



Nursing education: registered nurse

In Australia there are two categories of nurse who hold registration with Nursing and Midwifery Board of Australia (NMBA): the registered nurse and the enrolled nurse. A registered nurse is a person who has successfully completed an education program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA. The registered nurse undertakes initial and ongoing assessment of nursing care needs, initiates care and supervises and delegates aspects of care to the enrolled nurse.¹

It is the policy of the Australian Nursing and Midwifery Federation that:

1. All nursing care must be provided by nurses who are appropriately educated, qualified and registered with the NMBA.
2. The Australian Government must ensure there are sufficient places in the university sector in all states and territories to meet the community's needs for a registered nurse workforce, now and into the future.
3. Entry to practice education for registered nurses must be at degree level offered by a recognised Australian university.²
4. Entry to practice education for registered nurses should be augmented by flexible and innovative means, such as distance and online modes to provide equitable and optimal access for students wherever they live, study and work.
5. The principles of adult learning and the recognition of prior learning must be incorporated into registered nurse education, together with the availability of credit transfer and articulation options.
6. Entry to practice Bachelor of Nursing education programs for registered nurses must prepare students to meet the NMBA *Registered Nurse Standards for practice* to practice as a safe and competent registered nurse in all health and aged care settings.
7. Educational curricula for registered nurses should include Aboriginal and Torres Strait Islander peoples' health, culture, history and the social determinants of health. A culturally safe nursing workforce is vital to ensure culturally safe services that meet the needs of Aboriginal and Torres Strait Islander peoples.
8. Educational curricula for registered nurses should address the provision of culturally sensitive care to people from culturally and linguistically diverse (CALD) communities to deliver nursing care that is culturally appropriate.
9. The development of core curriculum elements across professions must not compromise the philosophy and integrity of nursing.
10. Adequate clinical education must be provided to undergraduate nursing students so they can acquire the clinical experience necessary to meet the NMBA standards for practice. Staffing levels and skills mix in health and aged care settings providing clinical placement for students, must be adequate to optimise the learning experience. Supervision of student nurses must be undertaken by suitably experienced registered nurses.



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11. Clinical nurse educators must be available, with a scope of practice which meets the needs of students in nursing, newly graduated nurses and nurses new to the workplace, as well as supporting all nurses with their clinical, educational and mentoring responsibilities.
12. Registered nurses require support when making the transition from undergraduate nursing student to registered nurse. This support can be provided through transition to practice programs, which offer a structured framework for new graduates to consolidate and further develop skills and knowledge.
13. Transition to practice programs should be:
 - a) available in all health and aged care settings which employ registered nurses, such as acute care, mental health care, aged care, community care and primary health care;
 - b) available for registered nurses working in rural, remote and metropolitan settings, in both public and private health care sectors; and
 - c) funded by governments through relevant public, private and community health and aged care settings.
 - d) underpinned by a positive organisational culture which values learning. This is demonstrated by: strong clinical leadership; a non-punitive systems-based approach to human error; timely access to designated registered nurse clinical educators and preceptors; realistic expectations of new graduates; the allocation of reasonable and manageable workloads; structured learning opportunities; a formal orientation; mandatory education and training; supernumerary time; and study days.³
14. Clinical placements for registered nurse education, either undergraduate or post registration, require active and positive collaboration between the health and education sectors and sufficient resources to assist education providers and facilities in which clinical education occurs to deliver a quality learning experience.
15. Formal mechanisms to support dialogue, interaction and collaboration between the health and education sectors should continue to be developed and strengthened. Professorial units or similar arrangements which combine academic and practice based education and research, are supported.
16. Registered nurse educator positions are supported and mechanisms must be in place to assist them to maintain a safe and current level of practice in their areas of expertise.
17. Increased funding is required to support registered nurses to undertake courses, at postgraduate certificate, diploma, masters and doctoral level.
18. Post registration courses for nursing practice must be conducted by an agency* or combination of agencies that can ensure an appropriate knowledge and skills/practice balance in the student's learning experience.
19. Providers of post registration education for registered nurses should schedule course provision with consideration for the needs of students and employers and with a view to maximising flexibility and access.

*The term 'agency' includes, but is not limited to: health services, universities, professional organisations and private providers of education and training such as registered training organisations.



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20. Appropriate academic recognition for all post registration courses not conducted within the university sector should be available, together with nationally consistent nomenclature, award levels and credit transfer arrangements.
21. The offering of scholarships by governments, employers and other nursing and health related organisations to support post registration education for registered nurses, is supported. Bonding to a particular employer or agency on completion of studies as a condition for the awarding of scholarships to nurses is not supported.
22. Registered nurses who do not meet the NMBA *Registration standard: Recency of practice*⁴ should have access to and affordable re-entry to practice programs accredited by ANMAC and approved by NMBA.

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References

1. Nursing and Midwifery Board of Australia 2016. *Registered Nurse Standards for practice*. Available at <file:///C:/Users/Anastasias/Downloads/Nursing-and-Midwifery-Board---Standard---Registered-nurse-standards-for-practice---1-June-2016.PDF>
2. Australian Nursing and Midwifery Accreditation Council 2012. *Registered Nurse Accreditation Standards*. Available at http://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf
3. Victorian Government Department of Health. Nursing and Midwifery Graduates. Available at <https://www2.health.vic.gov.au/health-workforce/nursing-and-midwifery/nursing-and-midwifery-graduates>
4. Nursing and Midwifery Board of Australia. 2016. *Registration standard: Recency of practice*. Available at <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice.aspx>

This policy is to be read in conjunction with the ANMF Position Statement Re-entry to the nursing and midwifery workforce.