

# Review of Registered Nurse Accreditation Standards

Consultation paper 2

For stakeholders

June 2018

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## Executive summary

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is appointed by the Nursing and Midwifery Board of Australia (NMBA) as the independent accrediting authority for nursing and midwifery programs of study, with responsibility for maintaining and facilitating the development of accreditation standards leading to registration as a nurse and/or a midwife. ANMAC follows a five-year cyclical review to ensure standards remain current, contemporary and effective. The current Registered Nurse (RN) Accreditation Standards, approved in 2012 are now due for review.

This paper contributes to Stage 2 of the consultation undertaken by ANMAC to gather feedback from stakeholders. Feedback to Consultation Paper 1<sup>1</sup> identified topics for consideration which are outlined below.

### Accreditation standards framework - moving to five standards

Revision of the current RN accreditation standards provides an opportunity to improve their effectiveness while reducing the repetition of evidence required in the nine-standard framework. Consultation Paper 1 sought feedback from stakeholders on a proposal to move to a five-standard framework. Consultation Paper 2 presents draft accreditation standards modelled on the five-standard structure outlined in Consultation Paper 1. The draft standards aim to reduce complexity and duplication while enabling flexibility and responsiveness. They are designed to support innovation while ensuring core nursing knowledge and skills remain paramount. Moving to a more streamlined structure of accreditation standards is congruent with other health professions in Australia and responds in part to the recent national review of accreditation. ANMAC seeks stakeholder's views on the draft five-standard accreditation framework.

### Prescribing for graduates of an entry-to-practice program

A review of nurse prescribing currently being undertaken by the NMBA and the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) proposes models of nurse prescribing for the Australian healthcare context. Graduates of entry-to-practice nursing programs are currently required to be suitably prepared to safely supply and administer medications via protocol and/or standing orders as part of a normal scope of practice. ANMAC seeks feedback from stakeholders regarding whether or not the draft RN standards continue to support this learning outcome.

### Simulated learning

Consultation Paper 1 sought stakeholder comment on how the revised standards could better support the use of simulated learning in undergraduate nursing programs. Overall, respondents considered a clear definition of simulation was a crucial starting point from which context specific outcome criteria for inclusion in the relevant standard would flow. Based on the feedback a definition of simulation is presented for consideration. ANMAC seeks comments on whether or not the draft definition should be adopted for inclusion in the RN Accreditation Standards.

### Health Informatics and health technology

Worldwide, the context of nursing practice is changing in response to rapidly changing technology. The rapid rise in the adoption of electronic health records and the use of technologies such as mobile devices and robotics to support nursing practice means that nurses need to be equipped to

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<sup>1</sup> A summary of feedback to the Stage 1 consultation can be found on [ANMAC website](#)

respond to these advances. The rollout of patient controlled electronic health records for every Australian by 2018, together with the implementation of Australia's National Digital Health Strategy means that it is essential that the management of information and use of digital technology should be a priority in entry-to-practice nursing programs. ANMAC seeks feedback on how the accreditation standards can better support the inclusion of health informatics and health technology in undergraduate nursing programs.

### **Quality Professional Experience**

Professional experience in the clinical setting is an integral component of undergraduate nursing curricula. While quality is a difficult concept to quantify when discussing clinical learning environments, factors purported to be related with quality include, but are not limited to; a safe and supportive environment, excellent communication and collaboration between all stakeholders, quality preceptorship, effective supervision models, diverse and appropriate learning opportunities.

ANMAC seeks feedback from stakeholders regarding whether or not the draft standards support quality professional learning experiences in entry -to-practice nursing programs.

The list of questions posed in this consultation paper are outlined below. These questions are also replicated in an online survey. Stakeholders can provide feedback by:

- completing the survey
- providing a written submission to ANMAC
- attending the consultation forum

Further information on how to respond is outlined on page 9.

## **Consultation questions**

### **Accreditation Standards Framework – moving to five standards**

#### **Question 1**

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

#### **Question 2**

Are there any additional criteria that should be included?

#### **Question 3**

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

#### **Question 4**

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

#### **Question 5**

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

## **Prescribing for graduates of an entry-to-practice program**

### **Question 6**

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

## **Simulated learning**

### **Question 7**

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

## **Health informatics and health technology**

### **Question 8**

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

## **Quality professional experience**

### **Question 9**

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

### **Question 10**

Are there any other issues that should be considered?

## Introduction

In 2010, ANMAC was appointed by the Nursing and Midwifery Board of Australia (NMBA) as the independent accrediting authority for nursing and midwifery programs of study.

ANMAC performs the following accreditation functions as defined in section 42 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law)[1].

- developing accreditation standards for approval by a National Board
- assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards.

The NMBA approved the current Registered Nurse Accreditation Standards 2012 (the standards) and they are now due for review. Revised or new standards—once approved by the NMBA—are the standards used by ANMAC to assess and accredit programs that lead to registration as a registered nurse in Australia.

This review seeks to refine and improve them through constructive and respectful engagement with stakeholders, so they continue to meet National Law objective (2a):

*... to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner [1].*

## Aim of the review

The aim of this review is to develop a revised set of standards that are:

- contemporary and aligned with emerging research, policy and best practice
- able to ensure registered nurses are suitably educated and qualified to practice in a competent and ethical manner to the NMBA RN standards for practice
- acceptable to the profession and relevant stakeholders
- able to support continuous development of a flexible, responsive and sustainable Australian health workforce
- supportive of innovation in the education of registered nurses
- supportive of safe accessible quality care for consumers and the community

## Review process

ANMAC, as an independent accrediting authority, must comply with the National Law when reviewing and developing accreditation standards. The National Law states in section 46 (2):

*In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content for the standard [1].*

ANMAC's review process ensures stakeholder feedback, expert opinion, relevant national or international benchmarks, and the best available evidence is used in developing standards. The iterative process for stakeholder consultation provides ANMAC with an opportunity to:

- validate whether revised accreditation standards are accurate and relevant for a contemporary Australian healthcare system and education environment
- evaluate whether the expectations upon education providers to meet revised standards are reasonable in terms of benefits and burdens

Stakeholder-identified benefits and burdens are considered by the Office of Best Practice Regulation, Department of the Prime Minister and Cabinet, during the preliminary assessment of the regulatory impact of the revised standards.

A robust review process is essential if ANMAC is to assure the NMBA and community that a graduate of an accredited registered nurse program is eligible for registration and can practice in a safe and competent manner.

## **Purpose of Consultation Paper 2**

This consultation paper identifies how the National Law underpins the aim of this review. It describes the consultation process, including how the next stage of feedback can be provided, and offers context to promote stakeholder understanding of key issues relating to the review process and engagement with it. This paper presents draft registered nurse accreditation standards for consideration and feedback. It also presents additional issues where further stakeholder consultation is sought to guide the development of the standards.

The questions included in this paper form the basis for consultation and discussion. For the review to achieve its aim, it is important that organisations and individuals with an interest in registered nurse education and practice provide critical input.

This paper has therefore been distributed to all identifiable organisations and individuals, inviting a written submission, contribution to an online survey and/or attendance at a consultation forum. Appendix A lists the wide-range of stakeholders who have been identified for participation.

## **Consultation process**

ANMAC's Chief Executive Officer (CEO) convened a Professional Reference Group to work with the Director of Accreditation Services and guide the review. Membership comprised key stakeholders and nursing professionals who could share insights into regulation, education, health policy and practice. Members were selected after the CEO reviewed expressions of interest. The Professional Reference Group reports and provides advice to the CEO.

Members are:

- Professor Amanda Henderson, School of Nursing and Midwifery, Griffith Health, Griffith University
- Professor Melanie Birks, Head of School of Nursing, Midwifery and Nutrition, College of Healthcare Science, James Cook University
- Ms Lynne Stuart, Senior Lecturer in Nursing, School of Nursing and Midwifery, Faculty of Science, Health, Education and Engineering, University of Sunshine Coast
- Ms Kathryn Riddell, Executive Director, Learning and Teaching, Nursing and Midwifery, Eastern Health
- Adjunct Associate Professor Kim Ryan, Chief Executive Officer, Australian College of Mental Health Nurses
- Ms Ann Maree Keenan, Chief Nurse and Midwifery Officer, Department of Health and Human Services, Victoria
- Ms Bronwyn Clark, Chief Executive Officer, Australian Pharmacy Council
- Ms Julie Reeves, Federal Professional Officer, Australian Nursing and Midwifery Federation

- Professor Donna Waters, Head of School and Dean, The University of Sydney Susan Wakil School of Nursing and Midwifery (Sydney Nursing School)
- Mr Ethan Althofer, Senior Project Coordinator, Campus Development, University of Canberra
- Professor Phillip Della, Head of School, School of Nursing, Midwifery and Paramedicine, Curtin University
- Ms Petrina Halloran, Policy Manager, Strategy and Policy, NMBA, Australian Health Practitioner Regulation Agency
- Dr Wendy Penney, ANMAC, Associate Director
- Dr Margaret Gatling, ANMAC, Director of Accreditation Services

## How stakeholders can participate

During this consultation stage, stakeholders can provide feedback in several ways:

1. Completing an online survey  
The questions in this consultation paper are reproduced in an online survey, accessible via [SurveyMonkey](#)
2. Preparing a written submission  
Written submissions must include the stakeholder's name and contact details (phone number, email and address). They can be emailed to ANMAC: [standardsreview@anmac.org.au](mailto:standardsreview@anmac.org.au) or posted to:  
  
Standards Review  
Australian Nursing and Midwifery  
Accreditation Council  
GPO Box 400  
Canberra City ACT 2601
3. Attending a consultation forum in person  
10am-3pm, Tuesday, 24 July 2018  
Holiday Inn Melbourne Airport  
RSVP: [standardsreview@anmac.org.au](mailto:standardsreview@anmac.org.au)

In the interest of transparency, all written submissions will be published on ANMAC's website, unless the stakeholder has asked for their submission to remain confidential.

Material supplied in confidence, should be clearly marked 'In confidence' and be provided as a separate attachment to non-confidential material. Information that is confidential or submitted in confidence will be treated as such.

A summary of the feedback to Stage 2 consultation will be published on ANMAC's website and a link emailed to stakeholders.

## Background

### Influences on practice

Globally, healthcare is changing. An ageing population, management of physical and mental health, a significant increase in chronic disease and co-morbidities, community-based models of care and the diverse needs of multicultural Australians all influence future nursing practice. At the same time, health and information technologies are creating flexible options for care. Registered nurses play an

integral role in the provision of healthcare and contemporary accreditation standards are key to ensuring that education programs reflect contemporary workforce requirements. Critical appraisal of the standards is required to support the next generation of registered nurses to be well equipped to provide healthcare and meet future workforce challenges.

## Key areas for consideration

### Accreditation standards framework - moving to Five Standards

Rationale for change:

- The current [Registered Nurse Accreditation Standards 2012](#) framework is structured around nine domains.
- Arguments supporting a change to a five-standard structure include a reducing repetition and simplifying of the accreditation process for education providers with multiple accredited programs. The move is also congruent with initiatives undertaken by other accreditation councils including Optometry, Physiotherapy and Psychology.
- The recommendations from the Independent Review of the National Registration and Accreditation Scheme for health professions [3] discussed the importance of accreditation authorities standardising accreditation processes and avoiding duplication for education providers.
- Moving to a more streamlined structure is also congruent with other nursing accreditation authorities, for example, the United Kingdom Nursing and Midwifery Council is also consulting on a move to a five-standard accreditation framework[4].

Stage 1 consultation sought feedback from stakeholders on the proposed move to a five-standard structure. Fifty respondents replied to this question. Twenty-four respondents (48%) agreed with the proposed move, 11 respondents (22%) provided conditional support and a further 12 (24%) respondents were unsure. The remaining three respondents were not in favour of the proposed change.

Respondents described the present standards as repetitive, overly prescriptive, costly in time and staffing to address criteria, and lacking the required emphasis on public safety. Respondents highlighted it was crucial that core nursing knowledge and skills not be compromised and stated that more information and further consultation on the proposed changes were needed. This paper presents draft registered nurse accreditation standards for consideration and feedback.

The draft accreditation standards are modelled on the five-standard structure outlined in Consultation Paper 1. They are designed to reduce the level of detail, complexity and duplication, to be flexible and responsive, and to support innovation while ensuring that the standards reflect core nursing knowledge and skills. The draft standards comprise five domains:

1. Safety of the public
2. Governance
3. Program of study
4. Student experience
5. Student assessment

These domains are expressed as statements and each is supported by a set of criteria. The criteria set out what is expected of an accredited program to meet each domain. A provider guide will be developed for education providers and assessment panels once the final standards are approved.

An extensive mapping exercise was undertaken to develop the draft standards. Criteria statements within the current RN standards have been mapped to the draft standards to ensure core nursing knowledge and skills continued to be reflected.

Table 1 presents each domain with suggested criteria (Column 1), together with the criteria in the existing standard to which it is mapped (Column 2, Current Standards).

**Table 1: Draft RN Accreditation Standards**

Standard 1 Safety of the Public	Current Standards
1.1 Protection of the public and person-centred care are the guiding principles of the educational program, professional experience placements and student learning outcomes.	
1.2 Person receiving care gives informed consent to care provided by students.	4.4 d
1.3 Students are adequately prepared before providing care as part of the program.	3.7; 5.6
1.4 Students and staff are held to the expected professional codes of conduct and ethics for the profession.	4.4 d; 6.5
1.5 Health services providing students with professional experience placements have robust quality and safety policies and processes and meet relevant jurisdictional requirements and standards.	8.2
1. 6 Students are supervised and assessed by appropriately qualified and experienced registered nurses during professional experience placements. a) In inter-professional practice settings supervision can be in collaboration with other registered relevant health professionals.	8.6
1.7 Students are registered with the Nursing and Midwifery Board of Australia (NMBA) as the regulatory authority.	6.1 b
1.8 Student impairment screening and management processes are in place and effective.	6.1 b, c;
1.9 Admission and progression requirements and processes are fair, equitable and transparent. Applicants are informed of the following before accepting an offer of enrolment: a) Applicants that would be required by the NMBA to provide a formal English language skills test when applying for registration, must provide formal English language test results demonstrating they have achieved the NMBA specified level of English language skills, prior to commencing the program. b) NMBA requirements for registration as a registered nurse including, but not limited to, the registration standard on English language skills and the codes of conduct and ethics for nurses.	6.2
1.10 Program progression policies prevent student access to professional experience placement where the student is deemed to be a potential risk to public safety.	

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.	3.11
<b>Standard 2. Governance</b>	
2. 1 Robust academic governance arrangements are in place for the program of study; meeting all relevant jurisdictional regulatory requirements; or having equivalent mechanisms to assure the quality and integrity of the program of study. a) current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider b) Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Bachelor degree as a minimum	1.1; 1.2; 1.3; 1.4; 1.5; 1.6; 1.7
2.2 The governance structure for the provider and the school conducting the program ensure academic oversight of the program and promotes high-quality teaching and learning experience for students and the competence of new graduates. The Head of Discipline is a registered nurse with the NMBA, without conditions on their registration relating to conduct, and holds a relevant post-graduate qualification.	1.4
2.3 Risks to the program, program outcomes and students are assessed and addressed; and the program has a primary focus on continually improving the quality of the teaching and learning experience for students and the ability of new graduates to achieve the Registered nurse standards for practice.	9
2.4 Quality improvement processes use valid and reliable student evaluations and other data, and internal and external academic and health professional peer review to continually improve the program.	9.1; 9.2; 9.3; 9.4; 9.5
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.	1.5; 3.1; 5.12
2.6 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education in a timely and effective manner.	2.2; 2.3; 3.2; 9.5;
<b>Standard 3 Program of Study</b>	
3.1 The curriculum document articulates the educational philosophy informing the program of study.	2.1
3.2 Program content reflects contemporary practices in health and education and responds to emerging trends including health informatics and digital health technologies and is based on research and other forms of evidence.	4.3
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.	2.4 a; 3.3; 3.6; 8.4

3.4 Principles of inter-professional learning and practice are embedded in the curriculum.	2.4 j; 3.5; 8.4
3.5 Cultural safety is integrated within the program and clearly articulated as required disciplinary learning outcomes.	4.5; 4.6
3.6 The program has a discrete unit (taught from an Indigenous perspective) specifically addressing Aboriginal and Torres Strait Islander peoples' history, culture and health.	4.6
3.7 Teaching and learning environments, including simulated learning environments and professional experience placements, are sufficiently equipped and resourced to enable graduates to meet the standards for practice.	2.4 a-j;7.1; 7.2; 7.3;
3.8 The program must include a minimum of 800 hours of quality professional experience placement, underpinned by firm contractual arrangements between education providers and placement providers.	3.6; 8.4
3.9 The curriculum includes the development of research skills and promotes the discovery and implementation into practice of evidence from research and other sources.	4.4; 7.1; 7.2; 7.3;
3.10 The program has the human, physical and financial resources to sustain the quality of education that is required to facilitate the achievement of the Registered Nurse Standards for Practice.	7.1
3.11 All staff teaching into the program, including clinical supervisors, are suitably qualified, registered and experienced to deliver the units that they teach.	7.7; 7.8; 8.6
<b>Standard 4 Student Experience</b>	
4.1 Program information provided to students is relevant, clear, transparent and accessible.	6.4; 7.2
4.2 Students have access to effective grievance and appeals processes.	5.10; 6.7;
4.3 The provider identifies and supports the academic learning needs of students.	6.5
4.4 Students are informed of and have access to pastoral and/or personal support services provided by qualified personnel.	6.4
4.5 Students are represented on relevant advisory and decision-making committees.	3.1; 5.12
4.6 Equity and diversity principles are observed and maintained in the student experience.	6.6; 6.8; 6.9; 6.10
4.7 Appropriate resources are provided, monitored and regularly evaluated to ensure students are supported while on workplace experience.	8.8
<b>Standard 5 Student Assessment</b>	

5.1 There is alignment between learning outcomes and assessment strategies.	5.3
5.2 Learning outcomes content and assessment are clearly mapped to the Registered Nurse Standards for Practice.	3.3
5.3 Validated assessment tools, modes of assessment, sampling and moderation are used to ensure quality in theoretical and clinical components of the program.	5.1; 5.4; 5.5; 5.7
5.4 Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines.	5.9
5.5 Both formative and summative assessment types and tasks are used across the program to enhance individual and collective learning as well as inform student progression.	5.4
5.6 The education provider has ultimate accountability for assessing students while on professional experience placement.	5.8; 5.13
5.7 Learning experiences undertaken outside Australia cannot exceed one the equivalent of one semester, and must be equivalent in terms of subject objectives, learning outcomes and assessment.	Explanatory note

**Question 1**

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

**Question 2**

Are there any additional criteria that should be included?

**Question 3**

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

**Question 4**

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

**Question 5**

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

## Prescribing for graduates of an entry-to-practice program

The benefits of nurse prescribing described in the literature include:

- safe and faster patient access to medications (particularly in rural and remote regions)
- more effective use of resources
- increased patient satisfaction
- promotion of workforce mobility
- enabling nurses to work to their full scope of practice [2, 5, 6]

In 2017, the NMBA and Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) developed a discussion paper exploring potential models of prescribing by registered nurses and midwives. The objective to ensure graduates of an entry-to-practice nursing program are suitably prepared to safely supply and administer medications via protocol and/or standing orders as part of a normal scope of practice is important to this review [2].

Prescribing via a structured prescribing arrangement is defined as:

*Prescribing occurs where a prescriber with limited authorisation to prescribe medicines by legislation, requirements of the National Board and policies of the jurisdiction or health service prescribes medicines under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of prescriber(s) involved and the communication that occurs between team members and the person taking medicine [7, p.5].*

Table 2 summarises the elements of a structured prescribing arrangement.

**Table 2: Prescribing by a structured prescribing arrangement**

Scope of prescribing	Able to identify the need for and supply medicines via approved protocol
Education and experience	Included as part of the undergraduate registered nurse curriculum
Prescribing authority	Limited to agreed medicines as per approved protocol
Regulation	State and territory legislation and local policies

Adapted from NMBA & Australian and New Zealand Council of Chief Nursing and Midwifery Officers (2017: p.8).

Competence to prescribe medication under protocol /standing orders is captured in the current RN accreditation standards[2]. Table 3 maps preparation for competence in prescribing by a structured prescribing arrangement to the relevant criteria in the draft standards:

**Table 3: Mapping of relevant criteria for prescribing by a structured prescribing arrangement in the draft standards**

Draft Standard	Criteria
1: Safety of the public	1.2; 1.4
2: Governance	2.4
3: Program of Study	3.4; 3.5; 3.6; 3.7; 3.9
5: Student Assessment	5.4, 5.6

ANMAC seeks feedback from stakeholders regarding whether the draft standards support 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).

**Question 6**

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

**Simulated learning**

The numerous advantages of simulated learning experiences outlined in the literature include:

- opportunities for repeated practice of both technical and non-technical skills
- exposure to less predictable practice situations which, if encountered in a real-life situation would restrict learners to being observers

- formative and summative performance feedback [8, 9]
- opportunities to reflect on, in and for practice [10]

The range and diversity of simulation methods have increased significantly over the past ten years and now include simulated and standardised patients, manikins covering the range of levels of fidelity from low to high, task trainers, virtual reality and gaming [11].

In the Stage 1 consultation, stakeholders were asked how the standards could better support the use of simulated learning. Overall, respondents considered that a clear definition of simulation was a crucial starting point. From there outcome criteria for inclusion in the relevant standard would flow.

The following definition by Gaba is proposed for adoption in the standards:

*Simulation is a technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. [12,p.i2].*

This definition is proposed because it:

- specifies simulation as a technique not a technology
- implies that simulated learning experiences should be authentic, scenario-based, holistic and person-centred
- distinguishes between immersive simulated learning experiences and traditional skill-based training (clinical skills rehearsal) [13]

Respondents in Consultation Paper 1 considered that guidance on the way simulated learning could be used within an educational context, the most effective models and the different approaches, together with examples of innovative ways to facilitate simulated learning would be useful. This guidance for education providers could be the subject of an explanatory note.

Consultation Paper 1 also sought feedback on whether minimum practice hours (800) should be inclusive of simulated learning hours? The majority of respondents (60%) were either not in favour of including hours of simulation learning in the minimum practice hours or would require more information before considering the substitution.

Given the limited evidence of equivalence between professional practice experiences and simulation-based learning experiences in Australian nursing programs, the minimum practice hours (800) will remain exclusive of simulated learning experiences.

#### Question 7

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

## Health informatics and health technology

Worldwide, the context of nursing practice is changing in response to rapidly changing technological advances. The rapid rise in the adoption of electronic health records and the use of technology to support nursing practice means that nurses need to be proficient in the management of information and other technologies [14]. Teaching with and about technological advances that have the potential to improve healthcare outcomes is crucial in preparing the future nursing workforce.

The rollout of patient controlled electronic health records (MyHealth Record) for every Australian by 2018, together with the implementation of Australia's National Digital Health Strategy [15] means it is essential the management of data and digital information technology should be a priority topic in entry-to-practice nursing programs. This priority is reflected in the Nursing Informatics Position Statement, developed and endorsed by the Australian College of Nursing, Australia's Digital Health Community and Nursing Informatics Australia [16]. The Position Statement contains seven elements with Element 1 the most relevant for this review. This element states:

*education in nursing informatics is essential in all undergraduate .....nursing programs. [16,p.2].*

To better support nursing students to gain the necessary skills and knowledge in informatics, research argues the profession needs a nationally consistent set of standards to develop appropriate information technology competence in nursing education [14,17]. The Australian Nursing and Midwifery Federation National Informatics Standards for Nurses and Midwives identifies three domains – computer literacy; information literacy and information management. Specific standards are grouped under each domain, coupled with desired learning outcomes[18]. Information in the National Informatics Standards could be useful in articulating appropriate learning outcomes for draft registered nurse accreditation standards.

While "much of the preparation for the next decade of nursing practice must be done without the benefit of certainty" [19, p.91], it is important to note that RN accreditation standards have always encompassed learning outcomes such as clinical knowledge and skills, therapeutic communication, critical thinking and problem-solving skills; skills that contribute to managing challenges in an era of change. Many of these educational outcomes align with the key informatic competencies [18]. ANMAC seeks feedback on how the draft RN accreditation standards can better support the inclusion of health informatics and health technology in undergraduate nursing programs.

#### Question 8

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

## Quality Professional Experience

Professional experience in the clinical setting is an integral component of undergraduate nursing curricula involving placement, for a set period, in clinical settings, across varying health facilities. During this time students apply theoretical knowledge in the healthcare setting, develop practice skills, and become socialised into the profession of nursing [20]. Research has highlighted a quality environment is crucial for this learning. While quality is a difficult concept to quantify when discussing clinical learning environments, factors related to quality include, but are not limited to:

- a safe and supportive environment
- excellent communication and collaboration between all stakeholders
- quality preceptorship
- effective supervision models

- diverse and appropriate learning opportunities [20-24]

In stage 1 of consultation stakeholders were asked what changes to the standards were necessary to support quality improvement in the clinical learning environment. Fifty-two responses were received. Commonly reported elements of quality in the clinical learning environment included:

- evidence of collaborative agreement arrangements between education and health service providers encompassing the principles of quality clinical placements
- appropriately educated facilitators, educators and preceptors
- provision of a culturally safe and respectful environment
- clearly articulated models of supervision
- clear processes for conflict resolution and escalating concerns for all stakeholders

Table 4 presents factors associated with a quality professional experience mapped to the draft standards.

**Table 4: Mapping of criteria associated with quality professional experience**

Draft Standard	Criteria
1: Safety of the public	1.5; 1.6
3: Program of Study	3.7; 3.8; 3.11
4: Student Experience	4.4; 4.6; 4.7
5: Student Assessment	5.3; 5.6

ANMAC seeks feedback from stakeholders regarding whether the draft standards support quality professional learning experiences in entry-to-practice nursing programs.

#### Question 9

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

#### Question 10

Are there any other issues that should be considered?

## Summary

Consultation Paper 2 presents issues identified in the first round of consultation for revising the Registered Nurse Accreditation Standards 2012. Stage 2 presents draft accreditation standards for further consideration and feedback responding to the challenges of developing accreditation standards for education providers to develop innovative and future-directed registered nurse programs.

## Glossary

*AHPRA* – Australian Health Practitioner Regulation Agency, is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

*ANMAC* – Australian Nursing and Midwifery Accreditation Council, independent accrediting authority for nursing and midwifery education under Australia’s National Registration and Accreditation Scheme.

*ANZCCNMO* – Australian and New Zealand Council of Chief Nursing and Midwifery Officers.

*Criteria* – rules or tests on which a judgement or decision in relation to compliance with the Accreditation Standards can be based.

*Competence* – the combination of skills, knowledge, attitudes, values and abilities underpinning effective and /or superior performance in a profession or occupational area.

*Education provider/program provider* – university, or other higher education provider, responsible for a program of study leading to the award of a Bachelor Degree in nursing as a minimum.

*Governance* – framework, systems and processes supporting and guiding the organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements.

*Health Informatics* – working with health information systems, e-health services, electronic health records, clinical decision support systems, telehealth and other established and emerging uses of information and communications technology in the health professions.

*Health technology* – the application of organised knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives.

*Health Practitioner Regulation National Law Act 2009* (the National Law) – legislation contained in the schedule to the Act, which provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010. It covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health performance arrangements and privacy and information – sharing arrangements. The purpose is to protect the public by establishing a national scheme for regulating health practitioners and students undertaking programs of study leading to registration as a health practitioner.

*Health service providers* – health facilities or other appropriate service providers, where students undertake supervised workplace experience as part of a nursing or midwifery program of study.

*NMBA* – Nursing and Midwifery Board of Australia, functions of the Board include:

- registering nursing and midwifery practitioners and students
- developing standards, codes and guidelines for the nursing and midwifery profession
- handling notifications, complaints, investigations and disciplinary hearings
- assessing overseas trained practitioners who wish to practise in Australia
- approving accreditation standards and accredited courses of study.

*Outcome based standards* – specify what graduates should demonstrate on completion of their education program (knowledge, skills and attributes). Focus is on learning.

*Professional practice experiences* – involves placement, for a set period, in clinical settings across health facilities. During this period, students apply theoretical knowledge in the healthcare setting, develop practice skills and become socialised into the nursing profession.

*Program or program of study* – full program of study and experiences that must be completed before a qualification recognised under the AQF, such Bachelor or Master of Nursing, can be awarded.

*Quality assurance* – assures quality by ensuring that practices are compliant with quality standards. Quality assurance in healthcare is about ensuring adherence to quality standards as mandated by regulatory bodies.

*Registered nurse (RN)* – a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise nursing in Australia.

*Simulated learning* – refers to a variety of activities using patient simulators, including devices, trained persons, lifelike virtual environments, and role-playing. SBE experiences strengthen, mimic or replace real-life clinical situations. SBE aims to enable students to reason through a clinical problem and make decisions, without compromising patient wellbeing.

*Standard* – level of quality or attainment.

*Student* – any person enrolled in a program from which graduates are eligible to apply for registration to practice as a registered nurse.

*Supervision* – can be direct or indirect:

- *direct supervision* - is when the supervisor is present and personally observes, works with, guides and directs the person being supervised.
- *indirect supervision* - is when the supervisor works in the same facility or organisation as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, needs of the person receiving care and the needs of the person being supervised.

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