Australian Nursing & Midwifery Accreditation Council

Registered nurse accreditation standards review

Written submission to consultation paper 1

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Standards Review
13 August 2018

The Australian Digital Health Agency (the Agency) is grateful for the opportunity to contribute to Stage 2 of the Consultation undertaken by The Australian Nursing and Midwifery Accreditation Council (ANMAC) to gather feedback from stakeholders regarding the Registered Nurse (RN) Accreditation Standards.

The Agency applauds the ongoing efforts of the ANMAC.

The Agency also applauds the emphasis on efficiency and effectiveness in moving from a nine-standard framework to a five-standard framework, and in doing so, attempting to reduce complexity and duplication while enabling flexibility and responsiveness. Based on the review, the Agency supports the premise that "The draft standards aim to reduce complexity and duplication while enabling flexibility and responsiveness. They are designed to support innovation while ensuring core nursing knowledge and skills remain paramount. Moving to a more streamlined structure of accreditation standards is congruent with other health professions in Australia and responds in part to the recent national review of accreditation.[1]"

For noting, the Agency responses are confined to questions 7, 8 and 9.

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[1] https://www.anmac.org.au/sites/default/files/documents/rnasconsultationpaper2.pdf

Consultation questions

Simulated learning

Question 7

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

The Agency supports the proposed definition of simulation.

Further, the Agency supports the principle of technology-enabled simulation to support appropriate scaffolding of the learning experience for learners and ensure learning is practiced in an authentic and safe simulated environment to ensure they have attained the required skills appropriate to their scope of practice prior to working with patients and this technique is also used to supplement and support training in complex care and unpredictable environments to ensure learners have opportunities to maintain currency of skills through simulated learning and assessment.

Health informatics and health technology

Question 8

How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

The Agency supports the underpinning statements under 'Health Informatics and Health Technology[2]' that "Worldwide, the context of nursing practice is changing in response to rapidly changing technological advances. The rapid rise in the adoption of electronic health records and the use of technology to support nursing practice means that nurses need to be proficient in the management of information and other technologies. Teaching with and about technological advances that have the potential to improve healthcare outcomes is crucial in preparing the future nursing workforce. The rollout of patient controlled electronic health records (My Health Record) for every Australian by 2018, together with the implementation of Australia's National Digital Health Strategy means it is essential the management of data and digital information technology should be a priority topic in entry-to-practice nursing programs.[3]"

The nursing profession is the largest single health profession in Australia, with nurses and midwives accounting for nearly 50% of the health workforce. Of the 43.5 million health workers in the world, it is estimated that 20.7 million are nurses and midwives.[4] In 2018 there are approximately 400,000 nurses and midwives in Australia[5], 89% of whom are women. About 40% of nurses and midwives are aged 50 and over, with the average age 44 years[6].

In a 2014 Health Workforce Australia report on Australia's future nursing workforce it was predicted that in the medium to long-term, Australia's demand for nurses will significantly exceed supply (with a projected shortfall of approximately 123,000 nurses by 2030[7]. It showed that no single policy scenario is capable of closing this gap between nursing workforce supply

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[2] https://www.anmac.org.au/sites/default/files/documents/rnasconsultationpaper2.pdf: page 18

[3] https://www.anmac.org.au/sites/default/files/documents/rnasconsultationpaper2.pdf: pp 18-19

[4] http://www.who.int/hrh/nursing_midwifery/en/

[5] Nursing-and-Midwifery-Board-of-Australia---Report---Registration-Data-Table---March-2018.PDF

[6] https://www.aihw.gov.au/reports/workforce/nursing-and-midwifery-workforce-2015/contents/who-are-nurses-and-midwives

[7] https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf

and demand. However, a combined scenario, which models, among other things improved retention of nursing students, improved employment rates following graduation, and increased early career retention, demonstrates that the initial shortfall can be significantly reduced. Technology is a critical enabler here.

Back in February, the Nursing Now campaign launched. It's a three-year global campaign which aims to improve health by raising the profile and status of nursing and midwifery worldwide. Run in collaboration with the World Health Organization and the International Council of Nurses, and across 16 countries, Nursing Now seeks to empower nurses and midwives to take their place at the heart of tackling 21st Century health challenges and maximize their contribution to achieving Universal Health Coverage[8]. The brainchild of the Burdett Trust in the UK, with Her Royal Highness The Duchess of Cambridge as its patron, Nursing Now seeks to increase the influence of nurses and midwives on global and national health policy.

Nurses and midwives are at the heart of most health teams, playing a crucial role in health promotion, disease prevention and treatment. As the health professionals who are closest to the community they have a particular role in developing new models of community based care and supporting local efforts to promote health and prevent disease.

The campaign is based on the findings of the Triple Impact report, published in 2016 by the All-Party Parliamentary Group on Global Health in the UK[9] . The report concluded that as well as improving health globally, empowering nurses would contribute to improved gender equality – as the vast majority of nurses and midwives are women – and build stronger economies. In Australia, nurses and midwives are already playing a vital role in contributing to health policy reform. Through leadership and advocacy, nurses and midwives are represented at some of the highest levels of government and industry.

'Safe, seamless and secure, Australia's National Digital Health Strategy[10]' proposed seven strategic priority outcomes to be achieved by 2022, including '***Strategic Priority 6: A workforce confidently using digital health technologies to deliver health and care***.'

The following information is taken directly from the National Digital Health Strategy.

By developing a workforce that is able to confidently use digital health technologies and services, the following will be delivered by 2022:

1. The Agency will collaborate with governments, care providers and partners in workforce education to develop comprehensive proposals so that by 2022, all healthcare professionals will have access to resources that will support them in confident and efficient use of digital services.

2. Resources and curricula will be developed to ensure all healthcare practitioners are exposed to and trained in digital technologies and their use during training and upskilling.

3. A comprehensive set of clinical resources which clearly outline the evidence for how, when and where digital health should be used in everyday clinical practice.

4. Promotion of a network of chief clinical information champions to drive cultural change and awareness of digital health within the health sector.

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[8] http://www.who.int/hrh/news/2018/nursing_now_campaign/en/

[9] http://www.appg-globalhealth.org.uk/home/4556655530

[10] https://conversation.digitalhealth.gov.au/sites/default/files/adha-strategy-doc-2ndaug_0_1.pdf

The National Digital Health Strategy can only be achieved through supporting a change management approach within the health and care workforce. Without this focus, there is a significant risk that healthcare providers will not develop the trust and confidence in digital technologies that will deliver significant advances in accessibility, quality, safety and efficiency. The Strategy must incorporate the demographics of the health and care workforce and respect the reticence or ambivalence of some members of the health and care workforce.

Engaging the sizable health workforce across diverse healthcare sectors, including primary care, acute care, aged care and mental health, and across the large number of health professions and geographies is challenging. However, given that patient care spans all these sectors, it is imperative that the whole health and care workforce is appropriately engaged with emerging digital health technologies and services. For example, Victoria has named digital workforce capability as one of the critical success factors that underpin its digital health goals. A trained, digitally aware workforce – appropriately equipped with hardware, software and digital literacy – is required. To achieve this strategic goal, the following strategies must be put in place:

- *Help made available* – With the right support, healthcare providers will adopt digital health technologies and services if they can be shown how to use them within their healthcare context, and the evidence for doing so. A range of organisations such as the primary health networks and the regional hospital and health networks will be important partners in supporting the health and care workforce at the local level, complemented by national mechanisms, such as the on-demand training functionality run by the Australian Digital Health Agency.

- *Digital health training provided throughout training pathways* – Australia must ensure that the health and care workforce is sufficiently supported and informed, with digital health embedded through all training pathways. Innovation in healthcare education is already occurring within the tertiary education sector, with pilot courses on digital health in the planning stages at many Australian universities. Increasing the capability of the university sector to evolve curricula and incorporate digital health into undergraduate and postgraduate courses will ensure students are empowered to confidently and effectively use digital technologies upon graduation.

- *Digital health integrated into national standards* – Health and care workers increasingly need a core set of digital competencies to enable them to work safely, efficiently and effectively. More evidence is being gathered which demonstrates that failing to integrate digital health into normal workflows leads to poorer health outcomes for the Australian community. Given this evidence, integration of digital health into national workforce accreditation needs to be led by the professional associations and workforce accreditation bodies, sensitive to the needs of both technophile and technophobe health professionals. Healthcare providers should have easy access to best practice guidelines, and other supporting resources, which increase their understanding of how, when and why to use digital health solutions to improve outcomes in their routine clinical practice relating to a variety of illnesses. Clinical leadership networks, professional societies and peak bodies have responsibility for guiding their members on how to embed digital health into routine clinical practice and will be supported by the Australian Digital Health Agency to gather the evidence.

- *A network of clinical digital health champions* – A network of clinical digital health champions, who understand the benefits of digital health and encourage the upskilling of the workforce across the health system into the future, is important to build

momentum and a critical mass of digital health proponents. The capture and use of high-quality data and the resulting analytics can drive changes that will lead to a safer, higher quality, more effective health system. However, to achieve this, Australia's clinicians need to have the relevant skills. Investment in clinical informatics and data analytics as core skills for the modern health workforce is a key strategy.

Please see the following website for further information: https://conversation.digitalhealth.gov.au/sites/default/files/adha-strategy-doc-2ndaug_0_1.pdf

This year, the Agency announced that it would be partnering with the health informatics community, with the leadership of the Australasian College of Health Informatics and HISA, in developing a CXIO network, a network to champion digital health throughout hospitals and healthcare organisations. The network will provide forums and channels for knowledge sharing that support improved patient care. This network dovetails with pillar 6 of the National Digital Health Strategy: 'A workforce confidently using digital health technologies to deliver health and care'[11].

The Agency also announced this year that it would host the first work placement for the Australasian College of Health Informatics Fellowship by Training Program. This program is another important work force initiative which is creating training opportunities for future health informatics leaders.

These partnerships and programs already augment the important work being done within the nursing informatics community, supported by the Australian College of Nurses, HISA and Nursing Informatics Australia in the publishing of the Nursing Informatics Position Statement, and the earlier work of the Australian Nursing and Midwifery Federation in developing national Informatics Standards for Nurses and Midwives.

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[11] https://conversation.digitalhealth.gov.au/australias-national-digital-health-strategy

Quality professional experience

Question 9

Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

The Agency offers the following Quality Educational Methods, scope of practice and educational experience principles:

1. Align the design and implementation of training program components with good education practice, principles and evidence to ensure the learning and assessment of core competencies within the bounds of a safe and appropriate scope of practice.

2. Ensure that workforce education programs have a robust induction process to ensure the learning and assessment of entry skills to ensure safe practice and support in entry level competence and support at key transition points in training and retraining.

3. Focus assessment on work readiness and ensure there are key learning and support strategies and evidence-based assessment mechanisms at key transition points throughout the program as well as robust mechanisms of certification and support at the end of formal training and clear pathways and education support to facilitate transition into lifelong learning within CPD frameworks.

4. Ensure work-based supervision is delivered to high quality with regular contact time with a supervising health professional from the target profession and opportunities for continuous constructive feedback from other health professionals.

5. Provide learning and development opportunities to work-based supervisors to ensure their teaching skills remain current and in line with good practice in health education.

6. Model effective use of current and future technologies in the delivery of education and health care experiences.

7. Use technology enabled simulation to support appropriate scaffolding of the learning experience for learners and ensure learning is practiced in an authentic and safe simulated environment to ensure they have attained the required skills appropriate to their scope of practice prior to working with patients and this technique is also used to supplement and support training in complex care and unpredictable environments to ensure learners have opportunities to maintain currency of skills through simulated learning and assessment.

8. Foster and monitor the effectiveness of learning experience for learners, their teachers and supervisors.

9. Create a program of learning and assessment with clear mapping to and alignment with learning outcomes, teaching and learning support and assessment strategies.

10. Ensure inclusion of validated assessment tools, modes of assessment, sampling and moderation in the workforce education program to ensure quality in theoretical and clinical components of the program.

11. Use both formative and summative assessment types and tasks across the program which assess individual and collective learning as well as inform evidence-based judgements about student progression and readiness for unsupervised practice.