Entry criteria in undergraduate nursing courses

Question 1

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

Question 2

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

Q.1 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 I 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.

Q2. 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

English language requirement for entry to Bachelor of Nursing programs

Question 3

Should students who are required by the Nursing and Midwifery Board of Australia (NMBA) to provide a formal English language skills test result for registration, also be required to demonstrate achievement of the NMBA specified level of English language skills before starting a registered nurse program?

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.

Quality of clinical placements

Question 4

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

Question 5

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

Q4. Standard 8 sufficiently covers this requirement. We believe that the advent of the new Code of Conduct for Nurses (effective 1 March 2018) that includes Principle 5: Teaching, supervising and assessing, will provide the opportunity for higher education providers to work with hospitals and health services placement providers to ensure high quality clinical preceptorship and assessment of students in the workplace. A single, validated, national competency assessment tool mapped to the Registered Nurse Practice Standards would be a positive move for the profession, promoting consistency in assessment of students by clinicians in the workplace and supporting quality improvement in competency assessment.

Q5. The six key elements as articulated in the best practice clinical learning environment framework are already reflected in the current standards. It is difficult to ascertain from the way this question is framed how outcome based standards for accreditation could be developed in a constructive and meaningful way for accreditation. There are already clinical agreements in place between higher education providers and health service where students are placed. Health services are already accredited through relevant national agencies. Universities already work in partnership with health services but have no jurisdiction over many of the aspects identified in the six key elements of the framework with regard to how these are applied in the health service setting.

Simulation and student learning outcomes

Question 6

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

Question 7

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

Q6. We support a minimum threshold of simulated learning hours based on current best evidence. If this was to be implemented there would need to be consideration of how this articulates with clinical practice hours within nursing curricula to ensure students achieve a range of experiences mapped against the practice standards.

Q7. We believe that minimum practice hours and minimum simulated learning hours should be separately stipulated (refer back to our response to Q6 regarding the alignment of simulation versus clinical practice hours). We consider that a minimum, rather than maximum percentage of simulated learning hours should be stipulated..

Inter-professional learning for collaborative practice

Question 8

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

Q8. We consider that the current standards are sufficient in articulating interprofessional learning opportunities within programs (Standard 3 and 8). We believe that the Standards should support cross-professional supervision by suitably qualified and prepared health practitioners (inclusive of holding a qualification above AQF 7), but that assessment of students should remain a registered nurse responsibility

Accreditation standards framework

Question 9

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

Question 10

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

Question 11

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

Q9. A strength is the comprehensive detail provided, which assists education providers/institutions when establishing programs and preparing the evidence for accreditation.

Q10. The current standards often require information that has been addressed in an earlier standard to be repeated/duplicated. In addition, accreditation by other agencies (e.g. TEQSA) should be taken into account and not require extensive evidence to be included (see for example standard 1 governance).

Q11. Yes.

Guidance on the use of evidence

Question 12

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

Question 13

What is the best way to provide guidance to the standards and criteria (for example, to ensure consistent interpretation of those concepts in the current environment and/or elaborate on important concepts)?

Q12. We believe the current accreditation standards are clear in regard to the evidence required , but recognise that inclusion of examples may assist some institutions in their applications.

Q13. A well-developed evidence guide, including a range of specific examples relevant to each standard.

Best practice standards

Question 14

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

Q14. Yes, refer to responses to Questions 6-7.

Future directions

Question 15

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

Question 16

How can the accreditation standards support the development of the role of the registered nurse to meet the future health care requirements of individuals and communities?

Question 17

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

Q15. We expect there to be considerable expansion to the role and scope of the Registered Nurse (RN) inclusive of nurse prescribing; nurse led discharge; greater numbers of RNs working in primary health care and non-traditional settings; advanced practice roles for RNs particularly working in chronic disease management, mental health and aged care (particularly in supporting people within the home environment). Health informatics and biotechnology will expand and RNs will need to be educationally prepared and assessed in these skills. Nurses will be moving into private practice underpinned by entrepreneurship and business principles. There is likely to be increasing demand for nurses to be generating best evidence to support their practice, which requires infrastructure and support within workplaces for nurses to be enabled to do this. There will be increasing acceptance of the expanded role of the RN as the 'generic health professional' leading and coordinating care teams.

Q16. Consideration and planning needs to commence to introduce a 4-year degree to support the future role of the registered nurse as articulated in our response in Q15.

Q17. As an entry to practice qualification, curricula must demonstrate how graduates are prepared with the transferable knowledge, skills and attitudes to transition into future advanced practice roles following postgraduate education. While outside the scope of the RN accreditation standards, we believe Commonwealth Supported Places for preparation of nurses at the masters level (AQF 9), will be essential to build capacity and meet future health care requirements of individuals and communities.