ANMC
AUSTRALIAN NURSING & MIDWIFERY COUNCIL

Registered Nurses

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

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CONTENTS

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 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.

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.

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

ANMC	Australian Nursing and Midwifery Council
AQF	Australian Qualifications Framework
ANF	Australian Nursing Federation
APQN	Asia-Pacific Quality Network
AUQA	Australian Universities Quality Agency
AVCC	Australian Vice-Chancellors' Committee
COAG	Council of Australian Governments
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
ICN	International Council of Nurses
IT	information technology
MCEETYA	Ministerial Council of Education, Employment, Training and Youth Affairs
OECD	Organisation for Economic Co-operation and Development
N3ET	National Nursing and Nursing Education Taskforce
NMC	Nursing and Midwifery Council (United Kingdom)
NMRA	Nursing and Midwifery Regulatory Authority
RPL	recognition of prior learning
UNESO	United Nations Educational, Scientific and Cultural Organization

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.

ACADEMIC STAFF

Academic staff are 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 instruct are studying) and who are engaged in the teaching, supervision, support and/or assessment of students in relation to their acquisition of the required skills, knowledge, attitudes and graduate competency outcomes.

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

The ability of nurses and midwives 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

Course is the full program of study and experiences required to be undertaken before a qualification recognised under the Australian Qualifications Framework (AQF) and approved by the regulatory authority can be conferred (e.g., a Bachelor of Nursing).

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

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

GRADUATES

Graduates are students who, having undertaken a *course*, are eligible to apply for nursing registration.

GRADUATE COMPETENCY OUTCOMES

Learning outcomes that are correlated with the ANMC National Competency Standards for the Registered Nurse and that establish the benchmark for nursing registration.

HEALTH SERVICE PROVIDER

Health service providers are health units or other appropriate 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 registration (adapted from definition for 'clinical facilities' in the ANMC National 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*.

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

Practice is any nursing role which the graduate, having become a licensed practitioner, 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 nurse 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. It excludes simulation.

REGULATION

Regulation is 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: <http://www.icn.ch/regterms.htm>.

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).

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.

RISK ASSESSMENT AND RISK MANAGEMENT

Risk assessment and risk management together form an effective risk management system. This system is one incorporating strategies to:

> identify risks and hazards
> assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
> prevent the occurrence of the risks, or minimise their impact (from the ANMC *Decision Making 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

A student is any person undertaking a *course* leading to registration as a nurse.

SUPERVISION AND/OR SUPPORT

Supervision and/or support is where an *academic staff* member or a nurse working in the professional experience context supports and/or supervises a student undertaking a course for entry to the nursing profession on a *professional experience placement*.

UNIVERSITY/UNIVERSITIES

A university or universities are institutions listed as Australian universities on the AQF Register. Being listed on the register indicates that the Ministerial Council of Education, Employment, Training and Youth Affairs (MCEETYA) vouches for the quality of the institution; and which meet the requirements of protocols A and D of the *National Protocols for Higher Education Processes (2006)*, are established by an Australian legislative instrument, as defined in Part 3 of the *National Protocols*, and may include institutions operating with a 'university college' title or with a specialised university title, where they meet these protocols. This follows the ANMC position statement (2008) 'Registered nurse and midwife education in Australia'.

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 Registered Nurse.

CRITERIA

The course provider is required to demonstrate or confirm:

1) Current quality assurance and accreditation in the relevant education sector in Australia—Bachelor degree in nursing courses must show evidence of Australian university quality assurance and accreditation.
2) Course development, monitoring, review, evaluation and quality improvement.
3) Collaborative approaches to course organisation and curriculum design between academic staff, 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 academic staff development, and of staff having current relevant professional registration.

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 successful completion of the Australian Universities Quality Agency (AUQA) audit report, including date of expiration of approval (M). Listing on the current AQF register. 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 and monitoring committee membership. Documentation of collaborative curriculum 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/RPL policies, including description of how curriculum is 'matched' to determine RPL (M). Examples of RPL for an overseas registered 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.

ISSUES TO NOTE

The argument for mandating that courses should be offered by a university is articulated in the ANMC position statement 'Registered nurse and midwife education in Australia', available at: <http://www.anmc.org.au/position_statements_guidelines>

STANDARD TWO: ACADEMIC 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:

1) the Head of Discipline and academic staff members hold a tertiary qualification relevant to their nursing profession as a minimum qualification
2) the Head of Discipline and academic staff are registered nurses with a current practising certificate
3) in cases where an academic staff member's qualifications do not include nursing their qualifications are relevant to the education of the given students (e.g., in cross-disciplinary courses)
4) academic 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)
5) academic 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 academic 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 registration as a nurse; that students are informed pre-enrolment 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 pre-enrolment, understanding any:

> specific requirements of the provider for entry to the course
> specific teaching and learning approaches through which the course is delivered, or
> regulatory authorities' requirements for authorisation (or endorsement or registration).

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—and links to regulatory authority information and criteria for registration to practice (M).
	3) Equal opportunity policies with regard to admission. Evidence of university 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 student. University 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. University 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 achieve the graduate competency outcomes and that professional experience is incorporated into the course to promote early engagement and to allow a final preparation for transition to work.

CRITERIA

The course provider is required to demonstrate that:

1) for courses leading to registration as a nurse, the minimum qualification must be a university-based bachelor degree (or where relevant a post-graduate qualification) and the minimum length of the course is equivalent to six semesters full-time
2) the total length and structure of the course are sufficient to allow all the graduate competency outcomes to be met

3) total professional experience hours are sufficient to allow graduate competency outcomes to be met
4) the inclusion of professional experience is as early as is educationally sound in the first year of study to facilitate early engagement with the professional context
5) the academic content of the course prepares students for the timing and length of professional experience placements
6) total professional experience placement hours amount to no less than 800 hours
7) an extended final professional experience placement in Australia in included towards the end of the course/ last semester of study to consolidate graduate competency outcomes and to facilitate transition to practice
8) 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 (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) Description of professional experience arrangements in the first year of the course.
	5) As per criterion 3.
	6) Statement of total professional experience placement hours across the course (M).
	7) Description of length and timing (date) of last professional experience placement of course. Location of placement (cross reference with standard 1, criteria 8 and 9 on course equivalence).
	8) Documentation of exit processes and standards.

ISSUES TO NOTE

CRITERION 5

The requirement for no less than 800 total professional experience placement hours acknowledges the high variability among current course offerings and the arguments about a prescribed minimum hours being no guarantee of effective learning. It also recognises that students offered very low numbers of professional experience placement hours may not be provided with sufficient opportunities to gain the experience they need.

DOMAIN 2: CURRICULUM

STANDARD FIVE: CURRICULUM CONTENT

The course provider demonstrates policies, procedures, processes and practices to establish that the curriculum: comprehensively addresses the graduate competency outcomes and matters connected with nursing inquiry; encompasses 'foundation', 'professional' and 'contemporary' content; and reflects particular priorities or circumstances in the jurisdiction or region and specialisations of the course or provider.

STATEMENT OF INTENT

That the curriculum takes as its primary focus nursing practice, that it includes national health priorities and contemporary issues in health care and that its specialist or elective content is complementary to the disciplines of nursing.

CRITERIA

The course provider is required to demonstrate:

1) Mapping of the curriculum against the ANMC National Competency Standards for the Registered Nurse to demonstrate how the graduate competency outcomes are to be achieved (cross reference to Standard 4);
2) That selection, organisation, sequencing and delivery of learning experiences provides students with the opportunity to attain all the required graduate competency outcomes;
3) That the curriculum addresses specifically Aboriginal and Torres Strait Islander Peoples history, health and culture and incorporates the principles of cultural safety;
4) That the central focus of the course is on nursing and contemporary nursing practice addressing, across the length of the course, foundation, professional and contemporary nursing knowledge and skills:
   - Foundation knowledge and skills.
     - Establish that the central focus of the course is on nursing and contemporary nursing practice understood in terms of nursing models and traditions of healthcare which emphasise health promotion, illness prevention and care of individuals, across the lifespan, sick or well.
     - The focus on nursing and nursing practice should involve but not be limited to: promotion and maintenance of health and prevention of illness, assessment, planning, implementation and evaluation of consumers' health needs, collaboration with individual/s and the multidisciplinary health care team; delegation and supervision, leadership and coordination in different healthcare contexts. (adapted from ANMC National Competency Standards for the Registered Nurse (2006) p. 1)
   - Professional knowledge and skills.
     - Demonstrate that the curriculum comprehensively addresses knowledge and skills associated with nursing practice including but not limited to: the professional, legal and ethical responsibilities of nursing practice; an understanding of cultural safety; and an understanding of regulation and health policy issues as they relate to nursing practice.
   - Contemporary knowledge and skills.
     - Demonstrate that the curriculum is responsive to and reflects healthcare matters that have national and international significance, including but not limited to the national health priorities; remote and rural health; mental health and chronic disease self-management; aged care; and primary health care.
     - Demonstrate that the curriculum incorporates any regional or local healthcare priorities where the course is offered or any specialist research or practice available to the course provider that complements the study of nursing;

5) That nursing inquiry is integral to the curriculum;
6) That technology, including information technology and information management, to support health care is integral to the curriculum;
7) That the curriculum addresses knowledge in pharmacology and therapeutic medication management for registered nurses;
8) That electives in the course are complementary to nursing; and
9) Curriculum, 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) Map, grid and/or table of competency standards against specific curriculum content/ units, including cross referencing with standard 4, criterion 3 (M), where applicable.
	2) Rationale and philosophy for course content and organisation of units.
	3) 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).
	4) Detailed description of course content relative to the requirements indicated, including reference to relevant current reports (report on mental health in pre-registration nursing courses and chronic disease self-management report/toolkit). Identification of contemporary legal, professional and published information sources in support of the content (M) (cross reference with standard 4, criterion 2, where applicable).
	5) Identification of content focused on/related to research and application of research across the course (M).
	6) List of content focused on/related to health/nursing informatics across the course.
	7) Identification of content focused on or related to pharmacology and therapeutic medication management across the course (M).
	8) List and description of electives and their relevance to nursing and nursing practice, where applicable.
	9) Benchmarking against selected examples of national and international best practice. Examples of research and evidence-led curriculum.

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 curriculum 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 safe and 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, collaboration and leadership skills expected of registered nurses
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) Curriculum 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 outcomes 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) That assessment includes the assessment of pharmacology competence.
7) Procedural fairness, validity and transparency of assessment.
8) That the education provider remains ultimately accountable for the assessment of students in relation to their professional experience assessment.
9) That assessments reflect collaborative arrangements between students, nurses, academics, 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 curriculum, aligned with mapping of competencies against content as required in standards 4 and 5.
	3) Description and list of range of assessment types used. Lesson plans/unit outlines indicating range of assessment types used.
	4) Description and list of range of assessment contexts used. Lesson plans and unit outlines indicating range of assessment contexts used, including those in structured or simulated environments. Lesson plans and unit outlines indicating range of assessment contexts used.
	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) Description/list and unit outlines indicating the assessment of pharmacology competence (cross reference with standard 5, criterion 7).
	7) 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 university quality assurance process.
	8) Statement acknowledging education provider's accountability for student assessment in the professional experience context.
	9) 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 is quality-focused, 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:

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 curriculum content (cross reference with standard 4, criterion 5).
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 student 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 academic 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 and other health professionals who are 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 curriculum 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 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 of 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 and 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 academic staff to the education course is informed by research and scholarship.

STATEMENT OF INTENT

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

CRITERIA

The course provider is required to demonstrate that:

1) academic staff use current research in teaching and learning
2) academic staff are actively engaged in research and/or scholarship
3) students develop an understanding of all aspects of nursing inquiry and skills in applying research to their practice
4) students develop an understanding of the ethics of research and of applying research 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) List of staff research activities, including publications (cross reference with standard 6, criterion 3). Teaching portfolios.
	3) Lesson plans/unit outlines identifying content focused on or related to nursing inquiry across the course.
	4) Lesson plans/unit outlines identifying content focused on or related to the ethics and application of research across the course.
	5) Student seminar series programs. Faculty research grants and activities. Departmental staff-student forums.

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 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 (universities—AUQA) as a pre-requisite for applying for professional course accreditation and dispensing with education provider standards.

The argument for mandating that courses must be offered by a 'university' is articulated in the ANMC position statement 'Registered nurse and midwife education in Australia'.[4] The definition of 'university', for the purposes of this document, is those institutions: listed as Australian universities on the AQF Register. Being listed on the register indicates that the MCEETYA vouches for the quality of the institution; and those institutions which meet the requirements of protocols A and D of the *National Protocols for Higher Education Processes (2006)*, are established by an Australian legislative instrument, as defined in Part 3 of the *National Protocols*, and may include those institutions that operate with a 'university college' title or with a specialised university title, where they meet these protocols. This follows the ANMC position statement (2008) 'Registered nurse and midwife education in Australia'.[5]

Collaboration and consultation among key stakeholders are important for informed curriculum design, good course organisation and productive partnerships for sound placements for students to gain professional experience. Research indicates that good partnerships between the education provider and health service providers in organising placements for students, so they can gain professional experience, contributes significantly to a positive experience for the student and positive learning outcomes. A partnership can be considered 'good' where communication and information-sharing systems between the education and health

4 ANMC (2008). 'Registered Nurse and Midwife Education in Australia'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 2 June 2008].

5 See AQF: <http://www.aqf.edu.au/register.htm#university> and the process of higher education quality assurance: <http://www.aqf.edu.au/quality.htm>; ANMC (2008). 'Registered Nurse and Midwife Education in Australia', following MCEETYA (2006). *National Protocols for Higher Education Approval Processes*, Protocol D, Additional critieria, D1 and D2. Available at: <http//www.mceetya.edu.au/verve/-resources/RevisedNational Protocols20081.pdf> [Accessed: 14 November 2007].

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.[6]

Formalising the relationship between the education provider and the professional experience environment is recommended by Clare et al (2003), in which a number of benchmarks for best practice in providing professional experiences for students in undergraduate nursing courses are established.[7] The N3ET (2006) *Commonwealth Funding for Clinical Practicum* report notes that there has been broad uptake of these recommendations.[8] Clare et al (2003) suggests this may take the form of memoranda of agreement, service agreements, or affiliation agreements that include articulation of a joint commitment to and a shared philosophy of education, roles and responsibilities, and equal and reciprocal involvement in the partnership.[9] The standard here on evidence of policies for the development of such agreements should be read in conjunction with standard 8.

The criteria 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 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.[10] 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. An example of a policy that exemplifies the intent of this criterion is Queensland Health's *Student Health Professionals Home Visiting Policy*.[11] This policy precludes students from attending to consumers alone on home visits, except in clearly identified instances where the student is in their final year and risk screening indicates a low risk of adverse events. The risk assessment finds that visits in a client's home represent a high risk environment. To minimise the risk students on placement should be supervised, except where the risk is reduced by the factors described.

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6 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]; see 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. School of Nursing & Midwifery, Flinders University, Adelaide, Australia, on criteria that indicate good partnerships for clinical learning.

7 Clare et al (2003). *Evaluating Clinical Learning Environments*.

8 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*. Available at: <http://www.nnnet.gov.au/> [Accessed: 10 October 2007].

9 Clare et al (2003). *Evaluating Clinical Learning Environments*, Benchmark 1, pp. 57–58.

10 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].

11 Queensland Health (2004). *Student Health Professionals Home Visiting Policy*. Available at: <http://www.health.qld.gov.au/sop/documents/23859.pdf> [Accessed: 15 January 2008].

Recognition of prior learning 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.[12] 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 and bodies including the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) and UNESCO have established guidelines and codes of good practice to meet these concerns.[13] In Australia, AUQA's own auditing mechanisms have been found to be in line with the UNESCO guidelines.[14] This means that education providers with AUQA accreditation—e.g., all universities—have already met cross-border education quality assurance. 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 while ensuring standardisation of graduate outcomes, at home and abroad, through traditional or new teaching methods, one way to ensure course equivalence is by emphasising competency-based learning outcomes.[15] 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. This is consistent with the tenor of the *Standards of Good Practice Abroad* (2008), developed by the Forum on Education Abroad, in which the benchmarks in the academic framework, for the award of credit, academic requirements of courses, and credit for internships or field research is that they are 'consistent with home institution standards.'[16]

STANDARD 2

Australian NMRAs generally agree that the Head of Discipline and academic staff should be a registered nurse.[17] 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 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

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

13 International Network for Quality Assurance Agencies in Higher Education (INQAAHE) (2007). *Guidelines of Good Practice*. Available at: <http://www.inqaahe.org/ > [Accessed: 4 October 2007]; United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2005). *Guidelines for Quality Care Provision in Cross-border Higher Education*. Available at: <http://www.unesco.org/education/guideines.E.indd.pdf> [Accessed: 7 January 2008]; UNESCO (2006). *UNESCO/APQN Toolkit: Regulating the Quality of Cross-border Education*. Bangkok. Available at: <http://www.apqn.org/files/virtual-library/other-reports/unesco-apqn-toolkit.pdf> [Accessed: 7 January 2008].

14 David Woodhouse (2006). 'The Quality of Transnational Education: a provider view'. *Quality in Higher Education* 12(3): p. 280.

15 Organisation for Economic Cooperation and Development (OECD) (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].

16 Forum on Education Abroad (2008). *Standards of Good Practice for Education Abroad*. Third edition. Available at <http://www.forumea.org/documents/ForumEAStandardsGoodPrctMarch2008.pdf> [Accessed: 28 October 2008].

17 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'.

allied health profession accreditation standards. The Australian Pharmacy Council (2005) *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria* asks that a school have not less than three continuing appointments in pharmacy or where this is not the case, demonstration of how expert input for curriculum development is to be assured; the Council on Chiropractic Education Australasia Inc (2003) indicates that the head of unit 'should' be a qualified chiropractor and that academic staff are to have qualifications and experience 'well in advance of the level at which they are teaching'.[18]

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 while completion of their course of study makes them eligible to apply for registration or enrolment, endorsement or authorisation, 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 registration or 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

Equity and access issues have a clear place in education sectors' quality assurance processes[19], yet it is still desirable that the professional accreditation process emphasises this. It should be noted that this does not negate the fundamental principle of ensuring that students who are admitted have the ability to meet course requirements—a principle reflected also in the World Health Organization (2008) (draft) *Global Standards for the Initial Education of Professional Nurses and Midwives*.[20]

The emphasis on Equal Employment Opportunity principles for Aboriginal and Torres Strait Islander students is in keeping with the broader remit of ANMC to foreground cultural competence issues in nursing and midwifery education. This is reflected in the ANMC's position statement 'Inclusion of Aboriginal and Torres Strait

18 Australian Pharmacy Council (2005). *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria*. Available at: <http://www.apec.asn.au/PDF/NAPSACAccredCriteria.pdf> [Accessed: 10 June 2008]; Council on Chiropractic education Australasia Inc (2003). *Standards for First Professional Award Programs in Chiropractic*. Available at: <http://www.ccea.com.au/images/PDF%20Documents/Accreditation/Accreditation%20Standards%200903.pdf > [Accessed: 10 June 2008].

19 Australian Vice-Chancellors' Committee (AVCC) (2005). *Universities and their Students: Principles for the Provision of Education by Australian Universities* . Available at: <http://www.universitiesaustralia.edu.au> [Accessed: 10 January 2008].

20 World Health Organization (2008). (draft) *Global Standards for the Initial Education of Professional Nurses and Midwives*, 5.2.2.

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 prepares them for working with people of Aboriginal and Torres Strait Islander backgrounds—understanding their particular health needs and respecting their cultural values.[21] Though this statement goes to curriculum content issues principally, it also serves to illustrate the broad commitment ANMC has to acknowledging the importance of equity issues with regard to Aboriginal and Torres Strait Islander peoples. The statement 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, 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 the 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 education of registered nurses to practise in Australia has been conducted in the university sector since the late 1980s, as described in the ANMC position statement 'Registered nurse and midwife education in Australia'. The move away from a hospital-based training model to a university-based education was and remains consistent with international efforts to promote the quality and level of education for registered nurses.[22] In addition, the establishment of the bachelor degree as the minimum qualification for registered nurses brings national consistency to nursing education in Australia. This remains an important step not only for this project but also towards developing the uniform national accreditation standards for all the health professions advocated in the 2005 Australian Government Productivity Commission Report, and which is the goal of the Council of Australian Governments (COAG) planned heath workforce reforms.[23]

The total length of the course is established, or at least partially established, in mandating a minimum of six semesters of full-time study, following the National Review of Nursing Education: Our Duty of Care Report 2002 (Recommendation 22).[24] Beyond this, the standard asks for evidence of how the total number of hours in a course has been determined.

The literature suggests there is little or no evidence to support the setting of minimum hours.[25] The general argument is that the quantity of teaching is no substitute for the quality of teaching. Rather, there is an argument

21 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]

22 Commonwealth of Australia (2002). *National Review of Nursing Education: Our Duty of Care Report*. Available at: <http://www.dest.gov.au/archive/highered/nursing/pubs/duty_of_care/default.html> [Accessed: 19 September 2007].

23 Productivity Commission (2005). *Australia's Health Workforce, Research Report*, Canberra, p. 140; COAG National Reform Agenda: Health: Health Workforce. Available at: <http://www.coag.gov.au/meetings/130407/index.htm> [Accessed: 14 November 2007].

24 Commonwealth of Australia (2002). *Our Duty of Care Report*.

25 N3ET (2006). *Commonwealth funding*, p. 26: 'little contemporary robust evidence to support' minimum clinical hours. Though this is on clinical education specifically, most NMRAs seem to be taking this view in relation to total hours as well—that number of hours needs to be sufficient to develop competencies.

that competency-based education, though not without its drawbacks and its critics, is on the whole a defensible approach to teaching and learning. Following the requirement to ensure students meet the ANMC competency standards and the 'market demand for competency' from employers looking for work-ready graduates, curriculum design and reform is increasingly focusing on competencies.[26]

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 included in standard 8. The view is that professional experience or 'clinical education' in the health care context is vital for developing professional competencies remains prevalent.[27] It is also considered essential for promoting cultural acclimatisation to the workplace and preventing 'culture shock' that leads to high attrition rates.[28] Lastly, it is advocated early in the course of study as a way of promoting and sustaining student interest[29], and an uninterrupted block towards the end of courses is recommended to facilitate transition to work. The Nursing and Midwifery Council (NMC) (United Kingdom), for instance, considers that a 'final placement will benefit from as few interruptions as possible in order to ensure continuity ... [it may] be divided into a number of different placements, although none of these should be less than four weeks duration.'[30]

The argument for setting the total number of hours for professional experience, like that for the total hours in the course, is questionable. The N3ET (2006) *Commonwealth Funding* report claims that there is 'little contemporary robust evidence to support' minimum clinical hours. The same report finds that in practice there is wide variation on the minimum hours set: 800 to 1,700 across universities and jurisdictions.[31] Most NMRAs take the approach that the professional experience hours should be sufficient to demonstrate competency attainment. This is consistent with the most recently developed NMRA accreditation standards: the Nurses' Board of Victoria's *Standards for Course Accreditation* (January 2008), which asks for 'justification of overall clinical placement hours'.[32]

The current project to develop the national standards and criteria has conducted further investigation into the issue of mandated course hours. Data supplied by the NMRAs in May 2008 with regard to current hours allocated by accredited Bachelor of Nursing courses in different jurisdictions indicates the following range:

Total clinical hours	**Total course hours** (theory + clinical)
680 to 1,320	1,698 to 3,780

Most commonly, courses for which data has been returned offer between 800 and 900 clinical hours.

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

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

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

29 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*. Australian Universities Teaching Committee. School of Nursing & Midwifery, Flinders University, Adelaide, Australia, p. 8.

30 Nursing and Midwifery Council (NMC UK) (2004). *Standards of proficiency for pre-registration nursing education 02 04*. Available at: <http://www.nmc-uk.org/aSection.aspx?SectionID=32> [Accessed: 25 October 2007].

31 N3ET(2006). *Commonwealth Funding*, p. 25.

32 Nurses Board of Victoria (2008). *Standards for Course Accreditation*. Available at: <http://www.nbv.org.au/education/education-provider-information.aspx> [Accessed: 29 January 2008] See NBV 2008 under requirements for the 'field/clinical setting', standard 3.5.

In addition to the issue of whether to set minimum hours for the Bachelor of Nursing course and, if so, how many, there is the issue of international recognition of Australian graduates. This is an issue, in particular, with the United Kingdom and other countries that are part of the European Union where union directives mandate 2,300 hours of clinical experience in undergraduate courses.

Conversely, there are strong arguments against setting minimum hours to match these requirements, including that:

> the amount of hours does not equate to quality learning experiences and that it is arguable that a competency-based approach is a more progressive model than an hours-based approach
> matching hours to internationally established requirements begs the questions of which countries should be used as the benchmark and whether their own standards are defensible
> Australian standards would have to be altered whenever international trends change.

There is also an argument that the European Union directives are anachronistic—set in and reflecting a period before nursing education moved to the higher education context, and when nursing competence was assessed on a time-served basis.[33]

Further evidence of the impact of professional experience hours on competence is needed.

STANDARD 5

Clare et al (2002) find evidence that university curricula are 'strongly informed' by the National Competency Standards[34], as is required for students to be able to demonstrate the graduate competency outcomes on course completion. This report makes a number of recommendations about nursing curriculum content including that:

> the central focus be on nursing and contemporary nursing practice
> it reflects contemporary society by developing understanding of the health status and needs of Indigenous Australians, other cultural groups, rural and remote communities and the ageing population
> an expectation that it include evidence-based practice
> it adopt technology as a tool of learning, practice, treatment and patient care management, as appropriate.

These recommendations have informed the criteria for curriculum content and are consistent with other international accreditation standards.[35] The Standards and Criteria aim to avoid being prescriptive, allowing the education provider to exercise innovation in course design and delivery. The criteria, as a result, centre on ensuring that foundation skills and knowledge are central to the curriculum; that professional issues are addressed; and that specific issues are represented to cover the Australian context and its health priorities.

As stated earlier, the ANMC statement 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment' ensures that the education of undergraduate and pre-enrolment nursing and midwifery students prepares them for working with people of Aboriginal and Torres Strait Islander backgrounds—understanding their particular needs and respecting their cultural values.[36] The importance of this statement is carried directly into this standard.

33 C Mallaber and P Turner (2006). 'Competency versus hours: An examination of a current dilemma in nurse education', *Nurse Education Today* 26, pp. 110–114. Available at: <http://www.nurseeducationtoday.com/> [Accessed: June 2008].

34 Clare et al. (2002). *Curriculum, Clinical Education,* p. 2.

35 See ANMC National Accreditation Standards Project Literature Review, Table 2.

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

The standard is also consistent with *Dadirri: A nursing guide to improve Indigenous health*, which recommends that NMRAs implement course accreditation guidelines that include criteria to assess undergraduate nursing curricula for the Aboriginal and Torres Strait Islander education content.[37]

In addition, national health priorities and contemporary issues in health care, such as chronic disease self-management and mental health, are highlighted for inclusion. 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*.[38] The report on *Mental Health in Pre-Registration Nursing Courses* points to the need to ensure that mental health is adequately addressed in all undergraduate curricula.[39] It also makes the case that 'generic mental health skills for all nurses are important, irrespective of where they work'. Aged care is another health priority that deserves particular attention in undergraduate curricula, as established in the *Aged Care Core Component in Undergraduate Nursing Curricula: Principles Paper.*[40]

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.[41] 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 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'.[42]

STANDARD 6

The aim of standard 6 is for providers to establish teaching and learning approaches that are demonstrably compatible with course outcomes. These outcomes include graduates who are safe and competent for beginning-level practice, and who understand the need and have the skills and capacity to grow in their professional roles.

As discussed in the preamble to these standards, the expectation on which the standards are developed is that new graduates be considered as competent beginners with 'foundational knowledge, professional attitudes and essential skills that are both transferable and a firm base on which to build.'[43]

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37 Indigenous Nurse Education Working Group (2004). *Dadirri: A nursing guide to improve Indigenous health*, Recommendation 1.

38 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.

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

40 Queensland University of Technology School of Nursing (2004). *Aged Care Core Component in Undergraduate Nursing Curricula: Principles Paper*.

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

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

43 N3ET(2006). *Commonwealth Funding*, p. 27.

As articulated in the N3ET Report on transition to practice, which resulted from Recommendation 14 in the National Review of Nursing, the goal is to create a learning culture for health professionals in which they are encouraged to challenge their values and explore broadly possibilities for professional development.[44] This goal informs the criterion on the capacity for continued learning beyond graduation. It understands that learning and professional development are ongoing processes, as is key to the intent of the ANMC's national framework for continuing competence. Further, nurses require a professional education to be prepared to fulfil the ongoing professional demands that will be made of them upon graduation. This may involve expanding their practice through post-graduate research or emerging extended roles such as that of nurse practitioner.

In addition to making autonomous decisions where required about patient care, registered nurses are required to contribute to multi-disciplinary healthcare teams together with medical and allied health professionals. Patient safety and the maintenance of high-quality care provision dictates that registered nurses be adequately prepared for interprofessional communication and collaboration.[45] 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.[46] Interprofessional learning and practice is advocated on this basis. This approach is supported by the World Health Organization (2008) (draft) *Global Standards for the Initial Education of Professional Nurses and Midwives*. See 3.3 2—'Nursing or midwifery schools use inter-professional teamwork approaches in their classroom and clinical learning experiences' and the third of the three principles underpinning the global standards which is that 'an inter-professional approach to education and practice is critical.' It is also consistent with Royal College *of* Nursing, *Australia's* 2006 Communiqué from the Board of Directors, entitled 'Interprofessional Education and Practice', which recommends 'the incorporation of interprofessional education at the undergraduate level.'[47] The importance of interprofessional learning for health professional education is the focus of a recent study: *Interprofessional Health Education in Australia: a proposal for future research and development*, Learning and Teaching for international Practice, Australia.[48]

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. 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.

44 N3ET working party (2005). *Transition: What is it? And What does it mean for Nurses*, p. 4. Available at: <http://www.health.nsw.gov.au/nursing/pdf/transition-n3et.pdf> [Accessed: 11 January 2008]; Commonwealth of Australia (2002) *Our Duty of Care Report*.

45 Rosemary Bryant (2005). *Regulation, roles and competency development*. International Council of Nurses Available at: <http://www.icn.ch/global/Issue1Regulation.pdf> [Accessed: 3 February 2008], p.17.

46 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.

47 Royal College *of* Nursing, *Australia* (2006). Communique from the Board of Directors. *Interprofessional Education and Practice*. Available at: <http://www.rcna.org.au/UserFiles/communique_on_interprofessional_education_and_practice_2006.pdf>. [Accessed: 3 December 2008].

48 Learning and Teaching for international Practice, Australia (2008). *Interprofessional Health Education in Australia: a proposal for future research and development*. Available at: <http://www.education.uts.edu.au/research2/projects/l-tipp-proposal-dec08.pdf> [Accessed: 23 February 2009].

STANDARD 7

For the purposes of professional accreditation to be met, all graduate competency outcomes must be assessed by course completion. The education provider must demonstrate that each competency standard is covered in the curriculum (standard 5) and also that each has been assessed. While more work is needed to establish the efficacy of competency standards as a benchmark for assessing fitness to practise, a recent publication indicates that the introduction of the ANMC National Competency Standards has proved to be important in working towards national consistency and that the standards are seen to be making a positive contribution to professional practice in giving practitioners an enhanced sense of 'professional standing and enabl[ing] them to identify their areas of practice.'[49]

Course providers need to demonstrate procedural fairness, validity and transparency of assessments; quality of assessors and assessment tools. The literature consulted points out the complexity and lack of consistency around competency-based assessment.[50] This is the impetus for initiatives like that in progress to develop an undergraduate nursing competency assessment tool for use across Australian universities.[51] Standardising the assessment of competence through the development of quality assessment tools is the goal of and the challenge for education providers. At another level, expert nursing knowledge can also play a vital role in the assessment of student competence.[52]

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. 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.[53] This criterion extends and complements criteria in other standards (standards 1 and 8) that are linked by the principle of collaboration in course development and implementation between the education provider and health service providers and personnel involved in the student's education.

49 Mary Chiarella and Debra Thoms et al. (2008). 'An Overview of the competency movement in nursing and midwifery', *Collegian* 15 (2): p. 47.

50 McGrath et al, (2006) 'Collaborative Voices', 48; Clare et al. (2002). *Curriculum, Clinical Education*, p. 48.

51 University of Wollongong (2007). Faculty of Health and Behavioural Sciences Newsletter vol. 4 issue 2, p. 5. Available at: <http://www.uow.edu.au/content/groups/public/@web/@health/documents/doc/uow037854.pdfCarrick project> [Accessed: 3 February 2008].

52 P Paliadelis and MT Cruikshank (2003). 'An exploration of the role that expert knowledge plays in the assessment of undergraduate clinical competence: registered nurses' experience', *Rural and Remote Health* 3 (191): pp. 1–9.

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

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.'[54] This report also notes that graduates' ability to function as competent beginning clinicians on graduation 'is dependent on students having the opportunity for 'real' world practice'.[55] The criterion under this standard reflect the view that students need to develop their graduate competency outcomes through exposure to the professional experience placements. They need to be exposed to and have the opportunity to practise in 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. They need professional experiences involving clients with different cultural health and safety needs 'in order to embed and give context to these understandings'.[56]

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.[57]

The criteria on formal agreements and risk management have been discussed under standard 1 and should be read in conjunction with this standard's complementary criteria. Assessing venues of all students leaving a professional experience placement in terms of how they rated the experience is a quality improvement measure. This may be as simple as a post-placement questionnaire which can help education providers identify good venues for professional experience placement for future cohorts of students.[58]

In recent years Australian NMRAs have uniformly required that students gain professional experience in a supernumerary capacity. All NMRAS were reported as having either implied or explicit requirements for supernumerary status (see Atlas 9.14.8 and 9.16.8). The National Review of Nursing: Midwifery Education claimed, however, that 'there are problems associated with the supernumerary ... status of students that appear, in many cases, to exacerbate the separation of the program from industry involvement or investment as well as creating economic problems for students.'[59]

The AVCC (2007) Discussion Paper: 'A National Internship Scheme' claims that tertiary students in vocational programs should be able to support themselves during their study with jobs that complement their studies and increase their readiness to enter the workforce on graduation.[60] The criterion regarding the supervision models for professional experience placement recognises that while learning experiences need to be protected a strict requirement that all professional experience should be in a supernumerary capacity would disadvantage innovative approaches to professional experience. The criterion asks for the provider to demonstrate their supervision model and its relationship to achieving learning outcomes. This also encompasses supervision ratios.

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

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

56 Clare et al. (2002). *Curriculum, Clinical Education*, p. 6.

57 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*, October 2006; 20(5): pp. 507–516.

58 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].

59 *National Review of Nursing Education: Midwifery Education* (2003). Available at: <http://www.dest.gov.au/archive/highered/nursing/pubs/midwifery_03_2002/NRNE_0302_executivesummary.htm> [Accessed: 2 October 2007].

60 AVCC (2007). *Discussion Paper: A National Internship Scheme*. Available at <http://www.universitiesaustralia.edu.au/documents/publications/discussion/A-National-Internship-Scheme.pdf. [Accessed: 9 January 2008].

Australian NMRAs generally agree that staff engaged in supervising students on professional experience should be sufficient in number to help students to accomplish the required learning outcomes (Atlas 9.14.11). While in the past some NMRAs have mandated ratios such as one staff member to eight 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 of the assured learning outcomes, whatever supervision arrangements are in place.

In many cases, the core criteria under this standard complement the criteria in other standards, as is indicated in the text. The criteria under standard 8 are grouped as a discrete standard in deference to the importance of this aspect of the educational experience and to consolidate and capture outstanding requirements for professional experience.

STANDARD 9

The Royal College *of* Nursing, *Australia* and the ANF have issued a joint position statement on the importance of nursing research which includes points 13 and 14 supporting the integration of research outcomes into undergraduate nursing courses and that schools of nursing in the higher education setting assist with the preparation of nurse researchers.[61]

In its position statement on nursing research, the ICN 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.'[62] The International Confederation of Midwives has a statement on the role of the midwife in research which recommends that 'midwifery education include the theory and practical application of research so that midwives are able to appraise, interpret and critically apply valid research findings'.[63]

The literature reviewed for this project highlights that research and evidence-based practice is a recurring theme in international education standards. In other professions also this is a noted emphasis. The Australian Medical Council standard 1.7, for example, requires that 'the medical course is set in the context of an active research program within the school' and states that 'it is desirable that most academic staff be "research active" and that all academic staff are seen to be involved in scholarly activities.'[64]

The standard aims to establish that course development is informed by research and that students themselves develop research skills for their practice. In this regard, in relation to students and their education in research, a range of issues need to be addressed: students need to be prepared, as future clinicians, to apply research to their provision of care to consumers; students need to be educated to contribute to research initiatives within their sphere of practice, perhaps by contributing to the collection or implementation of research data; beyond undergraduate studies, students who choose to move into nursing research need to be able to participate in all aspects of the research process including conducting or participating in research projects to advance nursing knowledge.[65]

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61 Royal College *of* Nursing, *Australia* and Australian Nursing Federation (2007). Joint Position Statement: *Nursing Research*. Available at: <http://www.rcna.org.au/site/positionstatement.php> [Accessed: 10 January 2008].

62 International Council of Nurses (2007). Position Statement: *Nursing Research*. Available at: <http://www.icn.ch/policy.htm> [Accessed: 10 January 2008].

63 International Confederation of Midwives (1999). *The role of the midwife in research*. Available at: <http://www.internationalmidwives.org/index.php?module=ContentExpress&func=display&ceid=32&bid=22&btitle=ICM%20Documents&meid=26> [Accessed: 5 February 2008].

64 Australian Medical Council (2007). *Assessment and Accreditation of Medical Schools: Standards and Procedures*, pp. 7–8.

65 Jackie Crisp and Catherine Taylor eds. (2005). *Potter and Perry's Fundamentals of Nursing Australian adaptation* 2nd edition, Elsevier Australia, Marrickville, pp. 81–83.

The N3ET conducted a study in 2006 *Priorities for Nursing and Midwifery Research* which made the point that:

> Research findings are utilised at all levels of health service: by practitioners (not only nurses and midwives) at the clinical interface; managers and executives involved in managing clinical risk and developing organisation policies and procedures; academics in professional education and training; and in forming local or national health policies and strategies.[66]

Further, the study found that 'pre- and post-registration educational programs ... that reflect and harness the value of research; e.g., where research and EBP [evidence-based practice] are integrated and/or embedded into the program ...' are important in fostering the skills and positive attitudes to research needed by nurses and midwives.[67]

66 N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*. Available at: <http://www.nnnet.gov.au/downloads/rec8_m_bennett_priorities_report.pdf> [Accessed: 16 February 2009].

67 N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*.

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