



Australian College of Nursing

Review of Registered Nurse Accreditation Standards: Consultation paper 2

The Australian College of Nursing (ACN) submission to the Australian
Nursing and Midwifery Accreditation Council (ANMAC)
(July 2018)

ACN response to ANMAC Review of Registered Nurse Accreditation Standards

General comment

The Australian College of Nursing (ACN) welcomes the opportunity to provide comment on ANMAC's draft *Review of Registered Nurse Accreditation Standards: Consultation paper 2*. Revision of the standards will provide support to education programs and providers seeking to ensure Registered Nurses (RNs) are appropriately trained, educated and qualified to meet the challenges of health care delivery in the current environment and into the future.

Consultation Questions

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.

For the most part, the draft Registered Nurse Accreditation Standards (draft standards) clearly cover the requirements for practice as a registered nurse as delineated by the Nursing and Midwifery Board of Australia (NMBA). The consolidated five standards are focused on the contemporary nurse yet still based on core nursing principles, and are flexible to accommodate advancing technologies. In particular, the draft standards provide relevance to the following contemporary issues:

- Indigenous perspective on program design and development and the teaching of Aboriginal and Torres Strait Islander peoples' history, culture and health (2.25) (3.6);
- Equity and diversity (4.6);
- Pastoral/personal service (4.4);
- Importance of English language skills (1.9.a);
- Statement of minimum hours of quality professional experience (3.8);
- Inclusion of health informatics (3.2) and simulation training (3.7).

ACN recognises the intent of the new five-standard accreditation structure is to reduce repetition and simplify the accreditation process. However, there is concern that while some criteria is specific and clear (e.g. criterion 1.9 of the draft standards), other criteria are now broad and general, lacking transparency and becoming open to interpretation. ACN is supportive of some level of duplication across the standards, and is more concerned about the risks that may result by omitting criteria.

For example, criterion 1.3 of the draft standard states:

Criterion 1.3: Students are adequately prepared before providing care as part of the program (Draft Standards) [p.g. 12]

The current standards for which criterion 1.3 will supersede state:

Criterion 5.6: Assessment of student communication competence and English language proficiency before undertaking workplace experience (Current Standards). [p.g. 15]

Criterion 3.7: Content and sequencing of the program of study prepares students for workplace experience and, wherever possible, incorporates opportunities for simulated learning (Current Standards). [p.g. 13]

As demonstrated, criterion 1.3 provides generalised expectations regarding readiness to practice, and lacks the specific detail outlined in criteria 3.7 and 5.6 of the current (existing) standards, which it is set to replace, particularly around communication competence. More so, it does not specify what constitutes adequate preparation for practice. Adequate preparation encompasses more than fulfilling English proficiency requirements and this standard should clearly state what these criteria are (i.e. adequately prepared to supply and administer medicines, communication competence, expected period of supervision and assessment, prescribing competence, information technology competence etc.)

For Consideration:

1.3 Given the draft Standard is about Public Safety –it might be worth having a more specific statement about what constitutes “adequate preparation”

1.4 Uphold or held? (Wording consideration)

1.9 Partly covers “readiness to practice”

3.3 Mental Health is already a national Health priority

Standard 4 very broad and generic (could go in a preamble)

Question 1 Is it attitudes or attributes?

Question 2

Are there any additional criteria that should be included?

Yes, ACN believes that “communication competence” should also be highlighted in the criteria. Communication competency has been reported to be an essential requirement for nursing practice and patient-centred care.¹ While the current standards address this (criterion 5.6), the draft standards now report solely on English language proficiency. The two terms are inter-related, however communication competence encompasses English language proficiency and more accurately embodies the ability for a nurse to effectively communicate with an individual in their care. It is important that graduates are equipped and assessed for skills demonstrating an ability to competently practice active listening, recognise verbal and non-verbal cues (observation skills)², to provide clear and comprehensible instructions, to elicit information from individuals in their care, and to refer or seek additional support from other members of the health care team when required. ACN therefore suggests the inclusion of a communication competency in Standard 5 (Student Assessment) of the draft standards.

ACN believes it is also necessary to specify what constitutes “adequate preparation” for providing care within criterion 1.3 of the draft standards. As mentioned above in Question 1, there are several criteria in addition to English language proficiency that constitute preparation. More so, the draft standards fail to detail the expected period of supervised practice that constitutes adequate preparation. ACN therefore suggests rewording criterion 1.3 as follows:

Criterion 1.3: Students are adequately prepared before providing care as part of the program (Draft Standards) [p.g. 12]

- a) Students must demonstrate competence in effective and safe communication; medicine prescribing, supply and administration; patient observation; information technology/health informatics.*
- b) Students must successfully complete 800 hours of supervised and assessed practice.*

Regarding Standard 3 criterion 3.11, the use of “are suitably qualified” is queried where it states “All staff teaching into the program, including supervisors, **are suitably qualified**, registered and experienced to deliver the units they teach”. ACN suggests this may leave room for broad interpretation and suggests a

¹ Boykins A, (2015). Core Communication Competencies in Patient-Centered Care" ABNF J. 26(2):29.

² <https://www.nursingtimes.net/clinical-archive/assessment-skills/communication-5-effective-listening-and-observation-skills/7023622.article>

more specific reference to relevant clinical and academic qualifications to deliver the units they teach. This would be similar to the current Standard 7 criteria 7.7 which states “*Staff teaching and assessing nursing practice related subjects are Registered Nurses and have **relevant clinical and academic experience***”.

ACN members in the education field have also provided the following recommendations for consideration:

- Standard 3 does not mention the need for students to develop an understanding of “continuing professional development” and “leadership”. Prior to graduation, students need to develop skills in leadership and preceptorship, and develop the capacity to become a lifelong learner. Opportunities to develop these attributes need to be embedded within the curriculum if nurses are to develop partnerships and an equal professional voice within the context of the interprofessional team. These requirements and skills are necessary for nurses to practice safely and should be highlighted in the draft standards (Standard 3).
- In terms of appropriate resources for students (criterion 4.7), the draft standards should include two parts. That is, 1) on campus there are enough resources to satisfactorily prepare students, and 2) when off campus there are enough resources to ensure they have a high quality clinical placement that is supported.
- The addition of “compassionate competence” in nursing care is essential and should be incorporated into the standards. It is recommended that this cover compassionate care for both patients and nurse colleagues.³
- Regarding standard 1, 1.6 “(a) *In inter-professional practice settings supervision can be in collaboration with other registered relevant health professionals.*” It is queried whether the criterion should reflect the need for other health professionals engaged in supervising students during workplace experiences have relevant skills and experience. The draft criteria does not specifically indicate the need for other health professionals to be appropriately qualified and experienced. An additional notation may be required.

For Consideration:

ACN holds the view that draft criterion 3.8 should remain consistent with the current standard criteria 3.6 and stipulate that the 800 hours of workplace experience is not inclusive of simulation activities.

³ Ref. Kornusky, J., Heering, H., (2017). Relationship Based Caring.

Question 3

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

Yes, as mentioned in Question 1, ACN believes some criteria are general and these could be amalgamated to achieve greater clarity and transparency. For example, in the draft standards, criteria 1.6 and 1.6 a) can be amalgamated with criterion 1.5 as all these discuss “professional experience placements”. As the draft currently stands, criteria 1.5 provides a broad scope for placements to provide “robust quality and safety policies and processes”. ACN recommends deleting criterion 1.6 and rewording criterion 1.5 to state:

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.

a) Students are supervised and assessed by appropriately qualified and experienced registered nurses during professional experience placements.

b) In inter-professional practice settings, supervision can be in collaboration with other registered relevant health professionals.

There are also elements of student experience (within standard 4) that overlap with elements of student assessment (within standard 5). ACN suggests combining criterion 4.2 of the draft standards (i.e. students have access to effective grievance and appeals processes) into standard 5.

It is noted that, criterion 1.9 of the draft standards, which replaces criterion 6.2 of the current standards, discusses English language proficiency. Whilst Table 1 of this consultation paper indicates criterion 6.2 is superseded by criterion 1.9, criteria 5.6, 6.1 a-d and 6.3 of the current standards, also discuss English language proficiency, however, and were not included in Table 1.

For consideration:

Standard 4 is about the Student Experience which is more than assessment grievances – if 4.2 goes into Standard 5, it becomes about assessment not the program overall.

Or does 4.2 allow for a range of grievances such as poor teaching not just assessment?

Consider removing Standard 4 and put in preamble as it is broad and generic

Question 4

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

Yes, the draft structure has reduced duplication, however ACN is mindful that duplication is inevitable across the standards and for risk management purposes it is better to duplicate rather than omit standards and criteria.

Question 5

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

ACN members commented on the following areas:

- Use of the term “clinical supervisor” (as per criterion 3.11 of the draft standards) is potentially problematic as the term has different meanings in different contexts, particularly in the nursing context and within multidisciplinary and interprofessional frameworks (as per criterion 1.6 a of the draft standards). ACN members have suggested rewording this to “host supervisor” or “nurse supervisor”, or “nurse facilitator” Whilst the term “Supervision” is defined in the glossary, ACN further suggests providing a definition for “clinical supervisor” in the context of nursing.
- It would be beneficial to map the draft standards against the NMBA Standards of Practice to ensure it accurately covers the study program, assessment and experience.
- Regarding criterion 3.8, it would be appropriate to clarify how “quality professional experience placement” will be measured.
- Regarding criterion 5.7, there is duplication of the word “one”, the word “one” before “the equivalent of one semester” should be removed.
- In the current health care climate, an ageing population has meant there is an increased reliance on nursing staff for support and assistance in performing activities of daily living. Adequate preparation of student nurses therefore must require a balance between basic nursing care/skills (e.g. personal care, oral care, feeding etc.) and adoption of new digital health technologies. ACN suggests amending criterion 1.3, which currently states, “Students are adequately prepared before providing care as part of the program”, to include that new RN graduates should feel confident and comfortable in providing basic nursing care.
- In Standard 3, it may be ideal to introduce basic knowledge in nursing informatics to accommodate mature age graduates who may not be as confident as younger generation graduates in using digital health technologies.

For Consideration:

1.3. Suggest amending criterion. 1.3 Which currently states, “Students are adequately prepared before providing care as part of the program”, to include that new RN graduates should feel confident and comfortable in providing basic nursing care. (Consider being part of Standard 5)

3.3. Emerging trends in relation to health informatics (remove the word emerging) as it is contemporary practice

3.3. National Health priorities do we need to mention Mental Health specifically as it is already a National priority.

3.11. Suggest rewording this to “host supervisor” or “nurse supervisor”. Whilst the term “Supervision” is defined in the glossary, ACN further suggests providing a definition for “clinical supervisor” in the context of nursing.

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)?

No, ACN believes that only criterion 5.4 of the draft standards is specific towards these learning outcomes, whilst all other criteria mapped on Table 3 are generic/vague. To ensure patient safety, RNs must be equipped with the necessary qualifications, knowledge base and clinical understanding to monitor the safe and effective administration of medicines and to enable decisions to be made regarding the withholding of medicines when necessary. Further, they must have appropriate knowledge around the pharmacodynamics and pharmacokinetic nature of medicines and be aware of relevant medicine-related resources to refer to for guidance. There is concern that lack of clarity within the draft standards will perpetuate the national inconsistencies that exist around RN prescribing which will not be conducive to addressing the growing prescribing demands currently faced in healthcare. ACN therefore suggests expanding on criterion 5.4, to specifically include some of the content mentioned above and include criteria within Standard 3 to specifically identify the requirement for course content and learning outcomes in pharmacodynamics, pharmacokinetics and Quality Use of Medicines (QUM).

More so, ACN has been a strong advocate for the Health Professionals Prescribing Pathway and the National Strategy for the Quality Use of Medicines. Medication errors are the most common yet preventable errors in care. Whilst criterion 5.4 broadly covers any medicine related risks by stating “quality use of medicines”, it is vital to have transparent protocols and policies to safeguard administration of medication and guide structured prescription of medications. Specific mention of the National Strategy for Quality Use of Medicines may be a way forward. Innovative technologies such as bar code administration systems⁴ could be included in the standard as a means to show continuous quality improvement on medication safety.

ACN believes any standards relating to prescribing via a structured prescribing arrangement must also be underpinned by a set of core principles, namely a focus on delivering safe and high-quality care; enhancing timely access to medicines; maintaining continuity of care; and promoting quality use of medicines.⁵ Arrangements must also be consistent with national law so there is transparency around scope of practice.⁶ Similar to the review of the 2014 draft nurse practitioner accreditation standards, ACN suggests the inclusion of the National Prescribing Competencies Framework⁷ in the draft RN Accreditation Standards. Further, including the Framework would ensure the alignment of programs of study offered by education providers with the Health Professional’s Prescribing Pathway (HPPP) developed by Health Workforce Australia.

ACN also understands that the standards must not be too prescriptive to allow for any future prescribing legislative changes, specifically around the drive to establish a nationally consistent RN prescribing framework. In line with this, ACN recommends the standards make specific reference to the need for

⁴ Shah K et al. Bar Code Medication Administration Technology: A Systematic Review of Impact on Patient Safety When Used with Computerized Prescriber Order Entry and Automated Dispensing Devices *Can J Hosp Pharm*. 2016 Sep-Oct; 69(5): 394–402.

⁵ HDPR Queensland submission

⁶ <https://www.hospitalhealth.com.au/content/nursing/article/the-health-professionals-prescribing-pathway-is-a-step-in-the-right-direction-677588517#axzz5HtpAAlSm>

⁷ NPS Medicine Wise 2017, *Prescribing Competencies Framework*, <<https://www.nps.org.au/prescribing-competencies-framework>>.

graduates to have strong foundational skills and capabilities (including competence in prescribing), as this will allow enhanced workforce mobility, and in turn will promote greater utilisation of the RN workforce.

ACN members also provided the following comments:

The standards should mention that students must demonstrate competence in different medication administration routes including how to utilize the IV administration system and IM administration.

The standards should also address the need for new students to demonstrate competence in utilising appropriate resources such as the Australian Injectable Drug Handbook and Immunisation Handbook.

Consider:

In addition to Standard 5, Standard 3 should specifically include Program content and learning outcomes, which include pharmacodynamics, pharmacokinetic and quality use of medicines to support criterion 5.4.

Simulated learning

Question 7

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

Not in its entirety, ACN believes use of the word “replace” in the proposed definition is problematic and could lead to substitution of real life work experiences. Simulated learning provides students and graduate nurses with opportunities to participate in real life scenarios without putting patient safety at risk. However, this should never replace the clinical and hands on experience of supervised student nursing, as simulation does not realistically reflect the dynamics of the workplace and the skills required to provide real life care, particularly around demonstrating communication competence. ACN is of the view that simulated learning is very valuable as an adjunct to clinical practice experience. It is important that the accreditation standards also specifically state that simulated learning and clinical placement are not interchangeable. The guidance should include minimal qualification requirements for educators designing and delivering the simulated learning activities; expectations for interprofessional education (IPE) and content and equipment requirements; minimum requirement for dedicated simulated learning hours; and set out national standards and expectations to facilitate its uptake and standardisation.

ACN views on simulation have been expressed In consultation paper 1 (*Review of Registered Nurse Accreditation Standards – September 2017*). ACN stated:

“ACN does not currently support the inclusion of simulated learning hours within minimum practice hours. Simulation is a valuable learning methodology, however, it should complement workplace

experience, not replace it. While recognising that the setting of minimum practice hours for workplace experience is somewhat arbitrary due to a lack of available evidence-base, ACN would caution against any sweeping change to include simulation hours until a stronger evidence base is available to support the balance of workplace experience and simulated learning hours. ACN recognises the need to find creative solutions to effectively accommodate the educational needs of the expanding pool of student nurses, however, any change to work place experience must be measured and incremental.

Furthermore, the design, type and quality of simulated learning activities intended reflect real scenarios is significantly influenced by a higher education provider's available resources and personnel creating great variance in education quality and student experience."

Simulation is important for training and can provide opportunities to learn about current changes in technology.

As per detail in the draft standards (page 18), criterion 3.8 should also specify that the minimum practice hours (800) will remain exclusive of simulated learning experiences.

For Consideration:

Increasing the hours in line with the UK where 1200 hours are required to register. Note: overseas registration is difficult due to the 800 hours.

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?

- As per the Health Informatics Society of Australia (HISA), Nursing Informatics Australia (NIA) and the Australian College of Nursing (ACN) position statement about nursing informatics, ACN recognises that "nursing informatics is a distinct specialty within nursing" and developed the position statement to "advocate for the instrumental role of nurses in digitally transforming healthcare...to optimise the use of information and technology to enable better patient care".⁸ ACN therefore believes the draft RN accreditation standards should highlight the need for education providers to align their curricula and units of study to include health Informatics and digital health technologies within the draft standards.

ACN members have provided the following comments:

- All areas of nursing assessment, implementation and evaluation through to documentation involve some sort of health informatics and digital health technology (e.g. biomedical informatics, 3D printing, telemedicine, My Health Record). Members have suggested including a basic health informatics unit within the curriculum or within an existing unit.

⁸ HISA NIA ACN Position Statement on Nursing Informatics 2017

- Standards and competencies therefore need to include digital literacy outcomes in addition to health literacy, English and maths literacy outcomes.
- Students need to be given the skills to search for appropriate literature online; skills to access electronic handbooks such as MIMS, the Australian Immunisation Handbook or the Australian Injectable Drugs Handbook and to use these efficiently.

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?

For the most part, the draft standards capture the learning outcomes required for quality professional learning experiences. As noted previously, ACN suggests that the standards specifically stipulate that both education and health service providers recognise their mutual obligation towards best practice clinical placements. In our response to ANMAC’s *Review of RN Accreditation standards: consultation paper 1*, ACN stated that it:

*“recognises that close, collaborative and effective relationships between higher education providers and health services are essential to the provision of quality clinical placements. The inclusion of more specific and binding criteria within Standard 8: Management of Workplace Experience of the current standards would support relationship building. For example, the inclusion of a requirement for a partnership framework (or agreement) with relevant health providers underpinned by principle-based aims to deliver best practice clinical placements. The current Standards stipulate the need for “clear contractual arrangements”, however, there is a need for both education and health service providers to recognise their mutual obligations in relation to developing the registered nurse workforce. A requirement for a partnership framework (or agreement) guided by ANMAC stipulated principles for quality clinical placements could improve collaboration between education and health service providers and set benchmarked guidance to standardise the quality of clinical placements across the sector”.*⁹

It is important to note that ACN member feedback also noted that the learning outcomes may not be captured consistently if the standards are interpreted differently by the various education providers.

Question 10

Are there any other issues that should be considered?

Yes, ACN members have suggested:

- The Program of Study (standard 3) should incorporate current focuses in health care, namely health literacy and patient-centred care.
- Clinical facilitator training (preceptorship) must be standardised to ensure consistent, appropriate and adequate teaching experiences are provided to students.
- Education Providers must screen and assess clinical supervisors/nurse facilitators for providing adequate support to the student (i.e. emotional, psychological and academic support). While clinical

⁹ ACN, (2017). Submission to ANMAC on Review of RN accreditation standards – Consultation Paper 1.

nurses are generally time poor, it is particularly important that those tasked to support them provide face-to-face debrief sessions and notify academic providers early on of any struggling students.

For Consideration:

Safety of the Public

Standard 1:

*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.
Consider rewording and should it go in this section?*

Program of Study:

Standard 3:

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

More detail required which may come in the companion to the standards.

*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.
(Include, the need for cultural sensitivity and understanding culturally and linguistically diverse (CALD) backgrounds)*

Student Experience:

Standard 4:

4.6 Equity and diversity principles are observed and maintained in the student experience.

More detail required which may come in the companion to the standards.

4.7 Appropriate resources are provided, monitored and regularly evaluated to ensure students are supported while on workplace experience.

More detail required which may come in the companion to the standards.

Consider a National Clinical Assessment Tool for benchmarking, and have a staggered implementation of this tool.

The standards should not be too prescriptive that they would stifle innovation.