

Standards Review
Australian Nursing and Midwifery Accreditation Council
GPO Box 400
CANBERRA
ACT 2601

12 February 2019

Written Submission to the Australian Nursing & Midwifery Accreditation Council

Thank you for the opportunity for the School of Nursing (SoN), the University of Tasmania (UTAS) to consider and respond to the Review of Registered Nurse Accreditation Standards Consultation paper 3.

Overall, the SoN supports the proposed new framework of Standards that is less repetitious, however, more detailed explanation is needed to explain some of the Standards, with specific reference to the following items:

Standard 1: Safety of the public

1.3 The education provider ensures that organisations in which students undertake professional experience placement have:

- a) ...
- b) Registered nurses who are **prepared** for the role and are able to supervise and assess students during all professional experience placements

Comment: What is meant by **prepared** for the role? How would this be measured?

- c) Inter-professional practice settings where teaching and learning can be in collaboration with other relevant registered health practitioners

Comment: What is meant by **collaboration**? How would this be measured?

Standard 2: Governance

2.5 Program quality improvement mechanisms addresses:

- a) ...
- b) ...
- c) **Internal and external** academic and health professional evaluations

Comment: What is an **internal** academic - to the discipline, university?

What is an **external** academic – e.g. Assoc Prof teaching into the program, staff teaching into the program from other disciplines?

Standard 3: Program of study

3.3 Program content and unit learning outcomes ensures:

- a) ...
- b) ...
- c) ...
- d) Integrated knowledge of care across the lifespan, including aged care, primary health care and digital health.

Comment: Digital health to be a separate category. Digital health includes hardware, middleware and software that encompasses health information systems, health technology and personalised software/apps for health promotion, monitoring and diagnosis. It also includes the capability for storage and retrieval of anonymised large data-sets or individual health information, such as a patient's electronic health record.

3.7 Program content and subject learning outcomes prepares students to supply under a structured prescribing arrangement.

Comment: more detail on what is specifically meant by '**supply under a structured prescribing arrangement**'

The terminology and phrase could be interpreted in a few different ways, e.g. standing orders, prescribing-in-partnership or other.

Currently under the *Poisons Act 1971* (TAS), s 3 Interpretation:

supply, in relation to a substance, includes –

- a) administer a substance, whether orally, subcutaneously, or by any other means;
- b) dispense a substance on prescription; and
- c) offer or agree to supply a substance;

Further, it is noted that each State and Territory have differing governing legislations and Drugs and Poisons Act which will need to be considered when developing curricula. As such more clarity around this standard and the sub sets would be appreciated. Notation of importance of deprescribing should be included as would consideration for medication reconciliation and clinical perspectives of prescribing under structured arrangements rather than the foci being pharmacological perspectives.

3.8 – 3.10 The program includes:

Aboriginal and Torres Strait Islander peoples' health

Mental Health

Professional experience placement

Comment: in additional Standards 3.8 -3.10, there should be included a similar **Standard that addresses dementia.**

The rationale being that:

Dementia is the second leading cause of death in Australia for people over the age of 75 years (AIHW 2018) and is the leading cause of death in women (AIHW, 2018).

Dementia has been named as a National Health priority and in 2017 the World Health Organisation released the Global Action Plan, focusing on dementia (WHO 2017).

Existing research (Eccleston et al., 2015) has found that nursing students in Australia had poor knowledge of dementia but with curriculum that supported knowledge development this could be significantly improved.

Please do not hesitate to contact Head and Professor of Nursing, Karen Francis, School of Nursing at the University of Tasmania on 03 6324 3082 or Karen.Francis@utas.edu.au, if further discussion is required.

Yours sincerely



Professor Karen Francis
Head, School of Nursing
University of Tasmania

School of Nursing
College of Health and
Medicine

Locked Bag 1322
Newnham Campus
Launceston TAS
7250 Australia

T +61 (03) 6324 5400
F +61 (03) 6324 3952
E School.HealthSciences@utas.edu.au

ABN 30 764 374 782 / CRICOS 00586B

utas.edu.au