

APNA Response

Review of the Registered Nurse Accreditation Standards: consultation paper 3 (Australian Nursing and Midwifery Accreditation Council)

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our Vision

A healthy Australia through best practice primary health care nursing.

Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well support primary healthcare nursing workforce.

Contact us

APNA welcomes further discussion about this review and our submission. Contact::

Rachel McKittrick, Policy Officer

policy@apna.asn.au

1300 303 184

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Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Australian Nursing and Midwifery Accreditation Council (ANMAC) consultation (stage three) regarding the Review of Registered Nurse Accreditation Standards (RNAS).

As per ANMAC's *Review of Registered Nurse Accreditation Standards: Consultation paper 3*, the purpose of this consultation is to seek stakeholder feedback on the proposed RNAS which have resulted from the Stage One and Stage Two consultation.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

Background

Primary health care nursing refers to nursing that takes place within a range of primary health care settings, each sharing the characteristic that they are part of the first level of contact with the health system.

Primary health care nurses are skilled, regulated and trusted health professionals who work in partnership with their local communities to prevent illness and promote health across the lifespan. In Australia, nurse practitioners (NP), registered nurses (RN) and enrolled nurses (EN), registered midwives (RM) practice in primary health care in a range of clinical and non-clinical roles, in urban, rural and remote settings.

APNA is contributing to this consultation because we believe the RNAS that result from this current review process, must take an explicit focus on preparing nurses for work in primary health care. Undergraduate nursing education is not currently constructed to recognise the importance of primary health care for the population, nor to reflect the pivotal roles nurses are set to play within the primary health care system that is currently being reformed not only within Australia, but also regionally and globally (Keleher et al 2010).

About the review

As per ANMAC's *Review of Registered Nurse Accreditation Standards: Consultation paper 3*, this final stage of consultation being undertaken by ANMAC is to gather feedback from stakeholders with regards to the Review of RNAS. On completion of this stage of the review, the proposed standards will be presented to the ANMAC Board for ratification, prior to presentation to the Nursing and Midwifery Board of Australia (NMBA).

Summary of APNA position

This Review of RNAS is an important opportunity to advance nursing undergraduate education to meet current and future health needs of the population, and to develop the nursing workforce to be a central and bold contributor to the Australian health care system with respect to research and policy directions (ANMAC 2017a).

Health care planning for the future includes a strong emphasis on prevention and hospital avoidance and changing models of care with new roles for nurses. APNA believes the current revision of the RNAS does not take a strong stance on the inclusion of primary health care, especially in the context of national, regional and global health priorities and reforms, where primary health care features highly.

In this submission, we have sought to highlight the vital role for nurses within primary health care in the health system of the future, and made comment on specific criteria where we believe this primary health care focus can be strengthened.

An important opportunity for greater uniformity in education and training across Australia, and preparation of a nursing workforce that can meet the needs of the health care system and all Australians will be missed if:

- Primary health care undergraduate nursing training and clinical placements are not consistently implemented across Australia
- Additional criteria within the RNAS focusing on primary health care nursing is not adopted.

APNA Submission

The vital role of nurses in the health system of the future

Nursing is a broad health profession and after generalist training there are opportunities to specialise in many different areas of practice. However the practice of primary health care nursing is an important specialty area with that utilises the full set of nursing skills and key fundamental knowledge that underpins the discipline. In the context of national, regional and global health care priorities, primary health care is front and centre and we need nurses well trained in this area, so nurses as a whole can take a strong role in this reform.

Primary health care nursing refers to nursing that takes place within a range of primary health care settings, each sharing the characteristic that they are the first level of contact with the health system. In Australia, NPs, RNs, ENs and RMs practice in primary health care in a range of clinical and non-clinical roles, in urban, rural and remote settings such as:

- community settings – including community controlled health services, correctional facilities (including juvenile and adult), refugee health, and roles within specialist service settings such as alcohol and other drugs, primary mental health and also health promotion
- general practice
- antenatal clinics

- domiciliary settings – in the home, including residential aged care, custodial/detention settings, boarding houses and outreach to homeless people
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups.

In Australia, over 180,000 nurses work outside of the hospital setting (Department of Health 2019). It is predicted that by 2030 there will be an undersupply of primary health care nurses in Australia (Health Workforce Australia 2014). APNA believes that better supporting nurses with adequate training in primary health care is likely to assist with recruitment and retention of the workforce.

Response to specific criteria as contained in the draft RNAS

We now provide APNA’s feedback on specific criteria as contained within the *Review of the RNAS: Consultation paper 3* document:

Standard 2: Governance

2.2 The governance structure for the provider and the school conducting the program ensures the:

- a) academic oversight of the program promotes high-quality teaching and learning experience for students to enable graduate competence
- b) Head of Discipline is a registered nurse with the NMBA, without conditions of their registration relating to conduct, and holds a relevant post-graduate qualification.

Feedback:

APNA proposes that for nursing education curriculum to have the important primary health care focus that is required for the RNAS to indeed be “contemporary and aligned with emerging research, policy and best practice” as is one of the aims of the review, academic oversight of the program must include representation from a registered nurse who has substantial experience within primary health care, ideally with post graduate qualifications in this area of practice but who also importantly has firsthand knowledge and understanding of the importance of primary health care for the population.

Rationale:

APNA’s main argument is that primary health care not only warrants its own discrete unit within the undergraduate course, but that the principles underlying primary health care are embedded throughout the program. In order for this to meaningfully occur, we believe academic representation from a registered nurse who has substantial experience within primary health care is essential in order to ensure a systematic approach to the inclusion of primary health care across the undergraduate nursing curriculum.

2.3 Relevant input to the design and ongoing management of the program exists from external representatives of the nursing profession, including Aboriginal and/or Torres Strait Islander peoples, consumers, students, carers and other relevant stakeholders.

Feedback:

The design and ongoing management of the nursing education program must also have input from primary health care practice-based representatives of the nursing profession and engagement with relevant peak bodies.

Rationale:

The expertise to develop clinical skills and knowledge in undergraduates rests with the practice-based nurse (Birks et al 2017). Developing a partnership model with primary health care providers and practice-based nursing clinicians to facilitate clinical education in a range of metropolitan and regional clinical settings is imperative to ensure contemporary practice within the field of primary health care. It is important to expose undergraduates to primary health care nursing opportunities for their own development, and so as to develop a sustainable workforce for primary care settings.

Standard 3: Program of study

3.3 Program content and unit learning outcomes ensures:

- a) achievement of the Registered Nurse Standards for Practice
- b) recognition of regional, national and global health priorities
- c) recognition of safety and quality standards as they relate to healthcare
- d) integrated knowledge of care across the lifespan, including aged care, primary health care and digital health.

Feedback:

APNA recommends the addition of some further related sub-criterion to specifically highlight important aspects of primary health care that should be core to an undergraduate nurse education. We acknowledge primary health care is mentioned in sub-criterion d) but this is not enough in the context of current health system reforms towards a strong future focus on primary health care.

Further related sub-criterion should include:

- e) recognition of the central role of primary health care in the health and well-being of the population, incorporating education regarding the social determinants of health and health equity and how these affect the individual's health literacy and corresponding ability to respond to the advice and treatment recommendations of health care professionals

Given a key role of nurses is care planning and education, across all settings, there should be a criteria to emphasise this:

- f) recognition of the importance of taking a person-centred approach to care, how to go about facilitating care and decision making so that people are more empowered to move towards being able to develop self-care skills and manage their own health needs

Nurses also need to understand the issue of sustainable use of health care:

- g) knowledge of how health care is funded across different sectors and states of Australia
- h) knowledge of assessment, triage and referral across different sectors of the health care system
- i) knowledge of the structure of the Australian health care system and the challenges with continuity of care

Rationale:

We highlight that primary health care is well recognised at nationally (PHCAG 2017), regionally and globally (World Health Organization 2008) as the foundation of a healthy population and it is the cornerstone of the Australian health care system. In this context, nursing undergraduate education program content and unit learning outcomes must reflect this, so that undergraduates are well prepared to support the health and care needs of the population in this way.

The social determinants of health play a major role in an individual's health care journey and experience in the health setting. For holistic nursing care to be provided, individuals need to be viewed as a whole person where their health is a result of the circumstances into which they were born, live and work. Undergraduate nurses need to understand that the social determinants of health affect health literacy, ability to self-manage health care needs, and may also limit access healthcare where ability to pay is an issue, if health care is not available under a universal system. Of further importance here, is gaining some insight into the potential needs of underprivileged groups (e.g. prisoners, Aboriginal and Torres Strait Islanders). An understanding of such concepts and preparing undergraduates to be able to work with individuals with different levels of health literacy and from diverse backgrounds is essential. This is especially so as it is often the RN who is the health professional facilitating the detail of any care planning and conducting one to one patient education. Nurses must be able to take a person centred approach to care, helping people to make informed decisions and take required actions, to manage their own health.

With respect to the suggestion to include content and learning outcomes regarding the sustainable use of health care resources, we believe it is important that undergraduates develop a basic understanding of financial, structural and environmental factors which impact on the delivery of health care. There appears to be no mention of the need for nurses to understand the national health system. Undergraduate nurses need to understand that:

- ◆ Funding models are different in state funded tertiary hospital and health services, different systems again apply in the private hospital sector, with a vastly different funding model for the general practice sector. If nurses are to contribute to budgetary measures, or have budgetary restraints applied to resources they use in clinical practice, they need to have an awareness of the cost of care they provide and how services are funded to provide care to improve their understanding of accessing and managing resources.
- ◆ Appropriate assessment, triaging and referral is important for efficient and effective use of health care resources.
- ◆ The structure of the health care system can pose challenges for continuity of care.

In summary, program content and unit learning outcomes must go beyond a single lecture on primary health care. The themes of social determinants of health and health equity, health literacy, primary health care and health promotion, and the financial, structural and environmental challenges of

health care, must be woven into the core of nursing undergraduate education, and given the same weight as advanced life support, procedures, acute care, etc.

3.4 Program content and subject learning outcomes embed principles of inter professional and intra professional learning and practice.

Feedback:

This criterion needs to highlight that these principles are important in all of primary, secondary and tertiary settings. Further, it is not just inter and intra professional learning and practice that is required, but also multi disciplinary care.

Rationale:

Inter and intra professional practice is essential in primary health care. So too is multi disciplinary care, where all health professionals working to their full scope of practice is encouraged as part of a multi disciplinary team. Please refer to this definition of multidisciplinary care: multidisciplinary care is an integrated team approach to health care in which medical, nursing and allied health care professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient. Multidisciplinary care involves all relevant health professionals discussing options and making joint decisions about treatment and supportive care plans, taking into account the personal preferences of the patient (Cancer Australia 2019).

3.5 Program content and subject learning outcomes integrates cultural diversity and cultural safety.

Feedback:

Content and subject learning outcomes must also include practical aspects as to *how* to implement care with culturally diverse groups within the population.

Rationale:

Whilst teaching content and subject learning must integrate cultural diversity and cultural safety, there is a high importance on ensuring the teaching of skills on *how* to implement care in a way that will ensure nurses provide care and education that is culturally safe and appropriate for diverse groups in our communities, to increase acceptance.

3.8 The program includes:

- a) Aboriginal and Torres Strait Islander peoples' history, culture and health taught from an Indigenous perspective as a discrete unit of study and based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework
- b) content relevant to health outcomes of Aboriginal and Torres Strait Islander peoples embedded throughout the program.

and

3.9 The program includes:

- a) a discrete unit addressing mental health taught by a registered nurse with a formal qualification in mental health
- b) mental health content embedded throughout the program.

Feedback:

APNA notes that Standards 3.8 and 3.9 explicitly and importantly prescribe what the program of study must include regarding Aboriginal and Torres Strait Islanders and mental health. We advocate that primary health care nursing deserves the same level of commitment, for reasons we have already highlighted with respect to criteria 3.3.

There must be a further stand alone criterion within section 3, which states:

The program includes:

- a) a discrete unit addressing primary health care, the social determinants of health and health equity, health promotion and preventive health taught by a registered nurse with a formal qualification in primary health care*
- b) primary health care content embedded throughout the program.*

Rationale:

We again highlight that primary health care is well recognised at nationally, regionally and globally as a key to a healthy population and that it must be a cornerstone of any health care system. Nursing graduates must fundamentally understand this and be well prepared to support the health of the population in this way. Hence, a stand alone criteria as described above must be included in the revised RNAS.

As further support for this argument, health care is predominantly initiated in general practice, as the main entry point to Australia's health care system. 80% of the population present to general practice and see a GP, RN or EN, and increasingly a NP, as well as various allied health clinicians. It is imperative that nurses are aware that an individual's health care journey starts a long time before they enter the hospital system and in fact that most health care is provided outside of the hospital sector.

Students could be taught case studies that include an individual's initial symptoms and presentation to primary care e.g. GP or community controlled clinic and the activities of the nurse role in this as carer, organiser, quality controller, educator and connector (Phillips et al 2008). It could then follow their journey from the primary health care setting through to the tertiary setting to study surgical, medical, palliative care, infectious diseases modules etc, based around that individual's health care journey. Handover back to the primary health care setting should also form part of such a case study.

3.10 The program includes:

- a) a minimum of 800 hours of professional placement, exclusive of simulation and not exceeding 130 hours (on-sixth) undertaken outside of Australia
- b) professional experience placements underpinned by contractual arrangements between education providers and placement providers.

Feedback:

Undergraduates should be required to complete at least 40 hours of practice within the primary care setting, in addition to a placement for another specialty which may also be in the primary health care setting e.g. a mental health placement.

We also highlight here that the timing of this placement should not occur until undergraduates have completed education so that they are sufficiently trained to be able to actively participate and take advantage of skills development opportunities in the primary health care e.g. medication administration including of injections and importantly immunisations.

Rationale:

Learning in the clinical setting is essential for nursing education, as a practice based profession (Birks et al 2017). As we have already stated, primary health care nursing must be a core component of undergraduate nursing education, which must come with exposure to the primary health care clinical setting and to the practice of primary health care nursing.

Standard 5: Student assessment

5.3 Validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity in theoretical and clinical assessments.

Feedback:

The tools and modes of assessment, sampling and moderation that are used to ensure integrity in theoretical and clinical assessments, will need to be tailored to the primary health context, be relevant to the area being studied.

Rationale:

This will ensure that assessment is meaningful, and tests that concepts core to primary health care, as have been described throughout this submission, are grasped by undergraduates.

Concluding comments

APNA strongly believes that it is critically important that the RNAS incorporate an explicit focus on preparing nurses to practice in primary health care settings, in the context of regional, national and global health priorities and reforms where primary health care features highly. The latest draft of the RNAS does not do this strongly enough.

In this submission, we have therefore sought to highlight specific criteria where we believe this primary health care focus can be strengthened.

APNA believes that additional criteria within the RNAS that bring focus to primary health care nursing, will assist with greater uniformity in nursing undergraduate education and training across the country, and better prepare the nursing workforce for the roles they will need to fulfil into the coming years, to improve the health outcomes of Australians.

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