

Submission by the Australian Nursing and Midwifery Federation

Draft Principles for the use of outcome-based approaches to accreditation

24 December 2025



**Australian
Nursing &
Midwifery
Federation**



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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Ahpra board Accreditation Committee for the opportunity to provide feedback on the draft *Principles for the use of outcome base approaches to accreditation*. The shift towards this approach focusing on the professional capabilities graduates bring into practice reflects a modern reflexive and patient safety orientated vision for health practitioner regulation. If these principles are implemented thoughtfully, they have the potential to encourage innovation in education, support reforms in clinical placement and foster consistency across the professions regulated by Ahpra.



This submission provides responses to the consultation questions as follows.

Question 1: Does any content need to be added or amended in the draft principles for the use of outcome-based approaches to accreditation?

6. The consultation paper provides an extensive overview of the proposed changes to the current draft Principles and clearly articulates where the changes are proposed. The ANMF supports Apha's proposal that all professions adopt outcome-based accreditation standards.
7. The paper sets out models that highlight ways outcome-based approaches may accommodate diverse educational contexts, while maintaining consistent standards and steer away from setting up rigid prescriptions. The design of course curricula and teaching methods must align with the course accreditation standard to achieve required outcomes, course content should also be innovative, contemporarily responsive and embed health care technology and cultural safety.
8. The ANMF notes the consultation paper's emphasis on the difference between a risk based and an outcome-based accreditation model. The outcome-based model highlights the importance of the alignment of qualification curricula, which is consistent with professional capability frameworks and qualification accreditation standards.
9. The ANMF seeks clarification on how outcome-based accreditation would be used with current evidence and links to the nursing and midwifery profession. The ANMF recommends that a nursing and midwifery perspective be included for future outcome-based accreditation drafts.



10. The consultation paper highlights the importance for graduates to demonstrate the knowledge, skills and behaviours required for safe and effective practice. It is critical that graduate nurses and midwives are practice ready and have completed qualifications that provide them with the requisite learning and skill development specific to their profession. The ANMF agrees that outcome-based accreditation's aim is to ensure that graduates have requisite knowledge, skill and competence required to earn their qualification, and that they are practice ready.
11. While the ANMF is supportive of the outcomes-based approach, it is imperative that qualifications are designed to prepare nurses and midwives for their professions and address the specific knowledge and skill required for these professions.
12. The ANMF recommends that Ahpra considers the inclusion of an additional principle focused on professional ethics and ethical decision making. The ANMF recommends this content is embedded and includes consideration of the impact of the shift to digital health, including maintaining data confidentiality and integrity, artificial intelligence and patient privacy.

Question 2: Are the case studies helpful in illustrating the principles? Are there additional case studies that it would be beneficial to include?

13. The case studies are helpful for the health professions referenced, however do not include examples from nursing and midwifery. The ANMF suggests that for future consultations a nursing/midwifery case study is provided. We are unsure as to why such an example has not been included in this iteration and note that this exclusion leaves a significant gap.
14. The ANMF recommends the inclusion of a case study for nurses and midwives seeking course alignment with post registration endorsement (for example Nurse Practitioners and endorsed Midwives). The case study should provide examples of outcome-based accreditation that result in Nursing and Midwifery Board of Australia (NMBA) endorsement.



15. There is a risk that outcome-based accreditation could unintentionally advantage some disciplines and disadvantage others if there is not representation across cohorts. Small professions may have insufficient sample sizes to generate dependable or generalisable data. Larger professions like nursing and midwifery can generate a richer data set therefore making compliance easier. The ANMF recommends Ahpra ensure the profession specific tailoring of outcomes, rather than applying generic templates across professions in future drafts.

Question 3: Are there any implementation issues the Accreditation Committee should be aware of?

16. There needs to be careful consideration of the structural, educational, workforce and data related challenges that could particularly impact nursing and midwifery programs. The implementation requires specific attention to ensure the approach results in safer, more capable graduates and does not potentially destabilize an already pressured workforce. The ANMF is concerned that by changing the focus of the qualification accreditation process, there may be cost implications for both the accreditor and the education provider, and therefore the student. Ahpra should consider methods to mitigate these costs for the provider as the student will ultimately carry the increased cost pressures.
17. Where a nursing course is delivered in the Vocational Education and Training (VET) sector, there may be requirements for review by other regulatory bodies. Ahpra should be cognisant of this as a potential barrier to efficient implementation and additional cost to education providers.
18. The review and changing of a curriculum that leads to a qualification can also have an impact on the qualifications of preceding courses, resulting in changes to scope of practice. This should be considered by the regulator and any risk to currently practicing registrants mitigated.



19. A transition to outcome-based accreditation requires consistent and reliable approaches to assessing whether students meet the required professional capabilities. Nursing and midwifery programs currently use a range of assessment approaches. Without a common national framework, tertiary and or VET providers may interpret and measure outcomes differently creating risks of variable graduate competence.
20. Critical competencies such as cultural safety, continuity of care, interprofessional collaboration and responsiveness to First Nation communities are complex. Developing valid assessments for these outcomes requires significant expertise and consultation. Without strong guidance and oversight, there is a risk that assessment and quality will vary substantially, affecting public safety and the credibility of the accreditation process. Cultural safety sits within a regulated practice framework and is essential to high quality nursing and midwifery care, however assessing cultural safety outcomes' reliability across diverse environments is inherently complex.
21. Our members inform us that their workplaces currently lack the resources and/or ability to create and maintain relationships to support co-designed assessment frameworks. Without dedicated funding and support, cultural safety risks being inconsistently assessed or superficially applied.
22. Implementation issues may therefore arise when there is difference in how each profession has historically applied accreditation processes. Without specific or detailed relevant information to each profession, there is a risk of differing interpretation across accreditation bodies.
23. The implementation of a more rigorous outcome assessment may increase ANMF members' workloads through additional assessment, documentation, supervision and reporting requirements, without corresponding investment or resourcing.



24. The realities of placement availability particularly in midwifery and rural settings must be addressed. Nursing and midwifery placement providers vary considerably in scale, resources and access to high quality learning environments. Smaller healthcare networks including regional and remote programs may lack the workforce, infrastructure and operational capacity to implement an extensive reassessment and evaluation process associated with outcomes-based accreditation. Clinical placement providers are already under strain from workforce shortages and limited supervisory capacity.
25. If providers are required to demonstrate outcomes that depend on placement access that is uneven or limited some healthcare settings may be disadvantaged and students will face inequitable learning opportunities. The nursing and midwifery workforce, and the public must be assured that all graduates regardless of education provider meet a consistent standard. There needs to be a clear baseline for expectations for minimum exposure, required skills and essential clinical experiences. The ANMF has concerns that programs may vary in what they consider to be a capable graduate. ANMF student members may be disadvantaged if they are placed in settings with limited clinical diversity unless targeted support and system level solutions are implemented.

Question 4: Are there any potential unintended consequences of the draft principles?

26. Nursing and midwifery education providers are experiencing significant challenges across curriculum renewal, digital transformation, workforce shortages and placement constraints. Introducing a major shift to outcome-based accreditation without staged implementation, clear guidance and appropriate transitional arrangements may contribute to further workforce fatigue and/or system failure. A supported implementation strategy is essential to avoid creating administrative burden or destabilising clinical placement relationships. Continuous engagement with stakeholders, accrediting bodies, health services, First Nations partners, students and consumers will be vital to achieve the intended outcomes. The potential for additional costs that will ultimately be borne by students if their qualifications require changes to curriculum needs to be considered.



27. The ANMF is concerned regarding the potential increased workload pressure on nurses and midwives, as the shift towards outcome-based assessment in clinical settings is likely to increase supervisory demands on practicing nurses and midwives. The requirements for more detailed evaluation may add to extra documentation, observation and feedback responsibilities for our members. Unintended consequences could include the expansion of unpaid or unrecognised work as clinical staff absorb additional teaching and assessment duties. The growing reluctance of staff to take on student supervision roles, is a known issue within many professions not just nursing and midwifery. This invariably impacts the overall student experience and their readiness to commence employment as a health professional.
28. Whilst outcome-based accreditation supports innovation in how tertiary providers structure programs and clinical placement, the ANMF is concerned it may also result in variability between tertiary and/or VET providers with potential impacts on the workforce. New graduates may commence employment with uneven levels of readiness, requiring significant support in the workplace.
29. The ANMF is also concerned that nurses and midwives may need to invest additional time in workplace education and integration, increasing pressure on an already stretched workforce, with a flow-on effect on staff retention and patient safety. Without significant resourcing the burden will shift to the frontline workforce which has limited capacity.



30. The ANMF also has concerns relating to the generic nature of some of the professional capabilities as outlined in the consultation paper. Nurses and midwives have profession specific knowledge and skills not relevant to other professions. The generic nature of some of the capabilities therefore raises concern that a standardised approach to professional capabilities could undermine professional autonomy and profession specific knowledge and skills. This could be misinterpreted and result in deskilling across professions, leading to blurring of scopes of practice, deficiencies in communication and increased risk to patients and consumers. This could result in increased public difficulty in understanding the education that nurses or midwives have received and a decline in standards in under resourced programs. There are also significant differences across professions that impact scope of practice, which should be reflected within the draft document.

Question 5: Do you have any general comments or feedback about the draft proposed principles?

31. There are some key strengths in the draft principles which include: the focus on professional capabilities rather than rigid inputs. By emphasizing outcomes rather than exact curricula, the principles allow for flexibility in how providers design programs while aiming for consistent graduate capability. There is a recognition of diversity across professions and learning pathways. The inclusion of data collection, monitoring and feedback loops and emphasis on evidence-based accreditation shows an innovative regulatory approach. Positively, the principles give attention to interprofessional collaboration, cultural safety, inclusion of underrepresented groups and equitable graduate outcomes across student cohorts.
32. Further detail on continuous improvement cycles and the requirements for how reviews will be actioned, the addressing of performance gaps and how stakeholder engagement will be involved in any improvement processes, will be required.



33. The shift from an input, process or risk-based approach to an outcome-based approach to accreditation reflects a transition from a Safety-I to Safety-II model as outlined in the 'From Safety-I to Safety-II' White Paper (Hollnagel et al., 2015), the ANMF is supportive of this approach.
34. Further to Principle 6 Sharing Information, greater visibility from accreditation bodies should be promoted. This includes expanded reporting initiatives, transparency around the time intervals between application, review and approval for education programs and internationally qualified practitioners, sharing benchmarking standards and examples and the creation of a central repository of system wide information and learnings that can be accessed by health services, education providers and clinicians.
35. While outcome-based accreditation has potential strengths as outlined above, the ANMF emphasises that nursing and midwifery education reform must not shift workload, responsibility or cost onto frontline staff. Or more worrying worsen placement access or student equity and compromise the safety or sustainability of the workforce. In addition, any changes must not weaken the professional identities and values of Australian nurses and midwives.
36. Consideration must be given to ethical principles in relation to data and data sharing and ensuring that privacy and confidentiality is upheld with any collection and use of data.
37. The cost of course redevelopment and implementation should be considered at a time of fiscal restraint, with consideration of the cost implications for the education provider seeking to have a course re-accredited for delivery. Any cost associated with conducting longitudinal and other research studies must be factored into expectations by Ahpra.



Conclusion

38. The ANMF thanks the Ahpra board Accreditation Committee for the opportunity to provide feedback on the draft *Principles for the use of outcome base approaches to accreditation*. It is essential that the voices of practising clinicians are central to this process, as the outcomes of this review will not only impact students and graduates but the workload of the nursing and midwifery workforce.
39. The adoption of a combination of approaches may enable robust and profession appropriate programs of study, leading to the development of a body of knowledge that produces comprehensive well skilled graduates, thus ensuring the safety of the public.
40. The fundamental element is that the principles must be high level and overarching to ensure all Boards and education providers' courses meet industry standards and the healthcare needs of the communities they serve.



References

Hollnagel E., Wears R.L. and Braithwaite J. *From Safety-I to Safety-II: A White Paper*. The Resilient Health Care Net: Published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia.