

Submission in response to the Nursing and Midwifery Board of
Australia's papers:

- Consultation paper on registration standards and related matters
- Accreditation Standards relating to Registered Nurses
(Attachment A2), Nurse Practitioners (Attachment A4) and Midwifery
(Attachment A5)

Submitted by the Council of Deans of Nursing and Midwifery (Australia &
New Zealand)

November 2009

General comments

Thank you for the opportunity to review the Nursing and Midwifery Board of Australia's papers:

- Consultation paper on registration standards and related matters
- Accreditation Standards relating to Registered Nurses (Attachment A2), Nurse Practitioners (Attachment A4) and Midwifery (Attachment A5)

Consultation paper on registration standards and related matters

On page 5, under 2.2 English Language Skills, it would seem that the English language requirement being advocated is too high if the intention is to expect this level of English on entry to a programme, rather than on completion and when it comes to Registration. Even then, one would suggest that the current rules and regulations being applied in NSW (for example) and certain other states, are more reasonable and realistic and, importantly, still protect the public. An expectation of IELTS 7 with a minimum of 7 in each band is extremely onerous and in our view unnecessary. Such a decision will lead to the death of Australia as a destination for International students of nursing. It is important to note here that this is not an issue being raised related to revenue to Universities (though it needs to be acknowledged that International students in many cases subsidise the education of domestic students and/or ensure the viability of courses) - it also grossly underrates the importance of Overseas Qualified Nurses (OQNs) and overseas students who wish to study and subsequently seek registration as a nurse in Australia and to the current and future workforce needs of the country. It does so because it is clear that over the next 5-10 years, we will need to increase nursing numbers, yet the numbers of school leavers will decrease ever more rapidly over that time.

We see no reason to expect a single test of English (eg. IELTS) to be acceptable. Presumably there are international conventions on equivalence?

If the issue of time elapsed since an English test is related to immediate application for registration AND is NOT associated with someone having undertaken a preparation programme of at least 2 years duration in Australia, then a two year rule seems reasonable. However, if someone has met entry criteria for a preparation programme in Australia that has extended over 2 years and they have been assessed as competent to practice, then our view is that they should not need to undertake further assessment in English. Should it eventuate that graduates from any given University consistently have problems with English, then that University's accreditation as a provider of pre-registration nursing programmes should be closely scrutinised, particularly in relation to RPL and English language requirements.

Project to develop standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia – Registered Nurses (Attachment A2)

Perhaps most importantly, The Council of Deans of Nursing and Midwifery strongly support the assertion of what constitutes a University (p.9) outlined within the ANMC document.

Domain 1

Standard 1

p. 11 - With regards to Description of processes to ensure equivalence of course outcomes, there needs to be some clarification as to whether offshore teaching will in fact be accepted in courses in the future (as phrased currently it could be). This then leads to the question 'what would be the level of English required for the off-shore component of a programme?'

Standard 3

pp. 14/15 - Detailed overviews of processes for Recognition of Prior Learning (RPL), including who would undertake the assessments and agree RPL, criteria for the RPL etc. would need to be mandatory evidence, in our view. Any RPL would also need to be agreed a priori with a registering authority to ensure that a graduate who has received RPL is not disadvantaged when they come to register (NB. this has been a problem at least in NSW, in recent years, hence this suggestion).

Standard 4

pp. 16/17 - Criteria 6. There needs to be a clear statement in the guidelines regarding what (if any) component of the 800 hours (which seems to Council to be a fairly arbitrary figure that has been identified) will be able to be achieved via clinical simulation. Council's view is that simulation should be accepted as clinical hours, within a pre-determined figure (which would best be reached via work currently being undertaken by/for the National health Workforce Taskforce (NHWT)) but that the hours be raised to 900 or 1000.

In the evidence guide one can see no reason why only 1st year and pre-registration practicum arrangements would need to be presented and also, why this is not mandated material. Council's view is that all professional experience arrangements should be mandated as evidence for accreditation of a course leading to Registration.

Domain 2

Standard 5

The criteria as presented are silent on several important facets of curriculum development and presentation. The model of nursing and the theories and philosophies underpinning a nursing programme should be explicit in a document and be seen to underpin the content and delivery of the programme. Nursing roles and the scope of practice for staff and the staff they supervise, also needs to be mandated content.

Regarding Professional knowledge and skills: The ANMC Competency framework needs to be mandated content and needs to be seen to be threaded throughout the entire programme. The programme also needs to incorporate clear delineation between RN and EN roles and competencies, including the supervisory and care planning roles of the Registered Nurse.

Contemporary knowledge and skills

These should be re-visited from time to time as societal needs change and evolve; to wit, Dementia Care needs to be added to the list provided, now.

Standard 6

p.21 It should be clearly articulated that the research content of evidence based pre-registration nursing programmes, should focus on 4 A's of research in that Registered Nurses (indeed all health practitioners) should:- be AWARE of research and innovation in their field of practice; be able to ACCESS and APPRECIATE evidence; and be able to APPLY it in their practice. The ABILITY to undertake original research (a fifth A) is not necessarily a graduate attribute, for nurses or other health professionals.

Standard 7

Our major concern with this standard's content is that it is almost silent on the issue of competency assessment. It says little about either the how or the what of this major issue for any professional preparation programme. This continues on from a similar lack of content in standard 6. A recommended solution would be that the new Board supports the use of the Clinical Assessment tool (and its supporting framework) currently being developed by a consortium of Universities (University of Wollongong, Curtin University of Technology, Queensland University of Technology, University of Technology, Sydney and the University of South Australia and supported by Deans of Nursing in Victoria) led by academics at the University of Wollongong; and supported by the Council of Deans of Nursing and Midwifery (Australian and New Zealand). This Australian Teaching and Learning Council funded project aims to develop a clinical assessment tool for use across all pre-registration programmes in Australia and has already attracted the positive attention of the National Health Workforce Taskforce and Chief Nursing Officers et al. It also has the support of the ANMC.

Project to develop standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia - Nurse Practitioners (Attachment A4)

Comments for report

Provided by: Professor Glenn Gardner (Queensland University of Technology)

20/11/09

These standards and criteria are structured by the ANMC National Framework for Accreditation of Nursing and Midwifery Courses and informed by the ANMC nurse practitioner competency and education standards¹. This report will be limited to comment on specific content for noting or recommendation for amendments, and structured under the relevant sections of the document.

Explanation of terms

Page 7, definition of nurse practitioner

- This definition was slightly amended by the ANMC to include: A nurse practitioner (NP) is a registered nurse educated **and authorised** to function autonomously....
I suggest this amended definition be used.

Course management

Standard Four – page 18

¹ Gardner G, Carryer J, Dunn S, Gardner A. 2004. The Nurse Practitioner Standards Project: Report to the Australian Nursing and Midwifery Council, ANMC Canberra. ISBN 0-9580697-6-X

Gardner G, Carryer J, Dunn S, Gardner A. 2004. The Nurse Practitioner Standards Project: Toolkit, ANMC Canberra. ISBN 0-9580697-5-1

Gardner G, Dunn S, Carryer J, Gardner A. 2006. Competency and capability: imperative for nurse practitioner education, *Australian Journal of Advanced Nursing*. 24(1): 8-14

Gardner G, Carryer J, Gardner A, Dunn S. 2006. Nurse Practitioner competency standards: findings from collaborative Australian and New Zealand research, *International Journal of Nursing Studies* 43(5): 601-610

- Criteria for course length: Point 2 states the course should be long enough for graduate competencies to be met. There is currently significant variability in course length as many are incorporated into existing or new advanced practice nursing Masters courses and in some it is difficult to recognise content related specifically to NP competencies. I suggest that a nurse practitioner Masters degree should have the requirement for a minimum of two semester (equivalent full-time) that deal exclusively with knowledge and skills for NP level of education.

Curriculum

Content

It has become apparent that many NP course planners have a focused and narrow interpretation of the competencies as a basis for curriculum design. It is important that NPs have a sound knowledge base and skills in total and holistic patient assessment before a focus on assessment in specialty fields. These are generic competencies that provide a basis for specialisation.

- To this end under 4 Foundation Knowledge and Skills (p20) an additional and first open dot point needs to be a requirement for teaching and learning in total and comprehensive patient assessment to develop skills in recognition of normal and deviation from normal.

Page 21 Contemporary knowledge and skills 2nd open dot point

Many or most courses are web based and open to students from around Australia. Therefore it may not be appropriate to focus on content related to regional or local health priorities.

- I suggest recommendations for use of process learning rather than specific content around this topic of healthcare priorities.

7 page 21

- Needs to include 'Quality Use of Medicines' as additional content relate to pharmacology and prescribing.

Page 27 Standard eight: Professional experience

- Not sure what this means. If this is about field placement or internship it should be referred to as such or as 'clinical experience'. Professional experience is non-specific and does not give a clear message about clinical learning requirements.

Project to develop standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia – Midwives (Attachment A5)

Submitted comments from:

The *Charles Sturt University* Midwifery team

Contact Person:

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Accreditation Standards – Midwife:

- We commend the ANMC for their comprehensive glossary of terms. We especially appreciate the incorporation of the Page (2000) steps of evidence-based midwifery into the concept of midwifery inquiry.
- The framework of domains, standards, statements of intent, criteria and evidence guide is very useful and should assist the curriculum development process
- Standard four: Course Length and Structure. We would like to see minimum course length, stated in calendar years for various programs. That is, 18 months for pre-registration courses for registered nurses and 3 years for Bachelor of Midwifery programs which are direct entry.
- Standard four: Course Length and Structure. On page 44, we note that 1500 hours is the minimum clinical practice time for all pre-registration courses and we affirm this requirement to provide students with adequate exposure to midwifery practice. As the recommended period for theory to practice integration is 50:50, we believe it would be beneficial to state in this Standard, on pages 18 and following, the minimum required, namely 1500 hours clinical, 1500 hours theoretical, and length of course (as above).
- Standard six: Approaches to Teaching and Learning. The evidence discusses “lesson plans” but it is not clear whether all lesson plans are required (we hope not) or sample “lesson plans” or “subject outlines” rather than lesson plans per se. May we suggest a change from “lesson plans” to “subject outlines” to avoid confusion and unnecessary pedantry.
- Standard eight: Professional Experience. We were very surprised and disappointed to read *20 continuity of care experiences*. All previous drafts had discussed 10 continuity of care experiences per annum pro rata. *20 continuity of care experiences* during an 18 month pre-registration midwifery course we believe is not only unnecessarily onerous on students, maternity units and universities but it also fails to optimise the woman’s experience with the student and student learning. We fully support the principle of the continuity of care program for students but believe 10 women per annum pro rata would optimise opportunities for quality student learning.

**RELEASED UNDER THE
FREEDOM OF INFORMATION ACT 1982 (Cth)**

- Students working as fully supernumerary is discussed on page 41 in terms of the Australian Vice-Chancellors' Committee (2007) discussion paper. However, we believe it is imperative that the distinction between "supervision" and "supernumerary" are clearly articulated in the glossary of terms and in standard 8. If the remaining maternity units in rural areas are to remain open, it is essential that the number of graduating midwifery students be increased through both pre-registration courses (direct entry and courses enrolling registered nurses). In rural areas, pre-registration courses for registered nurses to become registered midwives are especially valuable for women, maternity units and students alike. Students in these courses are supervised throughout but are usually not supernumerary, being paid members of the staff establishment. This is a model that has worked extremely well for all concerned but will be an endangered model unless supported to continue.
- We thank you for the opportunity to briefly comment on these documents. Should you require further information then please do contact Elaine Dietsch at edietsch@csu.edu.au

For further information, please contact Professor Patrick Crookes, Chair of the Council of Deans of Nursing and Midwifery (Australia & New Zealand):

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