Registered Nurse Accreditation Standards Feedback Synthesis – Consultation 2

Owner: Accreditation Services

| 14 January 2019

Summary

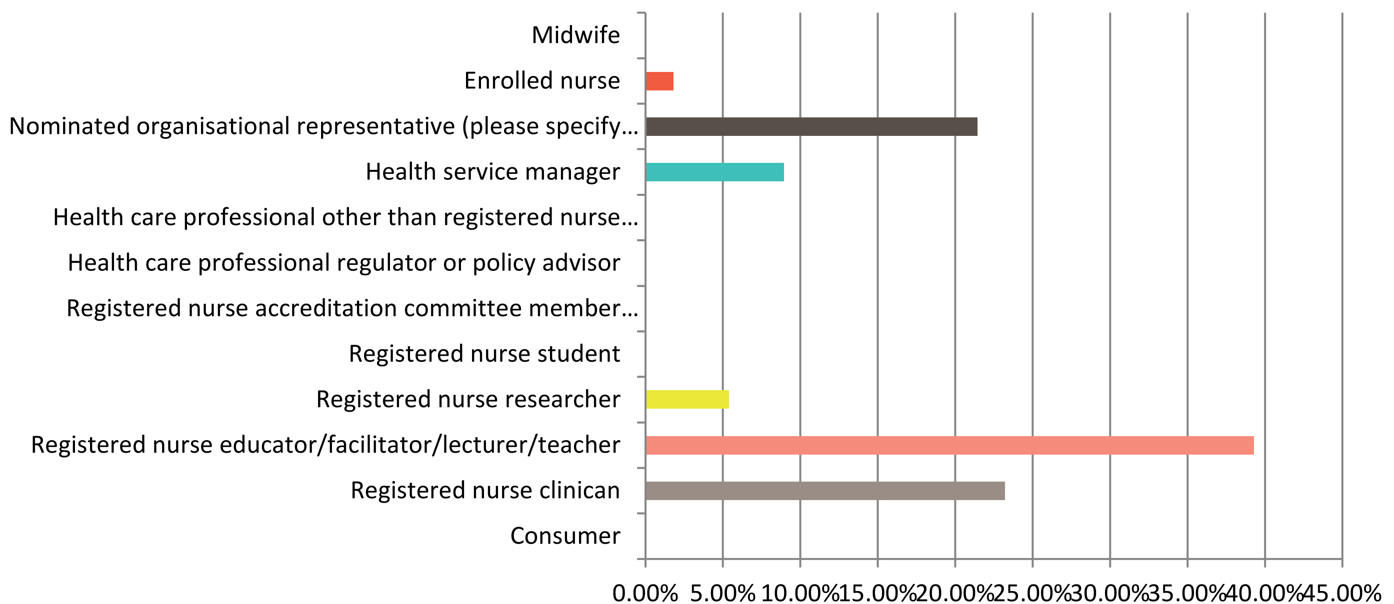
This summary of feedback to Consultation Paper 2 is a compilation of feedback from stakeholders who completed the online survey and/or submitted a written response to the consultation questions, and/or attended the consultation forum in Melbourne on 24 July 2018.

Feedback from the responses will inform the final draft of the standards.

Demographic Data

There were 56 responses received for the online survey. Majority of respondents (39%) identified as Registered nurse educator/facilitator/lecturer/teacher as shown in Figure 1. No responses to the survey were received from students, consumers and midwives,

Figure 1: Role classification of Survey respondents



11 respondents provided further information regarding their employment. These respondents were from:

- Alfred Health
- Leading Age Services Australia
- Epworth Healthcare
- Nursing and Midwifery Council of NSW

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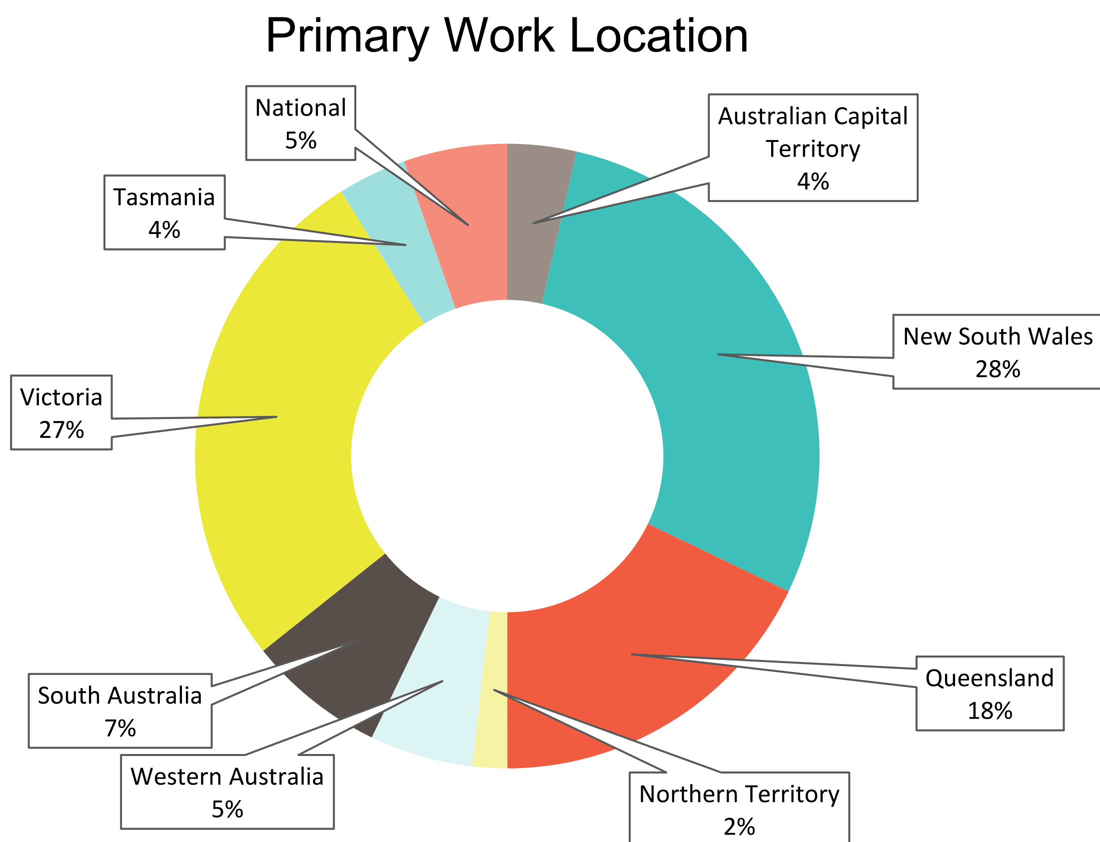
- Australian Primary Health Care Nurses Association (APNA)
- Torrens University
- DOE Tasmania
- Edith Cowan Univeristy, School of Nursing and Midwifery
- Flinders University
- The University of Adelaide
- Charles Sturt University

Respondents provided data on their primary work location. Figure 2 demonstrates majority of respondents were in New South Wales (28%) with 2% of respondents from the Northern Territory. Of the National responses, one respondent was in the United States.

Figure 2: Primary work location of survey respondents



Written submissions were received from 23 organisations, those who provided permission are published on the website:

- ACT Chief Nursing and Midwifery Officer
- Anne Green
- Australian College of Midwives
- Australian College of Mental Health Nurses
- Australian College of Nursing
- Australian College of Nurse Practitioners
- Australian Digital Health Agency
- Australian Nursing and Midwifery Federation

- Australian Private Hospitals Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Council of Deans of Nursing and Midwifery
- Department of Health (Commonwealth)
- Drug and Alcohol Nurses Australia
- Epworth Healthcare
- TAS Chief Nursing and Midwifery Officer
- La Trobe University
- Monash University
- National LGBTI Health Alliance
- Nursing and Midwifery Board of Australia
- Safer Care Victoria – Chief Nursing and Midwifery Officer
- Southern Cross University
- Swinburne University of Technology
- The ESS Collaborative

A consultation forum was held in Melbourne in July 2018, discussions and notes taken on the day have been included in this synthesis.

Question 1

Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the new graduate meets the Registered Nurse Standards for Practice (NMBA, 2016)?

A majority of respondents considered that the draft standards did cover the required knowledge, skills and attitudes to ensure new graduates met the Registered Nurse Standards for Practice. Respondents considered that repetition had been removed/reduced and that the standards were easier to understand. A number of respondents requested clarification of concepts in the standards in relation to meaning and scope of mental health content, inter-professional practice settings, and how the term quality would/could be defined within the standards. Some respondents considered that the significant issue of aged care nursing practice had been neglected in the draft standards.

Question 2

Are there any additional criteria that should be included?

Respondents outlined a number of additions they considered should be incorporated in the criteria including, but not limited to:

- strengthening requirements for mental health theory and practice (discrete unit as well as integrated throughout the program of study).
- including primary health and aged care as health priorities
- ensuring the current codes of ethics, conduct and professional regulatory frameworks are specifically referred within the standards as well as being referenced together as companion documents

- clarifying how much time constitutes a semester's worth of work (relates to learning experiences undertaken outside Australia).
- strengthening the assessment of medication knowledge and capabilities for safe administration in the practice setting, an integral component of public safety
- defining/describing the preparation, qualifications, roles and responsibilities for facilitators/clinical supervisors/assessors supporting teaching and learning
- reviewing if there are existing restrictions on potential applicant's registration (as an enrolled nurse or midwife) prior to entry to the program
- requiring education providers to ensure that student placement objectives are communicated to workplaces
- facilitating safe, patient-centred care, informed consent and inter-professional collaboration by ensuring communication skills and strategies are integrated and assessed throughout the program of study
- ensuring graduates are prepared in the supervision of, and delegation to, unregulated workers and less experienced health professionals
- including a requirement demonstrating an extended workplace experience in Australia towards the end of the program to consolidate the acquisition of competence and facilitate transition to practice. A summative assessment in the practice setting should be required at this time against the Registered Nurse Standards for Practice
- including the provision of workplace experience as soon as possible in the first year of study to facilitate early engagement with the professional context of nursing

Question 3

Are there any criteria that could be deleted or amalgamated with other criteria?

A number of respondents proposed changes to the wording of criteria in draft standards which they considered would improve the clarity and sequencing of information within the document. Respondents also provided examples where they considered that combining criteria would simplify and strengthen the draft standards.

Additionally, one respondent argued that criteria 1.6a, supervision in inter-professional practice settings can be in collaboration with other relevant registered health professionals, should be deleted.

Question 4

Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

Overall, a majority of respondents agreed that duplication was reduced. Some respondents gave specific examples where duplication could be further reduced.

Question 5

Please provide any other feedback about the structure and/or content of the draft standards.

Respondents provided additional suggestions about the structure, content and terminology within the document. Suggestions included (but were not limited to) the following:

- strengthening the English Language standard at the time of enrolment
- including a strong focus on gerontology in entry-to-practice nursing programs
- examining the feasibility of four-year bachelor program
- emphasising the roles and responsibilities of education providers and clinical agencies in preparing the clinical environment for student learning
- providing an accompanying guide to support education providers in supplying evidence to meet the standards.

There were contrasting views in relation to clinical hours and simulation. One respondent advocated increasing clinical placement hours above 800 hours or mandating that hours spent in simulated learning were additional to the 800 hours. Others also noted that ensuring simulation hours are not included in the 800 hours of clinical practice was crucial. However, one respondent noted that simulation may allow better quality control of learning experiences over traditional practice placement programs. They noted that other countries allow up to 50% replacement of clinical hours with simulated learning.

Question 6

Do the draft standards continue to capture the learning outcomes required to enable graduates to safely supply and administer medicines via a protocol and/or standing order (prescribing via a structured prescribing arrangement)?

A majority of respondents agreed that the draft standards did capture the learning outcomes required by graduates to safely supply and administer medicines via a protocol and/or standing order. Others stated more clarification of the concept of a structured prescribing arrangement was required. One respondent argued that there was insufficient time in the current three-year curriculum to cover the required content and proposed that the learning could be covered in modules within a fourth-year internship or a graduate year.

Issues raised by respondents included:

- clarifying what is meant by a 'structured prescribing arrangement' in the proposed accompanying guide to providing evidence or in the glossary
- ensuring quality use of medicines is assessed in each clinical practice placement
- strengthening the content and assessment of medication administration in entry-to-practice programs
- ensuring the accreditation standards link the learning outcomes to the National Prescribing Service National Prescribing Competencies
- demonstrating how the accreditation standard will link to the overarching framework for the safe and effective use of medicines developed and proposed by the Health Professions Accreditation Collaborative (HPACF) forum
- ensuring that the core nursing function of medication administration is specifically referenced in Standard 3 – Program of study

Question 7

Should the proposed definition of simulation be adopted for the Registered Nurse Accreditation Standards.

The majority of respondents agreed that the proposed definition of simulation should be adopted for the standards, however some respondents expressed disquiet at the inclusion of the word 'replace' in the definition. They considered that this could be interpreted by education providers as sanctioning replacement of a portion of the 800 clinical hours with simulated learning. Some suggested that removing 'replace' from the definition; others considered that including a stipulation in Standard 3 (criteria 3.8) that the 800 clinical hours were exclusive of simulation would address their concerns.

Other feedback included:

- ensuring that simulation is scaffolded throughout the program
- requiring staff teaching in the simulation environment to demonstrate knowledge and skills in supporting student learning in this milieu
- supporting education providers with less experience in the technique by including further information on simulation and simulated learning in an explanatory note
- confirming that simulated learning environments are sufficiently equipped and resourced to achieve the desired learning outcomes

Question 8

How can the accreditation standard better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

To support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs, respondents highlighted the following:

- identifying the specific content to be included
- addressing related health ethics and technology stress management
- embedding continuing professional development principles within education programs to support the ongoing demands for technological and ethical knowledge and skills
- using the National Informatics Standards to address learning outcomes and competencies

Question 9

Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice programs?

A majority of respondents did consider that the draft standards captured the learning outcomes required. Some respondents did not agree and raised issues of ambiguity, standardisation and unmet expectations. One respondent highlighted that 800 hours was insufficient time in the clinical learning environment to consolidate theoretical learning and to build necessary assessment and critical thinking skills required of a beginning professional nurse.

Specific issues included (but were not limited to) the following:

- ensuring that appropriately educated facilitators and preceptors support students in professional experience placements (responsibility of both education providers and clinical agencies)

- clarifying the knowledge, attributes and capabilities expected of a graduate on completion of an entry-to-practice program
- confirming the learning needs of nursing students can be met when being supervised by other health professionals during inter-professional practice placements
- standardising the instruments used to assess students
- including alcohol, tobacco and other drug education in all entry-to-practice programs

Question 10

Are there any other issues that should be considered?

In addressing this question respondents took the opportunity to highlight issues they had often previously identified but which they felt needed additional emphasis. Three main categories emerged. They included standardisation of training and assessment, increased professional learning hours (including an emphasis on inter-professional learning), and the need for more coverage of mental health in entry-to-practice nursing programs.

The category standardisation and assessment addressed the following:

- ensuring standardisation of clinical facilitator education
- requiring accreditation assessment teams to have relevant professional experience and expertise in reviewing programs
- providing support for reviewers in their role to ensure robust, ethical and reliable assessments
- ensuring students of entry-to-practice programs understand their responsibilities in relation to professional regulation
- embedding Registered Nurse Standards for Practice and codes into education programs
- ensuring consistency in delivery of content across entry-to-practice programs
- considering the introduction of a national exam to determine achievement of the Registered Nurse Standards for Practice

Increased professional learning hours highlighted a consistently expressed opinion that the current requirement of 800 hours of clinical practice is not sufficient to ensure graduates achieve the Registered Nurse Standards for Practice.

Inter-professional learning was identified as a priority area by stakeholders as well as governments that requires further development. Allocating the percentage of hours to be devoted to inter-professional learning would clarifying and strengthen this important aspect of practice.

One respondent returned to the issue of simulation. They argued that it was timely to consider the use of simulation to complement traditional clinical experiences and highlighted the potential of simulation to increase the capacity of education providers to deliver quality practice experiences.

Mental health content in entry-to-practice nursing programs outlined the imperative that graduates should be equipped with the knowledge, skills and attitudes to respond to the increasing burden of alterations in mental health across the lifespan