**Response to consultation of new Nursing Standards**

**Question 1**

**Do the draft accreditation standards cover the required knowledge, skills and attitudes (should it be attributes) 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.**

**Much clearer, less repetition.**

**Question 2 Are there any additional criteria that should be included.**

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.

**The inclusion of a statement that students need to have IELTs score (or equivalent) of 7.0 across all bands.**

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 inclusion of intellectual and developmental disability as it links to the NDIS *(paper to support attached).***

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

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.

**This could sit in Student 6 Assessment Standard.**

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

**See above answer**

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

**There is a need to address the equal importance of theoretical and clinical placement, suggest that Standard 3 be separated into Part A Theoretical and Part B Clinical Practice.**

**In support of the *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions* and associated Workshop Report: Collaborating for Patient Care – Interprofessional Learning for Interprofessional Practice, there is a need to “provide regulatory means for cross professional supervision” and “support of innovative methods of interprofessional learning such as shared simulation activities, and cross-profession supervision”**

<http://www.healthprofessionscouncils.org.au/statements-and-submissions>

<http://www.healthprofessionscouncils.org.au/files/7c4d0b610f2d2161ec0828fcd57372350ef0f6f0_original.pdf>

**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)?**

**The standards tend to cover the pharmacology rather than the nursing responsibilities in prescribing. That is, it is more science based than addressing the application.**

**Question 7**

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

**Many clinicians did not support or promote simulation as having a place in clinical placement hours (60% stated NO). This may be because they do not understand what simulation is. The definition may need to be more explicit and include the international evidence.**

**Question 8**

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

**This is clear, however a connection in the Program of Study section, stating students, where possible, will be provided with the opportunity to engage in health informatics and digital health technologies. The use of terminology, to include Clinical Decision Support Systems and AI needs to be acknowledge.**

**Question 9**

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

**See comment above re theory and practice. What is a good clinical practice? Need to include, students will be provided with a range of clinical experiences.**

**Question 10**

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

**There is concern amongst Australian Universities with regards finding available capacity to provide meaningful practice experiences for students. With student numbers increasing there is a supply and demand issue regarding seeking out placement opportunities. In addition to issues around capacity, there are also concerns as to the value of all placement experiences. International research as well as research within Australia from Allied Health have provided evidence through randomised controlled trials that when up to 50% of traditional clinical placement hours are replaced with well-structured simulation there are no detrimental effects to student’s knowledge, technical expertise, leadership and ability to link theory to practice.**

**With ANMACs desire to formulate a clear definition for simulation it is felt timely that the use of simulation to complement traditional clinical experiences is further considered (despite stage 1 consultation feedback). This will not only contribute to the capacity issues currently being experienced but also bring nursing in-line with other health care professions and international colleagues (US and UK).**

**Internationally, and in Australia interprofessional education, collaboration and teamwork are becoming typical in health care delivery and are core to delivering patient centred care. IPE is recognised as a key principle underpinning the design and delivery of health professional education and training programs in Australia (Health Professions Accreditation Councils’ Forum 2015). The connection and importance of IPE and simulation needs reiterating, therefore a definition of interprofessional education may need to be adopted.**