Australian Nursing & Midwifery Federation

Submission to Discussion Paper Review of Registered Nurse Accreditation Standards – Consultation paper 1

22 October 2017

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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 269,000 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.

As the largest professional organisation for nurses and midwives in Australia, the ANMF has, on behalf of our members, a genuine interest in, and concern for, matters relating to the education of nursing and midwifery professionals. We therefore have contributed significantly, and continue to do so, to a range of committees and working groups at national and jurisdictional levels, which relate to the design, accreditation and evaluation of education programs for nurses, midwives and assistants in nursing.

General Comments

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

1. **What support mechanisms should be offered to students from diverse backgrounds entering registered nurse programs to ensure they receive the appropriate levels of support?**

2. **How can the accreditation standards support inclusion of strategies to increase student retention?**

The background information provided prior to these questions in the consultation paper briefly covers a number of significant issues facing nursing education today. At this time, the ANMF have a number of comments to make in relation to entry criteria, attrition rates and potential strategies for providing support.

Entry criteria

The balance of providing an appropriate entry-level requirement, which includes an Australian Tertiary Admission Rank (ATAR), Overall Position (OP) or equivalent, with enabling access for those from a diverse background, is an important one. It is essential the entry requirements be set at a level that will enable those with the ability to commence the program, to successfully complete the program. At the same time, while programs should provide individual support for all students, there needs to be particular attention given to enabling those of diverse backgrounds to meet the entry requirements, and subsequently complete the program.

The ANMF also believes it is essential that education providers have a strategy for increasing Aboriginal and Torres Strait Islander student admission into, and retention within, nursing undergraduate programs.

Attrition rates

The quality of the data related to attrition for undergraduate nursing programs lacks rigour. This data is captured by calculating the difference between commencements and completions from year to year. Frustratingly, this data is incomplete as it does not track individual students, but rather provides whole numbers from year to year. The data does not enable any analysis of students' movements from year to year, therefore making it impossible to identify if, for example, students have been retained within a program or if they have deferred their studies. Education providers do collect their own attrition data, however, as far as the ANMF is aware, they are not required to make this information publically available.

The data currently available does not provide any information as to why students have chosen to leave or defer an undergraduate program. This is important information, essential for making informed decisions on future requirements for accreditation standards.

Retention rates are also an important element for ANMAC to consider when undertaking a risk assessment approach to accreditation and monitoring. As the available data is currently of poor quality and inconsistent, the ANMF strongly suggests the registered nurse accreditation standards require education providers to submit annual transparent reporting to ANMAC about their retention rates, using an established ANMAC template that would include:

- Student entry numbers;
- Existing student numbers;
- Student deferrals;
- Student withdrawals; and
- Where possible, reasons why students have withdrawn or deferred from the program.

This data can then be analysed and themed to enable ANMAC to be better informed about how accreditation standards can potentially improve retention rates and provide valuable data on accredited programs.

Strategies to improve retention rates

The ANMF also identify there are general principles that need to be considered within programs to encourage and support student completion.

These include:

- Culturally safe learning environments, in both the academic and clinical settings;
- Providing individual student support where required through academic advisory services, healthcare and counselling;
- Monitoring and early identification of students' progress throughout the program to enable supports to be put in place for students who may be struggling;
- Curriculum design that enables clear links between theory and practice;
- An appropriate amount of face-to-face teaching for students to effectively engage with their fellow students and lecturers;
- Contemporary, evidence based teaching and learning processes; and
- Quality clinical learning environments that are supportive, with students being able to access both a preceptor and clinical educator.

3. Should students who are required by the Nursing and Midwifery Board of Australia (NMBA) to provide a formal English language skills test result for registration, also be required to demonstrate achievement of the NMBA specified level of English language skills before starting a registered nurse program?

The discussion and debate relating to English language entry requirements has already been had with the development of the enrolled nurse accreditation standards, completed earlier in the year. The ANMF asserts that the registered nurse standards should be consistent with these standards, with the same English language requirements. Therefore, the requirement for English language skills testing should be as follows:

The program provider demonstrates:

Applicants are informed of the following before accepting an offer of enrolment:

a. students that would be required by the Nursing and Midwifery Board of Australia (NMBA) to provide a formal English language skills test when applying for registration, must provide a formal English language test result demonstrating they have achieved the NMBA specified level of English language skills, prior to commencing the program[i]

b. students are required to provide evidence of having sufficient language, literacy and numeracy skills to successfully undertake the program's academic and workplace experience requirements, prior to commencing the program.

This change to the English language requirement will ensure students selected for the program are able to complete the theoretical requirements and workplace experience, as required, without delays. It also positions students well, to successfully complete the program requirements, and to gain registration following completion.

It is essential that with this change, ANMAC have processes in place to ensure education providers are correctly assessing student English language skills, and that the assessment is in line with NMBA requirements. The concern is that if education providers are incorrectly interpreting the NMBA requirements, then on completion of the program, through no fault of their own, students will be unable to gain registration.

4. What changes and/or additions to the standards are necessary to support quality improvement in the clinical learning environment?

The clinical learning environment requirements for nursing students is an area that could be improved in the standards. The space that education providers have to compete in to negotiate quality clinical placements is both onerous and complex, and is driven by a number of factors.[ii] This complex situation has been further compounded by the recent uncapping of university places, resulting in significant increases in student numbers, and therefore the number of student clinical placements required.

A recent study completed in Australia recommended that appropriate sequencing of clinical in relation to theory, consistency of venue, and preparation for the health setting were important in providing quality placements for students[iii]. The ANMF supports these findings. Students must be able to link the theory they are learning with the practical setting as well as feel a part of the context within which they are working. The communication interface between the health setting and the education provider, prior, during, and after student clinical placement, has to be clear and comprehensive. This should include providing the health setting with the necessary information about the students attending clinical placement, their objectives for the placement, and all relevant paperwork.

The provision of clinical education support to students and nursing staff who are the buddy or preceptor of students is also a key requirement for a quality placement. There is an increasing trend for health services to provide the clinical education support for students within their clinical settings at a charge to the education provider. The literature refers to this as the Dedicated Education Model.[iv] Our members have expressed concern that at times this agreement has not necessarily been in the best interest of students. The ANMF suggests that the accreditation standards should require education providers and health services using this model to establish a contract that clearly states, inter alia, the model of clinical support being provided, the ratio of students to clinical educator, the minimum qualifications of the educator, and a clear process for conflict resolution and/or escalating concerns.

Another feature of a quality clinical learning environment, often overlooked, is the staffing and skill mix in the area where the student is completing their placement. There can be haphazard provision of facilitators to support the students on placement.

Many of our members report that when their facility receives students for placement, the facilitation of that placement impacts upon the quality of care. Nurses working on the floor are often not provided with the necessary supports by the education provider including the supernumerary staff required, to enable a positive learning experience for the students.

In addition to direct clinical care, it is imperative that placement experiences formally expose students to the registered nurse's role and accountability in delegation and supervision of enrolled nurses and unregulated healthcare workers.

The service agreements between education providers and placement providers must articulate that students will be mentored and guided in experiencing the supervisory role of the registered nurse, including delegation and evaluation of care.

5. Are elements of the Best Practice Clinical Learning Environment framework useful in developing outcome-based standards for accreditation? If so, which ones?

The Best Practice Clinical Learning Environment Framework (BPCLEF) is a comprehensive, evidence-based framework. This framework could be effectively used as an established outcome based best practice principles document for clinical placements.

6. How can the accreditation standards better support the use of simulated learning?

The current clinical placement hours requirement of 800 hours for the Bachelor of Nursing is supported by the ANMF, albeit acknowledging that this is a bare minimum. Australia's clinical placement requirements are low compared to: New Zealand, where the requirement is between 1,100 to 1,500 hours; the United Kingdom, which requires 1,000 hours; and, South Africa, which requires 2,800[v]. Australia's lower requirements would be further compromised by enabling a percentage of clinical placement hours to be replaced by simulation. The standards could require a minimum number of simulated learning hours, **in addition** to the 800 hours minimum of clinical placement.

The standards could also provide further details around simulation requirements, requesting education providers to outline evidence of the simulation conducted within their program. This could include identifying the type of simulation, the equipment used, and, the experience and qualification of the educators conducting the simulation. This would enable ANMAC assessors to consider whether an appropriate level of simulation is being implemented to meet the required educational outcomes.

7. Should minimum practice hours be inclusive of simulated learning hours? If so, should a maximum percentage of simulated learning hours be stipulated?

The ANMF does not support simulated learning hours being included in the current 800 minimum practice hours. Simulation is a valuable adjunct to the learning experience for students, but the ANMF has a firm position that simulation does not replace clinical placement hours.

The ANMF support the current statement in the Registered Nurse Accreditation Standards, 2012, criteria 3.6: *A minimum of 800 hours of workplace experience, not inclusive of simulation activities, incorporated into the program and providing exposure to a variety of health-care settings.*

The ANMF acknowledges there is some evidence that suggests simulation[vi] can create equivalent outcomes to clinical placements, however, further research needs to be conducted with larger cohorts, within the Australian context. The ANMF suggests students can learn technically correct ways of undertaking procedures in a simulated environment, however, they need the practice area for learning and to apply individualised communication skills, clinical judgement, and intervention.

8. How can the accreditation standards better support inter-professional learning?

The ANMF supports the importance of inter-professional learning and believe it is occurring in many ways within the healthcare education and clinical setting. 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 inter-professional learnings (both in theoretical/simulated and practice environments). The benefits of these inter-professional collaborative activities are multifaceted: for awareness raising of the different scopes of practice of each professional discipline, and, for gaining an appreciation and respect for the decision-making and contribution of each professional group to healthcare. 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 healthcare teams.

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

9. What are the strengths of the style and structure of the current registered nurse accreditation standards?

The consultation document outlines that the current standards, *the Registered Nurse Accreditation Standards, 2012* introduced a new ANMAC accreditation framework. This is not necessarily correct - the standards structure was adjusted and improved from the previous Australian Nursing and Midwifery Council version. The current strength of the style and structure of the registered nurse accreditation standards is they have been tried and tested since 2012 and improved upon from the previous version and the one before that, and so on. There is significant corporate expertise in the structure of these standards that should not be underestimated.

The current standards are consistent across the other categories of registration, including the enrolled nurse, midwife and nurse practitioner. These standards are clear, established, and the profession understands the structure. They have been designed, implemented and evaluated by ANMAC since their implementation for the largest number of accredited programs across all the registered health professions.

The consultation paper also refers to the Independent review of the *National Registration and Accreditation Scheme for health professions (December 2014)* discussion on the importance of standardising accreditation processes and avoiding duplication. It is important that accreditation processes are efficient and avoid duplication; however, it is essential that the nursing and midwifery professions maintain their professional identity and established expertise in relation to accreditation and standards. If we do not achieve this then we risk losing the 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 aspects of care. The end result can only be compromised care delivery.

10. What are the limitations of the style and structure of the current registered nurse accreditation standards?

The standards could be improved by removing any repetition and ensuring they are more explicit about the essential element of public safety.

11. Should the registered nurse standards move to a five - standards structure in line with accreditation standards of other registered health professions?

As we have previously highlighted, ANMAC has extensive experience and expertise in the development of accreditation standards that are relevant to nursing and midwifery. Unlike the other regulated professions, nursing and midwifery has a significant number of accredited programs. These programs have unique requirements.

It would appear that the suggested five-standard accreditation framework, only implemented in 2014 by the Australian Dental Council, is simple and clear. However, it is essential that further research establish firstly, that this framework is better than the current ANMAC framework and secondly, that it would be fit for purpose for nursing and midwifery. It would be unreasonable for ANMAC to change to this framework from an established robust framework, without the credibility and evidence to suggest that it would work for the nursing and midwifery professions.

12. To what extent are accreditation standards clear in their expectations of the evidence required of education providers to demonstrate compliance?

13. What is the best way to provide guidance to the standards and criteria (for example, to ensure consistent interpretation of those concepts in the current environment and/or elaborate on important concepts)?

The ANMF supports additional documentation in the accreditation standards that would assist with consistent interpretation of the standards. An evidence guide was required with the previous registered nurse standards but was removed with the review and implementation of the 2012 standards.

It would be essential that if an evidence guide were to be re-instated, the guide be publicly consulted on, with the same rigour as the accreditation standards.

14. Should there continue to be an input-based standard prescribing the minimum number of clinical practice hours to be completed?

Yes, the ANMF supports the established prescribed 800 hours of clinical practice. This has been agreed on nationally and accepted by the profession of nursing as the minimum number of clinical placement hours required for registration as a registered nurse. The ANMF would support an increase in hour requirements but is strongly opposed to any move to decrease prescribed minimum clinical placement hours.

15. What changes are likely to occur in the role of the registered nurse in next five years?

16. How can the accreditation standards support the development of the role of the registered nurse to meet the future healthcare requirements of individuals and communities?

These questions are extremely broad and raise the challenging debate about whether or not the accreditation standards should be aspirational or address the current requirements and known future requirements for registered nurses.

Direct care

It is important when contemplating the role of the registered nurse in the next five years that the profession consider not only the potential changes but critically reflect on the essence of the registered nurse's ongoing clinical role. The ANMF is clear that the role of the registered nurse is primarily to provide direct clinical care. This cannot be underestimated. Aitken has undertaken extensive international research with findings demonstrating the positive difference registered nurses make in clinical care[vii]. The accreditation standards need to focus primarily on outcome-based standards that prepare the registered nurse for a changing, complex care environment. With the ever-increasing complexity of care requirements, where people being cared for have multiple diagnoses, registered nurses require high-level critical thinking skills that enable them to demonstrate sound judgement and provide considered action in complex, unique and uncertain situations.[viii] The accreditation standards need to ensure curricula are providing evidence-based, contemporary content with quality clinical placement.

Prescribing

There will be an increased role for registered nurses in relation to prescribing. Undergraduate programs must ensure that newly qualified registered nurses are comprehensively prepared for safe and competent protocol prescribing. This will form a foundation for postgraduate studies leading to supplementary and independent prescribing. The accreditation standards need to ensure curricula include theoretical and clinical content and assessment on pharmacology and prescribing by protocol.

Primary health care

Ideally, there should be a much greater focus on primary health care within the whole of the healthcare sector. This would require greater funding for prevention and health promotion, early intervention, school-based nursing, and primary health clinics. In addition to this, there needs to be a greater role or more visibility for the clinical leadership role of nurses in capacity building for community resilience, to more effectively manage ever increasing catastrophic events - man made and environmental - effects of climate change, bushfires, allergy storms, earthquakes, hurricanes, wars, terrorist attacks, civil unrest episodes, epidemics (Ebola) and pandemics (flu strains). Different skill sets will be required for critical incidents, with more emphasis on trauma and recovery and disaster preparedness.

Accreditation standards support for this changing role would require more emphasis on primary health care and community care. The vision is for nurses to be prepared for a broader role than the silos of acute care within the tertiary environment or primary care within general practice. While this is important, so too is educational preparation for complex, unique and uncertain situations such as the disasters outlined above. Curriculum to include:

- greater focus within the theoretical component of the undergraduate curriculum on primary health care and then concomitant increase in clinical placements across an array of primary health care settings in which many registered nurses already practice, to bolster registered nurse practice and thereby give better access to registered nurses by the community.
- additional curriculum content to prepare students for the range of sudden/ unexpected community-wide disasters as outlined above.

Digital health

The National Digital Health Strategy, developed by the Australian Digital Health Agency, outlines clear objectives for the health workforce to be achieved by 2022. These objectives require the health workforce, including registered nurses, to be confident and efficient in using digital technology, understand the benefits of digital health, and promote the role of the Chief Clinical Information Officer[ix]. The accreditation standards need to address the fundamental requirement for all programs to address digital technology in the delivery of care.

The uptake of electronic medical records (EMR) within the acute context is a good example of the changing environment in digital health. EMRs are now a common addition in many healthcare settings and it is essential that students understand the fundamentals of digital health technology and how to use an EMR. Further, education providers need to ensure that students have, at a minimum, access to an EMR in the learning environment, to enable immersion.

Students are also required to understand coding and the impact data and data collection has on care outcomes. Telehealth and simulated telehealth would also be an important addition to the undergraduate curriculum.

The ANMF Queensland Branch, Queensland Nursing and Midwifery Union, is about to embark on a survey of members regarding the impact of digital health advances in Queensland. We anticipate that this survey will inform the ANMF's understanding of the readiness of nurses to engage with digital health, but also the impact that digital technology is having on workloads and the people for whom nurses provide care.

The results from this survey and any associated focus groups will be completed prior to the next round of the consultation for these standards. Feedback in relation to this work will be provided by the ANMF to ANMAC as part of this review.

17. Are there any other issues you would like to be considered that have not been discussed in this consultation paper?

The ANMF at this time does not have any further comment to make to this first round of consultation for the registered nurse accreditation standards.

Conclusion

Thank you for the opportunity to provide a submission to the discussion paper- *Review of the Registered Nurse Accreditation Standards, Consultation paper 1*. The ANMF looks forward to being able to contribute further in the next stages of the registered nurse accreditation standards review.

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