**ANMAC Review of RN Accreditation Standards**

**Consultation Round 2**

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**Response to 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.*

* Agree with Standard 1.1 and would expand this to include that protection of the public and person-centred care should also be the guiding principles / values of the academic and clinical staff who are providing the education and clinical supervision.
* Standards 1.3 and 1.10 appear to have the same intention, ie the student will be adequately prepared for clinical placement and will be prevented from entering placement if there is a safety risk to patients. These two standards could potentially be combined.
* Standard 3.11 requires teaching staff to be registered. This may be restrictive as there may be times when the program might benefit from non-registered staff teaching into the program, for example, a Social Worker or Aboriginal Health Worker teaching Cultural Awareness and Sensitivity.
* There is a typo in Standard 5.7, currently reads

…*cannot exceed one the equivalent of one semester…*

should read

…*cannot exceed the equivalent of one semester*…

***Question 2***

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

* Tasmania believes the draft accreditation standards should strongly reference ith the NMBA Code of Conduct for nurses thereby ensuring that students are fully cognisant of their regulatory and professional obligations. This is particularly important as the 2018 revision is a significant departure from the former. The Code refers to students of nursing in the ‘Glossary’ and so it would be easy for students to believe that this is relevant to registered or enrolled nurses.

Therefore 1.4 should be strengthened.

* No further criteria have been identified for inclusion in the draft standards.

***Question 3***

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

* See response to Qu 1.

***Question 4***

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

* The Standards appear to have reduced duplication.
* No further feedback.

***Question 5***

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

* Standard 1: Safety of the Public
  + 1.4 – could include reference to NMBA.
  + 1.6 (a) – ‘inter-professional practice settings’ needs to be defined so would support its inclusion in the Glossary.
  + 1.8 – ‘impairment screening’ – This requires clarification. It is lacking the detail of the previous standards.

The draft standards are easier to read than the 2012 version.

***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)?*

* Registered nurse prescribing is a concept that is being comprehensively explored at the national level.
* ‘Prescribing via a structured prescribing arrangement’ is terminology that may not broadly understood within the workforce, as this is better known as administration via protocol / standing orders.
* With the acknowledgement that there will possible be a move to an additional model of RN prescribing in the future, it is understood that there is a reason to identify ‘prescribing via a structured prescribing arrangement’ in the curriculum.
* 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), and that the redrafting of the Standards has not diminished this. Tasmania supports this approach.
* It is suggested that a criterion could be added to Standard 3 which states ‘The curriculum includes the development of skills and knowledge that promotes competence in pharmacokinetics, pharmacodynamics and the quality use of medicines’.

***Simulated learning***

***Question 7***

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

* The definition is clear, incorporates what it is and isn’t, and allows for a multitude of learning situations.
* It is agreed that simulated learning hours should be additional to the 800 hours of required practice.
* Tasmania supports the proposed definition.

***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?*

* Standard 3.2 encompasses health informatics and digital health technologies in a broad sense.
* Recent concerns for patient/client privacy when digital health records are used have been fuelled by high profile cases data breaches directly attributed to system design. An additional criterion could be added to Standard 1 Patient Safety to include active protection of privacy, acknowledging that this is also embedded in the RN Standards for Practice.
* Health informatics should be integrated throughout the degree, and not be viewed as additional or separate from the core unit content or context; it should be embedded as part of undergraduate learning and woven throughout the curricula of entry-to-practice programs.
* The teaching staff should have health informatics qualifications (post-grad qualifications) to ensure high quality interface with the curriculum.
* Health informatics integration is intended to enhance patient safety and contribute to improvement in quality patient outcomes. The nursing profession must keep pace with technological advances and this is a good example of where we need to be proactive in ensuring our graduates are adequately prepared for practice.

***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?*

* Standard 1.6(a) ‘In inter-professional practice settings supervision can be in collaboration with other registered relevant health professionals’. There needs to be clarity to ensure that the learning needs of and the intended outcomes for the nursing student can be met by the health professionals providing the supervision.
* Standard 3.11 states teaching staff are to be suitably qualified but it does not stipulate a national qualification standard for educators.

***Question 10***

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

* All comments are encompassed in the responses to questions above.