

REVIEW OF CONSULTATION PAPERS, STANDARDS AND GUIDELINES

Template for Jurisdictional Comments

Jurisdiction:	Commonwealth (Department of Health)
Due Date:	27 July 2018
Consultation Paper: Review of Registered Nurse Accreditation Standards (Consultation paper 2)	
Name of National Board: ANMAC	
Questions	Comments
<p>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.</p>	<p>The standards are written at a high level and it is understood that there will be further supporting guidance material that provides detail as to how each standard is met. This will be critical as in the standards alone it is not clear what knowledge, skills and attitudes a new graduate is required to have. There appears to be some inconsistent coverage of relevant issues in the standards. It is suggested that specific information be reserved for the guidance material as there is a risk that anything specifically mentioned in the standards is perceived to be of a higher order of importance, potentially to the detriment of other equally important areas.</p> <p>There are no clear indicators in the draft practice standards, with many of the standard elements applicable to a range of care givers and/or professions.</p> <p>In a number of standards the language is open to interpretation (eg. 1.3 'adequately prepared'; 1.5 'robust quality and safety'; 1.6 'appropriately qualified'). The inclusion of specific and measurable indicators would provide greater clarity.</p> <p>The following comments are made in relation to specific elements in the standards:</p> <p>1.11 - is there to be a maximum percentage (or equivalent) that can be given block credit or advanced standing?</p> <p>2.6 - the program is required to be responsive to changes in health education but not to changes in health service delivery – it would be beneficial to include both aspects.</p> <p>3.3 - this standard makes particular reference to mental health but appears to ignore the significant issue of aged care. Although this standard begins with achieving the RN Standards for Practice, it could be interpreted as relating only to mental health. While it is acknowledged that mental health is important and a significant health challenge, it appears to</p>

	<p>be given priority under this item. Consideration could be given to including this detail in the guidance material.</p> <p>3.4 – it is suggested that this standard include a reference to embedding inter-professional learning in clinical training.</p> <p>3.6 – it is suggested that this standard be broadened to include embedding learning as appropriate throughout the entire curriculum.</p> <p>3.7 and 3.8 – query whether there is any relationship between these items (ie. Can some simulation be substituted for placement? Is high fidelity simulation required or can any level of simulation be considered satisfactory in order to meet this standard?).</p> <p>5.6 – it is suggested this should read “....accountability for the assessment of students while on professional....”.</p> <p>5.7 - does not appear to read clearly.</p>
2. Are there any additional criteria that should be included?	Yes. Clear reference to the minimum clinical skills expected of an entry-level registered nurse would be of value.
3. Are there any criteria that could be deleted or amalgamated with another criterion?	No.
4. Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?	Yes.
5. Please provide any other feedback about the structure and/or content of the draft standards.	<p>Standard 1.4 indicates that students are to be held to the expected professional codes of conduct and ethics. However, the codes themselves do not mention that they apply directly to students prior to registration. Rather, the codes state <i>“The code also gives students of nursing an appreciation of the conduct and behaviours expected of nurses”</i>.</p> <p>It is suggested that Standard 1.8 be reworded to read <i>‘Processes to identify and manage impairment of students undertaking clinical training are in place and effective’</i>.</p>
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)?	No. The only criterion that bears relevance to the ability to supply / administer under protocol in the proposed standards is perhaps Standard 5.4. It is understood the intention may be to provide greater detail and clarity in guidance material, which will be essential if the standards remain pitched at a high level.
7. Should the proposed definition of simulation be adopted for the RN Accreditation Standards?	Yes. In addition, it is suggested that further research be undertaken to strengthen the evidence base to substantiate the minimum practice requirement of 800 hours.

<p>8. How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?</p>	<p>Course design should incorporate relevant stakeholder input to ensure that students are exposed to, and/or are aware of, the digital health technologies and e-health records utilised across health systems.</p> <p>Given these are now underpinning skills needed to function in health environments they should be seen as part of the core requirements to meet the RN Practice Standards. Additionally, students need to know how to maintain safe and quality care when there is either a lack of, or failure in, technology.</p>
<p>9. Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?</p>	<p>The standards do not clearly capture the learning outcomes (matched to service need) to ensure quality professional learning experiences (i.e. the standards do not clearly outline the baseline knowledge and skills required for entry to practice). While the accreditation standards are required to support students to meet the RN practice standards, the practice standards themselves do not clearly outline core knowledge and skills required for entry / minimum level practice.</p>
<p>10. Are there any other issues that should be considered?</p>	<p>Equity and diversity principles should be incorporated into the students' outcomes, not only afforded to their experience.</p> <p>Reference to health consumer involvement appears to be lacking in the accreditation standards. Consumer involvement should apply not only to program governance, but should also be part of engagement, monitoring and feedback mechanisms.</p>