



# Submission to Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

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## Executive Summary

The underpinning position of the ANMF in relation to national accreditation of education programs for nurses and midwives is:

- National accreditation standards for education programs for nurses and midwives are essential for the protection of the public and maintaining the highest standards of nursing and midwifery practice;
- The determination and ongoing maintenance and management of national accreditation standards for education programs for nurses and midwives must be undertaken by the nursing and midwifery professions to ensure integrity of required discipline-specific knowledge and skills for safe and competent practice, in order to meet the Nursing and Midwifery Board of Australia standards for practice;
- The Australian Nursing and Midwifery Accreditation Council is the national accreditation body for all entry to practice education programs for nurses and midwives leading to registration as a nurse or midwife;
- The Australian Nursing and Midwifery Accreditation Council is the national accreditation body for all education programs leading to endorsement as a nurse practitioner or to scheduled medicines endorsement as a midwife.
- The Australian Nursing and midwifery Accreditation Council is the national body for assessment of all applications from internationally qualified nurses and midwives seeking registration in Australia;
- The accreditation process for nursing and midwifery, under the National Registration and Accreditation Scheme, must stand alone;
- Nursing and midwifery registration fees should be used to contribute to the nursing and midwifery accreditation process as undertaken by the Australian Nursing and Midwifery Accreditation Council. Nursing and midwifery must not cross-subsidise the accreditation of other disciplines;

- The fee structure that the Australian Nursing and Midwifery Accreditation Council currently uses for education providers is supported;
- The current governance structure for the constitution of the Australian Nursing and Midwifery Accreditation Council Board ensures commitment from the professions and is supported.

## **Introduction**

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership which now stands at over 259,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

Nurses and midwives together comprise more than half the total health workforce. They are the most geographically dispersed health professionals in this country, providing health care to people across their lifespan and in all socio-economic spheres.

The nursing and midwifery professions well ahead of the move to the National Registration and Accreditation Scheme (NRAS) in 2010 established a nationally agreed framework for the accreditation of entry to registration education programs for nurses and midwives.

This preparedness meant that our professions were in a strong position for the transition to a new national process post NRAS introduction, the establishment of the Australian Nursing and Midwifery Accreditation Council (ANMAC). Accreditation of education programs, as with all other aspects of the education of the nursing and midwifery professions, is of prime concern to the ANMF. We therefore have contributed significantly, and continue to do so, to ensuring the success of ANMAC, the profession-specific body set up to manage the large volume of entry-level education programs for nurses and midwives and to subsequently provide advice and recommendations regarding these programs, to the Nursing and Midwifery Board of Australia.

## **General Comment**

Nursing and midwifery are complex and demanding professions. The educational preparation for such professions must therefore be rigorous, with a skilful mix of theory and clinical practice experience. The standards for accrediting education programs leading to registration of nurses and midwives likewise must be designed to ensure a beginning professional who is competent and safe for practice, in whatever setting health, maternal or aged care are delivered.

The ANMF has taken an active interest in, and contribution to, the educational preparation of nurses and midwives in this country since its inception in the early 1920s.

It is the position of the ANMF that an undergraduate nursing or midwifery degree program requires the same rigorous scholarly preparation in the university sector (or in the case of Enrolled Nursing the VET sector), based on research and evidence, as other recognised health professions. Within universities there are quality assurance mechanisms and cross disciplinary infrastructure which supports all the health professional courses they offer. Nurse and midwife academics within universities engage in cross disciplinary activities, such as research, with their colleagues in other academic health disciplines, and, students of nursing and midwifery programs engage in interprofessional learnings (both in theoretical, practical and simulated practice environments). The benefits of these interprofessional collaborative activities is multifaceted: for awareness raising of the different scopes of practice of each professional discipline; for gaining an appreciation and respect for the decision making and contribution of each professional group to health, for sharing aspects of courses: maternal or aged care; for totality of perspectives to research undertaken; for the professional development of the academics themselves and obvious flow on benefits for their students; and, for the ultimate enhancement of interprofessional relationships to create safer care for the users of health, maternal and aged care services. Essentially exposure of health professionals to one another during their entry-level education provides an understanding of one another's roles and the foundation for effective multidisciplinary health teams.

The underpinning position of the ANMF in relation to national accreditation of education programs for nurses and midwives is:

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- The determination and ongoing maintenance and management of national accreditation standards for education programs for nurses and midwives must be undertaken by the nursing and midwifery professions to ensure integrity of required discipline-specific knowledge and skills for safe and competent practice, in order to meet the Nursing and Midwifery Board of Australia standards for practice;
- The Australian Nursing and Midwifery Accreditation Council is the national accreditation body for all entry to practice education programs for nurses and midwives leading to registration as a nurse or midwife;
- The Australian Nursing and Midwifery Accreditation Council is the national accreditation body for all education programs leading to endorsement as a nurse practitioner, to scheduled medicines endorsement as a midwife, and Rural and Isolated Practice Nurses (RIPRN).
- The Australian Nursing and midwifery Accreditation Council is the national body for assessment of all applications from internationally qualified nurses and midwives seeking registration in Australia;
- The accreditation process for nursing and midwifery, under the National Registration and Accreditation Scheme, must stand alone;
- Nursing and midwifery registration fees should be used to contribute to the nursing and midwifery accreditation process as undertaken by the Australian Nursing and Midwifery Accreditation Council. Nursing and midwifery must not cross-subsidise the accreditation of other disciplines.
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## Specific Comments

The commentary to follow is framed according to the Review Discussion Paper (2017) with responses provided to selected questions. Our responses derive from the perspective of the nursing and midwifery professions accreditation processes.

### Improving efficiency

#### *Accreditation standards*

*1. What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?*

The nursing and midwifery professions constitute just over half of all health professionals in Australia. We already have well established frameworks which provide for consistency and commonality in the development and application of accreditation standards across all entry to practice education programs leading to registration for nurses and midwives, and, education programs leading to endorsement as a nurse practitioner or an eligible midwife. As stated, our education programs are complex and the accreditation standards reflecting this complexity have been derived through rigorous processes involving extensive consultation internal and external to the nursing and midwifery professions.

The ANMF considers it essential that each health professional group develop and maintain accreditation standards which will enable discipline-specific high quality educational outcomes to ensure competent and safe practitioners who exhibit best contemporaneous practice in a variety of settings.

Where it is possible to achieve consistency and commonality of overarching accreditation standards across disciplines, the ANMF considers this already occurs through ANMAC participating in the Health Professions Accreditation Councils' Forum (HPACF).

*2. Should accreditation authorities be required to incorporate the decisions of TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews?*

The ANMF supports this approach which is already embedded within the accreditation of entry to practice level education programs for nursing and midwifery, and, education programs leading to endorsement as a nurse practitioner or to scheduled medicines endorsement as a midwife. This approach ensures an objective overlay to the profession-specific requirements for our programs.

*3. What are the relative benefits and costs associated with adopting more open-ended and risk-managed accreditation cycles?*

In the initial set up of national accreditation standards by ANMAC it was important to apply common processes in terms of length of initial and re-accreditation timeframes, and monitoring procedures. With maturity of the nursing and midwifery national accreditation processes it may be timely to adopt more open-ended and risk-management accreditation cycles. This would provide for obvious cost savings for both education provider and for the national accrediting body – ANMAC. The ANMF are aware that ANMAC are moving towards a risk-based approach to the accreditation cycle. However, this approach must take into consideration the review cycles of the accreditation standards to ensure education providers are updating their curricula to meet the most current approved standards.

*Training and readiness of assessment panels*

*4. What changes could be made to current accreditation processes (such as selection, training, composition and remuneration of assessment teams) to increase efficiency, consistency and interprofessional collaboration?*

The ANMF stresses the importance of profession-specific assessment panels – in our case this means assessment panels of nurses and midwives assessing education providers and their education programs for nurses and midwives. Our primary argument is to retain the integrity of programs educating safe, competent practitioners one must have an intimate knowledge of the art and science of the profession/s being assessed.

With reference to the remuneration of assessment teams the ANMF maintains our long held position that respect for the time and expertise of the panel members should be reflected in these people being paid appropriately for their service. This is one area where the ANMF argues for commonality and consistency across health professional groups.



In terms of cost outlay and the potential for increasing efficiencies for the accreditation processes (such as selection, training, composition and remuneration of assessment teams), the ANMF has not to date, and will not, support any moves for cross-subsidisation by nursing and midwifery of other disciplinary groups.

With reference to the Discussion Paper (2017) the ANMF cautions against policy decisions being taken on accreditation processes in Australia on the basis of potentially imprecise comparisons being made with a foreign country.

*5. Should the assessment teams include a broader range of stakeholders, such as consumers?*

Consumer members of the ANMAC Board provide invaluable contributions to the accreditation process for entry to practice education programs for nurses and midwives. Likewise consumer representation occurs on all the accreditation standards review committees. The ANMF contends that this participation should not extend to the assessment teams for accreditation of education programs. It is at this level that a determination is made of the program components and the application of theoretical and practical experiences to produce graduates who are safe and competent to practice. While consumers can contribute their perspective on care requirements to the higher level accreditation standards development, they do not have the necessary discipline-specific knowledge of requirements for competent and safe practice as a nurse or midwife. We do not therefore support consumer engagement as part of the assessment team for accreditation of nursing and midwifery education programs.

Consumers also hold positions on the Nursing and Midwifery Board of Australia (NMBA) and thus participate in the final approval process for all programs accredited through ANMAC.

*Sources of accreditation authority income*

*6. What should be the key principles for setting fees and levies for funding accreditation functions, including how the respective share of income provided from registrants and education providers should be determined?*

Maintain the current arrangement whereby ANMAC undertakes the setting of fees and levies for funding accreditation functions. This must be determined by the national accrediting body according to a fair and equitable cost assessment and to ensure the service funding enables the most robust accreditation process. Currently the cost of assessment by ANMAC is determined by: length of program, type of accreditation (full submission or modification to an existing program), and, complexity of accreditation (for example: program offered from more than two sites; dual degrees; combined degrees; program variations). This is supported by the ANMF.

*7. Should fees charged for the assessment of overseas qualified practitioners and assessment of offshore competent authorities be used to cross-subsidise accreditation functions for on shore programs?*

No. Fees charged for the assessment of overseas qualified nurse and midwife practitioners should be according to fair and equitable cost recovery for the assessments.

## **Relevance and responsiveness**

*Input and outcome based accreditation standards*

*8. Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?*

In order to protect the integrity of the nursing and midwifery education programs – in terms of content and education provider requirements – accreditation standards include a mix of input and outcome-based and process standards. There are aspects of our programs on which we have maintained input standards to safeguard funding levels from falling below minimum requirement levels. However, we are acutely aware of the need to reduce input requirements in the accreditation standards for midwifery education programs.

*9. Are changes required to current assessment processes to meet outcome-based standards?*

While outcome-based standards may be the current trend in education, the ANMF considers there may always be a need for nursing and midwifery accreditation standards to include a mix of approaches to safeguard our current graduate standards.

*Health program development and timeliness of assessment*

*10. Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?*

No. The nursing and midwifery professions have moved away from the language of 'competency standards' to a 'standards for practice' approach. This is because we wish to make a distinction between the determination of 'competencies' (which has a particular skills-based connotation as used within the Technical and Advanced Further Education sector), and the more comprehensive educational framework which encompasses broader learning attributes of knowledge, skills, aptitude, attitude, values, and ethics.

As stated previously there is certainly a role for consumer input into the curriculum for nurses and midwives. However, the ANMF maintains that those outside of the nursing and midwifery professions do not have a knowledgeable grasp of the responsibilities and accountabilities of the role of nurses and midwives. The development of curricula and associated learning outcomes must therefore primarily be undertaken by the nursing and midwifery professions.

*11. What are the risks and benefits of developing accreditation standards that have common health profession elements/domains, overlayed with profession-specific requirements?*

The risks are the loss of distinctive contribution of nurses and midwives to the health system with concomitant creation of blurred and eroded discipline boundaries and a confused and chaotic workforce with no one quite sure who is responsible for what aspects of care. The end result can only be compromised care delivery.

The preferred approach is for profession-specific requirements to be retained, along with interprofessional sharing of information to foster respect for the unique contribution of each discipline.

*12. What changes in the accreditation system could improve the timeliness and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce?*

The ANMF considers the accreditation standards review process currently in place with ANMAC already accommodates for timeliness and responsiveness to current and future workforce requirements.

*Interprofessional education, learning and practice*

*13. How best could interprofessional education and the promotion of inter-disciplinary practice be expressed in accreditation standards that would reflect the priority accorded to them?*

The ANMF considers the current incorporation and presentation of these issues in the nursing and midwifery accreditation standards to be satisfactory.

*Clinical experience and student placements*

*14. How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?*

Healthcare priorities are already embedded within the nursing and midwifery accreditation standards and must be retained as they currently stand.

*15. How best could contemporary education practices (such as simulation-based education and training) be incorporated into the curricula and clinical experience?*

The nursing and midwifery professions have a clear requirement that simulation-based experiences are valuable and these are therefore incorporated into the nursing and midwifery curricula. However, this must not replace the exposure to real life experiences gained within the clinical practice placement environment.

*The delivery of work-ready graduates*

*16. Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?*

Our remit is to argue only for the nursing and midwifery professions. For the nature of the role and functions undertaken by our professions within the health, maternal and aged care contexts, a period of supervised practice is not required for initial general registration as a nurse or a midwife.

*17. How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?*

Work readiness should be defined as 'workforce capability'. Graduating nurses and midwives have met the accreditation requirements which mean they have workforce capability. To achieve registration they have been deemed to be competent and safe to practice and capable of contributing to the workforce. On entering the workforce they require a supportive environment (just as a graduate of any program newly entering a workforce) in which to gain confidence in their practice and to adopt the necessary responsibilities and accountability of a registered health practitioner.

*National examinations*

*18. Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?*

The ANMF considers there is nothing to be gained from a national assessment/examination. This process occurred years ago and the nursing and midwifery professions decided there are better approaches for assessment of professional practices that align with the NMBA practice standards for nursing and midwifery.

## **Producing the future health workforce**

### *Independence of accreditation and registration*

*19. Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?*

In the case of the NMBA, yes, because the members of the Board are derived from the nursing and midwifery professions. In addition, the process of consultation leading to the development and revision of accreditation standards for nursing and midwifery education programs enables broad consultation and input, which adds veracity to the advice given to the Board in making their deliberations on accreditation standards approvals. Consumer representation on the Board contributes the perspective of the users of the health system, to the accreditation standards debate.

*20. Would greater independence of accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study and providers, improve alignment of education and training with evolving needs of health consumers?*

The ANMF does not see the need for greater independence of accreditation authorities. While there is a need for accreditation authorities – in our case ANMAC - to be independent with clear boundaries on what they can and should deliver, ultimately the NMBA has the authority for final approval of education programs for nurses and midwives. We maintain there is a safeguard in ANMAC (the accreditation body) being inherently linked to the NMBA (the regulatory body) to ensure education programs meet the regulatory standards which mandate safe and competent practice for protection of the public in health, maternal and aged care delivery.

### *Governance of accreditation authorities*

*21. Is there adequate community representation in key accreditation decisions?*

Covered under response to question five.

*22. What changes are required to current governance arrangements to allow accreditation authorities to source professional expertise without creating real or perceived conflicts of interest?*

If the governance arrangements are robust then it is our contention that conflict of interest does not pose a problem. We contend the benefits derived from buy-in from the professional expertise far outweighs any risk to the functioning and outcomes of the accreditation authority.

*23. In the case of councils, what governance arrangements are necessary to allow them to separate accreditation activities from their commercial and other obligations as legally constituted companies?*

The ANMF does not see that this is an issue for nursing and midwifery as ANMAC and NMBA are already separate entities, with clear lines of authority. The safeguards in this structure work well for the nursing and midwifery professions.

*Role of accreditation authorities*

*24. Is the standard clause in AHPRA funding agreements with accreditation councils sufficient to ensure that the delivery of accreditation functions is aligned with, and is adequately responding to, the objectives of the NRAS?*

As stated, we maintain there is a safeguard in ANMAC (the accreditation body) being inherently linked to the NMBA (the regulatory body) to ensure education programs meet the regulatory standards which mandate safe and competent practice for protection of the public in health, maternal and aged care delivery. The NMBA also acts as an arbiter in this relationship to ensure the objectives of the NRAS are upheld.

*What other governance models might be considered?*

*25. What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency? Possible options include:*

- *Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards;*

- *Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.*

The ANMF does not support either of these options. We argue for retention of the current arrangements with ANMAC and the NMBA for all of the reasons already outlined.

*26. How best in any governance model could recognition and accreditation of cross-professional competencies and roles be dealt with?*

The ANMF does not support a governance model which recognises accreditation based on cross-professional competencies. This model can only lead to a confused and chaotic workforce with blurred lines of responsibilities. Instead of protection of the public the result would be compromised care for consumers of health, maternal and aged care services.

*Accountability and performance monitoring*

*27. What should be the standard quantitative and qualitative performance measures for the delivery of the accreditation functions across NRAS and who should be responsible for, firstly, reporting against these measures and, secondly, monitoring performance?*

The ANMF considers this should be the role of each accreditation body, the results of which can be shared for mutual benefit (rather than reporting and monitoring) at the Health Professions Accreditation Councils' Forum (HPACF).

*Setting health workforce reform priorities*

*28. What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?*

The ANMF has consistently taken the position that the accreditation functions of the professions be independent. For nurses and midwives it is the role of NMBA to approve accreditation standards, following extensive consultation with the nursing and midwifery professions.



The ANMF is opposed to any provision in the National Law allowing the Ministerial Council to initiate a change to an existing accreditation standard or give direction to Boards regarding such standards or have a right of veto over Board decision regarding such standards.

*29. Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives and guiding principles, and if so, how should it be modified?*

No. The ANMF does not support an increase in Ministerial Councils power in relation to accreditation.

*30. How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:*

- *As part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements?*
- *Has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?*

It is for this reason that consultation within the nursing and midwifery professions includes a wide range of stakeholder groups to encompass advice on agendas and reforms across education, industry, industrial, professional, regulatory and community perspectives.

### **Specific governance matters**

*The roles of specialist colleges and post-graduate medical councils*

*31. Do the multi-layered assignment arrangements involving the National Boards, specialist colleges and post-graduate medical councils provide mechanisms for sufficient scrutiny of the operations and performance of these functions?*

This is not currently applicable to nurses and midwives, and the ANMF does not support this for the nursing and midwifery professions.

*Assessment of overseas health practitioners*

*32. Are there any reasons why processes for having qualifications assessed for skilled migration visas cannot be aligned with those for registration that are conducted under NRAS?*

No, there are no reasons why these two processes should be aligned. They should be conducted by ANMAC.

*33. Is there is a defensible justification for the bodies who have been assigned responsibility for accreditation of Australian programs not being assigned the function to assess overseas trained practitioners?*

No.

*34. Should there be consistency across the National Boards in assessment pathways, assessment approaches and subsequent granting of registration status for overseas trained practitioners?*

No. As nursing and midwifery has the largest number of overseas applicants, the potential danger is that our professions could end up cross subsidising the other health professions. In addition, not all health professions have as much direct contact with patients/clients and therefore each assessment process needs to be tailored to the needs of the practitioner and the consumer and their level of interaction.

*35. Should there be a greater focus on assessment processes that lead to general registration for overseas trained practitioners without additional requirements such as supervised practice and how might this be achieved?*

The ANMF considers the processes already in place for assessment of internationally qualified nurses and midwives for registration to be adequate. The ANMF are aware of the work the NMBA are completing in this area and look forward to being involved in further consultation on this matter.

## *Grievances and appeals*

*37. If an external grievance appeal process is to be considered:*

- Is the National Health Practitioner Ombudsman the appropriate entity or are there alternatives?*
- Should the scope of complaints encompass all accreditation functions as defined under the National Law, as well as fees and charges?*

No, the ANMF does not support these suggested approaches as decisions could be made by those with little understanding of the process and associated costs of accreditation functions.

## **Conclusion**

Nursing and midwifery are complex and demanding professions, providing unique contributions to the health care teams within which they work. The educational preparation for our professions must therefore be rigorous, with a skilful mix of theory and clinical practice experience. The standards for accrediting education programs leading to registration of nurses and midwives likewise must be designed to ensure a beginning professional who is competent and safe for practice, in whatever setting health, maternal or aged care are delivered. In order for that competence and safety in practice to be assured, we have argued for the retention of profession specific accreditation bodies - ANMAC for the nursing and midwifery professions, managed and maintained by our professions. This maintains the integrity of the nursing and midwifery professions and safe practice through clearly defined educational preparation.