

#1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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**Time Spent:** 00:10:11  
**IP Address:** 124.170.216.251

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

the draft standards appear to be well matched to RN standards, as per mapping (for example).

I feel as an educator and RN that ANMAC should provide an example accreditation paper (completed satisfactorily) to education providers wanting to complete an accreditation application. This would support them better and be more time-efficient for education providers and ANMAC. Additionally, it could help education providers reflect on whether their course plans and structure are optimal. E.g. should they reconsider their order of units? There should be a very clear guide on RN scope of practice skills. These skills should be well covered in simulation lessons for practice before going out on PEP. ANMAC should provide a list of simulation skills for education providers to include. This would ensure that RN programs are adequately training students nurses and that some uniformity in training and scope of practice occurs.

This should all be done for the EN accreditation by ANMAC also.

**Q4** Are there any additional criteria that should be included?

As per answer 3. Please provide an example of a satisfactory application, inclusive of the desired course structure and simulation lessons, as well as an example lesson plan with mapping.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

n/a

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

fairly well.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

n.a

**Q8** 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)?

fairly well

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Provide links to health informatic and digital health technologies examples and activities that education providers can show to students.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

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**Q12** Are there any other issues that should be considered?

n/a

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#2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 19, 2018 1:29:35 PM  
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**Time Spent:** 00:52:37  
**IP Address:** 50.84.89.35

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
 educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

The first standard needs to include - in addition to public safety - safety of self and other health care providers.

**Q4** Are there any additional criteria that should be included?

no

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Is the concern about duplication well founded? The draft should support the standards standards - we are aiming to produce nurses who can comply with our professional standards

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I am concerned about the prescribing role for student nurses and why we are going down this road at undergrad level. Is this not an advanced skill?

I am pleased that simulation has been clearly defined and has not replaced the need for clinical practice

**Q8** 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)?

I am not clear how this will work - it needs more clarity in the draft standards

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Needs to be integrated across the program

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

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**Q12** Are there any other issues that should be considered?

no

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#3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 20, 2018 7:54:30 AM  
**Last Modified:** Wednesday, June 20, 2018 7:58:12 AM  
**Time Spent:** 00:03:41  
**IP Address:** 14.203.64.160

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **New South Wales**

**Q3** 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.

Not adequately

**Q4** Are there any additional criteria that should be included?

Specicif hours to practice nursin domains should be regulated

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Review

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist? **Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards. **Respondent skipped this question**

**Q8** 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)? **Respondent skipped this question**

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards? **Respondent skipped this question**

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

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Respondent skipped this question

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

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Respondent skipped this question

**Q12** Are there any other issues that should be considered?

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Respondent skipped this question

#4

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 21, 2018 2:27:57 PM  
**Last Modified:** Thursday, June 21, 2018 3:03:59 PM  
**Time Spent:** 00:36:01  
**IP Address:** 141.132.77.89

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Victoria**

**Q3** 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.

While the draft has inclusion of interesting contemporary aspects like simulated learning and use of technology; I think there is a huge risk of exclusion of the human factor by not addressing it formally. Hence I feel it would be apt to incorporate focus on developing graduate attributes using active learning approaches. These are highly essential to inculcate the skills like teamwork, independent thinking, problem solving, critical thinking, communication, collaborative learning, teaching skills - to name a few. These are very vital for sustaining as a new graduate as well as enable the capacity to work with variety of people in healthcare system to provide quality patient care. These will enable life-long learning in an ever changing healthcare environment.

**Q4** Are there any additional criteria that should be included?

Yes. Use of student centred, active learning approaches in teaching to develop graduate attributes for life-long learning.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Student learning and assessment should have incorporation of learner centred approaches to elicit active learning.

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

The draft is missing designing learner centred approaches to active learning, which is a major focus of the current RN standards.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The draft is missing advising the focus of curriculum delivery to maintain a standard guide across all delivery providers.

**Q8** 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)?

**Respondent skipped this question**

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Develop standard online self-directed study packages to help familiarise the entry-to-practice nursing programs. These can then be supplemented with some hands-on opportunities.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

**Respondent skipped this question**

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**Q12** Are there any other issues that should be considered?

The draft is missing advising educational providers about delivery of content. Thought this can differ from every instituion, there should be a guide regarding what it should aim for from the perspective of current students who should have some fundamental understanding of working independently and collaboratively with other human beings.

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#5

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 22, 2018 9:07:27 AM  
**Last Modified:** Friday, June 22, 2018 9:30:01 AM  
**Time Spent:** 00:22:34  
**IP Address:** 203.2.94.202

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**

**Q3** 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.

No. Mental health nursing care needs warrant more than a passing line in 3.3 "Learning outcomes ensure achievement of the Registered Nurse Standards for Practice, with regional, national and global health priorities and content related to mental health integrated throughout the program"

The increase in mental health care needs across the wider population warrants more than an "integrated throughout the program". Integration throughout is a good aspiration, however poses the risk that mental health nursing education will be watered down.

Mental health deserves its own discrete teaching unit to better prepare the undergraduate nursing workforce to provide nursing care to the wider population of the future.

**Q4** Are there any additional criteria that should be included?

"There is relevant input to the design and management of the program from external representatives of the nursing profession including mental health consumer and carer workforces"

"The program has a discrete unit (taught from a nursing perspective) specifically addressing the role of nurses in addressing mental health care needs of both consumers receiving direct mental health provision of care, and patients reviving non-direct mental health care"

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

"Students are informed of and have access to pastoral and/or personal support services provided by qualified personnel" The term "pastoral support" should be removed, as it is covered in the wider term "personal support services"

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

**Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Respondent skipped this question

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**Q8** 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)?

Respondent skipped this question

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No - the definition needs to be clearer that simulation is not to be a substitute for clinical hours providing actual nursing care that is supervised by a Registered Nurse

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

3.2 is broad, should there be more clarity around what is required? i.e. appropriate use of technology to assist nursing care, teaching on EMR how to use etc

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#6

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 22, 2018 11:06:33 AM  
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**Time Spent:** 00:10:00  
**IP Address:** 137.154.175.135

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **New South Wales**

**Q3** 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.

Yes, I believe that they are comprehensive and sufficiently broad

**Q4** Are there any additional criteria that should be included?

No, I don't think so

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No, I don't think so

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes, I believe it does

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I have no further comments

**Q8** 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)?

Yes, I believe they do, but how rigorously this is done maybe variable across the different educational programs

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes, as simulation will increase as an education tool

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Standards include this already however, the difficulty arises for educators to be able to access eMR training programs or modules for students to access and practice with.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes, I believe they do.

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**Q12** Are there any other issues that should be considered?

No, having just developed a curriculum based on the Registered Nurse Standards for Practice I would say that they facilitate the education of a well rounded new graduate.

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#7

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 25, 2018 12:16:01 PM  
**Last Modified:** Monday, June 25, 2018 12:43:16 PM  
**Time Spent:** 00:27:14  
**IP Address:** 220.233.186.197

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

The draft accreditation standards do not ensure that the graduate will meet the standards for practice. I believe that the standards should dictate the number of hours and level of assessment needed to ensure that students are safe with the use, calculation, and understanding of medications and pharmacology. Just as the standards dictate the number of professional experience hours as 800 hours (Standard 3.8); I strongly recommend that the standards come up with a number of hours that students need to learn, practice, and demonstrate safe use of medications in the undergraduate program. Additionally, student assessment on clinical placement is poorly executed as it is mostly in the hands of clinical staff but in Standard 5.4 it does not identify who will be assessing the students in the quality use of medicines but then in Standard 5.6 it states that the education provider is accountable for student assessment while on placement. This is confusing and is prone to 'local interpretation' to get past accreditation. Standard 5.3 is so important in regards to the use of validated assessment tools but who decides this and how is this assessed? What happens when it is discovered that an assessment tool has been diluted and no longer effective in ensuring students are practicing safely. I am referring to the ANSAT assessment - in the hands of clinical nurses assessing the students this assessment on clinical placement performance just does not measure student level of competence accurately enough.

**Q4** Are there any additional criteria that should be included?

There should be a uniform, capstone assessment at the end of each semester that assesses a student's knowledge and abilities to deliver safe use of medications. This should be a rigorous assessment that cannot be diluted or interpreted at a local level in order to make it easier for students.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

good

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I thought 3.1 was a bit vague and not sure what is meant by 'educational philosophy'.

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**Q8** 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. I feel strongly that the current standards do not ensure that students are assessed for safe use of medicines and this needs to be improved.

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Could include basic computer literacy as part of curriculum to ensure students are able to navigate basic computer interfaces.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No. I am concerned about the lack of clarity around the need for students to use medications safely and should be assessed appropriately with this important task.

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**Q12** Are there any other issues that should be considered?

In line with the new code of conduct - principle 7 I think educational providers and work experience partners need to ensure the well-being of students. This should be part of accreditation. Do both parties have adequate systems in place to ensure the well-being of their students?

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#8

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
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**Time Spent:** 00:27:08  
**IP Address:** 60.225.204.128

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **South Australia**

**Q3** 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.

Yes, the draft accreditation standards address the required knowledge, skills and attitudes to meet the Registered Nurse Standards for Practice. Of particular note, the focus on student journey seems clear. I believe that Registered Nurse Standard for Practice 1 - critical thinking could be addressed in a more clear and concise method, as one of the main principles underlying patient safety.

**Q4** Are there any additional criteria that should be included?

A stronger focus on supporting and ensuring critical thinking skills are developed.  
 More clarity on standard 4.7 as to what is an 'appropriate' level of resources.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Standard 5.7 needs rewording. Consider 'Learning experiences undertaken outside Australia cannot exceed the equivalent of one semester, and...

5.1 and 5.2 could be amalgamated.

5.4 - need to specify in which context these competencies are required as not needed in all areas of study.

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes, with above noted amalgamations considered

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Nil - all stated above

**Q8** 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)?

Yes, although some clearer guidance as to scope of practice arrangements may be beneficial.

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes, as it is very inclusive and covers the breadth of simulation based activities beyond the use of technology

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Ensuring institutes have adequate resources available to educate students on the use of nursing platforms and digital health technologies.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes, it does so in quite a comprehensive manner. Accountability is clear.

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**Q12** Are there any other issues that should be considered?

Nil

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#9

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 26, 2018 10:34:10 AM  
**Last Modified:** Tuesday, June 26, 2018 10:57:12 AM  
**Time Spent:** 00:23:01  
**IP Address:** 137.92.28.73

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Australian Capital  
Territory**

**Q3** 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.

Yes, there a clear link with the NMBA RN standards for practice.

**Q4** Are there any additional criteria that should be included?

no

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

yes, 1.6 is repetition of 3.11

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

over all no, see comment above

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

It appears that curriculum conceptual framework has been replaced with document articulates the educational philosophy informing the program of study

**Q8** 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)?

yes, clearly

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No this should be expanded to include that simulation must be relevant and provide meaningful learning experiences.

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

This is a good question, it is presented in 3.2 which I think is adequate.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

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**Q12** Are there any other issues that should be considered?

no

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#10

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 26, 2018 1:34:43 PM  
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**Time Spent:** 00:03:44  
**IP Address:** 1.129.104.194

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

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**Q2** Which of the following options best identifies your primary work location? **New South Wales**

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**Q3** 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.

yes, they are easy to follow and leave no doubt to the standards

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**Q4** Are there any additional criteria that should be included?

no

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**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

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**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes

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**Q7** Please provide any other feedback about the structure and/or content of the draft standards. **Respondent skipped this question**

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**Q8** 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)?

yes

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

they clearly state the standards and should be adopted into university and Tafe course digital health curriculum

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

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**Q12** Are there any other issues that should be considered?

no

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#11

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 26, 2018 2:19:53 PM  
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**Time Spent:** 00:08:43  
**IP Address:** 165.86.81.71

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

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**Q2** Which of the following options best identifies your primary work location? **Queensland**

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**Q3** 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.

No

**Q4** Are there any additional criteria that should be included?

multi cultural health needs, contemporary health needs

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

not sure

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

not sure

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

what are the minimum English requirements?

**Q8** 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)?

yes, as long as the clinical experience matches

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

too hard basket- each district has their own system- look at the legals of documenting and how to build on that

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

they do- but that's not a guarantee the clinical element will match

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**Q12** Are there any other issues that should be considered?

communication with people suffering a mental illness

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#12

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 26, 2018 6:15:28 PM  
**Last Modified:** Tuesday, June 26, 2018 6:21:58 PM  
**Time Spent:** 00:06:30  
**IP Address:** 120.154.28.234

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

**Q2** Which of the following options best identifies your primary work location? **New South Wales**

**Q3** 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.

I think that the new graduate requires more practical skills under supervision for about 12 months. Many new grads commence work and have no idea of IV therapy, PCAs and even Subcutaneous injections etc. they do not have enough practical skills to look after a patient safely

**Q4** Are there any additional criteria that should be included? **Respondent skipped this question**

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria? **Respondent skipped this question**

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist? **Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards. **Respondent skipped this question**

**Q8** 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)?

Yes I think they do

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards? **Respondent skipped this question**

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

More supervised practice

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Respondent skipped this question

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#13

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 26, 2018 8:28:17 PM  
**Last Modified:** Tuesday, June 26, 2018 8:36:18 PM  
**Time Spent:** 00:08:01  
**IP Address:** 101.179.180.238

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Queensland**

**Q3** 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.

Yes

**Q4** Are there any additional criteria that should be included? **Respondent skipped this question**

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

No

**Q7** Please provide any other feedback about the structure and/or content of the draft standards. **Respondent skipped this question**

**Q8** 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

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No.

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Universities should embed this skill in their nursing curriculum

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

---

**Q12** Are there any other issues that should be considered?

No

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#14

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 26, 2018 9:46:11 PM  
**Last Modified:** Tuesday, June 26, 2018 9:52:12 PM  
**Time Spent:** 00:06:01  
**IP Address:** 101.183.138.103

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Enrolled nurse**

**Q2** Which of the following options best identifies your primary work location? **Queensland**

**Q3** 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.

Either RN or EN, we are all the same thru any educations.

**Q4** Are there any additional criteria that should be included?

Uni and tafe give out same education

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Lets EN covert to RN if the have been a EN more than 5 yrs without going thru uni

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes it has been for years

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

All should be the same.

**Q8** 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)?

RN

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Best practice

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

For EN yes

---

**Q12** Are there any other issues that should be considered?

All previous answers

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#15

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 27, 2018 5:33:04 AM  
**Last Modified:** Wednesday, June 27, 2018 5:48:12 AM  
**Time Spent:** 00:15:08  
**IP Address:** 58.178.14.194

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

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**Q2** Which of the following options best identifies your primary work location? **New South Wales**

---

**Q3** 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.

Standard of spoken English needs to be higher.  
Standard of English comprehension needs to be higher.  
Standard of written English needs to be higher.

---

**Q4** Are there any additional criteria that should be included?

Raise the bar for English language skills.  
Perhaps an AHPRA-administered test of English - spoken and written - before Australian registration is granted.  
This would apply to those trained in Australia as well as foreign trained - for those who have a first language other than English.

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No comment

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**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

No comment

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**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

No comment

---

**Q8** 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 comment

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No comment

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

No comment

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No comment

---

**Q12** Are there any other issues that should be considered?

As above:

Myself and many colleagues I work with are very concerned and are tired of sitting in shift handovers not able to understand what is being said because of poor spoken English skills.

How are these RNs getting registered?

How are they getting through Australian university courses?

Is their spoken English never assessed?

This is compromising the safety of patient care every single shift.

It is also adding to the stress of the job when RNs have difficulty understanding each other.

Poor English comprehension also means patients comments are often misinterpreted.

Poor written English skills often mean other staff cannot work out what clinical documentation means, because of bad grammar.

This applies to both RNs and RMOs.

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#16

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 27, 2018 9:25:14 AM  
**Last Modified:** Wednesday, June 27, 2018 9:41:51 AM  
**Time Spent:** 00:16:37  
**IP Address:** 103.39.136.4

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

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**Q2** Which of the following options best identifies your primary work location? **Victoria**

---

**Q3** 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.

yes, draft accreditation standards provide a concise framework to ensure provision of skilled and up to date nurse training

---

**Q4** Are there any additional criteria that should be included?

no

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

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**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes

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**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

-

---

**Q8** 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)?

yes

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

courses will require core health informatics units

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

---

**Q12** Are there any other issues that should be considered?

1.need to ensure quality of clinical placements and courses as there is very noticeable variance in skill level (especially around basic nursing care- assisting consumers with ADL's) and knowledge of those entering the profession in grad programs

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#17

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 28, 2018 9:59:39 AM  
**Last Modified:** Thursday, June 28, 2018 10:10:56 AM  
**Time Spent:** 00:11:16  
**IP Address:** 120.17.81.182

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

No. What is included in the draft as black and white is not being practised in the reL clinical world. Nursing students pass through their clinical placements in observation mode for 3 years. Hence, when they are registered, basic nursing skills are not grasped to be performed independently eg aseptic dressing and removal or insertion of urine catheter!

**Q4** Are there any additional criteria that should be included?

Strict mandatory completion of clinical competency skills that do not allow students to get to the next stage of the curriculum simply by being an observer!

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

No comment

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Looks beautiful in writing but students and new grad nursing standards in the hospitals reflect that of a third world country. The new grads especially cannot nurse pts independently to a certain degree. Nursing negligence and omissions incidents are like a daily affair. Public safety is compromised

**Q8** 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

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yrs

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Provide temporary computer usernames/passwords to students so they can practise.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No

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**Q12** Are there any other issues that should be considered?

There are so many junior and senior registered nurses that i have personally worked with who compromise on public safety and should not be registered in the first place.

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#18

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 28, 2018 2:28:54 PM  
**Last Modified:** Thursday, June 28, 2018 3:46:26 PM  
**Time Spent:** 01:17:32  
**IP Address:** 137.166.21.134

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,

Other (please specify):  
 Charles Sturt  
 University

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

The draft accreditation standards provide five overarching categories which have been well thought through. Five standards will simplify curriculum review processes for tertiary institutions.  
 The inclusion of health informatics and health technology should be well received by both tertiary institutions and by industry.  
 Simulation hours could have been increased as placement experience hours.

**Q4** Are there any additional criteria that should be included?

The five criteria are comprehensive enough while still being well categorised into appropriate sections.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

The five criteria are sufficient and fit for purpose. None should be deleted or amalgamated.

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

It would appear from the consultation paper that duplication that was seen in the previous standards has been addressed.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The minimum 800 hours for professional experience placement was not revised in this consultation paper (Standard 3.8). There is little research to support the number of hours chosen for this standard.

Other countries such as the United States of America through the National Council of State Boards of Nursing voted in 2017 that nursing programs may include up to fifty (50%) percent simulation to replace practice experience hours.

Simulation allows better quality control in some cases over traditional placement experiences which will vary in nature, and may suffer a similar fate of that of hospital training programs.

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**Q8** 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)?

The standards do continue to capture the required learning outcomes associated with medication administration.

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

While this definition is concise and complete, some tertiary institutions may prefer to adopt a simulation model or framework that better articulates the nursing framework used in the curriculum for example please see:

Fernandez, R., Johnson, M., Tran, D., & Miranda, C. (2012). Models of care in nursing: a systematic review. *International Journal of Evidence Based Healthcare*, 10, 324-337.

Fowler, J., Hardy, J., Howarth, T. (2006). Trialing collaborative nursing Models of Care: the impact of change. *Australian Journal of Advanced Nursing*, 23, 40- 46.

One issue that ANMAC will need to address prior to enacting of this standard is the need for the accreditation panel members to receive significant education in simulation.

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Tertiary institutions will need to address how they will enact the standard related to health informatics and digital health technologies in their accreditation document. Tertiary institutions will be able to demonstrate how they have integrated this part of the standard into their proposed curriculum during to their site visits prior to accreditation by ANMAC.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

The draft standards do capture the learning outcomes required to ensure quality professional learning experiences in entry to practice nursing programs.

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#19

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 02, 2018 12:58:21 PM  
**Last Modified:** Monday, July 02, 2018 1:33:40 PM  
**Time Spent:** 00:35:18  
**IP Address:** 103.18.48.33

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Victoria**

**Q3** 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.

Yes I think the draft paper covers all the required area - especially the language section

**Q4** Are there any additional criteria that should be included?

I think the entrance criteria for overseas nursing from NESB needs to be more rigorous and this should be included

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes much more concise and relevant

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I think the layout is good, well written and clear

**Q8** 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)?

Yes- but this doesn't necessarily that the underpinning pharmacology is there as we often see during last placement from university

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

I think that this is a new area for some nurses and can be confronting so it is integral that this is covered

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#20

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 02, 2018 10:12:39 PM  
**Last Modified:** Monday, July 02, 2018 10:24:09 PM  
**Time Spent:** 00:11:30  
**IP Address:** 124.187.67.102

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse clinican,**  
 Other (please specify):  
 RN and RM now consulting Executive in management

**Q2** Which of the following options best identifies your primary work location?

**Queensland**

**Q3** 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.

yes i believe they do

**Q4** Are there any additional criteria that should be included?

i am please to see there is reference to language skills abilities.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes it definitely does this very well

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

the standards are easy to read and structured well

**Q8** 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)?

yes. it is very clear

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

recommending a minimum standard of knowledge for nursing informatics. I think this standard needs to be strengthened and more explicit re expectations of outcomes of learnings related to nursing informatics.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes - though informatics needs strengthening.

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**Q12** Are there any other issues that should be considered?

cant think of any

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#21

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 04, 2018 1:04:31 PM  
**Last Modified:** Wednesday, July 04, 2018 1:20:24 PM  
**Time Spent:** 00:15:53  
**IP Address:** 103.18.48.33

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Health service manager**

---

**Q2** Which of the following options best identifies your primary work location? **Victoria**

---

**Q3** 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.

Yes I believe that they do. The Five Standards encompass all requirements succinctly.

---

**Q4** Are there any additional criteria that should be included?

No

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

I do not believe so

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

No further feedback

---

**Q8** 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)?

yes

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Broadly I think that the proposed standard is adequate

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

No

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#22

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 04, 2018 12:05:57 PM  
**Last Modified:** Wednesday, July 04, 2018 1:42:07 PM  
**Time Spent:** 01:36:10  
**IP Address:** 103.18.48.33

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## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Health service manager**

---

**Q2** Which of the following options best identifies your primary work location? **Victoria**

---

**Q3** 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.

No I don't believe that the proposed 800 hours of workplace experience is sufficient to ensure that registered nurses have the appropriate levels of skills and experience they need to safely care patients. Our current novice nurses are entering graduate programs unprepared and are routinely not equipped with either the necessary foundation knowledge, professional attitude or essential skills to deliver safe and competent care. Lack of workplace experience, especially in an acute setting is a major factor here and poses a significant risk for our nurses and our patients.

It is also not clear to me how the three issues raised by the working party in the First Consultation period (detailed on page six) have been addressed by this proposal and this needs to be more clearly articulated.

---

**Q4** Are there any additional criteria that should be included?

Not additional however Standard 3 should be elaborated on further to specify course duration, if additional hours cannot be incorporated into a three year program then we must and should be looking at a four year bachelor program. The increasing age and acuity of our patients, changes in technology and the skill required to care for these cohorts of patients must be considered as the highest priority if we are to genuinely assure the community that beginning professional practitioners have achieved the required and agreed professional outcomes.

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

There does not appear to be any significant duplication

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

There must be the capacity to review the workplace experience from the perspective of total hours and types of placements. There also needs to be specification of course duration, if additional hours cannot be incorporated into a three year program then we must and should be looking at a four year bachelor program. The increasing age and acuity of our patients, changes in technology and the skill required to care for these cohorts of patients must be considered as the highest priority if we are to genuinely assure the community that beginning professional practitioners have achieved the required and agreed professional outcomes.

---

**Q8** 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)?

Standard 5 states 'Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines.' I feel in order to capture the nuances of safe medication administration that there would need to be a reference to the National Standards and the requirement to meet all elements of these standards in order to safely supply and administer medicines.

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Seems fine

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Currently specified as a requirement to include in content - so would really depend on individual program assessments in relation to whether or not they meet this element of the brief. Simulation based learning should be entwined into each learning program to ensure we are moving away from a didactic delivery model.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No I don't believe they do - the questions posed by the stakeholders on the first consultation paper have not adequately been addressed or answered.

800 hours of workplace experience, is simply not sufficient time in the clinical space to consolidate theoretical learning and build the necessary assessment and critical thinking skills required of a beginning professional practitioner.

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**Q12** Are there any other issues that should be considered?

**Respondent skipped this question**

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#23

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 04, 2018 1:47:24 PM  
**Last Modified:** Wednesday, July 04, 2018 1:51:00 PM  
**Time Spent:** 00:03:35  
**IP Address:** 150.191.12.33

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Health service manager**

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**Q2** Which of the following options best identifies your primary work location? **Northern Territory**

---

**Q3** 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.

Yes

**Q4** Are there any additional criteria that should be included?

No

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

N/A

**Q8** 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)?

Yes

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

I believe to better support the inclusion of health informatics & digital health technologies that the standard would have to be more prescriptive such as the specification re English in new standard 1.9

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

No

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#24

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 05, 2018 2:01:08 PM  
**Last Modified:** Thursday, July 05, 2018 2:21:06 PM  
**Time Spent:** 00:19:58  
**IP Address:** 165.86.71.71

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

**Q2** Which of the following options best identifies your primary work location? **Queensland**

**Q3** 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.

No

**Q4** Are there any additional criteria that should be included?

Yes, how to manage workloads when the parallel health workers expect nurses to pick-up their work when they're not around. Also, what should nurses be counting in the controlled drug cupboards: a pharmacy stock or only that which we are using for patients currently on the ward.

Also, define "caring". Nurses provide a remunerative service, not a 'calling to subservience & emotional proxy'.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Yes, as nurses on wards don't own their own work, as they are subservient and under the thumb of all and sundry, they should not be bludgeoned with accountability. They are responsible for their actions, but not accountable to decisions they do not have the power to affect. Nurses on wards have little or no power as they have no autonomy.

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

No because the language continues to obfuscate the real purpose and hide the role of nurses from those starry-eyed initiates and from third-party stake-holders.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The document needs to be easily interpreted by all parties to mean exactly the same to each reader. Each party should be able to check the same box when answering "what does this statement mean?".

**Q8** 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. Graduates still do not know how to do this and copy what they see elsewhere. And they copy some really bad behaviour. Sometimes their facilitators don't know the correct procedure either.

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No. This process excludes all those who do not respond to dummies or "all-in" disorganised shite-fests. Watching well managed live events is the best way to learn. Being part of well-managed live events is what makes a nurse capable.

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Explain the legal implications of the pressure of documenting hourly, as is occurring now, or when the computer says, as opposed to when the nurse is able to document or deems it appropriate to document. Explain to nurses how their insurance and the ratios was to introduce the opportunity for suing nurses, to take the pressure of the Dept of Health for setting nurses up for failure. Explain how the use of popularity scores are going to affect how a nurse gets employment or is treated by management or even how a jury will respond if she isn't likeable (young, pretty, giggly, willing).

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No. The focus is too much on idealism and theory and no balanced approach to the real day to day work of nurses, which is boring and socially unvalued.

---

**Q12** Are there any other issues that should be considered?

The most important is that nurses don't own their own work, so why are they accountable for what they are expected to do, and punished if they don't?

---



#25

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 06, 2018 7:23:37 AM  
**Last Modified:** Friday, July 06, 2018 7:50:28 AM  
**Time Spent:** 00:26:51  
**IP Address:** 60.226.170.233

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland**

**Q3** 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.

They appear to provide a basic level of preparation and do not seem too different from the previous standards

**Q4** Are there any additional criteria that should be included?

I may have misread the intent of the criteria for research. Perhaps this should articulate the concept of translation research?

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

I think you run the risk of criteria becoming too complex if you combine them. I am not so sure about the interprofessional training criteria. Depending on the interpretation of this criteria it may cause anxiety for university providers with only nursing programs. Simulation training resources can be over-rated and expensive. Once again the definition of 'simulation resources' will be important.

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

The structure seems more supportive of less duplication, often times there are discrete differences that may be missed through combination of standards.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Five standards appear more manageable.

**Q8** 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)?

Perhaps in the criteria definition a reference to the meeting of NHSQS might be beneficial. These may change during the life of a program but a general reference will tie providers to the maintenance of these as inclusions.

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

The definition is sufficiently inclusive to allow for innovation and reduction of less productive methods so yes.

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Criteria examples for the criteria would best set the path. This is a growing area and needs to be inclusive of a very broad range: Electronic health record, electronic record, referrals, data sets, Vlads, DRGs ABF etc.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Entry- to practice programs should reflect the draft standards. so yes

---

**Q12** Are there any other issues that should be considered?

**Respondent skipped this question**

---

#26

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 06, 2018 10:18:08 AM  
**Last Modified:** Friday, July 06, 2018 10:23:58 AM  
**Time Spent:** 00:05:49  
**IP Address:** 103.18.48.33

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Victoria**

**Q3** 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.

Yes I believe the standards do provide the necessary criteria to determine the readiness of a new graduate

**Q4** Are there any additional criteria that should be included?

No

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

I believe there is no duplication

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I like how the standards are structured and they do cover the capabilities and attributes that we look for new practitioners

**Q8** 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)?

Yes it does

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

NA

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

This is variable because not all facilities are using an electronic medication or electronic documentation system. If the digital health technologies abound Australia wide then it can be included in the standards

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

---

**Q12** Are there any other issues that should be considered?

**Respondent skipped this question**

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#27

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 10, 2018 9:18:16 PM  
**Last Modified:** Tuesday, July 10, 2018 9:25:45 PM  
**Time Spent:** 00:07:28  
**IP Address:** 101.177.35.214

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Health service manager**

**Q2** Which of the following options best identifies your primary work location? **Queensland**

**Q3** 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.

Yes they do and I am very pleased there is the inclusion of Health Informatics and digital. As this is a huge part of health going forward.

**Q4** Are there any additional criteria that should be included?

not that I could identify. the simplification of the standards and running quality through all areas is a significant shift and important. It is reflective of the clinical governance structures within health where quality, risk and safety are in all standards.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes. As I stated previously.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I wish to focus on the digital and health informatics

**Q8** 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)?

yes.

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes - could include virtual reality as part of the simulation. 3D printing etc. all part of digital health

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Health informatics and digital health technology - can be included from quality and risk, with embedding from WHO right through to bedside. be it documentation, basic terminology and nursing terminology standards. Support of the Australian Digital future, 3D printing, participatory medicine and consumer engagement, safe use of technology and evidenced based practice in technology. Standards - e-medication, digital risk assessment, rural and remote/telemedicine etc

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

---

**Q12** Are there any other issues that should be considered?

no

---

#28

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 11, 2018 4:23:59 PM  
**Last Modified:** Wednesday, July 11, 2018 4:57:06 PM  
**Time Spent:** 00:33:06  
**IP Address:** 129.127.250.218

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## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
Other (please specify):  
The University of Adelaide

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**Q2** Which of the following options best identifies your primary work location?

**South  
Australia**

---

**Q3** 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.

yes

---

**Q4** Are there any additional criteria that should be included?

no

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

There does not appear to be a much overlap as previously which is a good thing

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

1.6 - clarify if Australian registered nurses are the only ones able to supervise and assess

1.8 concerns over the term 'effectiveness' how would this be measured and what screening process would be in place

1.9 clarify defn of commencing the program i.e at time of offer, day 1 of semester, census date etc. making clear the current ESL requirements will be applied to entrants to the program

1.10 tolerance of risk could be quite diverse across different institutions - what is risk and how would this be identified

3.5 cultural capability

3.6 the provision of a discrete element of study may lessen the application of Indigenous health across the whole curriculum (which would be preferred)

4.6 it can be difficult to ensure the consistent application of equity and diversity for students across the clinical placement experience

5.3 suggest replacing validated assessment tools with evidenced based assessment methods

5.4 principles of pharm need to be consistently integrated across the curriculum

---

**Q8** 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)?

yes

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

3.2 is sufficient

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

the standards are less about capture and more about establishing or facilitating learning outcomes - using this language is more applicable

---

**Q12** Are there any other issues that should be considered?

1. clarify if any overseas study can be counted towards completion of 800 hours

---



#29

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 12, 2018 7:09:04 PM  
**Last Modified:** Thursday, July 12, 2018 7:19:16 PM  
**Time Spent:** 00:10:12  
**IP Address:** 167.30.56.42

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Western Australia**

**Q3** 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.

The new standards have reduced a lot of duplication but still cover the required knowledge, skills and attitudes for new graduate RNs

**Q4** Are there any additional criteria that should be included?

No

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Much improved

**Q8** 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)?

Medication supply and administration are a very important role for a nurse and I believe the draft standards cover this well

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

I believe simulation is an excellent tool for students to learn skills and concepts in nursing but should not be used as a substitute for clinical workplace experience

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

This area is growing all the time. The problem we have in education is finding suitable health informatics and digital health technologies that we can simulate in the classroom for students to learn how to use

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

---

**Q12** Are there any other issues that should be considered?

No

---

#30

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 13, 2018 6:29:29 AM  
**Last Modified:** Friday, July 13, 2018 6:33:10 AM  
**Time Spent:** 00:03:40  
**IP Address:** 165.86.71.71

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

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**Q2** Which of the following options best identifies your primary work location? **Queensland**

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**Q3** 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.

I am unable to access review.

---

**Q4** Are there any additional criteria that should be included?

I believe Resilience Advantage technique for personal resilience should be adopted into curriculum.

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Unsure

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

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**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Nil

---

**Q8** 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)?

I would like to read these

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

I believe so

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

unsure

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

unsure

---

**Q12** Are there any other issues that should be considered?

Resilience training

---

#31

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 16, 2018 12:13:45 PM  
**Last Modified:** Monday, July 16, 2018 12:47:33 PM  
**Time Spent:** 00:33:47  
**IP Address:** 103.18.48.33

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Victoria**

**Q3** 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.

No.

It is disappointing to see only 800hours of clinical practice for Nursing students. This is often in adequate and does not prepare the student for all aspects of the growing skills of a nurse.

I appreciate the inclusion of First Nation peoples in the structure. this is extremely important.

**Q4** Are there any additional criteria that should be included?

consideration into computer literacy and skills, though implicit in the tertiary sector at present.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

5.6

This has led to incidents in the past where students are passed by the university in simulated environments despite being deemed to have poor practice by clinical RNs.

while I understand that some must have the final say, the conflict of interest that exists with Universities passing students due to potential funding due to failure issues is concerning.

**Q8** 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)?

loosely yes, though depending on your audience for this, the base level RN would find this difficult to interpret.

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

specific acknowledgement in patient privacy and safety. 1.4

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

on the whole yes.

though inadequate placement duration

---

**Q12** Are there any other issues that should be considered?

**Respondent skipped this question**

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#32

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 16, 2018 3:12:00 PM  
**Last Modified:** Monday, July 16, 2018 3:16:46 PM  
**Time Spent:** 00:04:46  
**IP Address:** 203.10.44.62

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Victoria**

**Q3** 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.

Yes- the mapping tool indicates that the original nine standards are linked to the new five standards.

**Q4** Are there any additional criteria that should be included?

No

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The mapping tool indicates that the original nine standards are linked to the new five standards- a more concise version and will be easier for course providers during accreditation and major change submissions

**Q8** 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)?

Yes.

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Incorporate simulation education into the standards

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

---

**Q12** Are there any other issues that should be considered?

Perhaps highlighting the different states or territories and the differing WHS legislative/ scope of practice implications

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#33

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 17, 2018 5:22:37 PM  
**Last Modified:** Tuesday, July 17, 2018 5:45:11 PM  
**Time Spent:** 00:22:33  
**IP Address:** 129.96.81.95

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
Other (please specify):  
Flinders University

---

**Q2** Which of the following options best identifies your primary work location?

**South  
Australia**

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## RNAS Survey 2

**Q3** 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.

Yes with several amendments and suggestions as follows:

Standard 1.2 needs rewording for clarity to ensure educational institutions are able to provide evidence to demonstrate this is being done

Standard 1.3 needs rewording for clarity and grammatical correctness

Standard 1.5 needs revising to include some of the specific elements that were previously contained in 8.2 and also needs rewording to indicate that the education provider have risk management strategies in place to ensure all safety policies are current

Standard 1.6 we would recommend you delete part a). We do not support the primary supervision of nursing students by other health professions

Standard 3.2 should be split into part a and b to specifically cover EBP and health informatics and DHTs

Standard 3.8 We recommend an increase in clinical placement hours to a minimum of 960 hours

Standard 3.11 The wording is too ambiguous - being suitably qualified is too broad - the previous standard 7.8 was more specifically written and we would recommend leaving in this level of detail OR referring to other particular requirements ie TEQSA

Standard 4.6 Equity and diversity need to be defined in the glossary to ensure different interpretations of these terms  
We also recommend a wording change to 'Equity and diversity principles are observed and maintained throughout the student experience.'

Standard 5.7 'One semester' can mean different things in different universities and in different topics. In some semesters students undertake a long clinical placement and in others they undertake no placement or a brief placement. We therefore recommend a change to this language to be more specific. There is also a typo in this standard (an additional 'one')

---

**Q4** Are there any additional criteria that should be included?

Yes - As per our previous comments in Question 3

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

As per our previous feedback in Qu 3

---

**Q8** 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)?

Yes

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes.

We would however like to stress the importance of maintaining the minimum numbers of clinical hours in the curriculum as PEP hours which will not be replaced with simulation.

We believe simulation should be used to enhance and augment student learning but not to replace PEP hours.

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

As per our previous comments in Qu 3

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes taking into account our recommendations in Qu 3

---

**Q12** Are there any other issues that should be considered?

See Qu 3

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#34

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 17, 2018 8:19:53 PM  
**Last Modified:** Tuesday, July 17, 2018 8:21:28 PM  
**Time Spent:** 00:01:35  
**IP Address:** 115.64.30.29

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

- |  |   |
|--|---|
| <b>Q1</b> Which ONE of the following roles best describes your perspective when responding?  | <b>Registered nurse clinician</b>       |
| <b>Q2</b> Which of the following options best identifies your primary work location?   | <b>New South Wales</b>                  |
| <b>Q3</b> 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. | <b>Respondent skipped this question</b> |
| <b>Q4</b> Are there any additional criteria that should be included?   | <b>Respondent skipped this question</b> |
| <b>Q5</b> Are there any criteria that could be deleted or amalgamated with other criteria?   | <b>Respondent skipped this question</b> |
| <b>Q6</b> Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?  | <b>Respondent skipped this question</b> |
| <b>Q7</b> Please provide any other feedback about the structure and/or content of the draft standards.   | <b>Respondent skipped this question</b> |
| <b>Q8</b> 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)?                                       | <b>Respondent skipped this question</b> |
| <b>Q9</b> Should the proposed definition of simulation be adopted for the RN Accreditation Standards?  | <b>Respondent skipped this question</b> |

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q12** Are there any other issues that should be considered?

---

Respondent skipped this question

#35

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 17, 2018 2:02:32 PM  
**Last Modified:** Wednesday, July 18, 2018 12:49:36 PM  
**Time Spent:** 22:47:03  
**IP Address:** 61.68.42.146

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

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**Q2** Which of the following options best identifies your primary work location? **New South Wales**

---

**Q3** 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.

it appears to be complete

---

**Q4** Are there any additional criteria that should be included?

no

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

appears well done

---

**Q8** 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)?

yes

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes

---

**Q12** Are there any other issues that should be considered?

no

---

#36

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 18, 2018 5:56:48 PM  
**Last Modified:** Wednesday, July 18, 2018 6:04:30 PM  
**Time Spent:** 00:07:42  
**IP Address:** 130.220.181.94

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **South Australia**

**Q3** 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.

Yes they do, however, where it states registered nurses are responsible for the ducation of others, this is far too generic. Registered nurses are responsible for the education of other health care professionals, less experienced or less qualified nurses, patients and the public. This needs to be made explicit.

**Q4** Are there any additional criteria that should be included?

See what I wrote in question three.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes it does

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I do not have any

**Q8** 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. what do you refer to with the term graduate. Is this a new registered nurse in the first year of practice, or someone returning to nursing. What additional education is required here, will this be a national , state, of health service approach?



**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes, there is too many rather loose definitions of simulation...this certainly needs tightening up.

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

A much great national effort to promote social media. There is too much focus on systems within hospitals that are cumbersome, when nurses and health consumers are looking for fast and immediate access to information, or dissemination of it. There is an enormous amount of work to do here.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

I believe so

---

**Q12** Are there any other issues that should be considered?

There needs to be more work around regulation of roles between enrolled and registered nurses,. The line between the two is becoming blurred.

---

#37

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 19, 2018 8:32:59 AM  
**Last Modified:** Thursday, July 19, 2018 8:47:03 AM  
**Time Spent:** 00:14:04  
**IP Address:** 203.28.150.132

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

Mostly but not overtly

**Q4** Are there any additional criteria that should be included?

A statement related to medication prescribing & administration (that include duty of care, consent, safety & professional conduct) would be useful to be included into Standard 3. As this is such an important area in public safety and must be addressed in all programs of study

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Not that I can seeYes

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The draft standards seem to be appropriate

**Q8** 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)?

I do not think so  
See my answer to Question 4

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

The proposed definition should be adopted but I do not believe that simulation should be included as part of the 800 hrs of clinical practice requirements

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Basic understanding of health informatics and digital health technologies is important and need to be discussed and practiced where able

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

It is important for students to have oversight in the clinical environment by a RN. However, this is becoming more and more difficult with the increase of ENs in the workforce. This is a trend in all health care facilities due to cost, and this will impact significantly on student nurses if facilities determine that they do not wish to use educational facilitators.

---

**Q12** Are there any other issues that should be considered?

I have included my suggestions  
Thankyou for this opportunity to be included

---

#38

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 19, 2018 10:55:20 AM  
**Last Modified:** Thursday, July 19, 2018 11:08:43 AM  
**Time Spent:** 00:13:22  
**IP Address:** 139.230.253.14

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Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
Other (please specify):  
Edith Cowan University, School of Nursing and Midwifery

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**Q2** Which of the following options best identifies your primary work location?

**Western  
Australia**

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## RNAS Survey 2

**Q3** 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.

The draft standards to cover the required knowledge, skills and attitudes, although there are criterion that need clarification or amendment as follows:

'1.2 Person receiving care gives informed consent to care provided by students.'

Guidance that verbal consent will be accepted is necessary to avoid ambiguity in this criterion.

'1.11 Any multiple entry pathways for which students receive block credit or advanced standing (other than on an individual basis) meet Registered Nurse Accreditation Standards.'

Where block credit or advanced standing is given it is following a process where the program (EN) or curriculum is mapped against the accredited RN course units to assess equivalence. The accredited course is approved as having met the standards though the curriculum and course design. Guidance is needed that this mapping would be accepted as appropriate evidence.

'2.5 There is relevant input to the design and management of the program from external representatives of the nursing profession including Aboriginal and Torres Strait Islander peoples and other relevant stakeholders.'

Guidance is required on external representatives. For example, would utilising the curriculum developed by CATSIN&M to inform the design of the curriculum be sufficient. 'Representative bodies or individuals' may be better wording.

'3.3 ... content related to mental health integrated throughout the program'

Why is this content specified when other equally important content such as physical health, management of disease etc not?

'3.5 Cultural safety is integrated within the program and clearly articulated as required disciplinary learning outcomes'

Consider inclusion of cultural competence as well as safety in this standard.

'3.11 All staff teaching into the program, including clinical supervisors, are suitably qualified, registered and experienced to deliver the units that they teach.'

Clinical supervisors are not teaching into the program but rather supervising clinical practicums. Clinical supervisors need to be a separate criterion and removed from 3.11 to avoid any confusion between the TEQSA requirements for academics teaching into a program and professional practicum supervision.

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**Q4** Are there any additional criteria that should be included?

No

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**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes, it reduces duplication

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**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Respondent skipped this question

**Q8** 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)?

Yes

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

The statement against 3.2 is adequate. The addition of standards to specific emerging trends takes time away from teaching the 'fundamentals of nursing'. The focus should be more about responsive curricular that can incorporate trends into content appropriately.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

There is no reference to what is expected to be 'known' by a graduate on completion of their course. Is it that they will be able to nurse people across the lifespan who present to health care services with compromised wellbeing that ranges in severity, and contributes to illness prevention or harm minimisation as part of fundamental nursing care? What is it that we expect all Australian nursing graduates to be able to do as a beginning practitioner? Standards 3.2 and 3.3 seem to leave it up to the individual course to decide, but I would argue there is minimum expectation of what a graduate RN is equipped for. In midwifery, for example, it is evident in the accreditation standards that graduates must be able to safely and competently (including culturally competently) assess women's and fetus' health status, plan care (including consulting and referring with other HCPs), implement and evaluate care for childbearing women of all obstetric risk profiles (in an interdisciplinary team if necessary) until 6 weeks postpartum, and for the neonate from birth to 6 weeks – it's very specific.

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#39

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 19, 2018 12:06:54 PM  
**Last Modified:** Thursday, July 19, 2018 12:29:14 PM  
**Time Spent:** 00:22:19  
**IP Address:** 147.41.128.34

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
 Other (please specify):  
 DOE Tasmania

**Q2** Which of the following options best identifies your primary work location?

**Tasmania**

**Q3** 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.

Yes. I believe having 5 standards as oppose to 9 will provide better clarity and more consistency.

**Q4** Are there any additional criteria that should be included?

providing a better link to the RN standards of practice, clearer direction for students post qualification.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

I believe that there is a little bit of repetition but often shown in a different context which will be beneficial.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I think the use of flowcharts could help assist staff in direction.

**Q8** 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)?

Somewhat. But most areas have their own PD around these areas which are area specific

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Not sure about the term, simulated learning, blended learning would incorporate all learning aspects and environments better with sub headings of simulated learning, practical etc

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

As above. Also acknowledging on- line development which could include digital portfolio becoming standard practice and could include E certificates for any face to face training done.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

As the basics around nursing practice, legal requirements and ethics, yes.

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**Q12** Are there any other issues that should be considered?

Not at present

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#40

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 20, 2018 9:32:46 AM  
**Last Modified:** Friday, July 20, 2018 9:37:03 AM  
**Time Spent:** 00:04:17  
**IP Address:** 99.89.94.70

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

**Q2** Which of the following options best identifies your primary work location? **National,**  
Other (please specify):  
United states

**Q3** 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.

Need online exam like NCLEX RN

**Q4** Are there any additional criteria that should be included?

Yes, English language should be excluded for nurses who would like to get Australia licence if they are working as RN in any other English speaking country more than a year irrespective of their native country

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Ni

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

N/aa

**Q8** 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)?

Yes

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Training

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

Language proficiency for international nurses

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#41

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 20, 2018 4:30:51 PM  
**Last Modified:** Friday, July 20, 2018 4:33:21 PM  
**Time Spent:** 00:02:29  
**IP Address:** 103.39.136.65

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse clinician**

**Q2** Which of the following options best identifies your primary work location? **Victoria**

**Q3** 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.

yes

**Q4** Are there any additional criteria that should be included?

no

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria? **Respondent skipped this question**

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist? **Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards. **Respondent skipped this question**

**Q8** 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)? **Respondent skipped this question**

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards? **Respondent skipped this question**

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q12** Are there any other issues that should be considered?

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Respondent skipped this question

#42

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 20, 2018 5:10:16 PM  
**Last Modified:** Friday, July 20, 2018 5:34:40 PM  
**Time Spent:** 00:24:23  
**IP Address:** 103.18.48.33

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**

**Q3** 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.

Recommend a greater number of workplace experience days as 800 hours is not sufficient to create confident job-ready graduates. Include specific achievements in assessment of anatomy and physiology as levels of knowledge in this area very poor, and no link to A&P in critical thinking in many graduate nurses I have encountered

**Q4** Are there any additional criteria that should be included?

Specific criteria in anatomy and physiology and the impact of ill health on human function

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

**Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

**Respondent skipped this question**

**Q8** 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)?

This was not clear.

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

**Respondent skipped this question**

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

vaguely

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**Q12** Are there any other issues that should be considered?

**Respondent skipped this question**

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#43

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 20, 2018 6:24:06 PM  
**Last Modified:** Friday, July 20, 2018 6:31:28 PM  
**Time Spent:** 00:07:22  
**IP Address:** 220.158.190.179

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location? **Western Australia**

**Q3** 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.

Yes

**Q4** Are there any additional criteria that should be included? **Respondent skipped this question**

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria? **Respondent skipped this question**

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist? **Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards. **Respondent skipped this question**

**Q8** 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)? **Respondent skipped this question**

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No. The word "replace" should be removed from the definition

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

---

Respondent skipped this question

**Q12** Are there any other issues that should be considered?

---

Respondent skipped this question



#44

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 23, 2018 3:21:40 PM  
**Last Modified:** Monday, July 23, 2018 3:28:39 PM  
**Time Spent:** 00:06:59  
**IP Address:** 115.186.197.50

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## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
Other (please specify):  
Torrens University

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**Q2** Which of the following options best identifies your primary work location?

**National**

---

**Q3** 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.

YES

---

**Q4** Are there any additional criteria that should be included?

NO

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

NO

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

YES

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The standard related to appropriately educated clinical supervisors/preceptors will be hard to achieve as most education providers that use health service staff have little control over who are nominated as preceptors /supervisors and have no control over their education preparation.

---

**Q8** 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)?

YES

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

YES

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

The inclusion of these standards ensures that this material is included and not an optional component of the curriculum.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

YES. See previous statement regarding the educational preparation of clinical supervisors/preceptors.

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**Q12** Are there any other issues that should be considered?

NO

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#45

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 24, 2018 5:27:21 PM  
**Last Modified:** Tuesday, July 24, 2018 5:41:26 PM  
**Time Spent:** 00:14:04  
**IP Address:** 203.193.213.30

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## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Health service manager**,  
 Other (please specify):  
 As Chief Nursing Officer

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**Q2** Which of the following options best identifies your primary work location?

**Victoria**

---

**Q3** 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.

Yes as best as they can at a high level

---

**Q4** Are there any additional criteria that should be included?

no

---

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no

---

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

yes very much so

---

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Recommend thought to increase clinical placement hours or mandate simulation in addition.

---

**Q8** 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)?

Further detail required with regards to prescribing particularly safe guards small rural practices

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

To expand standard 3 point 3.2 as mandatory training with potentially its own subject. Taught by suitable and experienced lecturers.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

yes at a high level

---

**Q12** Are there any other issues that should be considered?

Recruitment of student supervisors need to be adequately trained and skilled to provide quality clinical support. The traditional of ratio of 1 to 8 is inadequate given current complexity of nursing care. The duration of placement should be extended wherever possible.

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#46

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 24, 2018 7:23:56 PM  
**Last Modified:** Tuesday, July 24, 2018 8:04:20 PM  
**Time Spent:** 00:40:23  
**IP Address:** 132.234.145.155

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse**  
**researcher**

**Q2** Which of the following options best identifies your primary work location? **Queensland**

**Q3** 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.

Yes. Standard 3.3 asks the provider to ensure that the learning outcomes ensure achievement of the Registered Nurse Standards for Practice.

**Q4** Are there any additional criteria that should be included?

No

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Yes. I believe there is considerable overlap between 3.7, 3.10, and 4.7. With some care these could easily be amalgamated into one criterion that deals with sufficient resourcing at program level> if the program is sufficiently resourced then by definition the L&T environments will also be, including the WIL environment. Both 4.7 and 3.7 refer to sufficient resourcing for placement.

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

It does reduce duplication but there is still one key area of duplication already described in answer to question 5.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

1.9 seems to me to be covering two different things. The first statement is about equitable and transparent processes for admission which has nothing to do with the standard 'public safety' that this is currently sitting in. the remainder of the item 1.9 deals with patient safety through clear requirements for English language competency. These two things should be separated. The first aspect is governance.

The other query relates to item 3.11 which states that all staff must be registered. currently we have physiologists teaching human physiology who are not RNs. I believe we should be able to continue using non-RNs to do so if there are no suitable qualified RNs with A&P quals. The item may then need to be reworded to indicate registration for staff teaching nursing specific courses.

**Q8** 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)?

Yes although I am unclear how criterion 3.6 contributes to this.

---

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Criterion 3.3 could be slightly reworded to make the inclusion of health informatics and digital health technologies mandatory, for example:

3.3 Program content reflect contemporary and emerging trends in health and education, includes health informatics and digital technologies, and is research and evidence-based.

---

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#47

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 25, 2018 3:49:32 PM  
**Last Modified:** Wednesday, July 25, 2018 4:06:21 PM  
**Time Spent:** 00:16:49  
**IP Address:** 121.45.172.168

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse researcher**

**Q2** Which of the following options best identifies your primary work location? **Tasmania**

**Q3** 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.

essentially they do cover the required knowledge, skills and attitudes but a supplementary explanation/extension would be useful in relation to minimum and preferred levels of interpretation

**Q4** Are there any additional criteria that should be included?

No, just some expansion would be good

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

there appears to be minimal duplication

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

structure is relatively clear. additional explanatory notes would be useful for educators and assessors when considering application of the standards

**Q8** 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)?

essentially yes

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

yes but it is important to have a statement demonstrating the possible breath of simulation types available as well

---

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

3.11 All staff teaching into the program, including clinical supervisors, are suitably qualified, registered and experienced to deliver the units that they teach. – It would be good if there were specific requirements for competence of teaching staff in the area of health informatics and health technology. International NI competencies for a range of nursing roles have been identified and published in

“Forecasting Informatics Competencies for Nurses in the Future of Connected Health”, Editors: Murphy, J., Goossen, W., Weber, P., Studies in Health Technology and Informatics, 232 pp. 41-48. ISSN 0926-9630 (2017) open access available at <https://www.iospress.nl/book/forecasting-informatics-competencies-for-nurses-in-the-future-of-connected-health/>

In particular Kinnunen, UM and Rajalahti, E and Cummings, E and Borycki, EM, “Curricula Challenges and Informatics Competencies for Nurse Educators”, Studies in Health Technology and Informatics, 232 pp. 41-48. ISSN 0926-9630 (2017)

Reference 16 is incorrect. It should be: Australian College of Nursing, Health Informatics Society of Australia, and Nursing Informatics Australia, Nursing Informatics Position Statement, 2017, [https://www.hisa.org.au/wp-content/uploads/2017/08/Nursing-Informatics-Position-Statement\\_06082017.pdf](https://www.hisa.org.au/wp-content/uploads/2017/08/Nursing-Informatics-Position-Statement_06082017.pdf)

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Essentially yes but there is so much dependent upon the individual educational institution that ensuring this is difficult

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**Q12** Are there any other issues that should be considered?

for new areas such as health informatics and some types of simulation it would be useful for there to be a recommended protocol for what should be included as a minimum. With the introduction of health informatics I have seen that different courses are including this in many different ways. The minimum that is happening is a single unit that includes discussion of health informatics issues, this is insufficient for entry-to-practice. There are educational informatics experts available who could advise on what should be included and how staff should be trained to deliver this content

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#48

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 27, 2018 12:05:23 PM  
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## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
Other (please specify):  
Australian Primary Health Care Nurses Association (APNA)

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**Q2** Which of the following options best identifies your primary work location?

**National**

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**Q3** 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.

**Respondent skipped this question**

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**Q4** Are there any additional criteria that should be included?

Suggested additional criteria: The program has a discrete unit specifically focused on primary health care nursing including breadth of the role and scope of practice.

The pressure on Australia’s primary health care services is rapidly increasing due to an ageing population, rising patient expectations and increasing rates of chronic disease. This increased demand for healthcare services is resulting in a growing burden of healthcare costs, particularly in the hospital system. An effective primary health care system can prevent or more appropriately manage patients to reduce costly hospital admissions.

In Australia, over 180,000 nurses work outside of the hospital setting. 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. In Australia, nurse practitioners, registered nurses (RN) and enrolled nurses (EN) 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, the community health sector and roles within social service settings
- general practice
- 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
- 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.

It is predicted that by 2030 there will be an undersupply of primary health care nurses in Australia. APNA believes that better supporting nurses with adequate training in primary health care is likely to assist with recruitment and retention of the workforce.

It appears that primary health care nursing training and student clinical placements are currently inconsistently implemented across Australia. Therefore APNA believes that an additional criteria within the RN accreditation standards focusing on primary health care nursing will assist with greater uniformity in education and training across the country.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

**Respondent skipped this question**

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

**Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

**Respondent skipped this question**

**Q8** 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)?

**Respondent skipped this question**

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

**Respondent skipped this question**

**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

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Respondent skipped this question

**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

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Respondent skipped this question

**Q12** Are there any other issues that should be considered?

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Respondent skipped this question

#49

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 27, 2018 3:55:35 PM  
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**Time Spent:** 00:28:58  
**IP Address:** 58.163.137.82

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

The standards are rather generic compared to the previous standards. There is also an absence of specific detail and a number of the terms used to describe the standard are difficult to measure. For example,

1.6 - Students are supervised by an appropriately qualified and experienced RN - what is appropriate?

1.8 Student impairment and screening processes are in place and effective. What is effective?

3.7 Teaching and learning environments are sufficiently equipped. What is sufficient? A cereal box dressed up as a defib?

**Q4** Are there any additional criteria that should be included?

There doesn't seem to be a standard relating to feedback from students.  
 An emphasis on students' capacity to problem solve and critically analyse.  
 Emphasis on life long learning

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Nil

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

I did not observe any duplication

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I don't see the need to reduce the standards to only 5. I am aware that other health disciplines have done so. The 2012 standards appeared to offer more detail.

**Q8** 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)?

The level of detail in the draft standards makes this difficult to assess. I note in Table 3 that the relevant standards are cross referenced, it seems that only one of these, 5.4 directly relates to medication knowledge. Perhaps an additional standard that relates to a students capacity to assess and evaluate patients within their scope of practice is required, as these are both critical aspects of the prescribing process.

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

I believe so

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Respondent skipped this question

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No, there really isn't a level of detail in the draft standards to enable the required learning outcomes to be captured.

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**Q12** Are there any other issues that should be considered?

Consider including in the draft standards that a specific percentage/aspect of learning is inter-professional.

The standards have always been fairly generic and open to interpretation by tertiary institutions. I believe that a national examination would be of enormous benefit to the standardisation of registered nurse education in Australia. This would be beneficial to the preparation of nurse practitioners as well. It may also ease the transition and registration of overseas nurses.

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#50

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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**Time Spent:** 14:54:36  
**IP Address:** 210.87.21.10

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
 Other (please specify):  
 Nursing and Midwifery Council of NSW

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**

**Q3** 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.

The proposed five standard accreditation framework provides clarity, contributes to inter-professionalism and supports robust implementation. The new standards cover all the areas identified in the previous standards. The Council considers the new proposed standard to be more robust.

**Q4** Are there any additional criteria that should be included?

1. The Council recommend that the Codes of Conduct, Ethics and the Standards for Practise are used to assess practitioners when undertaking both theoretical and clinical work throughout their course. A greater understanding of the regulatory framework under which nurses and midwives and other health practitioners practise is also required. Where ever tone of these standards are referenced all three standards should be referenced.

2. 1.8 criteria should add mandatory reporting when appropriate i.e. Student impairment screening and management processes, including when necessary mandatory reporting to the regulator, are in place and effective

3. Communication is essential for safe practice, informed consent, patient centred care and inter-professional collaboration. The Council recommend that the criteria in the standard for safe care or the program of study, include criteria where communication skills and strategies are integrated and assessed to throughout the course to facilitate safe, patient centred care, informed consent, and inter-professional collaboration.

4. It is recommended that Pre entry requirements to enrolling into University or other courses include a review of registrations and restrictions as well as a criminal record check.

Enrolled or registered nurses and midwives may be undertaking a course to obtain a second qualification. Any restrictions on registration can significantly impact on their ability of students to complete clinical training. Patient safety may also be an issue if the student does not advise the University of pre-existing restrictions on registration. Students who may be suspended from one university for conduct may also apply to a second university.

ANMAC and the NMBA may wish to consider the value of requiring universities to define inherent requirements for entering a course

## RNAS Survey 2

leading to registration. Universities have difficulty under the Discrimination Act in preventing students entering the course although they may not have the inherent requirements for safe practice as a nurse or midwife. There are examples where universities have difficulties placing students without significant supports which may not be achievable in practice on completion of the course, or where the lack of these supports may result in unsafe practice.

Alternatively information about the supports provided to students during their progress through the course should be provided to the NMBA to determine whether the applicant is: safe to practice, require conditions on registration for safe practice or the application for registration should be refused.

5. The Council recommend adding an additional criteria to the student experience standard: e.g. Educational Providers and Healthcare Services, have robust safe cultures and processes for managing bullying and harassment

6. The Council ANMAC and the NMBA consider the advantages and disadvantages of a National exam. This would allow for to allow for greater flexibility and diversity in courses while maintaining assessment of the outcomes required and increased transparency of the quality of the courses.

7. It is recommended that further detail be provided in relation about the clinical placements in standard 3 – program of study e.g. Workplace experiences provide appropriate and timely opportunities for experiential learning of curriculum content that is progressively linked to attaining the current Standards of Practice for the Registered Nurse.

8. The Council recommend that mental health is a discrete unit as well as being integrated throughout the program due to the level of mental health issues in the community and patient population and differences across developmental stages.

9. One of the areas missing from the standards is the development of student knowledge and skills in appropriate supervision and delegation of unregulated workers and less experienced health professionals which is one of the criteria required of a registered nurse on graduation.

10. The program of study standard could also be strengthened by providing a criteria that requires clear description of the preparation, qualifications, roles and responsibilities for facilitators and clinical supervisors and assessors supporting teaching and learning in the course. The agreement between the education facility and the clinical facility must have these responsibilities clearly articulated as some of these functions may be undertaken by staff within the clinical environments.

There have been some instances where universities use agency nurses for facilitation. There is potential for these individuals to be poorly prepared for the role, have a limited understanding of the curriculum, or the specific learning objectives; and possibly lack experience in facilitation. Clinicians who may be supervising and assessing students in the clinical context may also have a poor understanding of the learning objectives or needs of students in a particular course due to the number of Universities using the clinical facilities and differences in course structure and content. This may be particularly problematic if the placement is not linked to the specific learning objectives of the subject being undertaken by the student due to lack of relevant placements.

11. It is recommended that criteria 2.4 includes mechanisms to get feedback from the industry for their graduates and be responsive to the feedback.

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**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No Deletion

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**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

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**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

The Council supports strengthening of the English language standard for 1.9a. It is recommended that ANMAC Consider further clarification of requirements required for English language at the time of enrolment. Poor English may result in poor student outcomes and unsafe practise in complex health settings.

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**Q8** 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)?

The draft standards support the learning outcomes required for safe prescribing via a structured prescribing arrangement. The assessment of safe medication administration should also be a focus for attention; this ensures that safe practice is achieved.

5.4 – The Council recommend including medication prescribing as well as administration and calculation in the standard.

The impact, on the recognition of prior learning for enrolled nurses, as a consequence of their previous education as a nurse should be considered to determine gaps and any further education that required in the medication area for enrolled nurses related to proposed changes related to prescribing for registered nurses.

The Council has received complaints about enrolled nurses, who are undertaking a registered nurse program. These enrolled nurses sometimes have been assessed by the Council as not meeting the standards for an enrolled nurse. Where this occurs conditions on registration are usually imposed requiring further education and supervision of practice.

Frequently enrolled nurses have been provided with recognition of prior learning by the universities based on the assumption that they meet the standards required for an enrolled nurse. ANMAC may wish to consider ways of managing such cases either by ensuring that all enrolled nurses do have the assumed knowledge and skills prior to providing recognition of prior learning or a process for managing such cases in the event that an enrolled nurse has been identified by the NMBA or the Council as not meeting the enrolled nurse standards. Universities have anecdotally reported to the Council that such cases are difficult for them to manage under current University rules.

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

The Gaba definition should be adopted. The Consultation Paper justifies its adoption (p18).

The provision of guidance for education providers about the use of simulated learning - via an explanatory note is strongly supported. The Council supports initiatives that bring clarity and standards to the range and variety of purpose of learning activities that are provided as 'simulated learning'; in the interests of promoting evidence-based practices that strengthen students' entry to practice as safe practitioners. The Council would also support that students are assessed in simulated environments prior to clinical placements to facilitate safety.

The Consultation Paper concludes that the minimum practice hours (800) will remain exclusive of simulated learning experiences. This establishes a foundation requirement across all nursing programs; the Council supports this as it establishes a baseline nationally, across quite disparate professional practice experiences currently provided within nursing programs. This baseline upholds minimum requirements to promote the students' entry to practice as safe practitioners.

The Council also support practice, in variety of settings to develop critical thinking and clinical judgment in real life scenarios

Content of Course – Standard 3 – Program of Study – There is insufficient information about the range of experiences necessary to be completed by a student. There is a difference in having a course that demonstrates a variety of clinical placement settings and students experiencing a diversity of clinical experiences. There have been some examples of cases where complaints have been made about the performance of new graduates (< 2years) were they have had very little experience within an acute care context during their education.

Experience and assessments in a variety of acute and community clinical settings is required to ensure a safe practitioner. It may also be useful for transcripts to list placements to enable employers to determine how much support a new graduate may require initially to ensure safety in a particular context of practice.

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

The Council supports the recognition of nursing informatics and nursing technologies as essential curriculum content in all nursing education programs. This needs to be coupled with related health ethics learning, and the recognition of technology stress management.

The embedding of Continuing professional development as a professional requirement within education programs will support the continuing demands for technological and ethical knowledge/skills. The Council supports the use of the National Informatics Standards (ANMF).

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

The draft standards do support quality professional learning experiences.

There is a need to ensure that the academic and clinical student learning environments are culturally safe and free of bullying and harassment. This appears to be addressed to some extent in the Safety and the Governance criteria but could be strengthened with an additional criteria requiring that learning experiences and workplace experiences take place within safe cultures – Under Standard 4 Student Experience.

**Q12** Are there any other issues that should be considered?

The following questions have been raised by members of the Council:

How effectively are RN Standards for Practise and Code of Conduct embedded into education programs; through curriculum content, assessment, professional experiences?

How effectively are education programs contributing to students' knowledge of professional regulation?

How effectively are education programs contributing to students' commitment to 'lifelong learning'; more specifically self --reflection on practice, CPD planning, implementation and evaluation, and peer review and patient feedback as elements fundamental to ongoing safe practice?

How effectively are students prepared for contemporary mental health nursing practice?

Should all students experience group clinical supervision within education programs (as preparation for graduate clinical supervision and delegation)?

Should there be movement towards a national standardised assessment of medication competence (pre- entry to practice)?

How effectively do education programs prepare students to contribute to safe workplace cultures, and to uphold safe practice in unsafe workplace cultures?

To what degree are we embedding the Code of Conducts, the standards of Practise, CPD and an understanding of regulation and professionalism within courses?

To what degree are we preparing registered nurses for leadership, change management; quality assurance and quality improvement to ensure agile, and safe practice which is resilient in times of rapid change and within potentially adverse contexts?

To what degree can the public (and students) hold universities to account? In the USA, the success rates of nursing education facilities are evaluated and publically available in eg successful completion rates. A national exam may assist in this process. Rate of success in in students obtaining a position in a new graduate program could be another variable.

The Council also suggests that ANMAC and the NMBA consider whether it is appropriate for regulators to collect data about regulatory complaints related to new graduates, and students the issues and the universities in which they trained. This may identify trends for particular universities or for particular performance issues that could be addressed during the accreditation review of universities or at reviews of accreditation standards. New registered graduates can work anywhere in Australia. Information about new graduate and student complaints should be collected, by the NMBA and reported. Confidentiality and privacy issues also would be need to be addressed.

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#51

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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**IP Address:** 14.201.138.230

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Registered nurse clinican,**  
 Other (please specify):  
 Nurse unit manager

**Q2** Which of the following options best identifies your primary work location?

**Victoria**

**Q3** 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.

There is insufficient guides on the expectations of the universities in preparing the clinicians in the clinical areas for a) what to expect of their students during the placement b) what skills they have learnt/should be focusing on c) standardised assessment processes d) development of clinicians to support/develop the undergraduates.

**Q4** Are there any additional criteria that should be included?

The guideline still allows each school of nursing to develop their own curricula and assessment processes. This has a significant impact in the clinical areas where we receive students at all levels of their undergraduate course for their placement. There is little to no information provided to the wards that are hosting the students about the what the objectives of the placement are. Different education providers also have different models for clinical placement - preceptorship (where the responsibility rests on the clinician in the ward) to clinical teacher (who often has limited understanding of the hospital/ward/specialty). Again this significantly impacts on the students professional clinical learning. An additional criteria that needs to be included must focus on the need for a) clear communication to the ward/unit level regarding the expectations of placement and what they have learnt leading up to that placement and b) clearer support structures for both preceptor and clinical teacher models.

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

No.

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

There is not enough focus on the role and responsibilities of the education provider preparing the clinical environment to receive their students. There is also no guidelines for the responsibilities to the hospital regarding their roles and responsibilities during a clinical placement.

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**Q8** 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)?

Yes.

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes.

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

I think that the use of technologies (pro's and con's) should be discussed explicitly. While increasingly used at point-of-care they are often not the panacea that they are hyped up to be and students should have a 'big picture' view of the rationale for their use as well as known limitations of their use.

It would be great if the universities were aware of the different digital programs being used at the hospitals where they are sending their students. Labs that use different technology would be useful.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

No. There needs to be more specific information about student curricula and learning (skills/knowledge) provided to the clinical areas prior to their placement. There also needs to be significantly better communication from the university to the wards where their students are placed so that the objectives of the placement are known, not left to individual students. The different curricula, specifically timing of learning, between universities makes the job of the clinicians incredibly difficult. There is also no information provided to the wards about the duration since the students last placement, what their placements have been thus far in their course (we recognise that there are limited placements but knowing if a student has not had an acute placement in 12 months would support our teaching approach). The clinical environment currently exists in a vacuum of information about the objectives of each clinical placement, the expectation of what students should achieve during their placement and any knowledge about individual students previous experience and performance. The latter is important because it would enable the ward to provide the right support structures and be quicker to act/report.

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**Q12** Are there any other issues that should be considered?

No.

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#52

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
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**Time Spent:** 00:20:33  
**IP Address:** 175.32.8.80

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
 Other (please specify):  
 Epworth Healthcare

**Q2** Which of the following options best identifies your primary work location?

**Victoria**

**Q3** 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.

**Respondent skipped this question**

**Q4** Are there any additional criteria that should be included?

**Respondent skipped this question**

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

**Respondent skipped this question**

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

**Respondent skipped this question**

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

**Respondent skipped this question**

**Q8** 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)?

**Respondent skipped this question**

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

Yes we agree that this definition should be adopted as per the rationale provided and also look at the Patient Safety Competency Framework for Nursing Students

Patient Safety Competency Framework for Nursing Students

Levett-Jones, T. Dwyer, T., Reid-Searl, K., Heaton, L., Flenady, T., Applegarth, J., Guinea, S., Andersen, P. (2017). Patient Safety Competency Framework (PSCF) for Nursing Students.

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Standard 3.2 covers it but maybe look at including in Standard 5 in assessment

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Respondent skipped this question

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**Q12** Are there any other issues that should be considered?

Respondent skipped this question

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#53

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 30, 2018 8:31:16 AM  
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**Time Spent:** 00:36:00  
**IP Address:** 101.179.72.61

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
 Other (please specify):  
 Education Provider

**Q2** Which of the following options best identifies your primary work location?

**Queensland**

**Q3** 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.

Mostly, some concerns raised follow:

Standard 1

1.2: Person receiving care gives informed consent to care provided by students. How would the academic partner monitor/evidence this? Is the intention that this requirement would be included in the industry partner agreement?

1.5: Would this also be evidenced in the Industry Partner agreement?

1.8: Could student impairment be defined? For example, does this relate to inherent requirements for a program of study?

Standard 3

3.4: Inter-professional learning needs to be defined because there is no consistent use of the terminology. This would be important for interpreting the evidence needed for accreditation. Multidisciplinary team work is also important; should this be included in the criteria?

3.11: A science related course could be taught by a scientist who is suitably qualified and experienced to teach. However, they may not be a RN. Does the writing of this statement allow a scientist to teach in science related courses?

**Q4** Are there any additional criteria that should be included?

None identified

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

Discussed in question 3

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Respondent skipped this question

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**Q8** 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)?

Concern is raised for prescribing; further industry consultation is required for this topic.

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

The definition is appropriate.

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

Ideally a specific content needs to be included in a program of study to address this increasingly important topic. This needs to be early in the program and then concepts need to be translated across the program as appropriate.

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

Yes

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**Q12** Are there any other issues that should be considered?

Specific issues have been included in responses above.

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#54

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 30, 2018 11:24:48 AM  
**Last Modified:** Monday, July 30, 2018 11:37:55 AM  
**Time Spent:** 00:13:07  
**IP Address:** 220.233.210.203

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
 Other (please specify):  
 Leading Age Services  
 Australia

**Q2** Which of the following options best identifies your primary work location?

**Australian Capital Territory**,  
 Other (please specify):  
 National

**Q3** 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.

Leading Age Services Australia (LASA) believes that Registered Nurse Education should have a gerontology component and a palliative care component.

**Q4** Are there any additional criteria that should be included?

no comment

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

no comment

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

no comment

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

Leading Age Services Australia (LASA) is a peak body of providers of aged care. In view of Australia's ageing population, we would welcome if registered nurses received a strong gerontological grounding in their undergraduate education. The number of people expected to die will double in the next 40 years and LASA believes that end-of-life care and palliative care should be included in the undergraduate education for all registered nurses.

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**Q8** 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 comment

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

no comment

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

no comment

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

see above comments

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**Q12** Are there any other issues that should be considered?

LASA would welcome if clinical experience in the aged care setting for student nurses was offered to all student nurses. This could be achieved through universities forming partnerships with aged care providers.

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#55

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 30, 2018 1:39:26 PM  
**Last Modified:** Monday, July 30, 2018 1:52:15 PM  
**Time Spent:** 00:12:48  
**IP Address:** 27.32.194.252

Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding? **Registered nurse researcher**

**Q2** Which of the following options best identifies your primary work location? **New South Wales**

**Q3** 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.

Yes, although some of the qualifying adjectives are a bit vague - eg "sufficient" in 3.7

**Q4** Are there any additional criteria that should be included?

I think the prescribing criteria need to be clearer

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

No- there has been quite enough amalgamation

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Yes

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

I am please we are retaining 800 hours for clinical practice. Even though I am firmly of the view that simulation has much to offer as an educational tool, I believe reducing the patient contact hours might impact adversely on perceptions of our students

**Q8** 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, I believe this needs to be far more explicit. 5.4 sounds little different to current teaching

**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

No, I do not believe the word "replace" should be in the definition. Simulation is simply not the same as clinical. You already have the term "amplify" and I think a better second choice would be to "complement" real experiences

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

I think 3.2 is fine

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

4.7 was again a bit vague for my liking. "Appropriate" - for what? This would only work if you say "regularly assessed, evaluated and modified if found to be lacking"

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**Q12** Are there any other issues that should be considered?

In student experience there is no mention of student safety. There is also no indication in the document of the range of practice settings required

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#56

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 02, 2018 9:10:22 PM  
**Last Modified:** Thursday, August 02, 2018 9:43:38 PM  
**Time Spent:** 00:33:16  
**IP Address:** 144.136.172.69

## Page 1: Registered Nurse Accreditation Standards Consultation Survey 2

**Q1** Which ONE of the following roles best describes your perspective when responding?

**Nominated organisational representative (please specify organisation name in text box below)**

,  
 Other (please specify):  
 Alfred Health

**Q2** Which of the following options best identifies your primary work location?

**Victoria**

**Q3** 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.

Moving to 5 standards is fine as the standards that have been merged so no loss of requirements. The 5 standards appear less prescriptive and may have more room for interpretation

**Q4** Are there any additional criteria that should be included?

1.6 the definition of registered nurse needs clarification as enrolled nurse is also registered and would need to buddy with an enrolled nurse perhaps add terms to the glossary

**Q5** Are there any criteria that could be deleted or amalgamated with other criteria?

4.7 resources need to be defined as either from the education provider or the clinical placement provider

**Q6** Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

This is covered satisfactorily in 1.3;1.6;2.1;3.8;5.3 and 5.6

**Q7** Please provide any other feedback about the structure and/or content of the draft standards.

1.8 how would "effective" be measured suggest remove this word if it can't be defined

1.9 are we asking the applicant of the NMBA to provide a formal English language skills test when applying for registration. The statement states the applicant should provide the test results - could this be rewritten

5.6 this is dependant on the support model for students used by the clinical placement provider

Professional Experience Placement is this the same as Professional Practice Experience in the glossary if not could this be defined

**Q8** 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)?

This is covered satisfactorily in 1.3; 1.6; 2.1; 3.8; 5.3 and 5.6

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**Q9** Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

The definition includes the words "replace" real experience which ideally it should but in real life this is not the case a better definition would be simulation is an adjunct to real experience.

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**Q10** How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

The inclusion of informatics technologies is answered within the document from page 10 onwards there are a list of cues within each outlining identifiable measurable outcomes relating to each of the three sub domains. These should be incorporated into the curriculum and should be a pre registration requirement to assist in development of work ready applicants at point of registration in much the same way as they have been highlighted in the inclusion of ATSI .i.e where appropriate this should be articulated as a requirement of the curriculum 3.2; 3.3; 1.3; 1.5; 3.8; 3.9; 4.7; 5.3; 5.4; 5.5

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**Q11** Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

This does not appear to be sufficient to meet commonly reported elements of quality that is listed in stage 1. For example 2.4 and 2.5 leave it up to the education provider to determine who this is relevant this should be more clearly articulated i.e representatives from the clinical placement providers

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**Q12** Are there any other issues that should be considered?

**Respondent skipped this question**

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