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nursing federation

Submission to the Australian Nursing and Midwifery
Accreditation Council (ANMAC) consultation paper: Review
of Registered Nurse Accreditation Standards

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1. Introduction

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

A membership of over 214,000 means that ANF members: nurses, midwives and assistants in nursing, are employed across a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF contributes to 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, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

All aspects of the education of the nursing and midwifery professions is of prime concern to the ANF. 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.

2. General Comment

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 competent and safe for practice, in whatever setting health and aged care are delivered.

The ANF has taken an active interest in the educational preparation of nurses in this country since its inception in the early 1920s.

It is the position of the ANF that an undergraduate nursing degree program requires the same rigorous scholarly preparation, based on research and evidence, as other recognised health professions. Further, it is the position of the ANF that this educational preparation be based in the university sector. Universities have quality assurance mechanisms and cross disciplinary infrastructure to support all the health professional courses they offer. It is also important to note that nurse academics in universities engage in cross disciplinary activities, such as research, with other academic health professionals. The importance of this research is twofold: for totality of health perspectives to the research undertaken and for the professional development of the health academics themselves (and obvious flow on benefits for their students). The opportunity to share courses, research and information increases the exposure of health professionals to one another during their education thereby providing an understanding of one another's roles and the foundation for effective multidisciplinary health teams. The current Australian health reform agenda highlights the importance of multidisciplinary health teams for delivery of optimal health outcomes across health and aged care service settings.

The Consultation paper: *Review of registered nurse accreditation standards* has posed several questions. Rather than address each of these, the ANF has chosen at this stage to instead highlight, and provide comment on, three important aspects of undergraduate nursing degree programs.

3. Specific Comments

3.1 Education Provider

The ANF position on undergraduate nursing education is that “entry to practice education for registered nurses must be at degree level offered by a recognised university”.¹

This position of the ANF is congruent with work currently being undertaken at a global level towards university-level education for all professional nurses and midwives. The ANF welcomes this trend and the principle of the World Health Organisation’s global standards for the initial education of professional nurses and midwives, that “an inter-professional approach to education and practice is critical”.²

The ANF contends that nurses and midwives are recognised as professionals in their own right largely due to their undergraduate and postgraduate education at universities. “University” refers here to a self-accrediting institution which meets the requirements of protocols A and D of the National Protocols for Higher Education Processes (2007), and is established by an Australian legislative instrument, as defined in Part 3 of the National Protocols. A university is an institution so designated because it has built a record of research and scholarship to a breadth and depth required by the National Protocols.³ It is in this environment that the ANF considers nursing undergraduate programs are best placed.

The position of the ANF is in line with the positions of the following professional colleague organisations, on the delivery of undergraduate nursing and midwifery education, and found in the public domain:

- a) The Council of Deans of Nursing and Midwifery (CDNM)
 - b) Royal College of Nursing, *Australia* (RCNA)
 - c) The Coalition of National Nursing Organisations (CoNNO)
 - d) The former Australian Nursing and Midwifery Council (ANMC)
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- a) The Council of Deans of Nursing & Midwifery Australia and New Zealand states “it believes that pre-registration nursing degree courses should be located in the University sector”.⁴
 - b) Royal College of Nursing, *Australia, Communiqué from the Board of Directors on Undergraduate Nursing Education*⁵, states:

Royal College of Nursing, Australia holds the position on undergraduate nursing education that the entry-to-practice level educational qualification for Registered Nurses be achieved through a university undergraduate program.

This is in order to fulfill:

- *their need to be educated in an environment of academic enquiry so that they may be equipped to analyse and appropriately respond to the complexity of nursing needs of the community;*
- *the need for the profession to continue to investigate, research and develop a body of professional knowledge. Such undertakings can only be supported and facilitated by universities;*
- *the requirement, as autonomous professionals, to base their practice on the self-regulated body of knowledge;*

- *the assurance to the public of an educational status and standard which will ensure assessment and delivery of safe, competent care;*
 - *comparability in the educational preparation for Registered Nurses with medical, allied health practitioners, and other health care professionals whom they must work alongside; and*
 - *accountability for their practice.*
- c) The Coalition of National Nursing Organisations, a diverse group of more than 50 nursing organisations, prepared and endorsed a Position Statement on Undergraduate Nursing Education in Australia in October 2009.⁶ This position statement endorses the conducting of undergraduate nursing programs leading to registration, within the university sector.
- d) The former Australian Nursing and Midwifery Council (ANMC). In 2008 the Nurses Board of Victoria had made a decision to accredit a Bachelor of Nursing program which was to be conducted in the TAFE environment. In a demonstration of solidarity that this decision was not supported by the other State and Territory regulatory member bodies of the ANMC, the Council issued a policy statement which included the following:

...recognises the right of the public to receive nursing and midwifery care of the highest professional standards and confirms this by:

- Supporting the necessity for nationally consistent nursing and midwifery education;
- Acknowledging the need for registered nurses and midwives to be appropriately educated to assume research responsibilities and to exercise critical-thinking skills;
- Acknowledging the need for registered nurses and midwives to be appropriately prepared to undertake self-directed and lifelong learning; and,
- Recognising the need for the minimum level of qualification for entry to practice for registered nurses and midwives to be a university-based [definition as that shown above] bachelor degree.⁷

In 2009 the national accreditation standards for registered nurses were developed and endorsed by the nursing profession. The standards included the criterion that "...Bachelor degree in nursing courses must show evidence of Australian university quality assurance and accreditation" (Standard One: Governance).

On 1 July 2010 we achieved national registration and accreditation in Australia for nurses and midwives. This gives us the ideal environment in which to have the "nationally consistent nursing and midwifery education" expressed by the former ANMC (as outlined above).

The ANF argues it is right and proper the outcome of this current review of national accreditation standards be maintenance of the dominant view of the nursing and midwifery professions - the retention in the standards that Bachelor of Nursing and Midwifery programs be conducted in the university sector.

The definition of 'Education Provider' in the national accreditation standards should remain as:

Education provider is an Australian university responsible for a course, the graduates of which are eligible to apply for registration as a nurse in Australia.

It is the view of the ANF that Standard one: Governance, Criterion 1, be retained in the document for review by the nursing profession.

3.2 Clinical experience requirement

The ANF policy statement titled *Nursing education: registered nurse*¹ includes the following pertinent points relating to clinical placement experience for undergraduate nursing students:

Adequate clinical education must be provided to students so they can acquire the clinical experience necessary to meet the competency standards. Staffing levels and skills mix in health and aged care settings providing clinical placement for students must be adequate to optimise the learning experience.

Clinical placements for registered nurse education, either undergraduate or post graduate, 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.

The ANF considers the most critical feature of clinical learning for all health disciplines is its quality. In particular, when nursing and midwifery students experience well managed clinical placements in a positive learning environment, they are more likely to want to stay in the health workforce.

The national accreditation standard under review specifies the course provider for an undergraduate nursing program must be able to demonstrate that “total professional experience placement hours amount to no less than 800 hours.” This standard preserves the integrity of the clinical placement time so that other experiences, for example, simulated learning, become additional experience rather than replacing placement in a clinical environment.

We acknowledge there is an absence of evidence for the number of hours of clinical placement required to demonstrate safe, competent practice; and, that the critical issue is the quality of the clinical experience rather than the quantity of hours spent in a clinical placement. However, the ANF believes there should be a minimum number of hours set, and specified in the national accreditation standard, as a safety net in maintaining the education program’s integrity in preparing a competent practitioner. Insufficient hours of clinical experience will compromise the student’s ability to be able to demonstrate competence.

It is the view of the ANF that Standard Four: Course Length and Structure, Criterion 6, be retained in the document for review by the nursing profession.

3.3 Simulated clinical experience

Clinical practicum is described in the National Nursing and Nursing Education Taskforce (N3ET) report, 2006,⁸ as “a range of activities including observation of clinicians at work, direct patient care (caseload management) under supervision, case studies, simulated and laboratory sessions, discussion groups and tutorials, reflective journaling, research and data collection from records”. This description highlights that simulation is one element of clinical practicum and does not give license to replace professional clinical experience with simulated experience.

The national accreditation standards for courses leading to registration as a nurse, developed in consultation with the profession and issued in 2009, acknowledge the importance of simulated experience in the broader context of professional experience, but do not include simulation in the definition of clinical placement (defined as 'professional experience placement'), as follows:

*Professional experience placement is the component of nurse education that allows students to put theoretical knowledge into practice within the consumer care environment ... It includes, but is not limited to, the hospital setting, and may include general practice, remote and rural health clinics, and community care environments. It excludes simulation.*⁹

The ANF endorses the position that when simulation is included in a student's professional experience it must be complementary and in addition to clinical placements in practice areas. The student can learn technically correct ways of doing things in a simulated environment but needs the practice area for learning and applying individualised communication skills, clinical judgement, and intervention.

While the ANF is supportive of the establishment of simulated learning laboratories for students of nursing and midwifery programs, it is imperative that these environments are not relied on as a component of clinical experience. That is, education providers and health and aged care service providers must continue to explore new and innovative areas - across all nursing practice settings - for clinical placements, and work should continue on developing clinical/professorial development units (however titled) which foster a nexus between academe and the practice setting.

It is the view of the ANF that the definition of *Professional Experience Placement* as currently shown in the Explanation of Terms (p.4), should continue to exclude simulation and that this definition be retained in the document for review by the nursing profession.

4. Conclusion

With a membership base comprising the bulk of the nursing and midwifery professions, the ANF takes an intense interest in the educational preparation of nurses and midwives. We contributed to the development of the registered nurse accreditation standards and will continue active involvement in review of the document.

This paper has addressed three key aspects of the standards: the education provider; clinical experience; and, simulated clinical experience. Each of these elements greatly influences the integrity of the educational preparation of nurses whose role in the workforce will be as clinical leaders.

The ANF takes a strong view that the consultation document circulated by the Australian Nursing and Midwifery Accreditation Council (ANMAC) retain the elements outlined in our paper, to allow discussion, debate, and decision making by the nursing profession on these crucial issues.

We look forward to continued work with the ANMAC to ensure the national accreditation standards reflect the will of the nursing profession, and lead to safe, competent registered nurses for clinical leadership in the health and aged care sectors.

5. References

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