ANMC
AUSTRALIAN NURSING & MIDWIFERY COUNCIL

Enrolled Nurses

Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia—with Evidence Guide

February 2009

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CONTENTS

AUSTRALIAN NURSING AND MIDWIFERY COUNCIL NATIONAL ACCREDITATION STANDARDS AND CRITERIA iv

Preamble iv

ACRONYMS vi

EXPLANATION OF TERMS 1

DOMAIN 1: COURSE MANAGEMENT 7

Standard one: Governance 7

Standard two: Staffing 9

Standard three: Students 10

Standard four: Course Length and Structure 11

DOMAIN 2: COURSE 13

Standard five: Course Content 13

Standard six: Approaches to Teaching and Learning 14

Standard seven: Student Assessment 16

Standard eight: Professional Experience 17

Standard nine: Research 19

DISCUSSION 20

Standard 1 20

Standard 2 22

Standard 3 22

Standard 4 23

Standard 5 24

Standard 6 25

Standard 7 25

Standard 8 26

Standard 9 27

REFERENCE LIST 28

National Accreditation Standards and Criteria

PREAMBLE

These standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia are the result of the final stage of the Australian Nursing and Midwifery Council's (ANMC) National Accreditation of Nursing and Midwifery Courses Project. Stage 1 of the project resulted in a discussion paper recommending the development of a national framework. The national framework was subsequently developed as Stage 2 of the project and endorsed by the ANMC in February 2007.

These standards and criteria fit the ANMC's national framework. The framework establishes a process within which courses are granted recognition and approval for a specified time, having met defined requirements. The standards and criteria provide specific indicators for measuring whether a course fulfils the defined requirements. The standards and criteria have been developed in conjunction with a steering committee of key industry stakeholders, including regulators, professional bodies and academics.

The development of these standards and criteria, while part of the broader accreditation project, is also a discrete undertaking. It takes advantage of research and consultation not available at the time the framework was established and consequently there are some emphases not found in the framework. Departures in principle or intent from the framework are clearly identified. Otherwise, the two documents as congruent with and complement each other and, together, they provide a comprehensive accreditation tool.

There are **nine standards**, each underpinned by a set of **criteria**. These nine standards are divided into two domains: 'course management' and 'curriculum'. They draw upon the 10 'accreditation criteria' or categories established in the framework (section 4 Accreditation criteria 4.2 Courses).

Each standard has a '**statement of intent**' drawing attention to the underlying motivation for the standard or the principles on which it depends. Each standard is expressed as a requirement for the education provider to produce evidence of the arrangements for aspects of quality assurance. The statement of intent is followed by a list of the **criteria** that are pertinent to demonstrating the overarching standard.

Under the list of criteria is an **'evidence guide'**, providing suggestions on how compliance with each criterion may be demonstrated. Alternate means of demonstrating compliance with criteria may be found and the education provider is free to use other means. In some cases, evidence is mandatory and this is indicated with an (M). Indications in the evidence guide of cross referencing between the standards and criteria point to the potential to cite evidence otherwise provided on related criteria rather than duplicating evidence. They also provide an aid to understanding and navigating the intersections between the standards and criteria.

The **explanation of terms** clarifies key terminology. The **discussion** provides a rationale for the draft standards and criteria in the context of current industry views and contemporary health care research, policy and practice—in Australia and internationally.

The central dilemma confronting the development of the accreditation standards and criteria is the need to balance the costs and practicalities of implementation with the need to protect the public. According to the National Nursing and Nursing Education Taskforce (N3ET) (2006) *Commonwealth Funding for Clinical Practicum* report, education standards should be 'practical, achievable and where necessary enforceable.'[1] In accordance with this principle, the accreditation standards and criteria have been developed as minimum standards for protecting the public. This acknowledges also that the education provider, having participated in quality assurance processes in accord with the relevant education sector as a pre-requisite for applying for professional accreditation, has already passed a rigorous validating process which is unnecessary to duplicate. The emphasis in these accreditation standards is on producing competent practitioners to protect the public rather than on the quality and integrity of courses and institutions, which is the focus of the education sectors' quality assurance processes.

The principal standards for determining competent practitioners are the ANMC National Competency Standards documents. These establish the national benchmark for entry to practise, indicating that the practitioner has 'achieved a level of practice that is both adequate and safe.'[2] The competency standards establish the required graduate outcomes for education programs and the minimum standards expected for the protection of the public. For the purpose of the standards, these outcomes will be referred to as 'graduate competency outcomes'. The expectation on which standards are developed is that new graduates be considered as competent for beginning level practice with 'foundational knowledge, professional attitudes and essential skills that are both transferable and a firm base on which to build.'[3]

While it is the regulatory authorities which must be satisfied that a graduate is competent to practise and which issue the licence to practise, they do this on the basis that the graduate has, in gaining a qualification from an institution with an accredited education program, provided ample testimony of his/her competence as a beginning professional. The course provider's goal is to ensure its graduates, while not being orientated to particular workplaces, have the required common and transferable skills and knowledge upon which to build the specific skills and knowledge that the context of their practice demands. The purpose of course accreditation is to judge whether, on the basis of the evidence provided by the course provider, this goal is likely to be achieved.

The standards and criteria are relevant to the national registration and accreditation context of 2010 and beyond. Transition arrangements will be put in place to ensure that education providers and students are not disadvantaged in relation to current course offerings that differ fundamentally from the national standards. With this in mind, the standards aim for single pathways to minimum qualifications, understanding that where there are existing alternative pathways, these will be able to continue during the transition period that comes into effect after 2010.

The ANMC acknowledges the assistance of the Australian Department of Health and Ageing and the expert members of the Steering Committee which comprised nursing and midwifery regulators, academics, professional organisations and individual professions in the development of these Standards and Criteria.

1 N3ET (2006). *Commonwealth funding for Clinical Practicum: a report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia*, p. 26. Available at: <http://www.nnnet.gov.au/> [Accessed: 10 October 2007].

2 Pam McGrath and Jennifer Anastasi et al. (2006). 'Collaborative Voices: ongoing reflections on nursing competencies', Contemporary Nurse 22(1), p. 48.

3 N3ET (2006). *Commonwealth funding*, p. 27.

ACRONYMS

ANF	Australian Nursing Federation
ANMC	Australian Nursing and Midwifery Council
AQF	Australian Qualifications Framework
AQTF	Australian Quality Training Framework
AUTC	Australian Universities Teaching Committee
CDSM	chronic disease self-management
DEST	Department of Education Science and Training
ICN	International Council of Nurses
ISC	Industry Skills Council
IT	information technology
NMRA	Nursing and Midwifery Regulatory Authority
N3ET	National Nursing and Nursing Education Taskforce
RCNA	Royal College *of* Nursing, *Australia*
RPL	recognition of prior learning
RTO	registered training organisation
UNESCO	United Nations Educational, Scientific and Cultural Organization
VET	Vocational Education and Training

EXPLANATION OF TERMS

Terms used here that have equivalents in the ANMC National Accreditation Framework (2007) use the existing definitions from the framework and are identified by an *. Where definitions of terms rely on other sources, these sources are identified.

AGREEMENT

A shared formal agreement between the education provider and any health service providers where students gain their professional experience, based on the policies demonstrated in relation to standard 1.

ASSESSMENT

Assessment is the process of collecting evidence and making judgements as to whether a *learning outcome* has been met (adapted from 'assessment' Nurses Board of South Australia (2005)—*Standards for Approval of Education Providers and Courses*).

ASSESSMENT TYPES

Includes *formative assessment (intended to provide feedback for the purposes of future learning, development and improvement) and *summative assessment (that leads to an indication of whether or not certain criteria have been met or whether certain outcomes have been achieved).

ASSESSMENT TASKS

Includes, for instance, written papers or oral presentations.

ASSESSMENT CONTEXTS

Includes the professional practice context and the simulated or laboratory context.

COMPETENCE

Competence is the combination of the knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability (from ANMC (2007) *National Decision Making Framework—Final Framework*).

CONSUMER

Consumers are individuals, groups or communities who work in partnership with nurses to plan and receive nursing care. The term consumer includes patients, residents and/or their families, representatives or significant others. Advising consumers of their right to make informed choices in relation to their care, and obtaining their consent, are key responsibilities of all health care professionals (adapted from ANMC (2007) *National Decision Making Framework—Final Framework*).

CONTINUING COMPETENCE

Continuing competence is the ability of nurses to demonstrate that they have maintained their competence in their current area and context of practice (from ANMC (2007) *Draft National Continuing Competence Framework—Draft 2*).

COURSE

Is the full program of study and experiences that are required to be undertaken before a qualification recognised under the Australian Qualifications Framework (AQF) and approved by the regulatory authority, such as a Diploma of Nursing (Enrolled/Division 2 nursing), can be conferred.

CROSS-BORDER HIGHER EDUCATION

Cross-border higher education includes higher education that takes place in situations where the teacher, student, course, education provider or course materials cross national jurisdictional borders. It may include higher education by public/private and not-for-profit/for-profit providers. It encompasses a wide range of delivery modes, in a continuum from face-to-face (taking various forms such as students travelling abroad and campuses abroad) to distance learning (using a range of technologies and including e-learning). (adapted from United Nations Educational, Scientific and Cultural Organization (UNESCO) guidelines definition of cross-border higher education, p. 7 note 2; AQPN toolkit definition 2.1: 'the delivery in one country of education that directly originates, in whole or in part, from another country'). Contrast with Department of Education, Science and Training (DEST) definition of 'Australian Transnational Education' in *A National Quality Strategy for Australian Transnational Education and Training* a discussion paper (2005) 2.1 which is a more restricted concept: 'As distinct from education and training provided in a purely distance mode, transnational education and training includes a physical presence of instructors offshore.'

CULTURAL SAFETY

Cultural safety means the effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that this has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (Nursing Council of New Zealand (2005) definition of Cultural Safety, *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*.)

DELIVERY MODE

Delivery mode is the means by which courses are made available to students: on-campus or in mixed-mode, by distance or by e-learning methods.

*EDUCATION PROVIDER

A registered training organisation (RTO), that is responsible for a *course*, the graduates of which are eligible to apply for enrolment as a nurse.

ENROLLED OR ENROLMENT[1]

Refers to enrolled nurses, registered nurse Division 2 and Division 5 (mothercraft nurse) in Victoria. Hence, 'enrolment' as a nurse, 'enrolment' to practice.

ENROLMENT IN COURSE[2]

Entering a course of study that leads to enrolment[1] as a nurse.

GRADUATES

Graduates are students who, having undertaken a *course*, are eligible to apply for enrolment as a nurse.

GRADUATE COMPETENCY OUTCOMES

Graduate competency outcomes are *learning outcomes* that correlate with the ANMC National Competency Standards and that establish the benchmark for enrolment as a nurse.

HEALTH SERVICE PROVIDER

Health service providers are health units or other appropriate service providers, including aged care service providers, where students undertake a period of supervised professional experience as part of a *course*, the graduates of which are eligible to apply for nursing or midwifery registration, endorsement or enrolment. (adapted from definition for 'clinical facilities' in the ANMC Accreditation Framework).

INTERPROFESSIONAL LEARNING AND PRACTICE

Interprofessional learning and practice are where two or more health care professionals learn with, from and about each other and/or work together to solve problems or provide services (adapted from definitions of 'interprofessional education' and 'interprofessional collaboration' in Zwarenstein and Reeves). Alternatively, 'interprofessional education' occurs 'when two or more professions learn with, from and about each other to improve collaboration and the quality of care.' (Centre for the Advancement of Interprofessional Education, 2002).

LEARNING OUTCOMES

Learning outcomes are the skills, knowledge and attitudes identified as the requirements for satisfactory course completion including, but not limited to, the *graduate competency outcomes*.

NATIONAL HEALTH TRAINING PACKAGE—HLT07

The HLT07 Health Training Package was collaboratively developed by the Industry Skills Council (ISC) with funding from DEST. It represents national industry standards for health professionals in the vocational education and training sector, which includes enrolled nurses.

A training package is 'an integrated set of nationally endorsed competency standards, assessment guidelines and AQF qualifications for a specific industry, industry sector or enterprise.' (Commonwealth of Australia (2007) *Health Training Package Version 1*. vol 1 of 7: Training Package Overview and Assessment Guidelines, p. 67.) Training packages 'specify the skills and knowledge an experienced person needs to perform effectively in the workplace—simply put they prescribe the 'outcome' or competency.' (ISC Forum (ND) Training Packages [a story less told]).

The units listed in the HLT07 for enrolled nurses have been mapped to the ANMC national competency standards for enrolled nurses.

NURSING AND MIDWIFERY REGULATORY AUTHORITIES

Nursing and Midwifery Regulatory Authorities (NMRAs), including the state and territory nursing and midwifery boards or equivalent authorities (adapted from 'NMRAs' in the ANMC Accreditation Framework).

NURSING INQUIRY

Nursing inquiry has three levels: 1. Critical engagement in everyday practice through systematic reflection of processes and outcomes; 2. collaborative and ongoing evaluation of local practices; and 3. nursing research for the advancement of nursing knowledge (from J Crisp & B McCormack 'Critical inquiry and practice development' in Jackie Crisp and Catherine Taylor eds., *Potter and Perry's Fundamentals of Nursing*, 3rd edition, in press).

PRACTICE

Any nursing role which the graduate, having become an enrolled nurse, undertakes. Practice is not restricted to the provision of direct clinical care only. Being 'in practice' therefore includes using nursing knowledge in a direct relationship with consumers, working in nursing management, administration, education, research, professional advice, regulatory or policy development roles, which impact on nursing service delivery (adapted from definition in ANMC (2007) *Draft National continuing competence Framework – Draft 2*, itself adapted from Nursing Council of New Zealand 2004).

*PROCEDURAL FAIRNESS

Procedural fairness involves the following principles:

- The decision-maker must be impartial and unbiased regarding the matter to be decided, and must have no pecuniary or [proprietary] interest in the outcome.
- Those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to prepare for and answer the case and present their own case.
- The decision must be based on sound argument and evidence.
- Those affected must be given the reasons for the decision.

PROFESSIONAL EXPERIENCE

Professional experience is any nursing learning experience, including in simulated environments or professional experience placements, which assists students to put theoretical knowledge into practice.

PROFESSIONAL EXPERIENCE PLACEMENT

Professional experience placement is the component of nursing education that allows students to put theoretical knowledge into practice within the consumer care environment (adapted from Clare et al 2003 'clinical placement/practicum'). It includes, but is not limited to, the hospital setting, and may include general practice, remote and rural health clinics, and community care environments.

REGISTRATION/REGISTERED

Registration/registered refers to registered nurses, divisions 1, 3 and 4 in Victoria, and registered mental health nurses, however titled, in other jurisdictions.

REGISTERED TRAINING ORGANISATION

An RTO is an organisation registered by a state or territory recognition authority to deliver training and/or conduct assessments and issue nationally recognised qualifications in accordance with the Australian Quality Training Framework (AQTF). (From National Centre for Vocational Education Research (2008) VET Glossary.)

REGULATION

All of those legitimate and appropriate means—governmental, professional, private and individual—whereby order, identity, consistency and control are brought to the profession. The profession and its members are defined; the scope of practice is determined; standards of education and of ethical and competent practice are set; and systems of accountability are established through these means. (International Council of Nurses (ICN) Regulation Terminology (2005) Version 1).

RISK ASSESSMENT/RISK MANAGEMENT

An effective risk management system is one incorporating strategies to:

> identify risks/hazards
> assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur and
> prevent the occurrence of the risks, or minimise their impact.

(adapted from ANMC (2007) *National Decision Making Framework—Final Framework*)

SIMULATION

Simulation is a teaching and learning strategy to assist students to achieve direct consumer care skills, knowledge and attitudes in relation to a tool or environment (including skills learned in a laboratory setting) which reproduces aspects of the *professional experience* environment.

STUDENT

Any person enrolled in a *course* leading to enrolment as a nurse.

SUPERVISION/SUPPORT

Where a *teaching staff* member or a nurse supports and/or supervises a student undertaking a course for entry to the nursing profession on a *professional experience placement*.

TEACHING STAFF

Education provider employees who meet the requirements established in standard 2 (must be registered and hold a qualification higher than that for which the students they educate are studying) and who are engaged in the teaching, supervision, support, assessment of students in relation to their acquisition of the required skills, knowledge, attitudes, graduate competency outcomes.

VOCATIONAL EDUCATION AND TRAINING

Vocational Education and Training (VET) post-compulsory education and training, excluding degree and higher level programs delivered by higher education institutions, which provides people with occupational or work-related knowledge and skills. VET also includes programs which provide the basis for subsequent vocational programs. (From National Centre for Vocational Education Research (2008) VET Glossary.)

DOMAIN 1: COURSE MANAGEMENT

STANDARD ONE: GOVERNANCE

The course provider demonstrates policies, procedures, processes and practices in regard to: quality assurance and improvement; course design and management; consultation and collaboration; and ensuring resources adequate to course implementation.

STATEMENT OF INTENT

That courses have adequate governance arrangements to produce graduates with the required graduate competency outcomes as detailed in the ANMC National Competency Standards for the Enrolled Nurse.

CRITERIA

The course provider is required to demonstrate or confirm:

1) Current quality assurance and accreditation in the relevant education sector in Australia—enrolled nurse courses must show evidence of VET-sector quality assurance and accreditation.
2) Course development, monitoring, review, evaluation and quality improvement.
3) Collaborative approaches to course organisation and design between teaching staff and/or curriculum or instructional designers, students, consumers and key stakeholders.
4) That students are provided with facilities and resources sufficient in quality and quantity to the attainment of the required graduate competency outcomes.
5) How shared formal agreements between the education provider and any health service providers where students gain their professional experience are developed and reviewed, and justification of their requirements.
6) How risk assessments of and risk minimisation strategies for any environment where students are placed to gain their professional experience are developed.
7) That credit transfer or the recognition of prior learning (RPL) is consistent with both AQF national principles and the expected outcomes of regulatory authorities for practice.
8) The equivalence of course outcomes for courses taught in Australia in all delivery modes in which the course is offered (courses delivered on-campus or in mixed-mode, by distance or by e-learning methods).
9) The equivalence of course outcomes for cross-border education in all delivery modes in which the course is offered (courses delivered on-campus or in mixed-mode, by distance or by e-learning methods).
10) Monitoring of staff performance and ongoing teaching staff development, and of staff having current relevant professional registration.
11) That the course provider is:
    a) the primary provider of the course
    b) not the primary provider of the course, Where this is the case, details must be provided of the primary and any other providers and evidence of processes to ensure that the institution requesting accreditation remains accountable for quality and for meeting the accreditation status obligations.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Confirmation of RTO status including date of expiration. Copies of most recent registering authority audit report and/or confirmation of its successful completion (M). Current listing on the National Training Information Service list of RTOs. Account of any restrictions on accreditation status (M).
	2) Current template for school course review documentation, such as evaluation, quality improvement plan, reports or descriptions of ways in which these processes have impacted or will impact on course design and delivery. Documentation of the need for and viability of the course relative to the jurisdiction in which the course is to be delivered: e.g. evidence of consultation with industry and support for course in region(s) where it is to be offered. Scoping study.
	3) Collaboration activities—Advisory committee membership. Monitoring committee membership. Documentation of collaborative teaching development—Terms of Reference for committees and minutes of meetings.
	4) Evidence of resources (cross reference with standard 8, criterion 3).
	5) Guidelines that prescribe content of agreements. Meeting minutes of negotiation of agreements.
	6) Guidelines or policies for risk assessments and risk minimisation strategies.
	7) Credit transfer or RPL policies, including description of how content is 'matched' to determine RPL (M). Examples of RPL for an overseas enrolled nurse. Documentation that identifies process and outcomes for RPL.
	8) Description of processes to ensure equivalence of course outcomes: documentation of arrangements for online courses to satisfy professional experience component of course (M).
	9) Description of processes to ensure equivalence of course outcomes—documentation of arrangements for offshore courses to satisfy professional experience component of course (M)—e.g. breakdown of onshore and offshore teaching. Declaration regarding teaching and assessment in English (also standard 4, criterion 7—final placement in Australia).
	10) Copies of policies and descriptions of processes for staff performance review, for identifying and dealing with staff non-compliance of requirements for maintaining nursing registration (or other professional registration where applicable). Descriptions of staff professional development activities. Policies regarding personal staff performance development plans.
	11) Statement identifying any other course providers and relationship to the primary course provider. Statement confirming that the institution requesting accreditation remains accountable for quality and for meeting the accreditation status obligations, including details of arrangements to ensure this.

STANDARD TWO: STAFFING

The course provider demonstrates policies, procedures, processes and practices to demonstrate that staff are qualified and prepared for their roles and responsibilities in relation to educating and supervising students.

STATEMENT OF INTENT

That staff are qualified and sufficient in number to provide students with the support and the expertise necessary to attain their graduate competency outcomes.

CRITERIA

The course provider is required to demonstrate that the:

1) Head of Discipline (or person responsible for course content and delivery) and teaching staff members hold a tertiary qualification relevant to their nursing profession as a minimum qualification
2) Head of Discipline (or person responsible for course content and delivery) and teaching staff are registered nurses with a current practising certificate
3) teaching staff hold a qualification that is higher than the qualification for which the students they educate are studying (or justification of where exceptions to this criterion should be made)
4) in cases where a teaching staff member's qualifications are not in nursing their qualifications are relevant to the education of the given students (e.g. in cross-disciplinary courses)
5) teaching staff are qualified to fulfil their teaching responsibilities, including current competence in area of teaching
6) staffing arrangements around course delivery are aligned with course outcomes.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Position descriptions indicating minimum qualifications. Sample copies of curriculum vitae.
	2) Position descriptions indicating requirement for current practising certificate. Description of processes for checking that staff maintain current practising certificate. Sample copies of relevant current practising certificates.
	3) List of current teaching staff, including teaching experience, qualifications and courses taught (M).
	4) As per criterion 3.
	5) As per criterion 3.
	6) Policies for staff recruitment; justification of staff selection against course delivery (cross reference with standard 8, criterion 6).

STANDARD THREE: STUDENTS

The course provider demonstrates policies, procedures, processes and practices which establish: equal opportunities for students to successfully meet the requirements for enrolment as a nurse; that students are informed before enrolling in the course of specific entry requirements or learning styles that the course may require and that they are aware of regulatory authorities' requirements for entry to practice.

STATEMENT OF INTENT

That courses are underpinned by equal opportunity principles in terms of recruitment, enrolment and support of students and establish that students are given the opportunity to make informed course selections before enrolling in the course, understanding any specific requirements of the provider for entry to the course, any specific teaching and learning approaches through which the course is delivered, or any regulatory authorities' requirements for enrolment to practice.

CRITERIA

The course provider is required to demonstrate.

Recruitment:

1) that students are informed of specific requirements for right of entry to professional experience placements
2) that students are informed of regulatory authorities' criteria for registration to practice.

Enrolment:

3) that Aboriginal and Torres Strait Islander students are encouraged to enrol
4) that students from other groups under-represented in the nursing profession, especially those from culturally and linguistically diverse groups, are encouraged to enrol
5) that students who have diverse academic, work and life experiences are encouraged to enrol.

Support:

6) that the range of support needs are provided for Aboriginal and Torres Strait Islander students
7) that provision is made for the range of support needs of students: from other groups under-represented in the nursing profession; from diverse academic, work and life experiences and achievements; of diverse social and cultural backgrounds; and of diverse ages
8) that all students have equal opportunity to gain all graduate competency outcomes regardless of the mode of course delivery.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of requirements for police checks, vaccination etc. for professional experience placement, including processes for non-compliance (M).
	2) Course handbook or equivalent with details of requirements: English language requirements, demonstration of good character, immunisation compliance. Link to Regulatory Authority information and criteria for enrolment to practice (M).
	3) Equal opportunity policies with regard to admission. Evidence of education provider's policy and course application (M).
	4) As per criterion 3.
	5) As per criterion 3.
	6) Description of student support services for Aboriginal and Torres Strait Islander students. Education provider's policy and course application (M).
	7) Description of student support services for students from diverse cultural and linguistic backgrounds, for mature age students etc; Disability support services. Education provider's policy and course application (M).
	8) Course handbook or equivalent with details of mode(s) of delivery of courses, including professional experience requirements and information technology (IT) requirements (M).

STANDARD FOUR: COURSE LENGTH AND STRUCTURE

The course provider demonstrates policies, procedures, processes and practices to establish that the total length of the course and the time and place in the course allocated to professional experience is appropriate to the graduate competency outcomes to be developed, with evidence of an integration of theory and professional experience.

STATEMENT OF INTENT

That the course structure is sufficient to gain the graduate competency outcomes and that professional experience is incorporated into the course.

CRITERIA

The course provider is required to demonstrate that:

1) for courses leading to enrolment as a nurse the minimum qualification must be a Diploma
2) the total length and structure of the course are sufficient to allow all the graduate competency outcomes to be met, together with any additional units of competency that may be required by regulatory authorities to meet industry standards

3) the theoretical content of the course prepares students for the timing and length of professional experience placements
4) professional experience hours are sufficient to allow graduate competency outcomes to be met
5) total professional experience placement hours amount to no less than 400 hours
6) where the structure of the course allows for qualifications for entry and exit these are outlined and that the exit points meet standards for exit qualifications.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of course length and structure and is in line with the National Health Training Package (M).
	2) Copy of full course outline (M).
	3) Map, grid and/or table of total professional experience outcomes in relation to graduate competency outcomes (M).
	4) As per criterion 3.
	5) Statement of total professional experience placement hours across the course (M).
	6) Documentation of exit processes and standards.

ISSUES TO NOTE

The Diploma is specified as the minimum qualification, understanding that jurisdictions that currently still allow Certificate IVs as the minimum would have the time, under the transition arrangements referred to in the preamble, to phase in the higher requirement.

CRITERION 5

The requirement for no less than 400 total professional experience placement hours acknowledges the variability among current course offerings and the arguments about prescribed minimum hours being no guarantee of effective learning. It also recognises that students offered very low numbers of hours of professional experience placement hours may not be provided with sufficient opportunities to gain the experience they need.

DOMAIN 2: COURSE

STANDARD FIVE: COURSE CONTENT

The course provider demonstrates policies, procedures, processes and practices to establish that the course comprehensively addresses the graduate competency outcomes.

STATEMENT OF INTENT

That the course takes as its primary focus nursing and contemporary nursing practice, and that it includes national health priorities and contemporary issues in health care.

CRITERIA

The course provider is required to demonstrate that:

1) the central focus of the course is on enrolled nursing practice, understood as the provision of patient-centred nursing care, including the recognition of normal and abnormal in assessment, intervention and evaluation of individual health and functional status. (As described by ANMC National Competency Standards for the Enrolled Nurse (2002), p. 1)
2) the course has been mapped against the relevant ANMC National Competency Standards for the Enrolled Nurse to demonstrate how the graduate competency outcomes are to be achieved
3) selection, organisation, sequencing and delivery of learning experiences provides students with the opportunity to attain all the required graduate competency outcomes
4) the course addresses specifically Aboriginal and Torres Strait Islander Peoples history, health and culture and incorporates the principles of cultural safety
5) technology, including information technology and information management, to support health care is integral to the course
6) the course addresses mental health
7) the course addresses chronic disease self-management
8) elective units of competence in the course are complementary to health
9) course content, approaches to teaching and learning, and assessment procedures are developed cognisant of best practice research and practice.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Detailed description of course content and relationship to the National Health Training Package (M). Cross reference with standard 4, criterion 2.
	2) Map, grid and/or table of competency standards against specific content/units, including cross referencing with standard 4, criterion 3 (M), where applicable.
	3) Rationale and philosophy for course content and organisation of units.
	4) Identification of Aboriginal and Torres Strait Islander content in the course with explicit reference to ANMC position statement on 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment' (M).
	5) List of content focused on or related to health and nursing informatics across the course.
	6) List of content focused on or related to mental health across the course (M). Identification of contemporary legal, professional and published information sources in support of the content (M).
	7) List of content focused on or related to chronic disease self-management across the course (M). Identification of contemporary legal, professional and published information sources in support of the content (M).
	8) List and description of electives and their relevance to health, where applicable.
	9) Benchmarking against selected examples of national and international best practice. Examples of research and evidence-led course content.

STANDARD SIX: APPROACHES TO TEACHING AND LEARNING

The course provider demonstrates policies, procedures, processes and practices to establish that the course is consistent with contemporary teaching and learning best practice.

STATEMENT OF INTENT

That contemporary, relevant and varied approaches to teaching and learning underpin the course and teaching and learning approaches provide Australian and international best practice perspectives on nursing.

CRITERIA

The course provider is required to demonstrate:

1) a course design and framework and expected learning outcomes
2) congruence between content, practical application, competency achievement and teaching and learning strategies

3) understanding of current Australian and international best practice teaching and learning approaches
4) a commitment to the development of graduates who are competent for beginning level practice
5) a commitment to the development of graduates who have the capacity to continue to learn throughout their careers
6) a commitment to the development of graduates who understand their professional responsibility for their continuing competence
7) teaching and learning approaches that promote communication and collaboration skills
8) interprofessional learning and practice
9) varied and relevant learning experiences that accommodate differences in student learning styles
10) that approaches to teaching and learning achieve stated course outcomes.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course framework with teaching and learning outcomes identified—cross reference with standard 4, criteria 2 and 3 (M). Examples of unit outlines (M).
	2) Description of how congruence between content, practical application, competency achievement and teaching and learning strategies is achieved. Copy of course vision and/or philosophy (M).
	3) Statement/description of current Australian and international teaching and learning approaches relative to course teaching and learning approaches (cross reference with standard 5, criterion 9). Staff publications in teaching and learning (cross reference with standard 9).
	4) Final statements of students having achieved graduate competency outcomes.
	5) Lesson plans indicating strategies used to promote development of graduates who continue to learn throughout their careers. Examples of modelling of lifelong-learning philosophy
	6) Examples of staff modelling of continuing competence. Description of course content on continuing competence. Lesson plans indicating strategies to promote development of graduates with a commitment to continuing competence.
	7) Lesson plans indicating teaching and learning approaches that promote students with communication and collaboration skills.
	8) Lesson plans indicating interprofessional learning and teaching approaches. Examples from curriculum of opportunities for interprofessional learning.
	9) Description and examples of range of learning experiences used across the course. Lesson plans indicating range of learning experiences used across the course.
	10) Identification and examples of evaluation strategies for teaching and learning approaches. Reports and results of these strategies. Course experience questionnaires. Student destination surveys.

STANDARD SEVEN: STUDENT ASSESSMENT

The course provider demonstrates policies, procedures, processes and practices to establish that the course incorporates a variety of approaches to assessment that are suited to the nature of the learning experiences and that achieve the required learning outcomes.

STATEMENT OF INTENT

That assessment is explicitly and comprehensively linked to the attainment of the graduate competency outcomes, is consistent with best practice assessment approaches and uses diverse assessment techniques.

CRITERIA

The course provider is required to demonstrate:

1) That graduates have achieved each graduate competency outcome on completion of the course.
2) That the level and number of assessments are consistent with determining the achievement of the graduate competency outcomes.
3) A variety of assessment types and tasks across the course to enhance individual and collective learning.
4) A variety of assessment contexts to ensure demonstration of targeted skills leading to competence.
5) Assessment in the professional experience context to establish the combination of skills, knowledge, attitudes, values and abilities that underpin quality outcomes of performance.
6) Procedural fairness, validity, reliability and transparency of assessment.
7) That the education provider remains ultimately accountable for the assessment of students in relation to their professional experience assessment.
8) That assessments reflect collaborative arrangements between students, nurses and teachers, and health service providers.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Matrix/statement of achievement demonstrating where competency standards have been met within the course (cross reference with standard 6, criterion 4).
	2) Examples of how competence is being assessed across the course, aligned with mapping of competencies against content in standards 4 and 5.
	3) Description and list of range of assessment types used. Lesson plans and unit outlines indicating range of assessment types used.
	4) Description and list of range of assessment contexts used, including those in structured or simulated environments. Lesson plans and unit outlines indicating range of assessment contexts used, including those in structured or simulated environments.
	5) Identification and description of formative and summative assessments undertaken in professional experience context. Examples of assessments. Lesson plans and unit outlines indicating assessments used in professional experience context.
	6) Validation models for assessment. Description and justification for chosen assessment tools. Policies for dealing with lack of progression, misadventure, grievance. Identification of how this is demonstrated within RTO quality assurance process.
	7) Statement acknowledging education provider's accountability for student assessment in the professional experience context.
	8) List of collaborative activities and stakeholders involved. Description of processes to engage stakeholders.

STANDARD EIGHT: PROFESSIONAL EXPERIENCE

The course provider demonstrates policies, procedures, processes and practices to establish that professional experience is conducted in an environment that provides conditions for students to gain the graduate competency outcomes.

STATEMENT OF INTENT

That professional experience complements and promotes learning and that the conditions in which it is provided are risk assessed and risk managed.

CRITERIA

The course provider is required to demonstrate or explain:

1) That professional experience supports learning activities and provides opportunities to attain learning outcomes (cross reference with standard 4).
2) That professional experience provides opportunities for experiential learning of course content (cross reference with standard 4, criterion 3).

3) Shared formal agreements between the education provider and all health service providers where students gain their professional experience (cross reference with standard 1, criterion 5).
4) Risk assessment of and risk minimisation for all environments where students are placed to gain their professional experience (cross reference with standard 1, criterion 6).
5) Collaborative approaches to evaluation of students' professional experience placements.
6) Supervision models for professional experience placement and their relationship to the achievement of learning outcomes (cross reference with standard 2, criterion 6).
7) That teaching staff engaged in supporting and/or assessing students on professional experience placements are experienced in and prepared for the role (cross reference with standard 2).
8) That nurses engaged in supporting and/or assessing students on professional experience placements are prepared for the role.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) As per standard 4, criterion 3.
	2) List of agreed health service providers with which students will undertake professional experience placements (M). Description and examples of opportunities for experiential learning of course content (cross reference with standard 4, criterion 3 and standard 7, criterion 4).
	3) Shared formal agreements, or a sample signed copy of a formal agreement together with a register of agreements (including date when agreements were first developed and when they are due to expire), between the education provider and any health service providers where students gain their professional experience, based on the policies demonstrated in relation to standard 1, criterion 5 (M).
	4) Description of and guidelines for parameters of student activity when on professional experience placement, based on the policies demonstrated in relation to standard 1, criterion 6 (M).
	5) Post-placement evaluation of students' experience of the professional experience environment for quality improvement purposes, cross reference with standard 6, criterion 10, where applicable.
	6) Description and justification of how students are supervised on professional experience placement with reference to how nature/degree of supervision impacts on learning outcomes.
	7) Outline of preparation programs and resources for staff. Policies regarding minimum experience and qualifications. Preparation and development models and resources for assessors.
	8) Outline of preparation programs and resources for nurses conducting student assessment in the professional experience context. Policies regarding their minimum experience/ qualifications.

STANDARD NINE: RESEARCH

The course provider demonstrates policies, procedures, processes and practices to establish that graduates are educated in nursing inquiry and that the contribution of the teaching staff to the education program is informed by research and scholarship.

STATEMENT OF INTENT

That students are exposed to, and their learning informed by, current research and that they develop the skills themselves to understand and participate in research and apply it to their practice.

CRITERIA

The course provider is required to demonstrate that:

1) teaching staff use current research in teaching and learning
2) teaching staff involved in course development and delivery use current research and scholarship to inform this process
3) students are introduced to and develop skills in nursing inquiry
4) students develop an understanding of the ethics of research and its application to practice
5) students are inducted, as future professionals, into a culture of nursing inquiry.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Description of current research relative to course teaching and learning approaches. Description of processes of course development committees.
	2) As per criterion 1.
	3) Description of lesson plans and unit outlines identifying content to develop skills in nursing inquiry across the course.
	4) Description of lesson plans and unit outlines identifying content focused on or related to the ethics and application of research across the course.
	5) Description of research and scholarship specialties of the RTO.

DISCUSSION

STANDARD 1

This broad standard underpins the standards that follow it, establishing criteria for course governance that are consistent with the principles established under the Australian Nursing and Midwifery Council (ANMC)'s *National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia*.

These principles include:

- a commitment to the quality of professional education and the assurance of graduate outcomes (criteria on quality improvement, staff performance and development, and equivalence across modes and sites of delivery)
- inclusiveness and transparency (criteria on consultative approaches to course organisation and design)
- procedural fairness (criteria on RPL)
- accountability (criteria on risk assessment and minimisation, and on demonstration of education provider being the primary course provider)
- efficiency, demonstrated through avoiding duplication of the education sector quality assurance processes.

Section 4.1—Education Institutions—of the ANMC's *National Framework for Accreditation* states that:

> Education institutions that are quality assured or accredited as institutions within their sector by recognised agencies do not need to be separately accredited by the [Nurses and Midwives Regulatory Authority] NMRA ... Where a provider is not accredited or quality assured by such a recognised agency, such accreditation or assurance should be sought before an approach is made to the NMRA for professional accreditation of courses.

In accordance with the framework, the standards mandate education provider accreditation under the quality assurance accreditation processes of the education sector (Vocational Education and Training sector—registering authorties' audit against Australian Quality Training Framework 'AQTF' standards for registration) as a pre-requisite for applying for professional course accreditation and dispensing with education provider standards.

Collaboration and consultation among key stakeholders are important for informed curriculum design, good course organisation and the productive partnerships for sound placements that students need to gain professional experience. Research indicates that good partnerships between the education provider and health service providers in organising placements for students contributes significantly to a positive experience for the student and leads to positive learning outcomes. A partnership can be considered 'good' where communication and information-sharing systems between the education and health sectors are established, where there is a shared vision of professional experience, where respect is demonstrated across the two sectors, and where approaches to care incorporate the community—using the consumer's knowledge of their chronic conditions, for instance, to educate students.[4]

4 Nurses and Midwives Board of Western Australia. Clinical education for the future project: 'Key elements for optimal clinical learning experience for nurses and midwives'. Available at: <http://www.nmbwa.org.au/2/2051/50/clinical-educat.pm> [Accessed: 9 October 2007]; also Judith Clare, Helen Edwards, Diane Brown and Jill White (2003). 'Evaluating Clinical Learning Environments: Creating Education-Practice Partnerships and Clinical Education Benchmarks for Nursing.' *Learning Outcomes and Curriculum Development in Major disciplines: Nursing Phase 2 Final Report*. Australian Universities Teaching Committee (AUTC). School of Nursing & Midwifery, Flinders University, Adelaide, Australia, on criteria that indicate good partnerships for clinical learning.

The necessity to formalise the relationship between the education provider and the professional experience environment is a requirement of the Health Training Package which stipulates that 'RTOs must have, and comply with, written agreements with each organisation providing training and/or assessment on its behalf.'[5] The standard here on evidence of policies for the development of such agreements should be read in conjunction with standard 8.

The criterion on policies for risk assessment and minimisation to determine suitable environments for students to attain professional experience recognises that no professional environment can be absolutely risk free, either in terms of the safety of the practitioner or the safety of the public. It also further recognises that not all professional experience is or should be gained in a metropolitan setting or in a hospital unit. Professional experience can be gained in various environments, including in areas that are under-supplied by health professionals such as general practice, rural and remote health clinics, and community health settings. These areas offer different professional experiences to nurses and can help to attract nurses to roles where they have had good placement experiences.[6] This criterion should also be read in conjunction with standard 8.

Rather than requiring demonstration of a safe environment for students to gain their professional experience, the criterion requires that education providers take inventory of possible risks to students, to other health care personnel and to consumers, and to formulate plans to limit these risks of adverse events, weighing issues related to the particular context, the experience levels of the personnel concerned, and the demands of the professional environment.

RPL is covered within the quality assurance processes that the education provider has undergone. The AQF has established national principles and models for RPL and these should be observed in preparing an RPL policy.[7] There is still an argument that professional accreditation should mandate maximum RPL in relation to nursing and midwifery in accord with the view that a minimum course length is necessary to ensure adequate opportunity to gain the full range of competency standards. Existing RPL policies from the NMRAs take varied approaches, hence the criterion on RPL stipulates that in addition to AQF compliance on RPL, the provider must meet expected outcomes of the regulatory authorities.

Quality in cross-border education is an important and increasing concern. New modes of education delivery such as e-learning also place burdens on accreditation processes in terms of ensuring comparable quality education. Given the conflicting demands to allow for innovation and diversified approaches to teaching but to ensure standardisation of graduate outcomes, at home and abroad, through traditional or new teaching methods, one way to ensure course equivalence is through an emphasis on competency-based learning outcomes.[8] For professional regulatory purposes, this fits with the professions' commitment to competency standards as the means by which to assess a practitioner's fitness to practise. The criteria on equivalence of course outcomes in standard 1, therefore, are based on the premise that no matter where or how the course is delivered, students must meet the required graduate competency outcomes.

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5 Commonwealth of Australia (2007). Health Training Package Version 1 (HTL07), vol. 1 of 7: Training Package Overview and Assessment Guidelines, p. 83.

6 Nurses and Midwives Board of Western Australia (2007). *Evaluation of the Clinical Education of Nursing Students within the General Practice Setting*; Helen Edwards, Sheree Smith, Mary Courtney, Kathleen Finlayson and Helen Chapman (2004) 'Impact of clinical placement location on nursing students competence and preparedness for practice'. *Nurse Education Today* 24(4): pp. 248–255. Available at: <http://eprints.qut.edu.au/archive/00001376/01/1376.pdf> [Accessed: 15 January 2008].

7 See AQF (2004). *RPL national principles*. Available at: <http://www.aqf.edu.au/rplnatprin.htm> [Accessed: 10 February 2008].

8 Organisation for Economic Cooperation and Development (2003). *Enhancing Consumer Protection in Cross-border Higher Education: Key Issues Related to Quality Assurance, Accreditation and Recognition of Qualifications*, p.17. Available at: <http://www.oecd.org/dataoecd/11/38/20196012.pdf> [Accessed: 7 January 2008].

STANDARD 2

Australian NMRAs generally agree that the Head of Discipline and academic staff should be a registered nurse.[9] The Framework provides the basis for the criterion that in cross-disciplinary teaching where the academic is not a nurse, there should be evidence of relevance of qualifications (Framework 4.2.8, note 15).

The criteria under standard 2 also aims to ensure that there is expert professional input to course development and that staff have qualifications at a higher level than the students they are educating. This is consistent with some allied health profession accreditation standards.

The standard also aims for alignment of teaching staff and course delivery needs. Criterion 6 asks the education provider to demonstrate this: to justify staff selection relative to the demands of teaching the course to achieve quality outcomes.

STANDARD 3

RECRUITMENT

The criteria on recruitment are designed to ensure that students are given adequate information to make considered course selections, given their personal circumstances, backgrounds and learning styles. With respect to the criterion on regulatory authorities' requirements for entry to practice, it is important that students understand when making course selections that while completion of their course makes them eligible to apply for enrolment, regulatory authorities may require additional evidence of 'fitness to practise'. The regulatory authorities' requirements may be driven by legislative requirements. The legislation of all states and territories stipulates English language proficiency for entitlement to registration or enrolment. The Tasmanian *Nursing Act* (1995), for instance, requires that the applicant for enrolment be eligible (having completed a recognised course of study), have the physical and mental capacity and competence to practise, be of good character and have an adequate command of the English language.

The standards here do not mandate minimum criteria for 'fitness to practise'. Rather they anticipate a regulatory context in which students will be registered for practice.

ENROLMENT IN COURSE

Equity and access issues have a clear place in education sectors' quality assurance processes, yet it is still desirable that the professional accreditation process emphasises this as it fits with the broader remit of the ANMC to foreground cultural competence issues in nursing and midwifery education. The ANMC has a position statement 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'. The intent of this statement is to ensure that the education of all undergraduate and pre-enrolment nursing and midwifery students contains preparation for working with people of Aboriginal and Torres Strait Islander backgrounds—understanding their particular health needs and respecting their cultural values.[10] Though this statement goes to course content issues principally, it serves to illustrate the broad commitment ANMC has to acknowledging the importance of equity issues with regard to Aboriginal and Torres Strait Islander Peoples and is consistent with a standard that demands equity and access for these peoples in relation to entering, not just being treated by, the nursing profession. Most importantly,

9 N3ET (2006). *Nursing and Midwifery Legislation and Regulation Atlas*. Available at: <http://www.nnnet.gov.au/downloads/rec4_atlascomplete.pdf> [Accessed: 6 November 2007], 9.14.18 Hereafter referred to in the text as 'Atlas'.

10 ANMC (2007). 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 29 January 2008].

cultural safety is a regulatory concern in terms of ensuring that nursing care is delivered safely and ethically. Cultural safety is fundamental to the protection of the public—protection from care that is not respectful of or in the interests of the consumer.

SUPPORT

It is also important as a central point that graduates attain all competency standards. Standard 3 contains a criterion on the need to ensure access for all students, regardless of background, to the facilities and support they need to attain those standards. It is related to, but not entirely covered by, the criterion in standard 1 relating to providing sufficient facilities and resources for graduate competency standards to be met. The criterion in standard 3 asks for evidence that students with special equity and access needs are provided for.

STANDARD 4

The course length and structure is determined primarily by the National Health Training Package (HLT07) and is consistent with the AQF. The Diploma of Nursing (Enrolled/Division 2 nursing) consists of 21 compulsory units and five elective units. Relevant units are mapped against the ANMC competency standards and so automatically match the graduate competency outcomes. In some existing jurisdictional accreditation standards, additional competency units are required for enrolment to practice. The addition to criterion 2—'together with any additional units of competency that may be required by regulatory authorities to meet industry standards'—reflects the possibility that other competency units may be required by regulatory authorities in addition to the HLT07 units.

Issues relating to the timing and length of professional experience placements are included in this standard. Issues relating to the nature and content of these are dealt with in standard 8. The view is that professional experience or 'clinical education' in the health care context is vital for developing professional competencies remains dominant.[11] It is also considered essential for promoting cultural acclimatisation to the workplace and preventing 'culture shock' that leads to high attrition rates.[12] As discussed in the National Accreditation Standards for Registered Nurses[13], the argument for setting the total number of hours for professional experience is questionable. The requirement for no less than 400 total professional experience placement hours, notwithstanding the arguments about prescribed minimum hours being no guarantee of effective learning, recognises that students offered very low numbers of hours may not be provided with sufficient opportunities to gain necessary professional experience. This number, 400 hours, is prescribed in consideration of advice received by ANMC from the NMRAs in January 2009 indicating typical hours accorded to professional experience placement in currently accredited Diploma courses in Australia.

11 McGrath et al, (2006). 'Collaborative Voices', p. 47.

12 Clare et al. (2003). *Evaluating Clinical Learning Environments*, p.13.

13 ANMC (2009). 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. Referred to hereafter as 'ANMC National Accreditation Standards for Registered Nurses.'

STANDARD 5

The curriculum requirements aim to avoid being prescriptive, allowing for the education provider to exercise innovation in course design and delivery. The requirements centre on ensuring that foundation skills and knowledge are central to the curriculum; that professional issues are addressed and that some specific issues in terms of the Australian context and its health priorities are represented. As stated above, the ANMC statement 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment' is to ensure that the education of all undergraduate and pre-enrolment nursing and midwifery students contains preparation for working with people of Aboriginal and Torres Strait Islander backgrounds—understanding their particular health needs and respecting their cultural values.[14] The import of this statement is carried directly into this standard. The standard is also consistent with *Dadirri: A nursing guide to improve Indigenous health*, which recommends the inclusion of Indigenous history, culture and health in all nursing curricula.[15]

In addition, national health priorities and contemporary issues in health care such as chronic disease self-management and mental health are specifically highlighted for inclusion. The report on *Mental Health in Pre-Registration Nursing Courses* makes the case that 'generic mental health skills for all nurses are important, irrespective of where they work'.[16] The Diploma of Nursing (Enrolled/Division 2 Nursing) as prescribed in the HLT07 includes a compulsory unit on nursing care for consumers with mental health conditions.[17]

The importance of including in health professionals' curricula chronic disease self-management is central to the 'encouraging active patient self-management: education and training of health professionals' component of the Australian Better Health Initiative and captured in *A Capabilities Toolkit for Primary Health Care Professionals: Supporting Self-management*.[18] Specific to enrolled nurses, a report on incorporating chronic disease self-management (CDSM) principles in training packages for both community services and health finds that the Diploma of Nursing (Enrolled/Division2 Nursing) 'has a significant impact on CDSM'.[19] It analyses the activities undertaken by the enrolled nurse and the competency units in the training package for how they intersect with the principles of chronic disease self-management.

The criterion that technology, including IT and information management to support health care, is integral to the curriculum reflects the contemporary demands and opportunities of nursing and healthcare delivery. This is supported by a project conducted by the Australian Nursing Federation (ANF): *Nurses and Information Technology Final Report* (2007) which speaks of the need for national competency standards in IT and information management for nurses and a national competency program in pre-registration and pre-enrolment nursing courses based on such standards.[20] A subsequent ANF project that aims to establish a set of IT competency standards for nurses is in progress. The criterion captures the concept of instruction in the use of technology in the service of healthcare delivery as well as in communication and information management in relation to

14 ANMC (2007). 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'.

15 Indigenous Nurse Education Working Group (2004). *Dadirri: A nursing guide to improve Indigenous health*.

16 Mental Health Education Taskforce (2008). *Mental Health in Pre-Registration Nursing Courses, Final Report*, the Australian Health Ministers' Advisory Council, p. 9. Available at: <http://www.nhwt.gov.au/mhwac.asp> [Accessed: 23 February 2009]

17 HTL07, vol. 2 of 7: Qualifications Framework, p. 121. HLTEN501A 'Implement and monitor nursing care for consumers with mental health conditions.'

18 Australian Better Health Initiative. Available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/feb2006coag03.htm> [Accessed: 5 February 2008]; Malcolm Battersby and Sharon Lawn (2008). *A Capabilities Toolkit for Primary Health Care Professionals: Supporting Self-management*, Flinders University.

19 Australian Government Department of Health and Ageing (2007). *Incorporating Chronic Disease Self-Management Principles in Training Packages for CHC02 and HLT07*. Community Services and Industry Skills Council, Sydney, p. 43.

20 Commonwealth of Australia (2007). *Nurses and Information Technology, Final Report*. ANF. Available at: <http://www.anf.org.au/it_project/PDF/IT_Project.pdf> [Accessed: 8 January 2009].

healthcare. It encompasses the idea of nursing and healthcare informatics. The ICN, following the National Council of State Boards of Nursing, defines 'informatics' as 'information technology that can be used to communicate, manage knowledge, mitigate error, and support decision making'.[21]

Where the course content requirements specified in this standard are addressed within the National Health Training Package (HLT07), demonstration of compliance with HLT07 and identification of relevant units taught from HLT07 should be provided as evidence of meeting these specific requirements.

STANDARD 6

The aim is for providers to establish teaching and learning approaches that are demonstrably compatible with the outcomes that the course is designed to achieve. These outcomes include graduates who are safe and competent for beginning level practice—and who understand the need, and have the skills and capacities, to grow further in their professional roles.

Good interprofessional communication and collaboration has the ability to detect and prevent errors; to ensure tailored intervention from the most well-equipped health professional, to forge a shared evidence base for the benefit and protection of consumers, and to ensure greater reliability in implementation of health care interventions.[22]

Recognition of different learning styles and ensuring teaching and learning approaches accommodate these is central to contemporary learner-centred philosophies of and approaches to teaching and learning and is the principle underlying the criterion on 'varied and relevant learning experiences'. This is important to both allow nursing students to be treated as individuals within the learning process and to tailor the most beneficial teaching and learning approach to the nature of the learning event.

STANDARD 7

For the purposes of professional accreditation to be met, all of the graduate competency outcomes must be assessed by the completion of the course. The education provider must be able to demonstrate that each competency standard has been covered in the curriculum (standard 5) and also that each has been assessed—this standard.

Course providers need to demonstrate procedural fairness, validity, reliability and transparency of assessments; quality of assessors and assessment tools. This is consistent with the Health Training Package requirements for conducting assessment.[23]

The need to cater to different learning styles and to prepare students to competently undertake professional tasks and cope with the demands of the work environment dictates the standard on assessment by a diversity of tasks and types.

21 ICN Regulation Terminology (2005). Version 1. Available at: < http://www.icn.ch/regterms.htm> [Accessed: 8 January 2009].

22 Merrick Zwarenstein and Scott Reeves (2006). 'Knowledge Translation and Interprofessonal Collaboration: where the rubber of evidenced-based care hits the road of 'teamwork', *Journal of Continuing Education in the Health Professions* 26 (1), pp. 46–54.

23 HTL07, vol. 1 of 7: Training Package Overview and Assessment Guidelines, p. 98.

A variety of assessment contexts is also required, based on the view that learning contexts provide different opportunities for different types of learning and that, importantly, demonstrating competence must include a demonstration of putting skills into practise in the professional experience environment. Finally, demonstration of collaborative approaches to assessment is also required. A study by the University of Glamorgan in Wales attests to the benefits of collaborative approaches to competency assessment: students, tutors and clinical preceptors worked together to refine an assessment tool for use in determining students' competence in the clinical setting.[24]

STANDARD 8

Clare et al (2003) note that 'the clinical education program supports students to develop the knowledge, skills, attitudes and values implicit in the [ANMC] competencies. These experiences cannot be successfully simulated in a laboratory setting.'[25] This report also notes that graduates' ability to function as competent beginning practitioners on graduation 'is dependent on students having the opportunity for 'real' world practice'.[26] The criterion under this standard reflects this viewpoint—that students need to have the opportunity to develop their graduate competency outcomes in and through exposure to the professional experience context. This includes exposure to and the opportunity to practise in certain key contexts where specific skill-sets can be acquired. For instance, it is not enough that students learn the theory of cultural safety and competence but that they should be exposed to professional experiences where there are clients with different cultural health and safety needs 'in order to embed and give context to these understandings'.[27]

At the same time, teaching and learning approaches such as simulated learning are important ways to augment other skills or learning activities, such as collaborative learning and reflective practice. A study on simulation used for interprofessional health education in Norway, for instance, noted that it allowed time to explore team decision-making and to reflect on experiences.[28]

The criteria on formal agreements and risk management have been discussed in the rationale for standard 1 and should be read in conjunction with the complementary criteria in standard 1. Assessing venues of all students leaving a clinical practice environment in terms of how they rated the experience is a quality improvement measure. It may be as simple as a post-placement questionnaire and it assists education providers in identifying good venues for professional experience placement for future cohorts of students.[29]

The criterion here with regard to supervision models for professional experience placement recognises that learning experiences need to be protected but that a strict requirement that all professional experience should be in a supernumerary capacity would disadvantage future innovative approaches to professional experience. The criterion asks for demonstration of the supervision model that the provider uses and its relationship to the achievement of learning outcomes. This encompasses, also, supervision ratios. Australian NMRAs are generally in agreement that staff engaged in the supervision of students on professional experience should be sufficient in

24 Gina Dolan (2003). 'Assessing student nurse clinical competency: will we ever get it right?', *Journal of Clinical Nursing* 12, pp. 132–141.

25 Clare et al (2003). *Evaluating Clinical Learning Environments*, p. 11.

26 Clare et al (2003). *Evaluating Clinical Learning Environments*, p. 11.

27 Judith Clare, Jill White, Helen Edwards and Antonia van Loon (2002). *Curriculum, Clinical education, Recruitment, Transition & Retention in Nursing*. Learning Outcomes and Curriculum Development in Major Disciplines: Nursing Final Report. AUTC. School of Nursing & Midwifery, Flinders University, Adelaide, Australia, p. 6.

28 Jane Mikkelsen Kyrkjebø, Guttorm Brattebø and Hilde Smith-Strøm (2006) 'Improving patient safety by using interprofessional simulation training in health professional education', *Journal of Interprofessional Care* 20(5): pp. 507–516.

29 Joy Penman and Mary Oliver (2004). 'Meeting the challenges of assessing clinical placement venues in a Bachelor of Nursing program'. *Journal of University Teaching and Learning Practice* 1(2): pp. 59–72. Available at: <http://www.jutlp.uow.edu.au/2004_v01-i02/pdf/penman-02.pdf> [Accessed: 5 January 2008].

number to assist the student to accomplish the required learning outcomes (see Atlas 9.18.11 and 9.14.11). While some NMRAs in the past have mandated ratios such as 1 staff member to 8 students, there is 'little contemporary robust evidence to support 1:8 supervision ratios', according to the N3ET (2006) *Commonwealth Funding* report. The criterion asks instead for justification in relation to assured learning outcomes of whatever supervision arrangements are in place.

STANDARD 9

This standard aims to establish that course development is informed by research and that students themselves develop understanding and skills in nursing inquiry consistent with the level of practice for which they are being prepared.

The importance of research and evidence-based practice is central to nursing and is supported by statements by professional bodies in Australia and internationally. The Royal College *of* Nursing, *Australia* (RCNA) and the ANF have made a joint position statement on the importance of nursing research.[30] The ICN has a position statement on nursing research which supports efforts to improve access to 'education which prepares nurses to conduct research, critically evaluate research outcomes, and promote appropriate application of research findings to nursing practice.'[31]

Enrolled nurses need to have an understanding of the importance of nursing inquiry and its relevance and application to nursing practice. This should be both implicit and explicit in course preparation and delivery.

30 RCNA Australia and ANF (2007). Joint Position Statement: *Nursing Research*. Available at: <http://www.rcna.org.au/site/positionstatement.php> [Accessed: 10 January 2008].

31 ICN (2007). Position Statement: *Nursing Research*. Available at: <http://www.icn.ch/policy.htm> [Accessed: 10 January 2008].

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