are not available across the broad spectrum of employment opportunities for graduate nurses. A clear definition of simulated learning may be necessary eg does simulated learning include scenarios with professional actors or is it limited to computerised learning?	10/20/2017 2:37 PM
8	1. EP can demonstrate that they have capacity; facilities; human resources; professional development for staff 2. Need to define simulation as separate from lab skills	10/19/2017 5:01 PM
9	Use of simulation should be credited as clinical time - perhaps only a minor part (say 40 hrs) as simulation is highly time and labour intensive for educational institutions	10/19/2017 3:27 PM
10	Simulated learning is very diverse across the range of providers. Unless there are clear minimum standards of provision of the environment it is impossible to determine quality or support its use within standards. However not all learning organisations have the funding to provide 'top of the range' simulation and nor should this be the expectation. Simulated learning can be brilliant or pedestrian and until criteria for the experience is determined then support in standards is lip service only.	10/17/2017 4:13 PM
11	Mandated ratio's for simulation- staff:students	10/17/2017 11:15 AM

Registered nurse accreditation standards review - survey 1

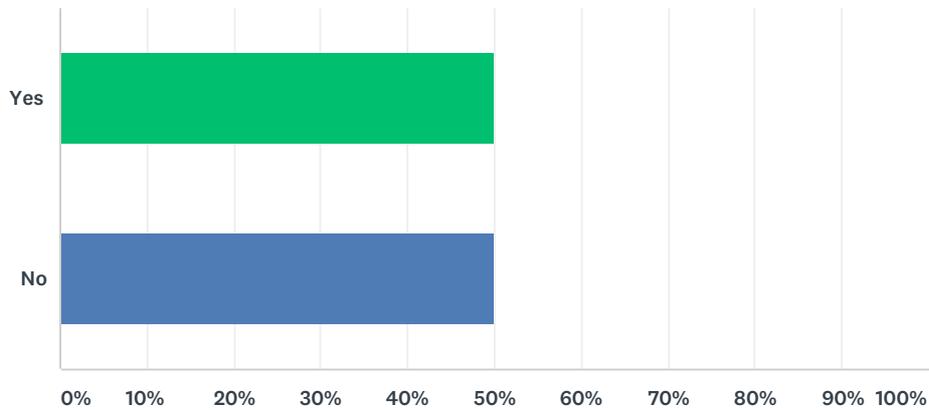
12	Look at accredited providers and leaders in the use of simulation as a pedagogy for learning the art of nursing. Clinical placement time still a must, but certain requirements can be met using simulation to support learning.	10/17/2017 1:54 AM
13	Simulated learning specifically in the simulated labs need to be examined using Objective Structured Clinical Examinations to validate the effectiveness of learning teaching interventions and to ensure graduates are ready for relevant practice.	10/16/2017 2:11 PM
14	By providing structure to Sim learning, e.g a brief, organisation of people, content and skills expected, debrief etc It is important for teachers to demonstrate clearly to students best practice when managing a clinical situation. After the session, an evaluation of the student's strengths and weaknesses can be conducted. The outcome for the student should be a thorough understanding of how to manage the situation.	10/14/2017 6:23 AM
15	a framework that needs to be met to demonstrate quality simulation with authentic learning theory underpinning.	10/11/2017 3:49 PM
16	encourage it !	10/11/2017 1:50 PM
17	They are guidelines to enable everyone to work on the same goal	10/11/2017 8:47 AM
18	be more specific about what aspects of clinical practice can reasonably be taught in simulated environments and how many hours of simulated learning should be included in each year	10/9/2017 3:03 PM
19	BY making it a way of life, a safe practice lesson instead of making it like an examination which stresses people out and causes mistakes along the way	10/9/2017 1:48 PM
20	Early identification of the standards	10/8/2017 12:49 PM
21	On exploring the 2012 ANMAC standards, I can only see one mention of simulated learning. To facilitate a safer learning culture and safer clinical environment, simulated learning is essential for training and maintaining quality in a post graduate setting. Simulation has a huge scope in healthcare - minimising errors, improving confidence and also contributing to ergonomic designs and best design solutions in new facilities. Simulated Learning needs to be included in the standards and should cover the following aspects: 1. standards for best practice in simulation (undergraduate settings and health facility settings) 2. Standards for simulation educators/facilitators 3. Standards for simulation use in policy design. I would strongly suggest that the National peak body for simulation be consulted when considering adding standards for simulated learning. This is the Australian Society for Simulation in Healthcare, a part of the Simulation Australasia - who are in the midst of establishing national standards (and accreditation) for simulation use. You can contact either group at admin@simaust.com Simulation provides a great opportunity for a controlled learning environment, IF developed properly, with evidence based practice. Some research by Michelle Kelly, Tracey Levett-Jones and others is in print reviewing the current simulation practices in undergraduate nursing, You might find this useful.	10/6/2017 10:13 AM
22	make clear what constitutes a simulated learning experience; ensure there is some standardised approach to design, delivery, evaluation. Is it simulation with patients? high fidelity? interprofessional? primary /community/acute etc what criteria define simulated learning	10/5/2017 2:59 PM
23	Incorporate minimum hours of simulated learning before attending practical hours	10/4/2017 3:00 PM
24	Recommending conditions and guidelines as suggested by Alexander et al.(41)	10/4/2017 11:41 AM
25	no change required	10/4/2017 9:16 AM
26	Simulation is an attempt to "cop-out" of fixing clinical placement problems by universities and health providers. A coordinated process is needed, and trying simulation because the competitors can manage their conflicting schedules is the reason this is being so strongly promoted. The paper described many aspects of student identification / fitting-in that were problematic. Simulated learning should be limited. It is useful for training in procedures and infrequently used skills. For common and frequent skills the communication and adaptability needs to be but in a real world construct with the skills.	10/1/2017 3:02 AM
27	Recommend research into best use of simulated learning Provide guidance around use of simulated learning in nursing programs	9/27/2017 2:44 PM
28	This is not an ANMAC issue and ANMAC should leave this alone. Universities need to meet TEQSA requirements for this	9/26/2017 10:53 AM
29	Through videos and online lessons	9/22/2017 9:45 PM
30	Accreditation standards need to outline the standard of simulated learning equipment to ensure that all universities are contemporary in their teaching	9/21/2017 2:31 PM

Registered nurse accreditation standards review - survey 1

31	Liase with ASSH to assure that simulation programs within nursing programs have been credentialed especially if requesting percentage of clinical placement hours replaced with simulation	9/20/2017 5:41 PM
32	It will help to provide better nursing care to patients.	9/13/2017 10:06 PM
33	the simulated environments need to be a stand alone accredited facility just as the hospitals are	9/13/2017 11:43 AM
34	academic teaching to incorporate action based learning and simulation - currently too focused on task and students cannot critically think in practice	9/12/2017 8:41 PM
35	Clearly outline number of hours accepted for simulated learning in place of clinical placement	9/12/2017 6:44 PM
36	I would argue that it is not the place of standards to support anything. The research identifying the benefits and outcomes of simulation remains scare and is often not roigorously conducted. We do know it is useful as a learning tool we do not know if it is useful instead of contextually planned clinical learning	9/12/2017 5:09 PM
37	test	9/7/2017 5:02 PM

Q10 Should minimum practice hours be inclusive of simulated learning hours?

Answered: 40 Skipped: 38



ANSWER CHOICES	RESPONSES	
Yes	50.00%	20
No	50.00%	20
TOTAL		40

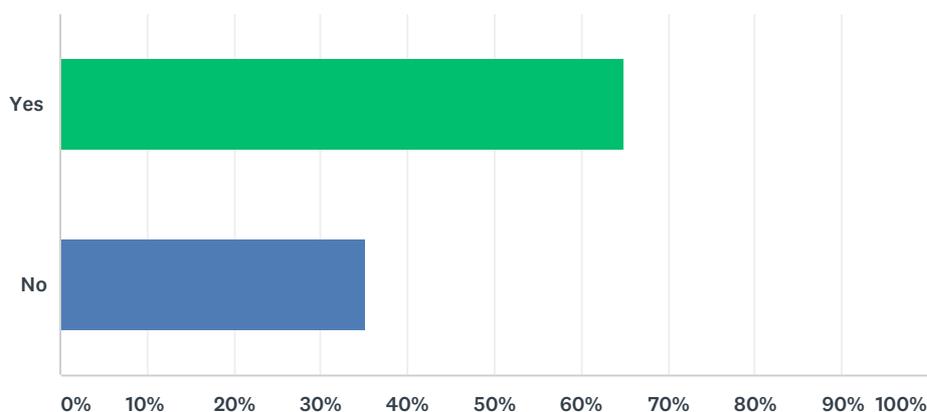
#	PLEASE PROVIDE COMMENTS	DATE
1	There are already limited practice hours compared with other countries. There should be a minimum number of simulated learning hours mandated in addition to the minimum practice hours	10/22/2017 4:08 PM
2	As there is currently no evidence for the currently mandated 800 hours and no research that provides robust evidence of whether this is too little or too much this is a difficult question to answer. It is clear that some students achieve a level of competency earlier in their course or in clinical practice while others take longer. If outcomes were the focus then hours may not be relevant. The risk here is that competency is complex issues and there needs to be more clarity around what it looks like. There are a number of studies that demonstrate that student nurse competency is not adversely affected by replacing some clinical experience hours with simulation hours (see a review by Larue et al. 2015). Various studies show either no significant difference between students who have had some clinical hours replaced by simulation hours and students who have completed the standard clinical experience hours or in several cases better outcomes for students who have had 25% or 50% of their clinical experience hours replaced by simulation. However, more research is clearly warranted in this area to provide better direction.	10/22/2017 12:04 PM
3	It is identified that there is a paucity of research to support an evidenced answer to this question. Further research and a meta-analysis of high quality trials is needed to inform this discussion. However, flexibility in assisting students to make up hours (assuming a minimum number remain mandated) would be appropriate.	10/22/2017 10:37 AM
4	No, the minimum number of practice hours should not be inclusive of simulated learning hours. While stimulated learning has a number of benefits, it cannot replace the essential interactions that take place within a live clinical environment, particularly in light of the existing debate as to the 'workplace readiness' of newly graduated nurses.	10/22/2017 8:47 AM
5	However i believe the ration in simulation would need to be clear	10/21/2017 9:25 AM

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6	While there is strong evidence emerging on the benefits of simulation for improving patient outcomes and reducing the educational burden on clinical delivery, it is not the role of the department to enter into discussions about setting guidelines or requirements relating to the maximum clinical training hours using simulated learning. There has been a strong push from our stakeholders for a number of years to have high-quality, outcomes focused simulated learning hours recognised as a means to increase clinical training capacity and efficiency, and to influence the adoption of new and innovative training techniques. The State and Federal governments have invested significantly in simulated learning environments for Victorian health services to date to enhance the quality of clinical learning environments. The department continues to provide a range of education and training opportunities that support the health and human services workforce to use simulation as an education and training tool.	10/20/2017 5:46 PM
7	Simulated learning however should be limited to 10 -15% of placement hours as preparation for direct patient contact. The consultation paper refers to the need for simulation in the Australian context and we support the need for Australian research to further explore the use of simulated learning in our local context.	10/20/2017 2:37 PM
8	But this would be dependent on how simulation is being conducted and evaluated and in what area	10/19/2017 5:01 PM
9	Yes, but I believe evidence of the type of simulation (level / time / number of students in the sim lab at one time) should be provided to ANMAC as one would hope that only small groups are participating in one go.-	10/19/2017 3:27 PM
10	Yes and no. Research has shown the benefits but see above comments re quality. Too early to include simulated learning in practice hours without strong research support.	10/17/2017 4:13 PM
11	Absolutely not, it's not possible to simulate the complexity of the clinical environment	10/17/2017 11:15 AM
12	Students should still experience clinical practice (maybe 800 hours clinical placement/200 hrs dedicated simulation based education)	10/17/2017 1:54 AM
13	Simulated learning can never equate/replace the real life experiences encountered in the clinical setting.	10/16/2017 2:11 PM
14	As simulation is not purely to practice skills. Non technical skills that significantly impact on patient safety can be learned and reinforced through quality simulation.	10/11/2017 3:49 PM
15	They provide different mediums of learning	10/11/2017 8:47 AM
16	It can be difficult to complete all skills whilst on placement, the opportunity might not arise	10/10/2017 3:13 AM
17	I note the research evidence provided in the discussion paper however real world practice must remain paramount	10/9/2017 3:03 PM
18	There is huge potential to deal with clinical placement hour challenges. The argument that simulated learning is inferior to clinical placement is flawed. Simulation, if done well, can produce high-quality, purpose-designed learning opportunities for all levels of learners. We can control the variables, and add human factors to create the feeling of "Real life". Clinical placement quality is incredibly variable and in many instances, due to the demand for hours, can be sub-par and limits students opportunities for varied clinical exposure.	10/6/2017 10:13 AM
19	depedning on how defined and what the learning experience is and assuming that all providers would be able to provide the experiences.	10/5/2017 2:59 PM
20	Absolutely not. Rediculous idea. Feel free to have as much simulation additional to clinical hours.	10/1/2017 3:02 AM
21	Evidence suggests that simulated hours do not negatively impact preparation for practice. Therefore including simulated learning in minimum practice hours may improve the quality of clinical placements (as poor quality options might be replaced by simulated hours)	9/27/2017 2:44 PM
22	Simulated learning hours provide a quality learning experience for the students whereas it is not always possible to guarantee this during clinical placement.	9/20/2017 5:41 PM
23	having returned form ICN barcelona and spoken with international colleagues, they are not equivalent learnig experiences for the students	9/13/2017 11:43 AM
24	Some guidance around reducing minimum practice hours in place of sim learning	9/12/2017 6:44 PM
25	are you lumping all simulation into the same basket? are we discussing low/medium/high fidelity?	9/12/2017 5:09 PM
26	There is always a reality gap between simulation and practice, simu;lation should never be a substitute for practice.	9/12/2017 4:38 PM
27	test	9/7/2017 5:02 PM

Q11 If so, should a maximum percentage of simulated learning hours be stipulated?

Answered: 37 Skipped: 41



ANSWER CHOICES	RESPONSES	
Yes	64.86%	24
No	35.14%	13
TOTAL		37

#	PLEASE PROVIDE COMMENTS	DATE
1	See above response. This is difficult though because of lack of research.	10/22/2017 12:04 PM
2	Comments above address this question.	10/22/2017 10:37 AM
3	only if used for clinical hours, as a Teaching and learning strategy no	10/21/2017 9:25 AM
4	See above	10/20/2017 5:46 PM
5	10-15% of placement hours	10/20/2017 2:37 PM
6	no more than 50%	10/17/2017 8:26 PM
7	See above comment. The hours are not supported anyway - the debate about hours of clinical let alone simulation has not been resolved internationally nor in Australia. Multiple issues including cost, proven quality of clinical, quality of simulation, placement of students in a shrinking market etc means that this is too fragile an issue to yet include in standards.	10/17/2017 4:13 PM
8	Absolutely, currently all over the place-no rules. Simulation is now used in new grad interviews and everyday clinical practice, education providers need to be adequately preparing students for their professional practice requirements.	10/17/2017 1:54 AM
9	Does not apply as I do not recommend this or support this view. The main reason being simulation (as of today) lacks real life fidelity.	10/16/2017 2:11 PM
10	People learn differently	10/11/2017 8:47 AM
11	The majority of clinical practice should be completed on placement	10/10/2017 3:13 AM
12	as above	10/9/2017 3:03 PM
13	There have been large, multi-site, longitudinal studies in the USA proving that simulated learning hours can IMPROVE student performance. This has been replicated in seminal Physiotherapy, Speech Pathology and Occupational Therapy literature. There are some things that simply cannot be replicated in simulated learning environments at this present time (with advancements of technology, we will probably get there). However, there should be a transitional approach to simulation use.	10/6/2017 10:13 AM
14	not in the overall course but there should be a limit on what if any amount can be used as substitute for clinical learning. There should also be consideration given to whether a student can learn most things in simulation and what they gain from practicum is something more generic that is independent of context in which the nursing care is provided to some extent.	10/5/2017 2:59 PM

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15	Replication of the U.S study (and results) in Australia would be reassuring for this practice. Until then, some clinical placement experience seems desirable.	10/4/2017 11:41 AM
16	And strict criteria limiting what may be assessed by this method. Sitting and talking with the elderly part of therapeutic communication can not be taught in the classroom.	10/1/2017 3:02 AM
17	The majority of learning hours should still be undertaken in a clinical setting that is not simulated	9/27/2017 2:44 PM
18	N/A	9/21/2017 2:31 PM
19	<10%	9/13/2017 11:43 AM
20	minimums and maximums fly in the face of outcome based approach. different facilities are available in different environments. Are we talking about low, medium or high fidelity. The literature does not clearly differentiate the benefits or otherwise of the different levels.	9/12/2017 5:09 PM
21	test	9/7/2017 5:02 PM

Q12 How can the accreditation standards better support inter-professional learning?

Answered: 37 Skipped: 41

#	RESPONSES	DATE
1	The standards should be able to reflect the changes in inter-professional communication brought about by EMR implementation and the fact that there are multiple modes and channels of communication available for different purposes.	10/22/2017 4:09 PM
2	By enabling education and practice supervision to be delivered by other accredited health professionals, where relevant. Standard 2.4 (j) already mandates 'teaching and learning approaches that incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice'. In addition, Standard 8.4 also indicates that program provider must demonstrate that 'Opportunities are provided for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.' This could be strengthened through including assessment on interprofessional learning as part of standard 5. But in this case it would be good to avoid repetition and include it in the most relevant standard.	10/22/2017 12:04 PM
3	The current standards addresses this area. We note that the WIL environment is an ideal learning space for IPL and can certainly be a focus of learning and assessment based on the registered nurse standards for practice.	10/22/2017 10:38 AM
4	The accreditation standards could support inter-professional learning by including a minimum number of inter-professional learning experiences to be included within courses seeking accreditation.	10/22/2017 8:47 AM
5	In schools with large cohorts of nursing students and very small cohorts of other health professionals the timetabling of this makes this near impossible. i consider that the accreditation standards can ensure that a program reflect the theory and clinical oppourtunities for IPE.	10/21/2017 9:27 AM
6	The current requirement in the standards needs to remain.	10/20/2017 5:46 PM
7	The standards can expect a minimum number of placement hours in experiencing inter professional collaboration / learning	10/20/2017 2:38 PM
8	Explain what is meant by this. This is difficult for EPs to organise - this can be done on placement	10/19/2017 5:02 PM
9	This is a very difficult one to answer - Inter professional learning can work in a larger university, however when a nursing area is on its own - this is difficult to demonstrate. Clinical learning is a more valid area for inter professional learning to occur	10/19/2017 3:28 PM
10	Ensuring it takes place in the curriculum	10/17/2017 8:27 PM
11	The current Standards do stipulate this but a clearer definition and wider application of what interprofessional hours means would be useful. The requirement should include within clinical and outside clinical hours to maintain a richness of experiences.	10/17/2017 4:13 PM
12	Education providers should need to provide evidence of inter-professional teaching	10/17/2017 11:15 AM
13	This is tricky for practice as not all education providers have other health professional students to work with. As deccribed in the Consultation paper, an ability to explain interprofessional practice requirements and more opportunity for students to be involved in activities with other health professionals during clinical placement would be helpful. Why do we need an RN to supervise a student? Sometimes a physiotherapist or mental health worker could supervise in a more diverse learning environment.	10/17/2017 2:00 AM
14	Stipulate a set number of hours for interdisciplinary educational activities	10/16/2017 2:11 PM
15	Education: By building in clinical sim learning workshops and lectures which include all health professionals, not just nurses. Clinical Practice: monthly ward meetings of doctors and nurses to facilitate a more collegiate culture. Introduction morning teas when new doctors arrive on the wards.	10/14/2017 6:27 AM
16	By ensuring that it must be included in the the curriculum and evidence of how this will be attained is demonstrated - by allowing clinical hours to be dedicated to interprofessional learning	10/11/2017 3:52 PM
17	encouraging disciplines to participate in joint education	10/11/2017 1:51 PM

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18	Enable them to support one another and have a better understanding of everyone's roles	10/11/2017 8:47 AM
19	By taking an inter-professional collaborative approach to developing the standards with other professions' accrediting bodies so that discipline specific knowledge is clarified and clear pathways and learning goals for inter-professional learning are provided by ANMAC to Schools of Nursing.	10/9/2017 3:06 PM
20	By allowing chances for students to explore and understand their strengths and weaknesses thus avoiding the mistakes of students moving about trying to gain more insights before deciding on what their goal in life is. This process can take as long as 10 years sometimes	10/9/2017 1:49 PM
21	An awareness and transparency	10/8/2017 12:50 PM
22	The current structures of undergraduate degrees (and numbers taken in) means that interprofessional learning is difficult to achieve. The accreditation should support and encourage inter-professional learning by stipulating that it is essential, and that nursing should not regurgitate old ideas of inferiority. Nurses are highly-skilled individuals that bring expertise to a multidisciplinary team. They should consider themselves as such, and refrain from continuing stereotypes of both their and others professions.	10/6/2017 10:15 AM
23	they do so now.	10/5/2017 2:59 PM
24	Incorporate teaching between students (e.g. nursing students running education session for medical students) Encourage student led ward areas (even ward simulations) Improve communication between health professions - e.g. teach professional assertive communication to students Encourage first year units to be learnt together (e.g medicine and nursing human anatomy)	10/4/2017 3:03 PM
25	Allow learning opportunities for students such as subject delivery and laboratory practice with other disciplines when appropriate. Clinical placement learning opportunities would be ideal but probably difficult to coordinate..	10/4/2017 11:49 AM
26	They can't. Logistical issues are the main barriers	10/4/2017 9:16 AM
27	Simulated learning environment which encourages a multidisciplinary team approach	9/27/2017 7:17 PM
28	Provide guidance on learning content to be delivered that involves inter-professional learning	9/27/2017 2:45 PM
29	This is not an ANMAC issue and ANMAC should leave this alone. Universities need to meet TEQSA requirements for this	9/26/2017 10:53 AM
30	With flexible online lessons and exams.	9/22/2017 9:46 PM
31	Within the simulated learning environment	9/20/2017 5:42 PM
32	By cross skilling (multitasking)	9/13/2017 10:07 PM
33	they are v effective with post grads	9/13/2017 11:44 AM
34	mandate and link to assessment criteria	9/12/2017 8:42 PM
35	Nominated clinical placement hours to be completed in another department or with other health professional	9/12/2017 6:45 PM
36	An IPL subject should not be compulsory as it is almost impossible to implement. IPL as a concept and opportunities to develop it should be included in standards.	9/12/2017 5:10 PM
37	test	9/7/2017 5:02 PM

Q13 What are the strengths of the style and structure of the current registered nurse accreditation standards?

Answered: 26 Skipped: 52

#	RESPONSES	DATE
1	It covers the needs/requirements of relevant stakeholders Clearly stated goals	10/22/2017 4:11 PM
2	They are focused on student support and safe practice and are comprehensive. The guidelines are easy to follow.	10/22/2017 12:04 PM
3	Comprehensive	10/22/2017 10:38 AM
4	No comment	10/22/2017 8:48 AM
5	The strengths are that the domains ensure that pre-registration program consider all factors that can impact on the program/students.	10/21/2017 9:33 AM
6	Descriptive with clear differentiation between the nine standards	10/20/2017 5:50 PM
7	Current standards are specific enough to be directional but not constraining to innovation or future developments of the profession. They appear to be complimentary to other accreditation requirements such as TEQSA but focus on profession specific learning outcomes.	10/20/2017 3:19 PM
8	Provides a framework of expectations of the RN	10/19/2017 3:40 PM
9	accessible measurable enforceable	10/17/2017 8:28 PM
10	Introduction to each standard, glossary is useful	10/17/2017 4:13 PM
11	Comprehensive overview of content and components of each registered nurse accredited course. The current style and structure does cover most aspects well.	10/17/2017 2:06 AM
12	Safety and professionalism	10/14/2017 6:28 AM
13	not sure	10/11/2017 1:52 PM
14	Clear logical structure	10/9/2017 3:09 PM
15	no comments	10/9/2017 1:50 PM
16	Well defined. And layout	10/8/2017 12:53 PM
17	Clear standard domains	10/6/2017 10:18 AM
18	clarity ; definitions; explanatory notes;	10/5/2017 2:59 PM
19	Each standard outlined well	10/4/2017 3:08 PM
20	They are comprehensive.	10/4/2017 12:02 PM
21	They allow Schools of Nursing and Midwifery to be well resourced from tight university budgets.	9/26/2017 10:54 AM
22	Nursing research has a tremendous strenght.	9/22/2017 9:53 PM
23	thoughtfully formatted	9/13/2017 11:44 AM
24	holistic and all encompassing	9/12/2017 8:43 PM
25	Quality based	9/12/2017 6:46 PM
26	test	9/7/2017 5:02 PM

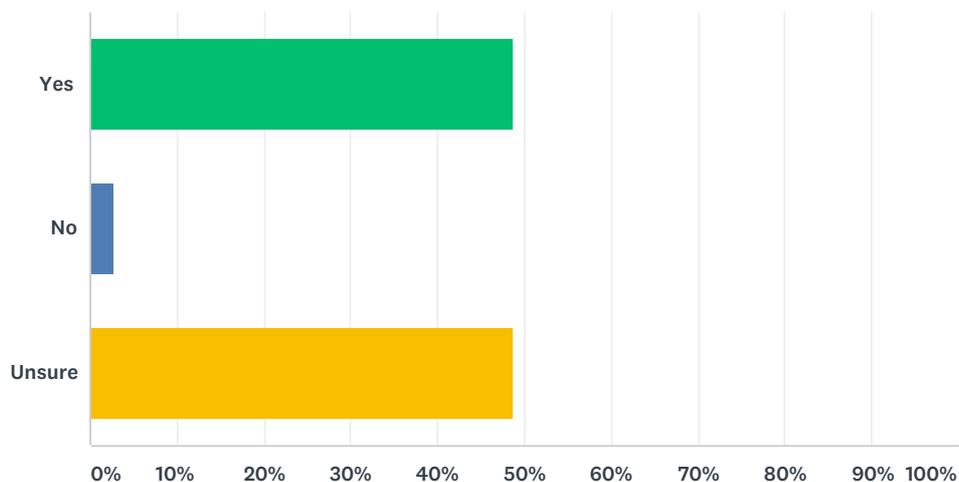
Q14 What are the limitations of the style and structure of the current registered nurse accreditation standards?

Answered: 24 Skipped: 54

#	RESPONSES	DATE
1	Comparison of standards with those of other professional bodies is more difficult.	10/22/2017 4:11 PM
2	They are overly prescriptive, process driven and input focused. There is some overlap between standards that makes completion of the accreditation document repetitive, quite time-consuming to complete, and the requirement for supporting evidence for everything means that there is an enormous amount of supporting documentation to compile and cross-reference. If a program provider is TEQSA accredited, then much of the information on governance could be assumed to be covered particularly in Standard 1. So streamlining and some editing would enhance their usability.	10/22/2017 12:04 PM
3	The integration of governance and curriculum standards which generates repetition is an issue. Question 11	10/22/2017 10:38 AM
4	Many are open to wide interpretation and often do not clearly define a minimum standard, for example, the requirement for students to have 'sufficient English language proficiency and communication skills', or the requirement for teaching staff to have 'relevant clinical and academic experience.'	10/22/2017 8:48 AM
5	the limitation is that within the set of individual criteria is that the repetition. The reviewing of the individual criteria under each of the standard is required. The development of the annual risk process seems to be moving toward removing this repetition.	10/21/2017 9:33 AM
6	Different from the other disciplines and standards for other professions. At times may appear repetitive	10/20/2017 5:50 PM
7	There are repetitive questions and information required	10/19/2017 5:02 PM
8	Some RNs still have difficulty in understanding these standards. They could include more specific identified areas that are easily identified by the RN - things such as legal and ethical aspects are there but not overtly identified Not Permitting international placements to be credited in courses	10/19/2017 3:40 PM
9	nil	10/17/2017 8:28 PM
10	Repetitive, not always clear about what is required, too long.	10/17/2017 4:13 PM
11	There is a lack of consistency nationwide.	10/17/2017 11:16 AM
12	Repetitive in places. Some of the content areas are more valuable than others. Previous experience and knowledge from assessors and directors would be helpful to determine where there appears to be flaws/weaknesses/strengths.	10/17/2017 2:06 AM
13	the opportunity to replace clinical hours with quality simulation	10/11/2017 3:53 PM
14	a bit airy fairy	10/11/2017 1:52 PM
15	too many standards	10/9/2017 3:09 PM
16	no comments	10/9/2017 1:50 PM
17	Nurses educated overseas do not know them and. Are not required to know them	10/8/2017 12:53 PM
18	Standard 8 needs clearer articulation as to what the practical actions of these criteria mean. As it stands they could be read as quite ambiguous.	10/6/2017 10:18 AM
19	Not enough focus on inter-professional practice	10/4/2017 3:08 PM
20	Cumbersome and repetitive.	10/4/2017 12:02 PM
21	It is difficult to	9/22/2017 9:53 PM
22	repetitive, too 'motherhood' and idealistic , need tangible outcomes	9/12/2017 8:43 PM
23	Nil	9/12/2017 6:46 PM
24	test	9/7/2017 5:02 PM

Q15 Should the registered nurse standards move to a five-standards structure in line with accreditation standards of other registered health professions?

Answered: 37 Skipped: 41



ANSWER CHOICES	RESPONSES
Yes	48.65% 18
No	2.70% 1
Unsure	48.65% 18
TOTAL	37

#	PLEASE PROVIDE COMMENTS	DATE
1	as long as the five standards are able to adequately encompass current accreditation outcomes then consistency and alignment with the other registered health professions is a good thing. Supporting research would be useful if available.	10/22/2017 4:11 PM
2	Yes, the Accreditation Standards for Dental Practitioners is one structure that would streamline and clarify the standards and reduce the repetition. Also the AMC standards for Assessment and Accreditation of Primary Medical Programs are more outcome-focused than the RN standards. For example, Standard 2 is entirely focused on the outcomes of the program and throughout these standards the educational expertise of the provider and the responsibility of the provider to make educational decisions is acknowledged. Whereas, in the current RN standards detailed evidence is required in Standard 1 that the university provides in different formats and detail to gain TEQSA registration and meet other mandated compliance and reporting requirements. There is a blurring and duplication of information required. Medicine and Occupational Therapy currently have 8 accreditation standards, Dentistry and Pharmacy have five. Condensing the RN accreditation standards to five in a similar way to those of Pharmacy may reduce the duplication that currently exists in the 2012 RN accreditation standards.	10/22/2017 12:04 PM
3	Consistency in accreditation standards across health professions should be the preferred approach for standardising accreditation processes and avoiding duplication for education providers. However, the standards to be adopted would need consultation across the "health professions" to ensure that all professions worked with agreed standards.	10/22/2017 10:38 AM
4	A move to the five standard structure would first and foremost need to ensure that this did not occur only to streamline processes or reduce administrative burden but that the attainment of core nursing knowledge and skills by students was not compromised.	10/22/2017 8:48 AM
5	i consider that this could be effective, as long as the detail under these did not create repetition.	10/21/2017 9:33 AM
6	As long as the 'Program of study' be clearly divided to include both theoretical/university based learning and the clinical placement requirements	10/20/2017 5:50 PM

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7	A strong argument to adopt a specific style is consistency across professions to facilitate ease of preparation by provider and avoid duplication. This can't be at the expense however of profession specific learning outcomes and requirements.	10/20/2017 3:19 PM
8	Why does nursing always have to follow other disciplines - we are a unique profession and we have standards that others do not	10/19/2017 3:40 PM
9	Probably yes, but we need to be sure our standards demonstrate our expectations	10/17/2017 2:06 AM
10	would help with interprofessional learning	10/9/2017 3:09 PM
11	Having a guide is good but people should also be aware it is not cast in stone.	10/9/2017 1:50 PM
12	Standards 3 and 4, Standards 5 & 6 and potentially standard 8 and 9 could be compressed.	10/6/2017 10:18 AM
13	Creates similarities in expectations and ability to communicate between the professions	10/4/2017 3:08 PM
14	Consistency across health professions may improve inter-professional practice and thus, patient outcomes.	10/4/2017 12:02 PM
15	Getting the standards right is more important than copying. Be prepared to lead, or be progressive, or to proclaim nursing's individuality or difference.	10/1/2017 3:04 AM
16	test	9/7/2017 5:02 PM

Q16 To what extent are accreditation standards clear in their expectations of the evidence required of education providers to demonstrate compliance?

Answered: 29 Skipped: 49

#	RESPONSES	DATE
1	The expectations of evidence appear to be comprehensive. Each of the current standards lists at least 4 elements that must be demonstrated by educational institutions.	10/22/2017 4:12 PM
2	The accreditation standards are mostly clear but there are a few gaps. The expectations of the evidence is sometimes at odds with contemporary educational practices, for example interactive online content cannot demonstrate an engaged learning environment, it is not useful to be required to include static 'screen-shots' of learning platforms. In addition, the level of detail required sometimes makes the evidence to support an application extremely time consuming and resource intensive to compile. Rather website links and online access to relevant policies and information would be more practical for both education providers and ANMAC.	10/22/2017 12:04 PM
3	The current accreditation standards are clear and the expectations of the evidence required of education providers to demonstrate compliance is satisfactory.	10/22/2017 10:38 AM
4	The standards are not particularly clear and again, are open to wide interpretation.	10/22/2017 8:49 AM
5	Yes most areas are clear, however further guidance and examples would always be valued and this would surely make reviewing accreditation documents much easier.	10/21/2017 9:36 AM
6	Expectations appear to be clear and a strength is the integration of standard and evidence in one document.	10/20/2017 3:21 PM
7	I find the most recent standards are generally integrated in area - I actually liked the older ones but have come to like these as well	10/19/2017 3:40 PM
8	very clear	10/17/2017 8:28 PM
9	The expectation seems to be that providers as professional organizations will determine themselves what evidence they can submit to meet the standard rather than given a list that may be too closely adhered to for the sake of completing the standard. It should remain in the current style.	10/17/2017 4:13 PM
10	Clear enough	10/17/2017 11:16 AM
11	While the standards might be clear, it does seem to depend on the panel of assessors as to what meets compliance.	10/17/2017 2:10 AM
12	These address all key areas of nursing education and its quality assurance	10/16/2017 2:15 PM
13	Very clear	10/14/2017 7:04 AM
14	the expectations of evidence is very broad and more stringent examination is required	10/11/2017 3:54 PM
15	open to interpretation	10/11/2017 1:53 PM
16	very	10/9/2017 3:10 PM
17	depends on individuals understanding and language ability	10/9/2017 1:50 PM
18	Very clear	10/8/2017 12:53 PM
19	no comment	10/6/2017 10:19 AM
20	clear	10/5/2017 2:59 PM
21	Somewhat clear; some concepts are broad and difficult to measure/show evidence for	10/4/2017 3:11 PM
22	Current standards are complex and open to diverse interpretations by education providers.	10/4/2017 12:08 PM
23	Currently not very clear	10/4/2017 9:18 AM
24	They are not clear. The standard of many graduates to succeed as clinicians indicate poor standards, poor implementation, or poor oversight.	10/1/2017 3:09 AM
25	They are NOT clear and interpretation seems to be based on the ANMAC workers interpretation which differ from each other	9/26/2017 10:55 AM

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26	100%	9/13/2017 11:45 AM
27	relatively clear	9/12/2017 8:43 PM
28	Some standards can be interpreted differently	9/12/2017 6:47 PM
29	they are reasonably clear but quite reptitive	9/12/2017 5:11 PM

Q17 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)?

Answered: 28 Skipped: 50

#	RESPONSES	DATE
1	It is prudent to align with other registered health professions and introduce an evidence guide. Given that clinical environments are changing with the introduction of EMRs and My Health Record, there is a need for a document that is regularly updated to inform the 5-yearly ANMAC accreditation standards as well as other industry and policy recommendations.	10/22/2017 4:12 PM
2	ANMAC could develop and make available a few examples of successful (de-identified) accreditation applications to demonstrate what they consider to be the key concepts that must be addressed. Education and preparation of assessors is also a consideration. Orientation to the role would probably provide better consistency with teams and make the process more time efficient. Provide a glossary to define terms. Provide explanatory text with exemplars.	10/22/2017 12:04 PM
3	A guidance manual could be provided : 1) the accreditation process, and 2) each accreditation standard and criteria. The minimum data requirements for each criterion need to be articulated with examples of evidence required. However it is important to ensure that assessment is against the standard rather than examples of evidence.	10/22/2017 10:38 AM
4	Provide clear indicators of minimum criteria that are considered acceptable in order for education providers to prove compliance.	10/22/2017 8:49 AM
5	introduction of evidence guides and examples would be valued	10/21/2017 9:36 AM
6	To continue to have evidence guides as separate reference documents	10/20/2017 5:54 PM
7	One suggestion is to incorporate a 'frequently asked questions' section that can be updated easily.	10/20/2017 3:21 PM
8	Provide clear definitions	10/19/2017 5:03 PM
9	people interpret things differently Perhaps a more prescriptive approach would be useful for the standards	10/19/2017 3:40 PM
10	exemplars	10/17/2017 8:28 PM
11	Provide examples	10/17/2017 11:16 AM
12	As all assessors come from a different background, interpretation can be interpreted differently. Clearer and more succinct explanation of concepts is required so that assessors do not get lost in translation.	10/17/2017 2:10 AM
13	Provide specific examples of how best teaching could occur to engage students of this era	10/16/2017 2:15 PM
14	Familiarisation with the documents, refer to docs at meetings, highlight key concepts	10/14/2017 7:04 AM
15	clear & concise	10/11/2017 1:53 PM
16	Provide exemplars	10/9/2017 3:10 PM
17	guidelines and guidebooks on safe practices	10/9/2017 1:50 PM
18	More focus on them	10/8/2017 12:53 PM
19	Perhaps some case scenario examples?	10/6/2017 10:19 AM
20	examples; communication; video from people talking about issues that occur and why they are of concern and what strategies can be taken to address these..	10/5/2017 2:59 PM
21	Provide exact examples of how evidence should be demonstrated/provide examples of how important concepts have been implemented previously or are currently being implemented	10/4/2017 3:11 PM
22	As noted in the review, evidence guides will provide a more consistent response across education providers (maintaining standards) and enable an improved experience for students, thus potentially improving quality of patient care..	10/4/2017 12:08 PM
23	provide examples	10/4/2017 9:18 AM

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24	One of the standards needs to be concretely clinical. That the RN will be able to competently perform these 50(?) discrete psycho motor skills. These skills will include the reasons / risks / etc, but will be skill based primarily.	10/1/2017 3:09 AM
25	Possibly referring to examples in the literature or that already exist in certain programs	9/27/2017 2:47 PM
26	they are fine as is	9/13/2017 11:45 AM
27	Specific KPIs and learning objectives	9/12/2017 6:47 PM
28	provide case studies	9/12/2017 5:11 PM

Q18 Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?

Answered: 35 Skipped: 43

#	RESPONSES	DATE
1	Yes. There should be a combination of input- and output-based standards.	10/22/2017 4:13 PM
2	Not sure, as there is no clear evidence for the current minimum hours, and if the standards become more outcome based, it should not be necessary, as accredited programs will need to achieve quality outcomes. However, having said that, removing minimum number of hours may lead to pressure on nursing programs to reduce hours to reduce the costs of placements. This is a difficult dilemma for the profession as there is already pressure on Universities to make graduates more work ready within the current minimum hours. The draft of the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professions Report also suggests that Australia will be moving to 'outcome-based approaches when developing new, or revising existing, accreditation standards, consistent with achieving innovative high-quality education of health practitioners. An input or process-based element should only be utilised when there is robust evidence that it is essential to the overarching quality assurance process and is consistent with the achievement of the National Law objectives. Within an outcome-based approach to accreditation standards and assessment processes, accreditation authorities should encourage innovative use of technological and pedagogical advances such as simulation-based education and training in the delivery of programs of study. '	10/22/2017 12:04 PM
3	The current in-put standard prescribing the number of clinical hours to be needs to be justified in terms of sufficient evidence if it is to remain a centre piece of dialogue regarding student learning to meet the RN standards for practice. The requirement of education providers for students to demonstrate 800 hours in clinical settings regardless of competency achievement (using standardized tools for assessment) is problematic. An alternative approach would be for the education provider to provide evidence of how students are assessed against the practice standards at the completion of the program of study.	10/22/2017 10:39 AM
4	Yes.	10/22/2017 8:49 AM
5	Yes i consider this is required	10/21/2017 9:37 AM
6	Yes.	10/20/2017 5:54 PM
7	Yes. It is necessary to prescribe a minimum number of clinical practice hours to ensure the graduate is skilled and competent in engaging with and responding to patients. This is also to protect universities from broader changes to university funding.	10/20/2017 3:24 PM
8	Yes	10/19/2017 5:03 PM
9	Yes, I believe so as I feel some institutions would not provide 800 hrs if it is lowered.	10/19/2017 3:40 PM
10	yes	10/17/2017 8:28 PM
11	See previous comments. The debate between hours vs competence is one that should continue to be aired. The hours are a false construct as they stand and are not supported by research evidence.	10/17/2017 4:13 PM
12	yes	10/17/2017 11:17 AM
13	Yes. It is exposure to the clinical environment where students can see theory put into practice and often where they have their light bulb moments. We cannot reduce to be less than 800 clinical placement hours, good or bad experience, students need exposure to real life nursing.	10/17/2017 2:14 AM
14	Yes	10/16/2017 2:15 PM
15	Yes	10/14/2017 7:04 AM
16	yes	10/11/2017 3:55 PM
17	yes & it should be significantly increased & with remuneration	10/11/2017 1:54 PM
18	yes	10/9/2017 3:10 PM
19	that would beneficial but if cast in stone it might be detrimental in students rushing through just to clock the hours	10/9/2017 1:51 PM

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20	Yes	10/8/2017 12:53 PM
21	I'm not sure what you mean by input-based standard? I think the demand for clinical practice hours is high. What universities fail to achieve is actually make use of placements that are, in fact, available. The sheer number of students enrolled and the poor administrative practices mean that it becomes to hard to use all available placements.	10/6/2017 10:20 AM
22	yes probably otherwise we will potentially end up with very few being available and pressure to take more students will be placed on providers	10/5/2017 2:59 PM
23	Yes; although not all aspects of these hours can be measured; they are valuable in contributing to learning and development (e.g. experiencing differences in communication, negotiation skills, workplace readiness and understanding the profession relating to experiencing shift work longer term, learning coping mechanisms during clinical practice)	10/4/2017 3:14 PM
24	Yes	10/4/2017 12:08 PM
25	no. but the clinical/competency assessment MUST be robust to ensure public safety	10/4/2017 9:19 AM
26	Yes there needs to be minimum hours prescribed. Immersion in to the culture and workplace is essential. Beyond the minimum there needs to be clear pathways for under-performing students to perform more hours.	10/1/2017 3:12 AM
27	yes	9/27/2017 7:18 PM
28	Yes, but where possible provide evidence around this prescription	9/27/2017 2:50 PM
29	Yes - otherwise universities will jump to reduce clinical practice to save money.	9/26/2017 10:55 AM
30	yes	9/21/2017 2:32 PM
31	yes	9/13/2017 11:45 AM
32	yes otherwise risk of losing more hours. 800 is insufficient need a 4 year degree	9/12/2017 8:44 PM
33	Yes	9/12/2017 6:47 PM
34	I am unsure about this. Outcome approach would suggest no however we do need to maintain safety of the public so perhaps yes. Not sure how we decide minimum number though. I suggest no less than is currently in place.	9/12/2017 5:12 PM
35	test	9/7/2017 5:03 PM

Q19 What changes are likely to occur in the role of the registered nurse in next five years?

Answered: 33 Skipped: 45

#	RESPONSES	DATE
1	The skillset of the RN will expand to informatics competence. The role of the RN will also change as clinical environments adapt to electronic health records. Management roles will also evolve as they become more data-intensive. RNs will need to know how to collect, analyse and communicate electronic data effectively. This requires computer-based analytic skills not traditionally associated with nursing. Potentially, RNs will assume a more proactive role with the help of data, rather than a reactive role as is seen currently.	10/22/2017 4:17 PM
2	The drivers for change are many and may include professional boundary flexibility, changing population and demographics, technology, and financial pressures. Nurses themselves will also be more culturally diverse. Nurses will have a wider range of roles with a greater scope across many areas of practice and will practice in ways we cannot currently envisage. For example advanced practice roles, nurse prescribers, proceduralists, sedationists and care leaders/coordinators. Changes in information technology and robotics mean that nurses may be more geographically distant from their patients/clients and may practice alone or in diverse groups as health practitioners and the public embrace interprofessional practice. Distinct practice lines may blur so nurses with specialty expertise in several areas may practice across acute and community areas so will follow patients into the community or from emergency into the Operating Room. Scope of practice will broaden and include nurse prescribing which will have a major impact on education and practice. Some states such as Victoria have already started to investigate the possibilities of nurse sedationists. Expansion of practice requires education of the practitioner and also the public. Nurses will need to be better creators and consumers of research and clearly be able to link their practice to improved health outcomes and consumer safety (including how RNs provide cost effective care to meet difficult financial imperatives). Nurses will need to know how to lobby to be more involved in healthcare decision-making and policy directions.	10/22/2017 12:05 PM
3	The contexts and setting of healthcare delivery will continue to change, for example, telemedicine and technology will continue to expand, specialisations will emerge, and roles within the intra-disciplinary and inter-disciplinary teams will be a constant. Contemporary RN programs will need to be responsive to emerging practice environments and the required competencies and capabilities, keep abreast of evidenced based practice, and ensure that graduate nurses are equipped to be effective in safe patient focused care and participate to shape dynamic healthcare environments.	10/22/2017 10:39 AM
4	Addition of prescribing to scope. Increasing autonomy Clarification and development of advanced practice roles	10/22/2017 8:51 AM
5	currently there is a move to a new approach to team nursing with a person centred approach. i consider that this will continue	10/21/2017 9:54 AM
6	- Increased capacity to work to scope of practice (e.g. advanced nursing roles, administration of medication under protocol). - Community practice supporting complex care clients - Increasing levels of obesity, mental health, D&A in community, accompanied by ageing population - Need to adapt to new technologies (e.g. electronic medical records, telehealth models) - Changes e.g. NDIS, MyAged Care etc.	10/20/2017 6:00 PM
7	Future scenarios could include changes to scope of practice to respond to skill shortages and future innovations. Also there is an increasing involvement of consumers at the center and in control of their health care choices. This will require different skills by health practitioners such as 'health coaching' to ensure informed decision making by consumers. The growth in inter professional collaboration and multi care teams will escalate over the next few years and health care practitioners will need skills in collaboration and participation in team delivery of health care services.	10/20/2017 3:42 PM
8	Prescribing	10/19/2017 5:03 PM
9	Increased ability to work in short stay / day areas / nursing in the home / working abroad etc	10/19/2017 3:40 PM
10	technology use home based care telehealth	10/17/2017 8:31 PM

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11	Increasing IT application requirements in clinical settings, shortage of experienced registered nurses (medium age of current RNs), loss of graduates due to dissatisfaction with roles and workloads, an increasing emphasis on quality care and accountability for its delivery in a shrinking funding based environment and introduction of registration for carer roles.	10/17/2017 4:13 PM
12	Increasing delegation to EN's/AIN's Electronic documentation Increased acuity of patients	10/17/2017 11:19 AM
13	More community and general practice nursing. Moving away from acute care nursing into primary health care and interprofessional collaborative practice with other health professionals.	10/17/2017 2:18 AM
14	Ehealth and its use everywhere. Capacity to work in wider areas in an autonomous capacity	10/16/2017 2:17 PM
15	Increased level of skill acquisition, increased level of responsibility and the laws to reflect that. More nurses involved in specialist consultancy areas, experienced nurses training junior doctors	10/14/2017 7:10 AM
16	more integrated care -coordinating between hospital and primary health settings complex chronic disease management will increase technology and pharmacology advancement genomics will continue to advance	10/11/2017 3:59 PM
17	less job satisfaction due to high acuity of patients & not seeing pt's improve before being discharged home to recover	10/11/2017 1:56 PM
18	more democratic management structures digital disruption	10/9/2017 3:13 PM
19	Rising to be one of the leaders on par and even on consultations ability with the doctors and specialists.	10/9/2017 1:52 PM
20	More variation in the roles	10/8/2017 12:56 PM
21	Become far less "task-focussed" and become aware of their importance in the health professions. Nurses are critical thinkers who diagnose, this value is not shared at a tertiary level in the way curriculum is currently designed (so heavily competency based). Nurse Practitioners need to be pushed forward and taken on as a great opportunity - this needs to be from a policy level with healthcare providers.	10/6/2017 10:22 AM
22	unable to comment-	10/5/2017 2:59 PM
23	- More responsibilities with less resources - More specialised workforce	10/4/2017 3:18 PM
24	Complex care issues will be provided in the community to match community expectation.	10/4/2017 12:17 PM
25	increasing complexity increasing needs for nurses in aged and primary care increasing needs for advanced practice and prescribing	10/4/2017 9:21 AM
26	Aging population Retiring workforce	10/1/2017 3:14 AM
27	More psychological based nursing will be required. Drug and alcohol expertise will also be on the rise.	9/27/2017 7:19 PM
28	Workforce changes - increase attrition from workforce; ageing workforce; increased burden on workforce - this will impact on/may prompt changes to scope and acuity of care provided	9/27/2017 2:52 PM
29	Registered nurses are moving more to the past style of RN where they were more of a supervisor or overseer of care rather than providing the hands on care. This is especially so in aged care. With the ageing population, this is probably inevitable	9/21/2017 2:35 PM
30	more outpatient based care coordinator roles less ward bedside roles	9/13/2017 11:46 AM
31	informatics greater emphasis on diversity of population health groups occupational violence	9/12/2017 8:45 PM
32	More autonomy and decision making - increase in scope More supervision and mentoring of students and new grads	9/12/2017 6:49 PM
33	test	9/7/2017 5:03 PM

Q20 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?

Answered: 30 Skipped: 48

#	RESPONSES	DATE
1	The accreditation standards should ensure that educational institutions cater to the needs of increasingly digital health care settings. There needs to be a new emphasis on building a minimum level of computer and information literacy within the nursing workforce, and this must be reflected in curriculum and standards of practice.	10/22/2017 4:17 PM
2	The expanding role of a RN will likely require a move to a minimum of a 4-year undergraduate degree, or professional-entry at Masters level. So it is vital that the new standards build in a level of flexibility and the opportunity to make amendments to reflect national and international trends and priorities. The International Council of Nurses is also driving an agenda of nursing leadership for change. The accreditation standards can support this agenda through standards that encourage leadership skill development.	10/22/2017 12:05 PM
3	Programs need to be responsive to the features identified in question 19. Therefore accreditation standards standards need to facilitate a flexible and responsive curriculum design and delivery to support graduate success.	10/22/2017 10:39 AM
4	The preparation of students would benefit from the profession providing more definitive advice surrounding exactly what it considers to be the core knowledge and skills relevant to the profession. It is also timely for the profession to consider the need for nursing education to more clearly address the expectations of the nursing profession into the future and reflect both the current and emerging influences on the health of communities including the need to better integrate care, address the increasing burden of chronic disease and comorbidity and the need to shift to a more preventative focus.	10/22/2017 8:51 AM
5	continue to ensure that each pre-registration school demonstrates ongoing structured approach to stakeholder engagement and demonstrate development in the program.	10/21/2017 9:54 AM
6	Ensure nurses are exposed to new and emerging technologies and models such as telehealth and electronic medical records.	10/20/2017 6:00 PM
7	Standards need to support and encourage research and the pursuit of new knowledge to support innovation and models of health care	10/20/2017 3:42 PM
8	I believe that RNs need to be so flexible now, that their role will only grow. Perhaps standards could be more targeted to the areas of clinical placement Eg. Acute care / home, residential and community care / International placements / mental health facilities.	10/19/2017 3:40 PM
9	ensure curriculum include learning and assessment in these areas	10/17/2017 8:31 PM
10	By the designers of the standards being more involved with those very people. Not enough feedback from industry or the community for validity. Future planning seems to be missing.	10/17/2017 4:13 PM
11	Clearly delineate role of RN and EN in standards	10/17/2017 11:19 AM
12	Allow some clinical placement to be in a variety of diverse settings with supervisors not necessarily being RNs.	10/17/2017 2:18 AM
13	Keep options open to developing capacity and not be limited by defining scope of practice or its limitations.	10/16/2017 2:17 PM
14	Define expectations of inter professional engagement and learning	10/14/2017 7:10 AM
15	ensure that programs are forward thinking and integrated - and not "old school" silo in design.	10/11/2017 3:59 PM
16	keep ratio of 1:4	10/11/2017 1:56 PM
17	by having a clear vision of the role and expectations of nurses into the future	10/9/2017 3:13 PM
18	with guidelines	10/9/2017 1:52 PM
19	Continual review	10/8/2017 12:56 PM

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20	The language used and the focus of the accreditation can help to foster nurses who are proud of their profession, critical thinkers and represent the broader nursing profession in a way that is positive.	10/6/2017 10:22 AM
21	- Encourage student placements in a variety of settings (e.g. include mental health and primary health care) - Encourage inter-professional practice/collaboration - break down silos	10/4/2017 3:18 PM
22	Development of high level critical thinking and problem solving skills to prepare those who practice in the community without the resources available in an institutional setting.	10/4/2017 12:17 PM
23	ensure curricula are flexible and innovative	10/4/2017 9:21 AM
24	Need to recognise that acute care is going to continue to be the entry level for most nurses and that dilution of experience in to non-acute practice areas is inappropriate. Competent and safe entry practice in an acute care setting is the real pathway still used to other specialties / areas of practice.	10/1/2017 3:14 AM
25	Guidance on time management skills and strategies Guidance on education and support relating to burnout/nurse attrition	9/27/2017 2:52 PM
26	This is not an ANMAC issue and ANMAC should leave this alone.	9/26/2017 10:56 AM
27	Need to include teaching on: leadership, health management, financial management, quality assurance, human resource management	9/21/2017 2:35 PM
28	they need to simply align with the principles of practice	9/13/2017 11:46 AM
29	stay contemporary look to a 4 year degree	9/12/2017 8:45 PM
30	Supervision or mentoring education as a component of PD at least every two years.	9/12/2017 6:49 PM

Q21 Are there any other issues you would like considered that have not been discussed in this consultation paper?

Answered: 17 Skipped: 61

#	RESPONSES	DATE
1	It would be useful for ANMAC to review the ANMF nursing informatics competencies (2015) and the recently released ACN, HISA, NIA Nursing Informatics Position Statement (2017). The NIA committee is happy to provide further detail if required.	10/22/2017 4:17 PM
2	Council cautions against setting entry-standards for nursing education programs, as one size does not fit all. While teacher education has imposed set ATAR standards and personal attribute tests for entry, this is politically driven and short sighted, with many unintended consequences, not the least the reduced interest in the teaching profession. Safe, caring registered nurses are drawn from many and varied members of our society, with diverse cultural backgrounds and ages. Strict entry scores are not a good indicator of which students will be successful nurses, so it is vital that universities are able to set their own entry standards, as the accreditation process will ensure they demonstrate that they produce safe, efficient, effective nursing graduates.	10/22/2017 12:05 PM
3	inherent requirements (fitness to practice) - unfortunately there is an increasing need to mandatory report students who are not able to reflect on their ability to meet the inherent requirements. having clear statements around this and public safety is important.	10/21/2017 9:54 AM
4	Consideration of a 4 year program	10/19/2017 5:03 PM
5	No Thankyou for the opportunity to have a say	10/19/2017 3:40 PM
6	Cultural safety training of educators democratic decisionmaking within faculties of learning strong research cultures student consultation	10/17/2017 8:31 PM
7	It needs to be made clearer that any clinical hours not successfully completed (ie a failed placement), can not be counted in minimum clinical hours	10/17/2017 11:19 AM
8	No	10/17/2017 2:18 AM
9	Promote inter professional engagement for a safer workplace	10/14/2017 7:10 AM
10	Quality Simulation needs to be considered as a replacement for clinical hours considering the increasing numbers of students and the limited quality clinical placement opportunities	10/11/2017 3:59 PM
11	I'd like to see a stronger emphasis on cultural safety	10/9/2017 3:13 PM
12	none	10/9/2017 1:52 PM
13	A review of overseas education for nursing and how they compare to the standards	10/8/2017 12:56 PM
14	Include assessment of student coping mechanisms developed whilst undertaking practicum placements to incorporate into their career (e.g. a focus on retaining workforce). Examples could include having a study day on mindfulness (as has been offered in a graduate program)	10/4/2017 3:18 PM
15	No. It is a comprehensive paper.	10/4/2017 12:17 PM
16	No. I have only commented in areas that I feel I have something worthwhile to say	9/21/2017 2:35 PM
17	no	9/13/2017 11:46 AM