



CATSINaM

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Submission to the Australian Nursing and Midwifery Accreditation Council's Review of Registered Nurse Accreditation Standards Consultation Paper 2

JULY 2018

CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES AND MIDWIVES

Level 1, 15 Lancaster Place, Majura Park 2609 | Phone: 02 6262 5761 | Email: admin@catsinam.org.au | Web: catsinam.org.au

Unity and Strength through Caring

CATSINaM was established in 1998 with a primary role to represent, advocate and support Aboriginal and Torres Strait Islander nurses and midwives at a national level. Aboriginal and Torres Strait Islander health professionals play a critical role in the delivery of improved social and emotional wellbeing outcomes for all Australians. CATSINaM is committed to providing national leadership around Aboriginal and Torres Strait Islander health and health workforce.

CATSINaM welcomes the opportunity to make a submission to the Australian Nursing and Midwifery Accreditation Council's Review of Registered Nurse Accreditation Standards Consultation Paper 2.

Our first comment is that we assert that strong leadership for mental health services at the primary health care level exists through the Australian College of Mental Health Nurses (ACMHN), and write to lend our support and endorsement to the comments and recommendations contained in the submission by the ACMHN to the public consultation.

Secondly, we put forward that available, appropriate and accessible mental health services requires the Higher Education as well as the vocational education sectors to properly include mental health within the various health curriculum's such as nursing and midwifery. This should complement government investment in a culturally safe and responsive interdisciplinary mental health workforce. We further endorse a holistic definition of health from an Aboriginal and Torres Strait Islander perspective¹ and recognise that good mental health and wellbeing is not just the absence of disease. The interdisciplinary mental health workforce includes and values Aboriginal and Torres Strait Islander health professionals, and adopts a holistic, person centred approach to mental health service delivery to positively impact the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples and for all peoples living in Australia.

Thirdly, future education accreditation processes and health curriculum planning and development should be informed by the National Aboriginal and Torres Strait Islander Health Plan (NATSHP) 2013-2023 and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. These policies illustrate 'strengths based' approaches that emphasises human rights, partnership, holism and wellbeing as foundational to Aboriginal and Torres Strait Islander health care delivery.²

1 National Aboriginal and Torres Strait Islander Health Plan, 2013-2013, P17.

2 Fogarty, W., Bulloch, H., McDonnell, S. & Davis, M. 2018, Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy, The Lowitja Institute, Melbourne; and Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J. 2018, Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander health and Wellbeing, The Lowitja Institute Melbourne.

Lastly, we offer the following responses to the questions asked in the consultation paper:

ACCREDITATION STANDARDS FRAMEWORK – MOVING TO FIVE STANDARDS

Question 1 Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the new graduate meets the Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia, 2016)? Please provide an explanation for your answer.

CATSINaM agrees that the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the new graduate meets the Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia, 2016).

The use of language and the way questions have been asked has been identified by CATSINaM as requiring further clarification. An example is at Standard 2.5 and 3.6 the use of the word Aboriginal doesn't clearly define Australian Aboriginal people, this is raised as an issue as many people from the subcontinent and multiple other nations identify as "indigenous" and/ or Aboriginal but are not Australian Aboriginal people and have no knowledge of the 65000-year-old culture of this continent.

Question 2 Are there any additional criteria that should be included?

Whilst the essentials are articulated, there appears to be no mention of Mental Health education and clinical placements, this may impact on the long-term outcomes of students to be provided with a core education and clinical understanding of Mental Health and the related impacts on general health of individuals. CATSINaM wishes to raise this as a risk to the outcomes for the health and wellbeing in a patient centred care model of care.

CATSINaM agrees that Mental Health issues can be seen in all areas of clinical nursing care, however unless there are clinical educators with specific Mental Health skill sets to sign off on what has been the educational learning relating to the episode of care, we are minimising the level of patient care.

CATSINaM has consulted with the Australian College of Mental Health Nurses and supports their view in relation to the value of Mental Health clinical placements and sign off in relation to the quality of patient centred care.

Another additional criterion which should be considered for inclusion is an audit (self-audit and 360-degree input from clinical placement providers) to support the level of collaboration and shared responsibility relating to the educational achievement of students. This ongoing practice should reduce the level of conflict between the formal education provider and the clinical placement experience provider and recognise the importance of provision of the full-time support and supervision of all students in clinical settings.

Question 3 Are there any criteria that could be deleted or amalgamated with another criterion?

No identified criterion

Question 4 Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

CATSINaM agrees that the draft structure reduces the duplication, however there appears to be some loopholes in the education accreditation standards which require clear articulation to emphasise the Australian context of the education and clinical placements.

Question 5 Please provide any other feedback about the structure and/or content of the draft standards.

There appears to be no alignment between RTO's providing education for Enrolled Nurses and the requirement of the organisation to be accredited by ANMAC. CATSINaM employees have previously been involved with other committees where the RTO organisation has provided students with the belief that the training they are completing will lead to a job in Australia, when in fact the RTO is not accredited to provide this education in an Australian setting. This was resolved through engagement of AHPRA and the Minister for Health, which may require input from NMBA in the first instance.

PRESCRIBING FOR GRADUATES OF AN ENTRY-TO-PRACTICE PROGRAM

Question 6 Do the draft standards continue to capture the learning outcomes required to enable graduates to safely supply and administer medicines via a protocol and/or standing order (prescribing via a structured prescribing arrangement)?

CATSINaM agrees that the draft standards capture the learning outcomes required to meet this standard.

Whilst the definition and tables clearly articulate the requirements, we have been provided with verbal feedback from members where the local / regional health service do not provide a protocol and /or standing order OR employees (new or long standing) find it difficult to locate the protocol and /or standing order. It is suggested that this standard should be

aligned to the Health Service Accreditation and should be raised in all health service review of policy and protocols.

SIMULATED LEARNING

Question 7 Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

CATSINaM agrees with the proposed definition of Simulated Learning should be adopted for the RN accreditation standard, but the definition will need to be supported by a glossary of terms related to this learning.

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?

ANMAC accreditation should ensure that the use of technology is an assessment area for each year of theory training.

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?

CATSINaM agrees that, except for the Mental Health issues as previously discussed, the draft standards capture the learning outcomes required to ensure quality learning experiences.

Question 10 Are there any other issues that should be considered?

We are pleased to see cultural safety and a unit that specifically address Aboriginal and Torres Strait Islander peoples' history, cultural and health are separate units and continue to be explicit elements of the proposed new standards. Except for the Mental Health issues as previously discussed we have nothing further to add.