



Standards Review
Australian Nursing and Midwifery Accreditation Council
GPO Box 400
Canberra City ACT 2601
By Email: standardsreview@anmac.org.au

RE: Review of Registered Nurse Accreditation Standards: Consultation Paper 3

To whom it may concern,

The Australian College of Nursing (ACN) welcomes the opportunity to provide comment on ANMAC's **Review of Registered Nurse Accreditation Standards: Consultation paper 3 (January 2019)**. ACN has long held the view that standards must provide adequate 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.

ACN would like to highlight that the consolidated and revised set of five standards focus on contemporary issues that align with Australian and international best practice standards. More so, they are flexible enough to accommodate advancing technologies whilst also continuing to address the requirements for practice as an RN as outlined by the Nursing and Midwifery Board of Australia (NMBA). ACN is particularly supportive of the inclusion of the following contemporary issues:

- Indigenous perspective on program design and development.
- Teaching of Aboriginal and Torres Strait Islander peoples' history, culture and health.
- Equity and diversity.
- Pastoral/personal service.
- Importance of English language skills.
- Statement of minimum hours of quality professional experience.
- Inclusion of health informatics and simulation training.

In Consultation Paper 2, ACN suggested the following changes:

1. To clearly state what constitutes adequate preparation in terms of English proficiency requirements.
ACN notes that the revised standards provide a reference to English proficiency requirements and NMBA registration requirements.
2. Stipulate that 800 hours of workplace experience is not inclusive of simulation activities.
ACN notes that the revised standards clearly specify the minimum number of face-to-face workplace hours and where these must be completed.



3. To reword the term “clinical supervisor” as this is potentially problematic with different meanings in different contexts.
ACN notes that the term has been replaced by the generic “supervisor” title.
4. To specifically include that new RN graduates are able to provide “basic nursing care”.
ACN notes that while this has not been clearly stipulated in the revised standards, there is a reference to NMBA registration requirements which would cover this.
5. Exclude specific mention of mental health in programs given this is a national health priority.
ACN notes that mental health is included in the revised standards and can appreciate its inclusion due to its health priority status.
6. Reference to the National Prescribing Competencies Framework; and the need for standards relating to prescribing via a structured prescribing arrangement to 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.
ACN notes that this has not been addressed in the revised standards however acknowledges that this may be intentional to allow for any future prescribing legislative changes, specifically around the drive to establish a nationally consistent RN prescribing framework.
7. Increasing the minimum number of practice hours from 800hrs to 1200hr as per the UK minimum registration requirements.
ACN notes this has not been amended due to insufficient evidence to support any benefit. ACN however is pleased that the Council of Deans of Nursing and Midwifery are undertaking projects looking at the adequacy of 800 hours as the minimum standard for professional experience placements; and that the Chief Nursing and Midwifery Officer will be reviewing nursing education in 2019. ACN looks forward to the outcomes of these projects.
8. Exclude use of the word “replace” in the proposed definition for simulation.
ACN notes that the word “replace” remains in the definition for simulation provided in the glossary of consultation 3, however continues to hold the view that this is problematic and could lead to substitution of real life work experiences. However, ACN acknowledges that the revised standards clearly stipulate that simulated learning is exclusive of clinical placement hours and that these are not interchangeable, which should mitigate a risk of real life work experience substitution.
9. Education providers to ensure they align curricula and units of study to include health Informatics and digital health technologies.
ACN notes that health informatics is not specifically mentioned, however criteria 3.2 broadly mentions programs that respond to contemporary and emerging technologies.

Finally, ACN would like to suggest the amendment of the wording in Standard 3.7. In the context of the RN scope of practice, ACN considers “administer medication(s)” to be a more appropriate term than “supply”.



ACN is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care and strongly believe that all nurses, regardless of their job title or level of seniority, are leaders.

For more information or if you require further assistance, please do not hesitate to contact me.

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Yours sincerely

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