



Australian
Nursing & Midwifery
Accreditation Council

Registered Nurse

Accreditation Standards 2019

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ANMAC also acknowledges the individuals and organisations who contributed by participating in consultations.

ANMAC commends these accreditation standards to the Nursing and Midwifery Board of Australia (NMBA) and acknowledges the support of the NMBA in their review and revision.

1. Preamble

To become a registered nurse in Australia an individual must first complete a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA).

ANMAC uses accreditation standards to accredit and assess programs of study leading to eligibility to apply to the NMBA for registration as a registered nurse.

These Registered Nurse Accreditation Standards 2019 standards replace the Registered Nurse Accreditation Standards 2012. (1)

Education providers who deliver ANMAC accredited and NMBA approved programs, must be registered with the Tertiary Education Quality and Standards Agency as a university or higher education provider.

The *Health Practitioner Regulation National Law Act 2009* (the National Law) (2) legislates the National Registration and Accreditation Scheme for health practitioners.

Section 4(3) of the National Law sets out the scheme's six objectives:

- a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
- c. to facilitate the provision of high-quality education and training of health practitioners; and
- d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
- e. to facilitate access to services provided by health practitioners in accordance with the public interest; and
- f. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

These objectives (particularly a, c, and f) and the Australian Health Practitioner Regulation Agency's Procedures for the development of accreditation standards (3) underpinned the review of these standards.

Wide-ranging consultation was undertaken for the review of the standards. Stakeholders had the opportunity to contribute in three separate consultations. Stakeholders could contribute through an online survey, written submission or face-to-face.

The Council of Australian Governments (COAG) Principles for Best Practice Regulation (4) were considered during the review. The Office of Best Practice Regulation assessed the requirement for a regulatory impact statement.

2. Background

2.1 Review of the Registered Nurse Accreditation Standards

ANMAC reviews accreditation standards based on:

- its protocol for the review and development of accreditation standards (5)
- Australian Health Practitioner Regulation Agency's Procedures for the development of accreditation standards (3) which include the COAG Principles for Best Practice Regulation (4).

Principle 6 of the Best Practice Regulation requires regulations to be reviewed from time-to-time to ensure they remain contemporary. The current standards (1) were published in 2012 after approval by the NMBA. In keeping with Principle 6, a review began in 2017.

A PRG (members listed in acknowledgements) was convened to oversee the review and provide advice to ANMAC's Chief Executive Officer. The PRG provided advice on project planning, development of consultation papers, standards development, stakeholder engagement and synthesis of feedback.

The review complied with Section 46(2) of the National Law (1), which states: 'In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.' To this end, ANMAC consulted with the PRG to develop a list of stakeholders to participate. Invitations were sent for each consultation.

Three separate consultations offered opportunities for stakeholders to contribute through an online survey, written submission or face-to-face.

Each consultation included a paper which was published on ANMAC's website and circulated to stakeholders. Consultation periods were 30 business days for papers one and two and 20 business days for the third paper.

Public submissions for each consultation were published on ANMAC's website (www.anmac.org.au).

2.2 Consultation one

The first consultation (September 2017) involved developing and presenting a paper to inform the development of the standards.

The paper outlined key areas for stakeholders to consider. It was researched and developed by ANMAC staff and reviewed by the PRG before it was circulated to stakeholders. The paper outlined background on relevant issues, including workforce characteristics and influences on practice.

Stakeholders were asked to consider and respond to several issues to assist in developing the draft standards, including:

- **Support mechanisms for students entering registered nurse programs, particularly relating to supporting students from diverse backgrounds and how the standards can address student retention in general.**

Feedback indicated the need for:

- » *support mechanisms for English language*
- » *cultural safety*
- » *mentoring and academic support*
- » *flexible entry pathways, and flexibility and options for study mode and clinical placement attendance.*

Strategies to support retention included quality clinical placement, improved selection processes and academic support.

- **English language entry requirements, specifically if the standards should require students to meet the NMBA English language registration standard (6) before enrolling in a Registered Nurse program.**

Feedback indicated that most supported this inclusion in the standards.

- **Quality improvements to clinical learning—including: clinical learning environments and if a tool similar to the Victorian Department of Health and Human Services Best Practice Clinical Learning Environment (BPCLE) Framework (7) could contribute to high-quality learning environments across Australia, supervision of professional practice experiences (PEP) and practice readiness of graduates.**

Feedback indicated that these improvements would contribute to quality PEP:

- » *appropriately trained (including cultural safety training) facilitators, educators and preceptors*
- » *contractual arrangements between education and health services providers*
- » *reflection of major health priorities in the standards (especially as they relate to Aboriginal and Torres Strait Islander health)*
- » *explicit reference to the National Safety and Quality Health Service (NSQHS) standards would contribute to quality PEP.*

Feedback was not conclusive on the use of the BPCLE framework, with some participants stating some of its elements were useful for outcome-based standards. Other participants did not like the health service focus. No other tool for determining quality of PEP was suggested.

- **Use of simulated learning—if simulated learning could be explored as an alternative strategy for meeting learning outcomes and if it could be included in minimum practice hours.**

Feedback indicated that a clear, accepted definition of simulation was a crucial starting point. So too was evidence based, high-quality approaches and the possible development of a set of simulated learning standards. More research in the Australian context is required to address this option fully.

Feedback was not conclusive on if simulated learning could be included in minimum practice hours; however most respondents agreed that the amount of simulation could be between 10 per cent and 50 per cent. There was lack of evidence to support a specific percentage.

- **Inter-professional learning—how the standards can better support and strengthen inter-professional learning.**

Feedback indicated strong support for interprofessional learning and that the best learning environment for this was in the clinical setting.

- **Strengths and weaknesses of the Registered Nurse Accreditation Standards 2012 (1)—if the standards should move to a five-standard structure in line with other registered health professions and be supported with an evidence guide.**

Feedback was that the current standards were comprehensive, rigorous and well-established, although elements of some standards criteria are repeated and there are examples of duplication with university processes. Some feedback indicated that the standards were open to interpretation.

Feedback indicated some support and some uncertainty for the move to five standards. Feedback in support stated that this move would reduce repetition and better support inter-professional learning around a common core set of competencies. Uncertain feedback stated that the core nursing skills and knowledge may be compromised.

Feedback indicated that most would support having an evidence guide, to enhance and/or clarify evidence requirements. This would also help assessment teams be consistent with assessing.

- **Clinical placement hours—if the minimum number of clinical practice hours should continue to be mandated.**

Feedback indicated that most supported continuing to mandate a minimum number of clinical practice hours in the standards; however, some feedback indicated there was a lack of evidence to support the current number of hours.

- **Changes required to registered nurse role and standards—to prepare a workforce for the future.**

Feedback indicated that these areas should be considered with the registered nurse role:

- » *curriculum content*
- » *Aboriginal and Torres Strait Islander people health, history and culture*
- » *need for a four-year degree*
- » *changing role of the registered nurse (including role expansion and emerging roles).*

Feedback indicated that these areas should be considered with the standards:

- » *develop technological capacity*
- » *focus on digital health*
- » *introduce models of care*
- » *quality of clinical placement/placement issues*
- » *be aspirational and flexible*
- » *integrate professional practice standards and codes of ethics and conduct*
- » *explicitly reference National Safety and Quality Health Service Standards*
- » *include inherent requirements and fitness to practice.*

ANMAC synthesised all feedback. It was then reviewed by the PRG and published on ANMAC's website. Feedback outcomes influenced the first draft of the standards which were published in the second consultation paper.

2.3 Consultation two

The second consultation (June 2018), involved presenting the first draft of the proposed standards and other areas for consideration.

The consultation paper outlined more detail around the rationale for the move to a five-standard framework. It acknowledged that other accreditation bodies were moving to a similar framework, including the United Kingdom's Nursing and Midwifery Council (8).

The proposed standards were presented to stakeholders, along with references to the criteria they mapped from the Registered Nurse Accreditation Standards 2012 (5).

Stakeholders were asked to consider the following:

- **Draft standards—if they ensure that new graduates meet the NMBA Registered nurse standards for practice (9), if additional criteria need to be included, deleted or amalgamated, and if the structure decreased duplication.**

Feedback indicated that most considered the draft standards would ensure graduates meet the NMBA Registered nurse standards for practice and that duplication would be reduced.

Feedback requested that content for mental health theory and practice as a discrete unit be included in the standards and integrated throughout the educational program.

Feedback requested that several other subject areas be included in curricula.

Feedback suggested the following:

- » *strengthen English language entry requirements*
- » *consider a four-year program*
- » *further emphasise the responsibilities of education and health service providers in clinical learning for students*
- » *provide an evidence guide.*

- **Safe supply and administration of medicines through a protocol or standing order—if the draft standards support learning outcomes to enable graduates to safely supply and administer medicines through a protocol or standing order.**

Feedback indicated that most agreed the standards supported learning outcomes for the safe supply and administration of medicines. Issues raised included the need to:

- » *clarify the definition for a 'structured prescribing arrangement'*
- » *ensure assessment of quality use of medicines for each clinical practice placement*
- » *ensure links to National Prescribing Service National Prescribing Competencies.*

- **Simulation—if the proposed definition of simulation should be adopted in the standards.**

Feedback indicated that most supported adopting the proposed definition if the standards clearly stated that simulation does not replace professional experience placement.

Feedback also included that staff would need to be appropriately qualified to teach in a simulated environment, that simulation be scaffolded throughout the program and that simulation environments be sufficiently equipped and resourced to achieve learning outcomes.

- **Health informatics and digital health—if the standards can better support inclusion of these two subjects.**

Feedback indicated that specific content should be included and embedded and that the National Informatics Standards be used to address learning outcomes and competencies.

- **Quality professional learning experiences—
if the standards capture required learning
outcomes.**

Feedback indicated that most considered the draft standards adequately captured learning outcomes.

- **Other issues—additional issues raised but
needing greater emphasis.**

Feedback indicated that:

- » *further standardisation for clinical facilitator education was needed*
- » *the professional codes, standards and guidelines should be embedded throughout the program*
- » *a national exam to determine achievement of the NMBA Registered nurse standards for practice be considered.*

Some feedback proposed increasing professional experience hours on the belief that the current 800 hours are not sufficient to achieve the NMBA Registered nurse standards for practice. Inter-professional learning, mental health content and simulation were highlighted as priority areas.

A consultation forum was held in Melbourne in July 2018. Facilitated discussion focused on the draft standards and issues raised in the second consultation paper. Feedback from the forum was included in the synthesis of feedback for the second stage of consultation and published on ANMAC's website.

Feedback from the second stage of consultation was synthesised using NVivo software and reviewed by the PRG. The feedback received in stage two provided criterion-specific feedback and resulted in most criterion being amended.

ANMAC considered that not all issues presented in the feedback could be resolved in the standards due to lack of evidence-based research to support some suggestions. Research into issues such as the merits of a four-year degree and the minimum number of professional experience placement hours required for a student to achieve the NMBA Registered nurse standards for practice would inform future standards development.

The PRG discussed the request to include mental health-specific content in the standards. While acknowledging that content relating to mental health was included in the draft standards in the context of national health priorities, the PRG determined this needs to be strengthened.

Mental and substance use disorders made up 12.1 per cent of the disease burden in Australia in 2011, making it the third highest disease burden in this country (10, p. 3). Research points to inconsistency within curricula contributing to student preparation for practice with most criticising the lack of mental health content in the preregistration curriculum (11, p. 173). Most programs in Australia include mental health content because it is one of the national health priorities and has been since the First Report on National Health Priority Areas 1996 was published in 1997 (12). Despite this research, mental health was not specifically named within the standards and therefore there was no clear guidance to education providers about the level and extent of mental health content in the curriculum.

2.4 Consultation three

The third and final consultation began in January 2019 when a final draft of the proposed standards was provided to stakeholders, inviting them to provide final written submissions to ANMAC.

Stakeholders were also invited to participate in a workshop to help develop an Essential Evidence companion document to accompany the standards. This is the minimum data set of evidence an education provider must tender to demonstrate that their entry to practice Registered Nurse program meets the Registered Nurse Accreditation Standards.

Feedback provided on the third consultation paper was largely criterion-specific and was reviewed with the PRG before the draft standards were finalised.

The issues that generated the most feedback included requests to clarify:

- responsibility for student supervision while on professional experience placement
- mandatory reporting for students with an impairment
- English language requirements for students enrolling into programs
- wording of criterion relating to medication supply and administration.

These issues were discussed with the PRG and amendments to wording were made accordingly.

The proposal to include a discrete unit of study and embedded content for mental health in the standards generated the most feedback. The Australian College of Mental Health Nurses supported its submission with a literature review into Improving Mental Health Literacy of the future nursing workforce (13) and the College National Framework for mental health content in pre-registration nursing programs 2018 (14). Most feedback supported including mental health as a discrete unit of study.

One higher education provider asked if including such a unit would be a burden to education providers in some parts of Australia. To test this, ANMAC reviewed all entry to practice registered nurse course outlines and found that all programs included a mental health unit, however named. The requirement for a discrete unit had not been linked to a specific mental health placement as contemporary evidence demonstrates that people with challenges to their mental health are present in all health care settings, including community settings.

ANMAC reviewed the evidence that supported including mental health as a discrete unit of study or as a specifically named national health priority in the criterion related to that topic. ANMAC's review confirmed that mental health is a key health issue in Australia and that a number of reports cover the challenges of managing this area of health. The Australian Institute of Health and Welfare publication, *Mental Health Services in Australia* (10), updated 9 October 2019 (15), reported that 10.2 per cent of the population received Medicare subsidised mental health services in 2017–18. This is an increase from 5.7 per cent in 2008–09. The Senate inquiry report, *Accessibility and quality of mental health services in rural and remote Australia*, identified that 'one in five Australians will experience mental illness in any given year, no matter where in Australia they live' (16, p. 1). In response to the report, COAG released the *Fifth National Mental Health and Suicide Prevention Plan* (17). The National Suicide Prevention Implementation Strategy is due for release in 2019 before the final strategy is published in 2020.

ANMAC is responsible for ensuring that entry to practice registered nurse programs of study prepare graduates to meet the NMBA Registered nurse standards for practice and deliver a broad range of care. However, ANMAC must also be mindful that principles of best practice regulation require that a range of options be considered to achieve objectives of regulation. Principle 2 of COAG Principles for Best Practice Regulation (4) clarifies that the overall goal is the effective and efficient achievement of the stated objectives. In the case of the review of the Registered Nurse Accreditation Standards, the objective is to ensure that every registered nurse graduating from an entry to practice program has an understanding

of mental health and its challenges, and to ensure consistency across all programs. Therefore, after further discussion, ANMAC decided to highlight mental health as a key national health priority and include it in the curriculum but not specify that a discrete unit of study be devoted to the subject.

The NMBA provided feedback on the draft standards in relation to ensuring all students have quality professional experience placements. In doing so, the NMBA emphasised the need for an essential evidence document outlining clear instructions to education providers on the evidence they must provide to demonstrate their placements are of sufficient quality.

ANMAC undertook a literature review to confirm that the draft standards included criteria ensuring that professional experience placements included in entry to practice registered nurse education programs are of sufficient quality to prepare students to meet the NMBA Registered nurse standards for practice.

The review included a report commissioned by Health Workforce Australia (HWA)¹ in June 2012 to ‘inform the potential development of a national plan for promoting quality in clinical placements’ (18, p. v). ANMAC concluded that this aim is in keeping with the desired outcomes of the Registered Nurse Accreditation Standards and reviewed the findings of the report. The literature review informing the HWA report was extensive and involved more than 500 items to:

- identify the elements that exemplify quality in clinical placement
- identify existing frameworks for quality clinical placement
- recommend one framework that could be applied for use in the Australian context of clinical placement.

HWA’s report findings identified the BPCLE framework, by Victoria’s Department of Health and Welfare (7) to be evidence based, piloted and evaluated. The report stated that it was suitable for adapting for Australian clinical placement needs. (N.B. The report refers to the 2010 BCPL which has since been updated. The current version (2016) is referenced.)

The Registered Nurse Accreditation Standards 2019 require programs to incorporate the features of quality PEP including:

- appropriate resources and facilities
- effective communication processes
- effective health service—education provider relationships
- best-practice clinical practice.

These elements are integrated throughout the standards in criteria in several domains. The Essential Evidence companion document directs education providers to various criteria relating to quality PEP. Duplication of evidence is not required.

ANMAC notes that all identified elements contributing to quality in PEP were included in the Registered Nurse Accreditation Standards 2012. The instructions in the Essential Evidence companion document provide clear guidance to education providers about the evidence they must provide to demonstrate that their program meets the PEP requirements of the Registered Nurse Accreditation Standards 2019.

¹ In the 2014 Budget, the Australian Government announced the closure of Health Workforce Australia. It closed on 6 August 2014 and the essential functions were transferred to the Department of Health.

2.5 Regulatory impact assessment

ANMAC took into account, when reviewing the standards, the COAG Principles for Best Practice Regulation (4). As such, ANMAC presented the draft standards to the Office of Best Practice Regulation during the review for preliminary assessment and consideration of the advantages and disadvantages and burdens of introducing the standards as well as the potential impact for stakeholders.

The Office of Best Practice Regulation considered the standards as presented and determined that a regulation impact statement was not required.

2.6 Ratification and approval

Section 47 of the schedule in the National Law (1) requires the NMBA to approve, refuse to approve or ask ANMAC to review the standards.

ANMAC's Chief Executive Officer reviewed the standards before presenting them to the ANMAC Board to ratify. After ratification, ANMAC presented the Registered Nurse Accreditation Standards to the NMBA for approval.

These standards were approved by the NMBA on 31 October 2019.

3. Introduction

3.1 Use of the Registered Nurse Accreditation Standards

The Registered Nurse Accreditation Standards are principally designed for use by education providers seeking accreditation for an entry to practice Registered Nurse program (Bachelor or Masters degree).

ANMAC evaluates education programs against these standards before making recommendations on their acceptance to the NMBA in line with sections 48 and 49 of the schedule in the National Law (1).

The standards specify the minimum requirements education providers must meet for their program of study to be accredited by ANMAC. Graduates of Australian programs must complete a program of study that is accredited by ANMAC and approved by the NMBA to be eligible to apply for registration with the NMBA.

3.2 Essential evidence

In collaboration with stakeholders, ANMAC has developed an Essential Evidence companion document to support the standards. The companion document is given to education providers with the Registered Nurse Accreditation Standards 2019. It provides information to education providers about the minimum evidence they need to submit to demonstrate that their program of study meets these standards. Education providers applying for program accreditation are required to provide all essential evidence in conjunction with their Registered Nurse Accreditation Standards 2019 Application Pack.

3.3 Glossary

Glossary terms in the Registered Nurse Accreditation Standards 2019 and in the Essential Evidence companion document appear in ANMAC's online glossary. It is available on ANMAC's website (<https://www.anmac.org.au/glossary>).

4. Registered Nurse Accreditation Standards

Standard 1: Safety of the public

- 1.1 The program's guiding principle is safety of the public.
- 1.2 The program is delivered in Australia² to prepare graduates for safe and ethical practice.
- 1.3 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements to:
 - a. meet the program's inherent requirements
 - b. demonstrate English language proficiency either by providing a written declaration that English is their primary language or evidence that they have achieved the minimum English language test results as specified in the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard (6)
 - c. meet the requirements of health services where professional experience placements (PEP) occur
 - d. register with the NMBA on program completion.
- 1.4 The education provider ensures that organisations in which students undertake PEP have:
 - a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards
 - b. registered nurses who are prepared for the supervisory role and able to supervise and assess students during all PEP
 - c. relevant registered health practitioners available to support collaborative teaching and learning opportunities in interprofessional settings.
- 1.5 Students are registered with the NMBA before starting their first PEP (19).
- 1.6 The education provider has processes in place to manage students with identified impairments that, in the course of PEP, may place the public at risk. These processes include procedures for mandatory reporting (20) where required.
- 1.7 The program's progression policies and rules ensure that only students who have demonstrated the requisite knowledge and skills required for safe practice are eligible for PEP.

² Except as it relates to criteria 2.4 and 3.1.

Standard 2: Governance

- 2.1** The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.
- 2.2** The education provider conducting the program has a governance structure that ensures the head of discipline is a registered nurse with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline is responsible for:
- a. academic oversight of the program
 - b. promoting high-quality teaching and learning experiences for students to enable graduate competence
 - c. ensuring staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.
- 2.3** The education provider undertakes consultation into the design and ongoing management of the program from external representatives of the nursing profession, including Aboriginal and/or Torres Strait Islander peoples, consumers, students, carers and other relevant stakeholders.
- 2.4** All program entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow graduates to meet the NMBA Registered nurse standards for practice (g).
- 2.5** The program's quality improvement mechanisms incorporate evaluation information from a variety of sources and address:
- a. risk assessment of student learning environments
 - b. student evaluations
 - c. internal and external, academic and health professional evaluations
 - d. evidence-based developments in health professional education
 - e. evidence-based developments in health and health care.

Standard 3: Program of study

- 3.1** The program of study is undertaken in Australia. Where there is an offshore component, it is required to:
- be no more than one-sixth of the full program completed offshore
 - demonstrate equivalence of learning outcomes.
- 3.2** The program of study is delivered at an Australian Qualifications Framework Level 7 or above for the award of a Bachelor Degree, as a minimum.
- 3.3** The curriculum document articulates the nursing and educational philosophies and their practical implementation into the program of study.
- 3.4** Teaching and learning reflects contemporary practices in nursing, health and education, and responds to emerging trends based on research, technology and other forms of evidence.
- 3.5** The program's content and subject learning outcomes ensure:
- achievement of the NMBA Registered nurse standards for practice (9)
 - integrated knowledge of regional, national and global health priorities, including mental health and care of the older person
 - integrated knowledge of safety and quality standards as they relate to health care
 - integrated knowledge of care across the lifespan and across contexts of nursing practice
 - equivalence in all delivery modes in which the program is offered.
- 3.6** The program's content and subject learning outcomes integrate principles of intraprofessional and interprofessional learning and practice.
- 3.7** The program's content and subject learning outcomes embed principles of diversity, culture, inclusion and cultural safety for all people.
- 3.8** The program's content and subject learning outcomes support the development of research skills that include searching and reviewing research and other evidence for translation into practice.
- 3.9** The program's content and subject learning outcomes support the development of student knowledge and skills in pharmacotherapeutics and quality use of medicines. This includes the supply and administration of medicines.
- 3.10** The program includes:
- Aboriginal and Torres Strait Islander peoples' history, culture and health taught as a discrete subject and based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (21)
 - content relevant to health outcomes of Aboriginal and Torres Strait Islander peoples is embedded throughout the program.
- 3.11** The program includes content and sequencing that incorporates simulated learning experience to prepare students for PEP.
- 3.12** The program includes:
- a minimum of 800 hours of quality PEP completed by all students in a variety of settings, relevant to the curriculum, exclusive of simulation and not exceeding one-sixth of the PEP hours undertaken outside Australia
 - PEP as soon as practicably possible in the first year of study to facilitate early engagement with the professional context of nursing
 - PEP included towards the end of the program, conducted in Australia, to demonstrate achievement of the NMBA Registered nurse standards for practice
 - PEP is underpinned by contractual arrangements between education providers and PEP providers.

- 3.13 The program's resources are sufficient to facilitate student achievement of the NMBA Registered nurse standards for practice, with attention to human and physical resources supporting all teaching and learning environments, including simulated practice and PEP.
- 3.14 Staff teaching into the program:
 - a. are qualified and experienced to deliver the subjects they teach
 - b. are registered nurses where the subject relates to nursing practice
 - c. hold one qualification higher than the program of study being taught.

Standard 4: Student experience

- 4.1 Program information provided to students is relevant, timely, transparent and accessible.
- 4.2 Student academic learning needs are identified and supported by the education provider.
- 4.3 Students are informed of, and have access to, grievance and appeals processes.
- 4.4 Students are informed of, and have access to, pastoral and/or personal support services.
- 4.5 Students are represented on program advisory and decision-making committees.
- 4.6 Student experiences have equity and diversity principles observed and promoted.
- 4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.

Standard 5: Student assessment

- 5.1 The program's learning outcomes and assessment strategies are aligned.
- 5.2 The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Registered nurse standards for practice.
- 5.3 The integrity of the program's theoretical and clinical assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling and moderation processes.
- 5.4 The program's assessments include the appraisal of competence in pharmacotherapeutics and the quality use of medicines.
- 5.5 The program has formative and summative assessments that enhance learning and inform student progression. The summative assessment appraises competence against the NMBA Registered nurse standards for practice before successful completion of the program.
- 5.6 The education provider is ultimately accountable for the assessment of students in relation to their PEP.

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