

Consultation paper on draft accreditation standards for nursing and midwifery

Comments from the Australian Catholic University Schools of Nursing and Midwifery (23/11/09)

Comments on the proposed Registration Standards

Section 2.1 Criminal History

Page 3

Types of criminal history information listed should be specified in descending order of relevance.

Suggestion: Recommend use of the term health consumer to be consistent with the course accreditation documents, definitely not patient or client.

Section 2.2 English language skills

Page 5

Definition of international applicant/student requires clarification.

It is unclear if this statement refers to students in relation to student registration at the commencement of a course.

If this statement refers to an applicant who is a student who has recently completed a course leading to registration, they should not be called students- their studies are completed.

Suggestion: There seems to be no other mention of student registration in the document therefore reference to “international students” should be removed if this does not relate to student registration.

English language skills standard: Requirement 5

Has the Board considered allowing applicants to sit more than one test to demonstrate the minimum score over a fixed period of say one year as is practiced in other countries such as New Zealand. (*Health Practitioners Competence Assurance Act 2003*) language testing can very stressful and does not necessary demonstrate the applicant’s competence in all areas in one sitting.

Page 6

Suggestion: Delete list of countries

Agree that OET is a suitable English language test for Nurses and Midwives.

2.3 Professional indemnity insurance

Page 7

There are concerns about the information as presented for nurses and midwives about Professional indemnity insurance options especially when they are new graduates applying for employment or between employment.

2.5 Recency of Practice

Page 12

Definition of 'Practice' 3rd line should read: ... using nursing or midwifery knowledge in direct relationship with health consumers and /or working in nursing or midwifery management.....

Comments on proposed course accreditation standards

Registered Nurses (but may also apply to the identical sections in the other documents).

Explanation of Terms

Page 5

Academic Staff – requirement for all teaching staff to hold more than a Bachelor degree may be problematic as many clinical teachers /facilitators are experienced RNS without a higher degree, they may hold additional qualifications such as a CertIV in Workplace Training (as required by health services) and may be very experienced clinicians.

Suggestion: a separate term for clinical teaching staff rather than incorporating them as academic staff..

Page 7

incorrect referencing in explanations for Interprofessional learning and practice and Nursing Inquiry

Suggestion: All referencing be checked for correct format

Professional experience

Explanation of the term cross –border higher education is clear –but how is this applied for professional experience?

Suggestion: Could the explanation please include practice in Australia and overseas?

Standard 4: Course length and structure

Pages 16 and 17

Criterion 6. Specifying hours of professional experience placement hours despite the lack of any evidence to support this figure is contradictory to competency based approaches to development of clinical competency. Some students may need longer than others.

Clearly some universities have less than 800 hours now and their graduates are in the workforce. If a minimum must be set it should be lower than the average of current practice- many universities have many more than 800 hours which raises the average. Very low hours is not defined. Is very low less than 800 hours?

Suggestion: minimum hours should not be included in the document .

Standard 5 Curriculum Content

Statement of intent should refer to relevant ANMC competency standards in all of the documents.

Standard 6: Approaches to Teaching and Learning

Suggestion: Refine evidence guide to show that samples of lesson plans may be used as evidence- as the way this is currently worded seems that actual lesson plans are expected, when they may not have been prepared.

Standard 7: Student Assessment

Suggestion: Refine evidence guide to have mandatory evidence of Assessment Policies and procedures that govern assessment including grading, moderation of academic standards, academic honesty.

Suggestion: The term 'pharmacology competence' should be defined or explained in the explanation of terms or referenced. What does it actually mean?

Standard 9: research

Criterion 5-should start with 'induction' rather than 'induct'.

Midwives

Retitle as Registered Midwives

Standard 2 Academic staffing

Page 15

Suggestions: Criteria 1 and 2 need rewording to be similar to the same criteria in the Registered Nurse document.

Delete reference to "midwifery endorsement" throughout the document.

Standard 4: Course length and structure

Page 18

Criterion 3.Course length

It is unreasonable to increase the minimum length of a post nursing registration midwifery course by 50%. There is no evidence to suggest that the current one year Graduate Diploma courses are not preparing midwives according to the expected outcomes of such a course.

It seems the only rationale provided is that students are having trouble meeting the very arbitrary list of requirements rather than needing the additional time to become competent.

Suggestion: Cross reference to Standard 8- Professional Experience- where the numeric approach to learning outcomes does not fit with contemporary educational principles.

Criterion 6. Specifying hours of professional experience placement hours as 50% of the course, despite the lack of any evidence to support this figure, is contradictory to competency based approaches to development of clinical competency. Some students may need longer than others.

Applying the same 50-50 proportion to both undergraduate and postgraduate midwifery courses is not supported by any evidence. An undergraduate course needs to address a significant amount of foundational knowledge that postgraduate students already have.

Standard 5 Curriculum content

Criterion 4

Suggestion: There needs to be a balance between content on wellness care for 'low risk' women and care for women who are experiencing complications (across the childbearing continuum). Many midwifery graduates will be working in tertiary hospitals caring for women in collaboration with the multidisciplinary team.

Standard 6 Approaches to teaching and learning

It is noted that interprofessional learning is not included for Midwives – but is for Registered Nurses
It is recommended that interprofessional learning would also enhance midwives' role as members of the multidisciplinary team – including other maternity care practitioners as stated in criterion 4.

Standard 8 Professional Experience

Supervised professional experience requirements are overly prescriptive, and lead to an emphasis on numbers rather than the quality and depth of each experience. There is anecdotal evidence of students making up records past a number where they feel competent.

Prescribing extended professional experience to meet all these requirements does not ensure that the desired learning outcomes will be met or improved. Some principles of expectations would guide course development, implementation and evaluation, but this prescriptive approach has no underpinning educational principle other than past tradition.

Suggestion: minimum hours should not be included in the document .

The criteria for this standard should be written in a similar style for each category. For example the Nurse Practitioner document does not prescribe hours.