

Executive summary

ANMAC's submission summarises the achievements that the organisation has made in addressing key issues in nurse education. The submission goes on to describe our ongoing quality improvement activities and concludes with recommendations for the reviewer to consider when writing his report.

Background

The Australian Nursing and Midwifery Accreditation Council (ANMAC) has been appointed by the Nursing and Midwifery Board of Australia (NMBA) as the accrediting authority for nursing and midwifery in Australia in accordance with the Health Practitioner Regulation National Law 2009. ANMAC currently accredits and monitors 192 programs and 102 education providers. ANMAC also manages the development and review of the accreditation standards against which education programs are assessed.

Commentary

ANMAC is uniquely placed to comment on nurse education in Australia as it has scrutiny of all entry to practice programs in every State and Territory. The overarching purpose of the accreditation standards that provide the essential framework for all entry to practice nursing programs is that graduates from such programs must meet the relevant standards for practice.

In relation to nursing, ANMAC accredits programs that lead to eligibility to register with NMBA as:

- an enrolled nurse
- a registered nurse
- a nurse practitioner.

In developing accreditation standards for nursing programs, ANMAC ensures that the proposed standards will be evidence-based, fit for purpose and forward-thinking. To this end ANMAC undertakes in-depth literature reviews, appoints a professional reference group (PRG) and conducts widespread consultation of stakeholders including the profession and the public.

When developing accreditation standards ANMAC prepares consultation papers which probe stakeholders' views on current and emerging issues and trends related to health in Australia and how accreditation could address these. Examples include challenges and opportunities posed by an ageing population, a significant increase in chronic disease and co-morbidities, and the diverse healthcare needs of Aboriginal and Torres Strait Islander people and multicultural Australians.

ANMAC accreditation standards underpin education programs that are innovative, rigorous and flexible. The aim of accreditation standards is to support the next generation of enrolled nurses, registered nurses and nurse practitioners to be well equipped to provide health care and meet future workforce challenges.

Examples of how accreditation standards are meeting current and future requirements

Aboriginal and Torres Strait Islander health and cultural safety All ANMAC accreditation standards require entry to practice nursing programs to prepare graduates to have an understanding of Aboriginal and Torres Strait Islander people's history, culture and health. This must be via a discrete unit that is taught from an indigenous perspective. In addition the concept of cultural safety must be taught in the program to ensure that all graduate nurses have a working knowledge of how to deliver culturally safe and appropriate care.

Health technologies, health informatics and digital health. All ANMAC accreditation standards require programs to include teaching and learning about current and emerging technologies related to health care. This ensures that graduate nurses have an understanding of this rapidly evolving field. ANMAC accreditation assessment teams find that some education providers initially have a narrow view of what is required to meet this criterion. To address this, ANMAC has developed an explanatory note to assist program developers to understand the depth and breadth of evidence required to meet the criterion.

Quality use of medicines All ANMAC accreditation standards reflect the important role that enrolled nurses, registered nurses, and nurse practitioners have in ensuring that medicines are used safely, appropriately and effectively. The accreditation standards for each qualification reflect the knowledge and responsibilities relevant to that qualification.

Attracting Aboriginal and Torres Strait Islander students and other students from diverse backgrounds All ANMAC accreditation standards require education providers to have strategies to attract and retain Aboriginal and Torres Strait Islander students. This includes providing culturally appropriate support. Education providers must also demonstrate strategies to enrol and support students with diverse academic, work and life experiences as well as students from culturally, socially and linguistically diverse backgrounds. Strategies that ANMAC encourages include alternative admission pathways via preparatory courses, part time offerings and flexible delivery models.

Intraprofessional and interprofessional learning All ANMAC accreditation standards require education providers to ensure that students are provided with ‘opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice’ The example wording is from the EN accreditation standards 2017, but similar language is found in all accreditation standards.

Academic, literacy and numeracy skills The ANMAC accreditation standards also address the provision of academic, literacy and numeracy skills, by requiring education providers to inform students about, and have access to, appropriate support services including counselling, health care and academic advisory services. Students are directed to these services through education providers having processes to enable early detection of and support for students who are not achieving academic learning outcomes or with conduct issues.

On-going quality improvement activities

RN accreditation standards The review of the current Registered Nurse accreditation standards (2012) is nearing completion. ANMAC is presenting the standards in a five-domain framework in contrast to the current nine domain format. ANMAC undertook this change in response to recommendations in the Accreditation Systems Review report published October 2018. The report recommended that accreditation authorities should consider cross-professional domains and elements as well as including profession-specific criteria. ANMAC consequently developed a five-domain framework to align with other health professions including dental and chiropractic.

ANMAC was also mindful of the report’s recommendation that there should be mutual recognition of roles and responsibilities of the various regulatory bodies that accredit education providers and programs. Therefore, the reviewed standards do not overlap with the requirements of TEQSA unless there is a compelling reason relating to the nursing profession which warrants inclusion. The review of the current standards revealed significant duplication of criteria across the nine standards. This observation was supported by feedback from education providers during the lifespan of the standards. The new standards address this by amalgamating criteria that address the same requirements.

The Accreditation Systems Review report also recommended that accreditation standards should be outcomes focussed rather than prescriptive. In order to achieve outcomes focussed standards without losing the essential program elements that demonstrates that graduates have achieved the RN standards for practice, ANMAC has developed a required evidence document which stipulates the essential minimum evidence that an education provider must include with accreditation applications.

The revised standards include a requirement to demonstrate that all students are registered with the NMBA prior to first professional experience placement. This addition will give assurance to health services and the public that students providing supervised care while on professional experience placement are subject to the mandatory reporting requirements which support student registration.

Following stakeholder feedback, the requirement to include a specific mental health unit of study has been added as a criterion. This reflects the prevalence of people experiencing challenges to their mental health and wellbeing that are present across the community and in all settings where nurses practise. Making teaching and learning about mental health and conditions that can challenge it mandatory

in RN entry to practice programs will better prepare graduates to recognise needs and provide evidence-based care.

The requirement for students to have achieved the English Language standard required for registration with NMBA prior to enrolment has been added as a criterion. This criterion aligns the revised RN accreditation standards with the EN accreditation standards 2017. However, wording has been clarified in response to feedback from VET sector education providers. Ensuring that students have achieved a prescribed English language level will enhance not only their capacity to manage theoretical study but will give greater confidence that their communication skills when on professional experience placement will be adequate for safe patient interactions.

RN Prescribing standards ANMAC is currently managing the development of standards for registered nurses prescribing in partnership with authorised prescribers. ANMAC is undertaking this work to coincide with the RN prescribing registration standard which is currently being developed by NMBA. These standards will address the gap in between the teaching and learning of registered nurses and that of nurse practitioners in relation to pharmacotherapeutics, quality use of medicines and prescribing.

ANMAC recommendations for consideration

Pathway for enrolled nurse education in higher education sector

The scope of practice for the enrolled nurse (EN) has expanded. Research now reports a lack of clarity between the clinical activities undertaken by enrolled and registered nurse (Chaboyer et al., 2008; Jacob, McKenna, & D'Amore, 2017). ENs are now expected to take on roles that include support and supervision of other health workers, particularly in aged care environments (Jacob et al., 2017). Research also reports that ENs feel less prepared for the specified graduate attributes and this may be contributable to the shorter program length (18 months to two years) and the lesser number of clinical hours (400 hours) undertaken in the diploma program compared to degree programs (three years and 800 hours) (Jacob et al., 2017).

The EN pathway into a Bachelor Program often offers advanced standing/credit/recognition of prior learning for credit of one year of study in the degree, this is usually the first year of study. ENs who enter degree programs using this pathway are often reported to have higher clinical proficiency than non-ENs, however it does not improve their overall success. ENs report challenges with academic skills and bioscience subjects, where commencing at a second-year level includes expectations that students possess pre-requisite knowledge for content and university discourse (Craft, Hudson, Plenderleith, & Gordon, 2017).

In Australia the Diploma of Nursing is offered in the Vocational Education and Training (VET) sector. The program is part of the Health Training Package which is regulated by the Australian Skills Quality Authority. Diploma of Nursing programs are offered both by TAFE and by private registered training organisations (RTOs). ANMAC has found that the quality of the programs offered by RTOs varies considerably. In recent years an increasing number of RTOs are submitting applications for accreditation of Diploma of Nursing programs for the first time. Many of these education providers have no experience in delivering a program that requires accreditation by another authority or leads to registration with a regulatory body. The human and physical resources are often not at a level required for delivery of a Diploma of Nursing program. Considerable time and effort are required for such a program to meet ANMAC's accreditation standards. It is not unusual for 18 months to two years to elapse before programs offered by RTOs gain accreditation. Because of the inexperience of the education provider, ANMAC has to monitor these programs closely and apply reporting requirements and additional site visits.

In order to prepare the future workforce to meet service needs and to address the effectiveness of the current pathway for enrolled nurse to registered nurse, ANMAC suggests that consideration be given to the development of a further pathway through the higher education sector that could be provided at an AQF level 6 (associate degree). This would support those students who wish to become registered nurses by increasing the academic learning level and facilitate transition to the AQF level 7 bachelor degree

3.5 year/Four-year BN degree Feedback recently received in the review of the RN accreditation standards argued that there is insufficient time in the current undergraduate curricula to address all the learning requirements for the graduate registered nurse, especially given the increasing complexity of care requirements. Several responses indicated the addition of a fourth year to the undergraduate program would allow for coverage of required content and further development of clinical skills.

The addition of a fourth year to the undergraduate program would impact on entry-to-practice Masters degrees and this would need to be considered.

Transition to practice programs

Many larger health service providers offer graduate programs that are typically of a year's duration. They facilitate the transition from new graduate to a more confident early career practitioner. Entrance to these programs is highly competitive and many newly qualified registered and enrolled nurses are unable to secure a place on a graduate program.

ANMAC has received stakeholder feedback during the course of numerous standards review consultations that describes the lack of confidence that many newly registered nurses feel. Many stakeholders have expressed a view that mandatory transition to practice graduate programs or internship year would facilitate the transition from student to registered health professional. This would be beneficial to new graduates and the public alike.

Quality clinical placements All ANMAC accreditation standards require students to undertake professional experience placements. Currently the Diploma of Nursing programs mandate a minimum of 400 hours and entry to practice registered nurse programs (BN and graduate entry Masters) mandate a minimum of 800 hours. Professional experience placements provide students with the opportunity to apply theoretical knowledge to practice in the health care setting, develop practice skills and become socialised into their chosen profession. ANMAC is interested in the notion of accrediting professional experience placements as a means of ensuring that the placements are of a consistently high quality and all students have equal opportunity to gain valuable experiences.

As more students enter nursing programs, the demand for clinical places has risen (Health Workforce Australia, 2010; Siggins Miller Consultants, 2012). This has resulted in increasing competition among higher education providers for limited clinical placements. In many jurisdictions education providers pay a fee to health services for each student undertaking placement.

ANMAC accreditation standards require an education provider to demonstrate sufficient, relevant clinical placements for the student cohort by showing evidence of formal contractual agreements with health services. However, ANMAC has received anecdotal reports of students undertaking professional experience placements in venues such as child care centres and charity shops. While an education provider might be able to build a case for the value such a placement, it seems likely that students would gain more valuable experience in other more health-related community settings.

Acute care experience is hard to secure particularly for Diploma of Nursing students. Private registered training organisations (RTOs) report that acute placement opportunities are offered to the higher education sector first and they are only able to secure any placements not required by BN students.

Research has highlighted the importance of students being exposed to quality clinical learning environments to ensure the preparation of nurses will meet the service needs for the future health workforce. However, quality is difficult to quantify when discussing clinical learning environments. In Victoria the Department of Health and Human Services commissioned the development of the Best Practice Clinical Learning Environment (BPCLE) Framework to guide health services and education providers in the delivery of quality clinical experiences for learners. The BPCLE Framework provides guidance in relation to six key elements that are the underpinnings of a quality clinical learning environment:

1. An organisational culture that values learning
2. Best practice clinical practice
3. A positive learning environment

4. An effective health service-education provider relationship
5. Effective communication processes
6. Appropriate resources and facilities

The Victorian Department of Health and Human Services describes high quality clinical learning environments as a competitive advantage, in relation to attracting health professional learners (the future health professionals in the workforce) and in recruiting and retaining senior clinical staff.

There has been growing interest in the use of the BPCLE Framework amongst other organisations outside of Victoria. As a result, ANMAC explored the interest among stakeholders in use of the BPCLE Framework as a national tool in the review of RN accreditation standards. Responses to the review indicated there is interest in the development of a national tool.

Conclusion

ANMAC welcomes the review of nurse education. We consider that as the gatekeepers to entry to practice nurse education in Australia we are ideally placed to comment on the current situation. We also have made recommendations for the reviewer to consider. Our recommendations come not only from our experience as the accrediting body for nursing programs but also as the recipient of widespread feedback from the profession and public during our accreditation standards review process.

We wish the reviewer well in conducting his work and look forward to reading the report in due course.

References

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