

# Registered Nurse Prescribing Accreditation Standards Consultation Paper 2

<b>Endorsed By</b>	ANMAC PRG	<b>Date:</b> 11 October 2023
<b>Responsible Officer</b>	PRG Chair: Director, Accreditation Services	
<b>Author</b>	Associate Director & Project Lead, Accreditation Services	
<b>Issued</b>	11 October 2023	

© ANMAC 2018

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved.

Requests and inquiries concerning reproduction and rights should be addressed to Copyright, ANMAC, GPO Box 400, Canberra ACT 2601

ISBN: 978-0-1234567-8-9

Published by the Australian Nursing and Midwifery Accreditation Council (ANMAC), Canberra, September 2016.

This document is online at [www.anmac.org.au/publications](http://www.anmac.org.au/publications)

Disclaimer: The views in this publication are those of the authors and not necessarily those of ANMAC.

# Contents

- Executive Summary ..... 3
- Standards Development ..... 3
- Education Preparation ..... 5
- Further Consultation..... 8
- Appendix A. Proposed Registered Nurse Prescribing Accreditation Standards..... 10
- Appendix B. Stakeholder Engagement ..... 17
- Appendix C. References..... 21
- Appendix D. Glossary..... 21
- Appendix E. Mapping..... 22

## Executive Summary

The intent of the Australian Nursing and Midwifery Accreditation Council's (ANMAC) process for review and development of national accreditation standards is to ensure each supports safe, ethical and accessible quality care. ANMAC believes success in achieving this outcome is through robust, transparent and streamlined processes which identify and incorporate contemporary research, policy and the best available evidence. Broad consultation is key to ensuring national accreditation standards are acceptable to the profession, stakeholders, consumers and the wider community.

The development of the Nursing and Midwifery of Australia's (NMBA) proposed Registration standard: Endorsement for scheduled medicines - designated registered nurse prescriber 2019<sup>1</sup>, (see below for background) has provided ANMAC with the unique opportunity to operationalise this role by developing the new national Registered Nurse Prescribing Accreditation Standards (RNPAS). Following a first round of extensive public consultation on the proposed RNPAS, from **7 March to 18 April 2019**, a second iteration is presented in Appendix A of this paper for further consideration.

## Standards Development

The RNPAS project is guided by a Professional Reference group (PRG) convened by the Chief Executive Officer (CEO) to work with the appointed Chairperson, Director, Accreditation Services and Project Lead. The PRG reports and provides expert advice to the ANMAC CEO on regulation, education, health policy and practice. Nominations were sought from the joint NMBA/Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) Prescribing Working Group and key stakeholder organisations. Nominees were required to demonstrate an understanding of contemporary advanced nursing practice and health professional prescribing/quality use of medicines within the Australian health care context.

Members and their nominating stakeholder organisations include:

1. Adjunct Associate Professor Ann Maree Keenan, Deputy CEO and – Chief Nursing and Midwifery Officer, Victoria
2. Ms Melodie Heland, Acting Executive Director, Operations Austin Health – NMBA Board Member
3. Professor Lisa Nissen, Head of School, Queensland University of Technology – Independent Expert
4. Dr Dianne Crellin, Nurse Practitioner, Royal Children's Hospital, Melbourne and Lecturer, University of Melbourne – Australian College of Nursing (January – April 2019)
5. Ms Yvonne McKinlay, Executive Director Education – Australian College of Nursing (From April 2019)
6. Ms Julianne Bryce, Senior Federal Professional Officer and Registered Nurse – Australian Nursing and Midwifery Federation
7. Dr John Smithson, Acting Academic Head, Nursing and Midwifery, James Cook University – Council of Deans of Nursing and Midwifery (Australia and New Zealand)
8. Ms Leanne Boase – Nurse Practitioner and President – Australian College of Nurse Practitioners

Contributions to the project will also be provided by Ms Melissa Cooper, Associate Director and Project Lead ANMAC, Ms Petrina Halloran, Policy Manager Strategy and Policy NMBA and Ms Melanie Schaefer, Administration Officer ANMAC.

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

---

<sup>1</sup> Proposed Registration standard for endorsement of scheduled medicines for RNs prescribing in partnership July 2018

## **Background - Development of the Registration standard: Endorsement for scheduled medicines - designated registered nurse prescriber**

In March 2017, the Commonwealth Chief Nursing and Midwifery Officer (Australian Government, Department of Health) held a national symposium that was designed to explore the potential for Registered Nurse (RN) prescribing. An outcome of the symposium was the overarching support to adopt a health professional prescribing pathway that would see appropriately trained and educated RNs prescribe within their scope of practice, under the designation or supervision of an authorised health practitioner. The subsequent NMBA discussion paper led to the development of the the proposed registration standard.

There has been wide consultation on the *Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber*<sup>1</sup> (the proposed registration standard), culminating in public consultation in July 2019. The feedback from this initial round of consultation informed the development of the proposed registration standard and associated guidelines. It was at this time that the NMBA approach ANMAC regarding the development of Accreditation Standards for the education program that formulated one component of the requirements set out in the proposed registration standard.

Before the proposed registration standard could be submitted for Ministerial approval, the Office of Impact Analysis (within the Australian Government, Department of the Prime Minister and Cabinet) determined that consultation on the regulatory impact of the proposed registration standard and guidelines was required. The NMBA developed a consultation regulation impact statement (C-RIS) that analysed a number of options for the proposed model of designated registered nurse (RN) prescribing to support the proposed *Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber*<sup>1</sup> (the proposed registration standard).

Public consultation on the C-RIS occurred in July 2023. The NMBA is in the process of reviewing and considering all feedback received from this consultation. A decision regulation impact statement (D-RIS) is currently being developed incorporating comments and once completed will form part of the final submission of the proposed registration standard for Ministerial approval.

The NMBA approached ANMAC in 2023 to recommence work on the RNPAS project and utilise the expertise of this Registered Nurse Prescribing Working Group to progress the development of accreditation standards for RN prescribing. The NMBA will continue to work collaboratively with ANMAC in developing the new RNPAS for the education programs that form one component of the requirements set out in the proposed registration standard. The education program will ensure that RNs have the knowledge and skills to meet the NPS: National Prescribing Competencies Framework to prescribe medicines appropriately, safely and effectively.

Revised members from August 2023 and their nominating stakeholder organisations include:

Mr Alan Merritt – Director, Accreditation Services – PRG Chairperson

Contributions to the project will also be provided by Ms Kathryn Austin, Associate Director and Project Lead ANMAC and Ms Tanya Vogt, Executive Officer NMBA.

## Education Preparation

In preparation for the introduction of RN prescribing and to ensure fair and consistent educational preparation for prescribing scheduled medicines across the midwifery and nursing professions, ANMAC conducted:

1. An extensive gap analysis between the NPS: Prescribing Competency Framework, Registered Nurse Accreditation Standards 2012<sup>2</sup>, NMBA's Registered nurse standards for practice 2016 and National Safety & Quality Health Service Standards (NSQHC)
2. Consultation, within round 2 of the ANMAC Registered Nurse Accreditation Standards (RNAS) review, on the educational preparation within entry-to-practice undergraduate programs to ensure graduates can safely supply and administer medications via protocol and/or standing orders<sup>3</sup>.
3. Detailed mapping to the ANMAC Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015, RNAS 2019, NPS Prescribing Competency Framework.
4. Comparative analysis with national and international educational frameworks and standards for non-medical prescribing.

From the above work, key accreditation and program requirements were identified and incorporated into the proposed RNPAS, ensuring that RNs have the knowledge and skills to meet the NPS: National Prescribing Competency Framework<sup>4</sup>. and prescribe medicines judiciously, appropriately, safely and effectively. The RNPAS also acknowledges that graduates from NMBA approved RN programs are equipped with many of the skills and much of the broader knowledge required to demonstrate competent prescribing.

A cross comparison between the: educational preparation; scope of practice; registration requirements and legislation guiding the safe and ethical practice of nurses in pharmacotherapeutics, and quality use of medicines is presented below.

---

<sup>2</sup> ANMAC Registered Nurse Accreditation Standards 2012.

<sup>3</sup> ANMAC Consultation Paper 2: Review of Registered Nurse Accreditation Standards, June 2018.

<sup>4</sup> NPS: National Prescribing Competencies Framework 2012.

	Registered Nurse	Designated Registered Nurse Prescribers	Nurse Practitioner
<b>ANMAC Accreditation Standards</b>	Registered Nurse Accreditation Standards	Proposed Registered Nurse Prescribing Accreditation Standards	Nurse Practitioner Accreditation Standards
<b>Education Preparation</b>	Entry to practice Bachelor or Masters – minimum AQF level 7	Graduate certificate – minimum AQF level 8	Masters – minimum AQF level 9
<b>Scope</b>	<p><b>Registered nurses</b> are qualified to:</p> <ol style="list-style-type: none"> <li>Administer</li> <li>Obtain</li> <li>Possess</li> <li>Supply</li> </ol> <p>And/or use Schedule 2,3,4 and 8 medicines for the purposes of practice of nursing and in accordance with relevant state and territory legislation.</p>	<p><b>Designated registered nurse prescribers</b> will be qualified to:</p> <ol style="list-style-type: none"> <li>Administer</li> <li>Obtain</li> <li>Possess</li> <li>Supply</li> <li><b>Prescribe</b></li> </ol> <p>And/or use Schedule 2,3,4 and 8 medicines with an <b>authorised health practitioner</b> for the purposes of practice of nursing and in accordance with relevant state and territory legislation.</p>	<p><b>Nurse practitioners</b> are qualified to:</p> <ol style="list-style-type: none"> <li>Administer</li> <li>Obtain</li> <li>Possess</li> <li>Supply</li> <li><b>Prescribe</b></li> </ol> <p>And/or use <b>Schedule 2,3,4 and 8 medicines</b> for the purposes of practice of nursing and in accordance with relevant state and territory legislation.</p>
<b>Prescribing Action</b>	No	Yes - with an authorised health practitioner	Yes - independent
<b>NMBA/AHPRA registration Requirements</b>	<p>Criminal History Registration Standard 2015</p> <p>English Language Skills Registration Standard 2019</p> <p>Registration standard: Continuing professional development 2016</p> <p>Registration standard: Professional indemnity insurance arrangements 2016</p> <p>Registration standard: Recency of practice 2016</p>	<p>Proposed Registration standard: Endorsement for scheduled medicines - designated registered nurse prescriber 2019</p>	<p>Registration standard: Endorsement as a nurse practitioner 2016</p>
<b>Related practice standards</b>	Registered nurse standards for practice 2016	<p>Registered nurse standards for practice 2016</p> <p>NPS: National Prescribing Competency Framework</p>	<p>Nurse practitioner standards for practice 2021</p> <p>NPS: National Prescribing Competency Framework</p>

**Contextual framework**

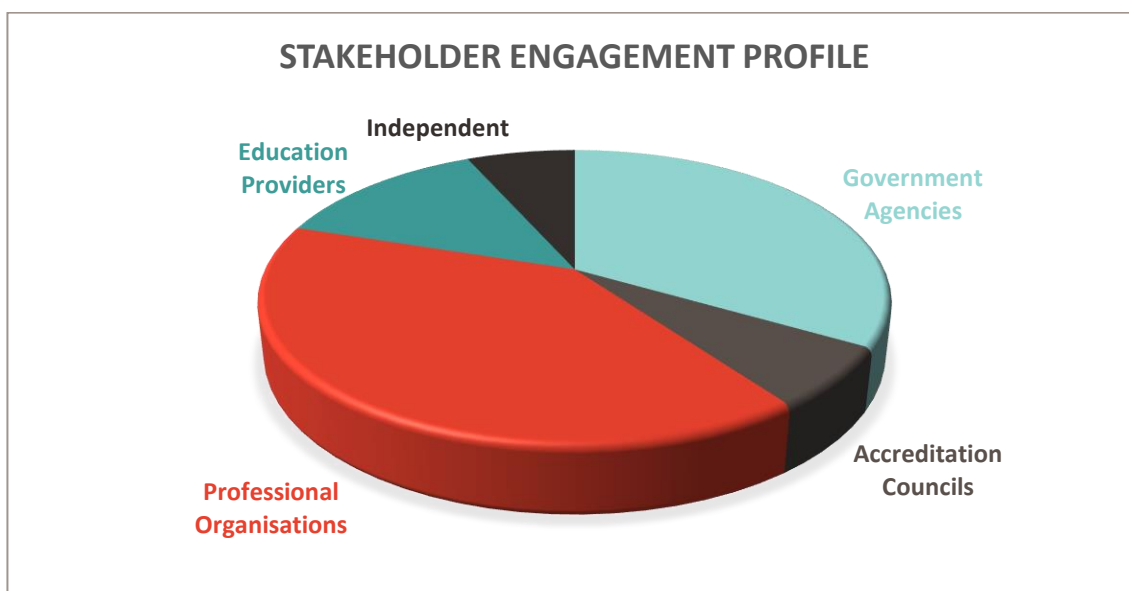


## Stakeholder Engagement

As described within the Executive Summary, the first round of public consultation on the proposed RNPAS, remained open for a period of 6 weeks from **7 March to 18 April 2019**. Consultation Paper 1 was posted on the ANMAC website and emails were sent to 89 stakeholder organisations (identified by the Project Group) inviting their participation. Stakeholders were also encouraged to disseminate information to other interested parties and respond providing a written submission using a dedicated standard review email portal. A stakeholder reminder was also sent on 15 April 2019 to further encourage participation.

**17 submissions** were received from the following organisations, plus correspondence from the NMBA and Tertiary Education Quality and Standards Agency.

ORGANISATION	LOCATION
Australian College of Nursing	National
Australian College of Nurse Practitioners	National
Australian Commission for Safety and Quality in Healthcare	National
Australian Capital Territory Health Directorate	Australian Capital Territory
Australian Nursing and Midwifery Federation	National
Australian Pharmacy Council	National
Australian Private Hospital’s Association	National
Council of Deans of Nursing and Midwifery	National
Chief Nursing and Midwifery Office South Australia	South Australia
Chief Nursing and Midwifery Office Tasmania	Tasmania
New South Wales Nursing and Midwifery Office	New South Wales
Nursing Informatics Australia	National
Nursing and Midwifery Board of Australia	National
Queensland Nursing and Midwifery Union	Queensland
University of South Australia	South Australia
Individual	Queensland
Individual	Western Australia



### Further Consultation

As the proposed RNPAS are framed by the ANMAC Registered Nurse Accreditation Standards 2019 (with Essential Evidence document) and must accurately articulate the educational requirements within the NMBA’s Registration Standard: Endorsement for scheduled medicines - designated registered nurse prescriber 2019, ANMAC committed to aligning this second phase of consultation to finalisation of these two critical documents. Collated feedback from ANMAC Board, Strategic Accreditation Advisory Committee, PRG and stakeholder submissions identified two key areas requiring further consultation – governance and program content. ANMAC invites stakeholder feedback on the second iteration of the RNPAS, included within Appendix A. Stakeholders are kindly requested to focus on the following three questions.



## Standard 2 Governance

**Q. 1** Criterion 2.2 and 2.3 currently provide an opportunity for an interdisciplinary approach to the governance and/or delivery of an RN designated prescribing program. **Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?**

**Proposed 2.2** The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.

**Proposed 2.3** Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:

- a) the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience
- b) the nursing profession, including endorsed Nurse Practitioners and RN prescribers
- c) external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders.

## Standard 3 Program of Study

**Q.2.** Criterion 3.3 currently outlines key program content and subject learning outcomes for an RN designated prescribing program. **Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing agreement with an authorised health practitioner?**

**Proposed 3.3** Program content and subject learning outcomes ensures:

- a) achievement of competencies described in the NPS: National Prescribing Competency Framework
- b) preparation of students to prescribe scheduled medicines
- c) legal / medicolegal principles and relevant legislative frameworks that enable designated RN prescribing in each state and territory
- d) understanding of ethical and professional obligations of prescribing within the scope of designated RN prescribing practice
- e) an opportunity for students to demonstrate an integrated approach to prescribing
- f) an understanding of the designated RN prescribing model
- g) knowledge of relevant medicine funding models in Australia
- h) a prescribing practice learning plan.

## General Comments

**Q.3** Are there any other issues, gaps, omissions, duplications or errors in Version 2 of the proposed standards that you wish to comment on?

Stakeholders can participate by:

1. Answering questions, including those contained within this Consultation Paper, via the [online survey](#)
2. Submitting feedback within the 6-week consultation period from **11 October 2023 to 22 November 2023**.

## Appendix A. Proposed Registered Nurse Prescribing Accreditation Standards

<b>Proposed Registered Nurse Prescribing Accreditation Standards</b> <b>Standard 1: Safety of the public</b>	<b>Essential Evidence</b> The essential evidence accompanies the Registered Nurse Prescribing Accreditation Standards. The requirements are integral to the standards and a submission without this information will be deemed incomplete.
1.1 The program’s guiding principle is safety of the public.	<ul style="list-style-type: none"> <li>- Clear explanation of the principle of public safety in the program’s conceptual framework detailed in the curriculum document</li> <li>- Mapping of National Safety and Quality Health Services Standards (NSQHS)</li> </ul>
1.2 The program is delivered in Australia to prepare graduates for safe, legal and ethical practice.	<ul style="list-style-type: none"> <li>- Evidence of where the Nursing and Midwifery Board of Australia professional standards inclusive of codes of conduct, standards for practice and codes of ethics are introduced and scaffolded across the program</li> <li>- Policies and procedures guiding student performance, conduct, ethical and professional behaviour in all settings</li> </ul>
1.3 Program admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers must ensure applicants are: <ul style="list-style-type: none"> <li>a. on the NMBA general register as a registered nurse</li> <li>b. informed of the NMBA requirements for endorsement as a designated registered nurse prescriber<sup>5</sup></li> <li>c. informed of and meet the program’s inherent requirements</li> </ul>	<ul style="list-style-type: none"> <li>- Admission policy</li> <li>- Inherent requirements policy</li> <li>- Affirmative action strategies to enrol, support and retain Aboriginal and Torres Strait Islander students</li> <li>- Information provided to students prior to enrolment including clearly stated entry requirements</li> <li>- Application pack/information</li> <li>- University website screen shot stating admission requirements</li> </ul>
1.4 The education provider has processes in place to manage students with identified impairments <sup>6</sup> that may place the public at risk. These processes include procedures for mandatory reporting where required.	Policies and processes for managing identified impairments and documented procedures for mandatory reporting under the National Law.
<b>Proposed Registered Nurse Prescribing Accreditation Standards</b> <b>Standard 2: Governance</b>	<b>Essential Evidence</b>
2.1 Academic governance arrangements for the program of study includes: <ul style="list-style-type: none"> <li>a. current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider</li> </ul>	<ul style="list-style-type: none"> <li>- Current governance arrangements and registrations. For example:                             <ul style="list-style-type: none"> <li>o Screen shot(s) from the TEQSA website</li> <li>o Details of the TEQSA report, if conditions apply</li> </ul> </li> </ul>

<sup>5</sup> Registration Standards: Nursing and Midwifery Board of Australia. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> - to reflect finalised NMBA Registration Standard for RN Prescribing.

<sup>6</sup> Definition available from: <https://www.ahpra.gov.au/Registration/Graduate-Applications-for-Registration-FAQs/Registration-Standards-FAQs.aspx#impairment>

<ul style="list-style-type: none"> <li>b. current ANMAC accreditation and NMBA approval of an entry to practice registered nursing program<sup>7</sup> by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school</li> <li>c. mechanisms to meet relevant national or state regulatory requirements</li> <li>d. listing on the Australian Qualifications Framework National Registry for the award of a Graduate Certificate (Level 8) or credit towards such a program as a minimum.</li> </ul>	
<p><b>Proposed:</b> 2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.</p>	<ul style="list-style-type: none"> <li>- Details/diagrams of reporting relationships and committee structures demonstrating the academic oversight of the program.</li> <li>- Organisational chart (s) with reporting lines that encompass program governance structure</li> <li>- Position Descriptions PDs demonstrating reporting relationships</li> <li>- Inclusion of the HoD on the ANMAC staff matrix template*<sup>8</sup></li> <li>- Staff performance and appraisal policy</li> <li>- Insurance policy/certificate</li> </ul> <p><b>Proposed:</b> Head of Discipline CV evidence of NMBA registration and relevant post graduate qualifications</p>
<p><b>Proposed:</b> 2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:</p> <ul style="list-style-type: none"> <li>a. the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience</li> <li>b. the nursing profession, including endorsed Nurse Practitioners and RN prescribers<sup>9</sup></li> <li>c. external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>- Course Advisory Membership list that incorporates all stakeholders, notes position, organisations and contributions</li> <li>- Schedule of meetings/consultations</li> <li>- Terms of Reference for advisory committees</li> <li>- Agendas and meeting minutes and actions arising from the consultation process</li> <li>- Committee structures with reporting lines</li> </ul>
<p>2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow</p>	<ul style="list-style-type: none"> <li>- Clear documentation of entry pathways included in the curriculum document</li> </ul>

<sup>7</sup> For the purposes of the Registered Nurse Prescribing Accreditation Standard, the minimum qualification for an accepted entry to practice program must be a Bachelor or Masters Degree delivered by a university or higher education provider.

<sup>8</sup> Provided as part of ANMAC suite of accreditation application documents

<sup>9</sup> ANMAC acknowledges there are currently no endorsed RN prescribers, as the NMBA’s Registration Standard is awaiting implementation, however, their proposed inclusion in this criterion assists in future proofing the proposed Registered Nurse Prescribing Accreditation Standards.

<p>graduates to meet the NPS: National Prescribing Competency Framework.</p>	<ul style="list-style-type: none"> <li>- Credit transfer and Recognition of Prior Learning Policy and procedure that aligns with AQF Qualifications Pathway Policy</li> <li>- Description of how the Credit Transfer Policy is applied in the program</li> <li>- Rationale for block credit and mapping to the NPS: National Prescribing Competency Framework</li> <li>- Rationale for block credit supported by learning outcomes mapping document</li> <li>- Copy of Admission criteria for all entry pathways</li> </ul>
<p>2.5 Program quality improvement mechanisms incorporate evaluation information from a variety of sources and address:</p> <ol style="list-style-type: none"> <li>a. risk assessment of student learning environments</li> <li>b. student evaluations</li> <li>c. internal and external, academic and health professional evaluations</li> <li>d. evidence-based developments in health professional education</li> <li>e. evidence-based developments in health and health care</li> </ol>	<ul style="list-style-type: none"> <li>- Full program report. For example, the annual program dashboard</li> <li>- Quality improvement policy/process framework, that includes:             <ul style="list-style-type: none"> <li>o Risk assessment policy or process for simulated learning and teaching environments</li> <li>o Schedules for surveys, outcomes and associated improvements</li> <li>o Terms of Reference of any relevant school committee or group that is responsible for development, monitoring, review or quality improvement of the program</li> </ul> </li> <li>- Strategies demonstrating staff access to research tools and other opportunities for program quality improvement activities</li> </ul>
<p><b>Proposed Registered Nurse Prescribing Accreditation Standards</b></p> <p><b>Standard 3: Program of Study</b></p>	<p><b>Essential Evidence</b></p>
<p>3.1 The curriculum document articulates the educational philosophy and its practical implementation into the program of study.</p>	<p>The curriculum document includes a clearly explained and supported educational philosophy.</p>
<p>3.2 Teaching and learning reflects contemporary evidence based prescribing practice.</p>	<p>Strategies used to identify and incorporate contemporary evidence based prescribing practice across the program content and delivery.</p>
<p><b>Proposed 3.3 Program content and subject learning outcomes ensures:</b></p> <ol style="list-style-type: none"> <li>a. achievement of competencies described in the NPS: National Prescribing Competency Framework</li> <li>b. preparation of students to prescribe scheduled medicines</li> <li>c. legal / medicolegal principles and relevant legislative frameworks that enable designated RN prescribing in each state and territory</li> <li>d. understanding of ethical and professional obligations of prescribing within the scope of designated RN prescribing practice</li> </ol>	<ul style="list-style-type: none"> <li>- Curriculum document, with all subject outlines inclusive of learning outcomes and assessments</li> <li>- Documented map of subjects against the NPS: National Prescribing Competency Framework which clearly identifies the links between learning outcomes, assessments and required graduate competencies</li> <li>- Mapping of program learning outcomes and content that addresses:             <ul style="list-style-type: none"> <li>o Current National Safety and Quality Health standards</li> <li>o Regional, national and global health priorities</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>e. an opportunity for students to demonstrate an integrated approach to prescribing</li> <li>f. an understanding of the designated RN prescribing model</li> <li>g. knowledge of relevant medicine funding models in Australia</li> <li>h. prescribing practice learning plan.</li> </ul>	<ul style="list-style-type: none"> <li>○ Person and Consumer Centred Care</li> <li>○ Digital health</li> </ul>
<p>3.4 Principles of intra-professional learning and interprofessional practice are integrated in program content and subject learning outcomes.</p>	<ul style="list-style-type: none"> <li>- ANMAC theme mapping template*<sup>10</sup></li> <li>- Examples of learning and reflective activities that prepare students for intra-professional and interprofessional learning and practice</li> </ul>
<p>3.5 Cultural diversity, safety and principles of inclusion are embedded in program content and subject learning outcomes.</p>	<ul style="list-style-type: none"> <li>- Curriculum document includes:                             <ul style="list-style-type: none"> <li>○ An explanation/definition of cultural diversity and cultural safety principles and how this understanding translates into the program learning outcomes and teaching and learning activities.</li> <li>○ Examples of learning and reflective activities that prepare students to practice cultural safety and work with people from diverse backgrounds</li> <li>○ Completed ANMAC theme mapping template</li> </ul> </li> </ul>
<p>3.6 Research and evidence-based inquiry underpins all elements of the curriculum content and delivery.</p>	<ul style="list-style-type: none"> <li>- Curriculum document includes mapping of program learning outcomes, content and assessment that addresses research and evidence-based inquiry</li> <li>- ANMAC theme mapping template*</li> </ul>
<p>3.7 Program resources are sufficient to facilitate student achievement of the NPS: National Prescribing Competency Framework, with attention to human and physical resources supporting all teaching and learning environments.</p>	<ul style="list-style-type: none"> <li>- Statement of proposed student population across the five years of accreditation</li> <li>- Academic timetable demonstrating sufficient access to resources and classes by students.</li> <li>- An outline of available simulated learning environments and list of available simulation equipment.</li> <li>- Process by which the supply of consumables supports the requirements of the student population.</li> <li>- Library resources available to the student population.</li> <li>- Recruitment policy including affirmative action strategies for employment, support and retention of Aboriginal and Torres Strait Islander staff</li> <li>- Complete ANMAC Staff matrix template</li> <li>- Description of the online learning environment and how it is used.</li> </ul>
<p>3.8 Staff teaching into the program:</p>	<ul style="list-style-type: none"> <li>- Complete ANMAC Staff matrix template*<sup>11</sup></li> </ul>

<sup>10</sup> Provided as part of ANMAC suite of accreditation application documents

<sup>11</sup> Provided as part of ANMAC suite of accreditation application documents

<p>a) are qualified and experienced to deliver the subjects they teach</p> <p>b) hold one qualification higher than the program of study being taught.</p>	<ul style="list-style-type: none"> <li>- Professional and academic development policy/process</li> <li>- Examples of how academic and professional credentials are verified and monitored</li> <li>- Position descriptions</li> </ul>
<p><b>Proposed Registered Nurse Prescribing Accreditation Standards</b></p> <p><b>Standard 4: Student Experience</b></p>	<p><b>Essential Evidence</b></p>
<p>4.1 Program information provided to students is relevant, timely, transparent and accessible.</p>	<ul style="list-style-type: none"> <li>- Communication pathways/platforms which ensure dissemination of program information. For example, information provided to students online, via website, policies and online support services.</li> <li>- Enrolment information</li> <li>- Student handbook</li> <li>- Subject outlines</li> <li>- Policies and procedure relating to assessment, student progression and appeals information</li> <li>- Examples of student journeys</li> </ul>
<p>4.2 The education provider identifies and supports the academic learning needs of students.</p>	<ul style="list-style-type: none"> <li>- Mechanisms for monitoring triggers associated with students at risk</li> <li>- Processes/flowchart for early detection of students at risk of poor academic performance and referral to appropriate support services</li> <li>- Information provided to students regarding:                         <ul style="list-style-type: none"> <li>o academic support services</li> <li>o access to academic staff- subject outlines/student handbook/learning management systems</li> </ul> </li> <li>- Samples of learning contracts/documents which identify and address learning needs.</li> </ul>
<p>4.3 Students are informed of, and have access to, grievance and appeals processes.</p>	<ul style="list-style-type: none"> <li>- Mechanism for informing students of policy and procedures</li> <li>- Description and method of access to grievance and appeals process</li> </ul>
<p>4.4 Students are informed of, and have access to, pastoral and/or personal support services.</p>	<ul style="list-style-type: none"> <li>- Mechanism for informing students of pastoral and/or personal support services</li> <li>- Description and method of access to support services</li> </ul>
<p>4.5 Students are represented on program advisory and decision-making committees.</p>	<ul style="list-style-type: none"> <li>- Terms of Reference for relevant committees and consultation schedules</li> <li>- Examples of student consultation and collaboration, decisions made and implementation for the program</li> <li>- Policy and process for recruitment and preparation of students for the role</li> </ul>

<p>4.6 Equity and diversity principles are observed and promoted in the student experience.</p>	<ul style="list-style-type: none"> <li>- Enrolment, assessment and progression policy</li> <li>- Information provided to students – subject guide/outline, students handbook and learning management systems</li> <li>- Policies and procedures on equity and diversity with examples of implementation and monitoring</li> </ul>
<p>4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.</p>	<ul style="list-style-type: none"> <li>- Processes for:                             <ul style="list-style-type: none"> <li>o Circulating, gathering, collating and reporting on (including to academics) feedback from student evaluations</li> <li>o Closing evaluation loops</li> </ul> </li> </ul>
<p><b>Proposed Registered Nurse Prescribing Accreditation Standards</b> <b>Standard 5: Student assessment</b></p>	<p><b>Essential Evidence</b></p>
<p>5.1 Program learning outcomes and assessment strategies are aligned.</p>	<p>ANMAC assessment mapping template*<sup>12</sup></p>
<p>5.2 Subject learning outcomes, with associated subject assessments, are clearly mapped to the NPS: National Prescribing Competency Framework.</p>	<p>ANMAC assessment mapping template</p>
<p>5.3 Contemporary, validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity of assessments.</p>	<ul style="list-style-type: none"> <li>- Curriculum document</li> <li>- Assessment, moderation and progression policy</li> <li>- ANMAC assessment mapping template</li> <li>- Policy that embeds a documented process for moderation and sampling of assessments at subject/program level including across teaching sites where relevant</li> <li>- Documented process for validating assessment tools, moderation and sampling of assessments at subject/program level including across teaching sites where relevant</li> <li>- Examples of assessments and marking rubrics</li> <li>- Measures, including security, in place to protect the integrity of all modes of assessment. For example, documented policy, processes, screen shots and software used</li> </ul>
<p>5.4 Assessments include the prescribing process, underpinned by the quality use of medicines and the NPS: Prescribing Competency Framework.</p>	<ul style="list-style-type: none"> <li>- ANMAC assessment mapping template</li> <li>- Examples of theoretical and practice assessments including marking rubrics</li> <li>- Incorporation of the <a href="#">ASPRINH Prescribing Assessment Toolkit</a></li> </ul>

<sup>12</sup> Provided as part of ANMAC suite of accreditation application documents

<p>5.5 Formative and summative assessments are used across the program to enhance learning and inform student progression.</p>	<ul style="list-style-type: none"> <li>- ANMAC assessment mapping template</li> <li>- Processes to ensure early detection and responsiveness to students who are having difficulty</li> <li>- Examples of formative and summative assessments including marking rubrics</li> <li>- Process to inform students of formative and summative assessments and how they are used to support and evidence student learning</li> </ul>
<p>5.6 The education provider is ultimately accountable for ensuring mechanisms are in place for assessing student’s prescribing practice in theoretical and practice contexts.</p>	<ul style="list-style-type: none"> <li>- Clear articulation of roles and responsibilities of health service and education providers</li> <li>- Communication processes in place between the education provider, students, supervisors/mentors and health service providers.</li> </ul>

DRAFT



## Appendix B. Stakeholder Engagement

**Table 1: Internal Key Stakeholders and revisions**

ANMAC ORGANISATIONAL CONSULTATION	
<b>Professional Reference Group</b>	<ol style="list-style-type: none"> <li>1. 2019 - Dr Margaret Gatling – PRG Chairperson – Director, Accreditation Services ANMAC. 2023 - Mr Alan Merritt PRG Chairperson – Director, Accreditation Services ANMAC.</li> <li>2. Adjunct Associate Professor Ann Maree Keenan, Deputy CEO and – Chief Nursing and Midwifery Officer, Victoria</li> <li>3. Ms Melodie Heland, Acting Executive Director, Operations Austin Health – NMBA Board Member</li> <li>4. Professor Lisa Nissen, HERA Program Director, University of Queensland – Independent Expert</li> <li>5. Dr Dianne Crellin, Nurse Practitioner, Royal Children’s Hospital, Melbourne and Lecturer, University of Melbourne – Australian College of Nursing (January – April 2019) – replaced by: Ms Yvonne McKinlay, National Director for Education – Australian College of Nursing (From April 2019)</li> <li>6. Ms Julianne Bryce, Senior Federal Professional Officer and Registered Nurse – Australian Nursing and Midwifery Federation</li> <li>7. Associate Professor John Smithson, Academic Head, Pharmacy, James Cook University</li> <li>8. Ms Leanne Boase – Nurse Practitioner and CEO – Australian College of Nurse Practitioners, Chair of NPAC, Program Coordinator, La Trobe University</li> </ol>
<b>ANMAC Project Advisory</b>	<p>2019 - Clinical Professor Fiona Stoker Chief Executive Officer 2023 - Mr Greg Cantwell, Interim Chief Executive Officer</p> <p>2019 - Dr Margaret Gatling – Director, Accreditation Services 2023 - Mr Alan Merritt - Director, Accreditation Services</p> <p>2019 - Ms Melissa Cooper – Project Lead and Associate Director 2023 - Ms Kathryn Austin – Project Lead and Associate Director</p> <p>Ms Melanie Schaefer, Administration Officer</p>
<b>ANMAC Board</b>	<p>Australian College of Nursing Australian Nursing and Midwifery Federation Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Council of Deans Nursing and Midwifery (Aust and NZ) Australian College of Midwives</p>
<b>ANMAC Accreditation Committees</b>	<p>Senior Educational Experts/Clinicians</p>
<b>Strategic Accreditation Advisory Committee</b>	<p>Chief Nursing and Midwifery Officer TAFE Director - Nursing VET Sector – Registered Training Organisation Consumer Representative CATSINaM</p>

**Table 2: External Key Stakeholders**

Organisations
Aged and Community Services Australia
Association of Nurse Continence Advisors NSW
Audiometry Nurses Association of Australia
Australasian Cardiovascular Nursing College
Australasian College for Infection Prevention and Control
Australasian Hepatology Association
Australasian Neuroscience Nurses' Association
Australasian Rehabilitation Nurses' Association Incorporated.
Australasian Sexual Health & HIV Nurses Association Incorporated
Australian and New Zealand Council of Chief Nurses and Midwives
Australian and New Zealand Orthopaedic Nurses Association
Australian and New Zealand Urological Nurses Society
Australian Association of Stomal Therapy Nurses Incorporated
Australian College of Children and Young People's Nurses
Australian College of Critical Care Nurses Ltd
Australian College of Emergency Nurses
Australian College of Mental Health Nurses
Australian College of Nurse Practitioners
Australian College of Nursing
Australian College of Operating Room Nurses
Australian Commission on Safety and Quality in Health Care
Australian Council for Private Education and Training
Australian Day Surgery Nurses Association
Australian Dermatology Nurses Association
Australian Diabetes Educators Association
Australian Faith Community Nurses Association Incorporated
Australian Government Department of Health – Chief Nursing and Midwifery Officer
Australian Government Department of Education and Training
Australian Health Care Reform Alliance
Australian Health Ministerial Advisory Council
Australian Health Practitioner Regulation Agency
Australian Nurse Teachers' Society
ANMF Australian Nursing and Midwifery Association – Federal, State and Territory Branches
Australian Ophthalmic Nurses' Association Incorporated
Australian Primary Health Care Nurses Association

Australian Private Hospitals Association
Australian Skills Quality Authority
Australian Wound Management Association
Chamber of Commerce and Industry, Western Australia
Coalition of National Nursing Organisations
College of Emergency Nursing Australia
Commonwealth Chief Nurse and Midwife
Community Service and Health Industry Skills Council
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Consumers Health Forum of Australia
Council of Australian Governments – Education Council
Council of Australian Governments – Health Council
Council of Australian Governments – Industry and Skills Council
Council of Children’s Nurses
Council of Deans of Nursing and Midwifery Australia & New Zealand
Council of Remote Area Nurses of Australia plus Remote Health Professionals
Departments of Health – all states and territories
Discharge Planning Association
Drug and Alcohol Nurses of Australasia
Education Providers
Endocrine Nurses Society of Australasia Incorporated
Enrolled Nurse Professional Association – NSW
Gastroenterological Nurses College of Australia
Health Consumer Alliance of SA
Health Care Consumers Association ACT
Health Consumer, NSW and QLD
Health Consumers Council WA
Health Informatics Australia
Health Ministerial Advisory Committee
Health Professions Accreditation Councils’ Forum
Health Workforce Principal Committee
Hyperbaric Technicians and Nurses Association
Maternal Child and Family Health Nurses Australia
National Aged Care Alliance
National LGBTI Health Alliance
National Rural Health Student Network
National Rural Health Alliance

Nursing and Midwifery Board of Australia
Nursing Council of New Zealand
Nursing Informatics Australia
Otorhinolaryngology Head and Neck Nurses Group
Palliative Care Nurses Australia
Psychogeriatric Nurses Association Australia Incorporated
Renal Society of Australasia
Respiratory Nurses Interest Group of NSW
Rural Special Interest Group of Pharmaceutical Society of Australia
State and Territory Chief Nursing and Midwifery Officers
TAFE Directors Australia
Tertiary Education Quality and Standards Agency
Training Accreditation Council Western Australia
The Thoracic Society of Australia and New Zealand
Transplant Nurses Association Incorporated
Victorian Registration and Qualification Authority

## Appendix C. References

1. ANMAC Endorsed Midwife Accreditation Standards 2015
2. ANMAC Registered Nurse Accreditation Standards 2012 and 2019
3. Council of Australian Governments. Best Practice Regulation: A Guide for Ministerial Councils and National Standards Setting Bodies. 2007
4. Department of Health – Final outcomes report: registered nurse/midwife prescribing symposium May 2017
5. Health Practitioner Regulation National Law Act 2009
6. Health Workforce Australia: Health Professionals Prescribing Pathway (HPPP) Project Final Report 2013
7. Joint NMBA ANZCCNO Discussion paper – Registered nurse and midwife prescribing October 2017<sup>13</sup>
8. National Medicines Policy 2000 and Quality Use of Medicines ‘principles’ 2002
9. National Safety & Quality Health Service Standards, 2nd edition
10. Nursing Council of New Zealand Competencies for nurse prescribers 2016
11. Nursing and Midwifery Board of Ireland Collaborative Practice Agreement Guidance for Nurses and Midwives with Prescriptive Authority 2016
12. Nursing and Midwifery Council United Kingdom Standards for prescribing programmes May 2018 and April 2023
13. NMBA Public Consultation Paper – Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership July 2018
14. NMBA Registered nurse standards for practice 2016<sup>14</sup>
15. NMBA’s Proposed registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership 2018
16. NPS: Prescribing Competency Framework 2021
17. ACSQH Medication without harm - WHO Global Patient Safety Challenge 2020
18. ICN Guidelines on Prescriptive Authority for Nurses 2021
19. Poisons Standard 2017 and 2023
20. Therapeutic Goods Act 1989

## Appendix D. Glossary

Glossary terms in the Registered Nurse Prescribing Accreditation Standards 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>).

---

<sup>13</sup> Registered nurse and midwife prescribing – Discussion paper October 2017

<sup>14</sup> Registered nurse standards for practice 2016.

## Appendix E. Mapping

Registered Nurse Accreditation Standards 2019	Mapped Endorsed Midwife Accreditation Standards	NPS Competency Standards	Consultation Paper 1 Proposed RNPAS Standards & Determinations	Proposed RNPAS Standards	RNPAS requiring further consultation Phase 2
Standard 1: Safety of the public			Standard 1: Safety of the public		
1.1 The program's guiding principle is safety of the public.	Underpinned within EMAS	Underpinned by the NPS Competency Standards	1.1 The program's guiding principle is safety of the public.	<b>Accepted</b>	Nil
1.2 The program is delivered in Australia to prepare graduates for safe and ethical practice.	3.7 Equivalence of subject outcomes for programs taught in Australia in all delivery modes (subjects delivered on-campus or in mixed-mode, by distance or by e-learning methods).	H2.4 Communicates effectively with the person using appropriate communication skills to enable the safe use of medications E5.1 Obtains information to assess the person's response to treatment	1.2 The program is delivered in Australia to prepare graduates for safe and ethical practice.	<b>Amended and Accepted</b> The program is delivered in Australia to prepare graduates for safe, legal and ethical practice.	Nil
1.3 Program admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements: a. to meet the program's inherent requirements b. to demonstrate English language proficiency either through providing a declaration that English is their primary language or achievement of minimum English language test results as specified in the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard	6.1 Applicants being informed of the following prior to accepting an offer of enrolment: a. modes for program delivery and location of professional practice experience placements b. specific requirements for entry into the program, including English language proficiency c. compliance with the National Law, by notifying the Australian Health Practitioner Regulation Agency, if a student is required to undertake professional practice experience and has an impairment that may place the public at risk of harm d. specific requirements for right of entry to health services for prescribing in midwifery practice experience placements, including fitness for		1.3 Program admission requirements are fair, equitable and transparent. Before accepting an offer of enrolment applicants must: a. meet the program's inherent requirements b. NMBA requirements for endorsement for scheduled medicines for RN prescribing in partnership.	<b>Amended and Accepted</b> 1.3 Program admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers must ensure applicants are: a. on the NMBA general register as a registered nurse b. informed of the NMBA requirements for endorsement as a designated registered nurse prescriber c. informed of and meet the program's inherent requirements	Nil

<p>c. to meet the requirements of health service where professional experience placements occur</p> <p>d. for registration with the NMBA on completion of the program.</p>	<p>practice, immunisation and criminal history</p> <p>e. NMBA requirements for endorsement for scheduled medicines for midwives.</p> <p>6.2 Students being selected for the program based on clear, justifiable and published admission criteria.</p> <p>6.3 Students having met the NMBA sufficient English language proficiency requirements prior to entering the program and having demonstrated they have the communication skills needed to successfully undertake academic experience and prescribing in midwifery practice experience requirements throughout the program.</p>				
<p>1.4 The education provider ensures that organisations in which students undertake professional experience placement have:</p> <p>a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards</p> <p>b. registered nurses who are prepared for the role and are able to supervise and assess students during all professional experience placements</p> <p>c. inter-professional practice settings where teaching and learning can be in</p>	<p>2.4 Teaching and learning approaches that:</p> <p>j. incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice.</p> <p>3.5 Opportunities for student interaction with other health professions to support understanding of the multi-professional health care environment and facilitate interprofessional learning for collaborative practice.</p> <p>4.4 Opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.</p> <p>5.10 Collaboration between midwifery service providers (where relevant) and</p>		<p><b>Proposed:</b> remove this criterion. Professional experience placement is not a requirement within the EMAS or proposed RNPAS</p> <p>c. addressed within criteria 3.4 and 5.6</p>	<p><b>Accepted and Removed</b></p>	

collaboration with other relevant registered health practitioners.	teaching staff in selecting and implementing assessment methods.			
1.5 Students are registered with the Nursing and Midwifery Board of Australia (NMBA) before commencing their first professional experience placement <sup>15</sup> .	Not included in EMAS		<b>Proposed:</b> remove this criterion. Professional experience placement is not a requirement within the EMAS or proposed RNPAS	<b>Accepted and Removed</b>
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 where required.	Not included in EMAS 1.4 The education provider has processes in place to manage those students with identified impairments that may place the public at risk. These processes include procedures for mandatory reporting where required.		1.4 The education provider undertakes screening and management of students who present with an impairment and reports to the NMBA as required.	<b>Amended and Accepted</b> 1.4 The education provider has processes in place to manage those students with identified impairments that may place the public at risk. These processes include procedures for mandatory reporting where required. <b>STANDARD 1 COMPLETED AT 1.4</b>
1.7 Program progression policies and rules ensure that only those students who have demonstrated the requisite knowledge and skills required for safe practice are eligible for professional experience placement.	5.2 Clear statements about assessment and progression rules and requirements that are provided to students at the start of the program.		<b>Proposed:</b> remove this criterion. Professional experience placement is not a requirement within the EMAS or proposed RNPAS	<b>Accepted and Removed</b>

<sup>15</sup> Student registration: Nursing and Midwifery Board of Australia, 2017. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Student-Registration/Fact-sheet-education-providers.aspx>



Registered Nurse Accreditation Standards 2019	Mapped Endorsed Midwife Accreditation Standards	NPS Competency Standards	Consultation Paper 1 Proposed RNPAS Standards & Determinations	Proposed RNPAS Standards	RNPAS requiring further consultation Phase 2
Standard 2: Governance		Standard 2: Governance			
<p>2.1 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.</p>	<p>1.1 Current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider.</p> <p>1.2 Current accreditation of a midwifery program by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school.</p>	<p>H1.1 Practices within the applicable legislative and regulatory frameworks</p>	<p>2.1 Academic governance arrangements for the program of study includes:</p> <ul style="list-style-type: none"> <li>a. current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider</li> <li>b. Current accreditation of a nursing program by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school.</li> <li>c. mechanisms to meet relevant national or state regulatory requirements</li> <li>d. listing on the Australian Qualifications Framework National Registry for the award of a Graduate Certificate (Level 8) or credit towards such a program as a minimum.</li> </ul>	<p><b>Amended and Accepted</b></p> <p>2.1 Academic governance arrangements for the program of study includes:</p> <ul style="list-style-type: none"> <li>a. current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider</li> <li>b. current ANMAC accreditation and NMBA approval of an entry to practice registered nursing program<sup>16</sup> by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school</li> <li>c. mechanisms to meet relevant national or state regulatory requirements</li> </ul>	<p>Nil</p>

<sup>16</sup> For the purposes of the Registered Nurse Prescribing Accreditation Standard, the minimum qualification for an accepted entry to practice program must be a Bachelor or Masters Degree delivered by a university or higher education provider.

				d. listing on the Australian Qualifications Framework National Registry for the award of a Graduate Certificate (Level 8) or credit towards such a program as a minimum.	
<p>2.2 The governance structure for the education provider conducting the program ensures the head of discipline is a registered nurse with the NMBA, with no conditions on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline is responsible for:</p> <ul style="list-style-type: none"> <li>a. academic oversight of the program</li> <li>b. promoting high-quality teaching and learning experiences for students to enable graduate competence</li> <li>c. ensuring staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.</li> </ul>	<p>1.4 Current documented academic governance structure for the university or higher education provider and program provider (school conducting the program) that illustrates academic oversight.</p> <p>7.6 The Head of Discipline responsible for midwifery curriculum development holds current Australian general registration as a midwife with no conditions relating to conduct or performance, holds a relevant post graduate qualification, maintains active involvement in the midwifery profession and has strong links with contemporary midwifery education and research.</p>		<p>2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.</p>	<p><b>Proposed</b></p> <p>2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.</p>	<p><b>Q.1</b> Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?</p>
<p>2.3 There is 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,</p>	<p>1.5 Terms of reference for the relevant program advisory committees demonstrating partnerships with key stakeholders, including representatives with specific expertise in scheduled medicines and Aboriginal and Torres Strait Islander health professionals and communities.</p>		<p>2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:</p> <ul style="list-style-type: none"> <li>a. the Nursing School, who are registered nurses with the NMBA, without conditions on</li> </ul>	<p><b>Proposed</b></p> <p>2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:</p>	

<p>carers and other relevant stakeholders.</p>	<p>3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, those working in midwifery practice, those with pharmacology and medication management expertise, students, consumers and other key stakeholders, including Aboriginal and Torres Strait Islander health professionals.</p> <p>1.6 Staff delegations, reporting relationships and the role of persons or committees involved in making decisions related to the program.</p> <p>1.7 Governance arrangements between the university or higher education provider and the program provider that ensures responsiveness to accreditation requirements for ongoing compliance with</p> <p>6.8 Aboriginal and Torres Strait Islander midwives, possessing current registration with the NMBA, encouraged to enrol and provided with access to a range of support services.</p> <p>6.9 Other groups underrepresented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, encouraged to enrol and provided with access to a range of support services.</p>		<p>their registration relating to conduct, and holding relevant qualifications and experience.</p> <p>b. the nursing profession, including endorsed Nurse Practitioners and RN nurse prescribers.</p> <p>c. external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders.</p>	<p>a. the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience.</p> <p>b. the nursing profession, including endorsed Nurse Practitioners and RN nurse prescribers.</p> <p>c. external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders.</p>	
<p>2.4 All 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.</p>	<p>Not included within EMAS</p>		<p>2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified and allow graduates to meet the NPS: National Prescribing Competency Framework.</p>	<p><b>Accepted</b></p>	<p>Nil</p>

<p>2.5 Program quality improvement mechanisms incorporate evaluation information from a variety of sources and address:</p> <ul style="list-style-type: none"> <li>a. risk assessment of student learning environments</li> <li>b. student evaluations</li> <li>c. internal and external, academic and health professional evaluations</li> <li>d. evidence-based developments in health professional education</li> <li>e. evidence-based developments in health and health care.</li> </ul>	<p>Standard 8</p> <p>8.1 Responsibility for and control of program development, monitoring, review, evaluation and quality improvement being delegated to the school with oversight by the academic board and/or appropriate governance body.</p> <p>8.2 Regular evaluation of academic and clinical supervisor effectiveness taking place using feedback from students and other sources.</p> <p>8.3 Systems which monitor and, where necessary, improve staff performance.</p> <p>8.4 Professional and academic development of staff taking place to advance knowledge and proficiency in teaching effectiveness and assessment.</p> <p>8.5 Feedback gathered from the quality cycle being incorporated into the program to improve the experience of theory and practice learning for students.</p> <p>8.6 Regular evaluation and revision of program content taking place which includes contemporary and emerging issues surrounding prescribing in midwifery practice, health care research, health policy and reform.</p> <p>8.7 Students and staff being adequately indemnified for relevant activities undertaken as part of the program requirements.</p>	<p>H1.1 Practices within the applicable legislative and regulatory frameworks</p> <p>H1.6 Addresses the potential for bias in prescribing decisions</p>	<p>2.5 Program quality improvement mechanisms addresses:</p> <ul style="list-style-type: none"> <li>a. risk assessment of student learning environments</li> <li>b. student evaluations</li> <li>c. internal and external academic and health professional evaluations</li> <li>d. evidence-based developments in health professional education</li> <li>e. evidence-based developments in health and health care.</li> </ul>	<p><b>Amended and Accepted</b></p> <p>2.5 Program quality improvement mechanisms incorporate evaluation information from a variety of sources and address:</p> <ul style="list-style-type: none"> <li>a. risk assessment of student learning environments</li> <li>b. student evaluations</li> <li>c. internal and external, academic and health professional evaluations</li> <li>d. evidence-based developments in health professional education</li> <li>e. evidence-based developments in health care</li> </ul>	<p><b>STANDARD 2 COMPLETED AT 2.5</b></p>
---	---	---	---	--	---

Registered Nurse Accreditation Standards 2019	Mapped Endorsed Midwife Accreditation Standards	NPS Competency Standards	Consultation Paper 1 Proposed RNPAS Standards & Determinations	Proposed RNPAS Standards	RNPAS requiring further consultation Phase 2
Standard 3: Program of Study					
<p>3.1 The program of study is undertaken in Australia and where there is an offshore component, should:</p> <ul style="list-style-type: none"> <li>a. be no more than one-sixth of the full program completed offshore</li> <li>b. demonstrate equivalence of learning outcomes.</li> </ul>	Not included within EMAS		Not Applicable	<b>Removed</b>	
<p>3.2 Evidence that 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.</p>	<p>1.3 Meeting the Australian Qualifications Framework requirements for a minimum Graduate Certificate (Level 8) award or credit towards such a program.</p>		Addressed in Standard 2.1d	<b>Removed</b>	
<p>3.3 The curriculum document articulates the nursing and educational philosophy and its practical implementation into the program of study.</p>	<p>4.1 A comprehensive curriculum document, based on the conceptual framework that includes:</p> <ul style="list-style-type: none"> <li>a. program structure and delivery modes, identifying online components</li> <li>b. subject outlines</li> <li>c. links between subject objectives, learning outcomes, learning assessments and the National Prescribing Competency Framework in the midwifery context</li> <li>d. teaching and learning strategies</li> <li>e. a prescribing in midwifery practice experience plan.</li> </ul> <p>2.1 A clearly documented and fully explained conceptual framework for the program, including a curriculum underpinned by:</p>	Underpinned by the NPS Competency Framework	<p>3.1 The curriculum document articulates the educational philosophy and its practical implementation into the program of study.</p>	<b>Accepted</b>	<b>STANDARD 3 COMMENCED</b>

	<ul style="list-style-type: none"> <li>a. quality use of medicines and safe prescribing</li> <li>b. legal principles and legislative framework relevant to each state and territory</li> <li>c. woman-centred midwifery philosophy</li> <li>d. midwifery continuity of care philosophy</li> <li>e. education philosophy</li> <li>f. primary health care principles.</li> </ul> <p>2.2 The incorporation of contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies designed to enhance the delivery of curriculum content, accommodate differences in student learning styles, stimulate student engagement and promote understanding.</p> <p>2.3 A program that is congruent with contemporary and evidence-based approaches to prescribing in midwifery practice and education and underpinned by principles of safety, quality and risk management.</p>				
<p>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.</p>	<p>4.2 The program’s central focus is on contemporary prescribing in midwifery practice. In addition to the content required to meet the attainment of the NPS: National Prescribing Competency Framework, this includes:</p> <ul style="list-style-type: none"> <li>a. comprehensive understanding of the relevant State and Territory Drugs and Poisons legislation and Pharmaceutical Benefits Scheme requirements</li> </ul>	<p>H2.2 Acknowledges the person, their family and carers as integral to care and collaborates to achieve optimal health outcomes</p>	<p>3.2 Teaching and learning reflects contemporary practices in health and education and responds to emerging trends based on research and technology.</p>	<p><b>Amended and Accepted</b></p> <p>3.2 Teaching and learning reflects contemporary evidence based prescribing practice.</p>	<p>Nil</p>

	<p>b. professional relationships and referral, including establishing collaborative arrangements with General Practitioners and Obstetricians and/or health services</p> <p>c. comprehensive understanding of and ability to work with the Medical Benefits Schedule and Pharmaceutical Benefits Scheme.</p>				
<p>3.5 Program content and subject learning outcomes ensure:</p> <ul style="list-style-type: none"> <li>a. achievement of the NMBA Registered nurse standards for practice</li> <li>b. recognition of regional, national and global health priorities, including care of the older person</li> <li>c. integrated knowledge of safety and quality standards as they relate to healthcare</li> <li>d. integrated knowledge of care across the lifespan and all contexts of nursing practice</li> <li>e. equivalence in all delivery modes in which the program is offered.</li> </ul>	<p>3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, those working in midwifery practice, those with pharmacology and medication management expertise, students, consumers and other key stakeholders, including Aboriginal and Torres Strait Islander health professionals.</p> <p>3.2 Contemporary midwifery, prescribing and education practice in the development and design of curriculum.</p> <p>3.3 A map of subjects against the NPS: National Prescribing Competency Framework which clearly identifies the links between learning outcomes, assessments and required graduate competencies.</p> <p>3.4 Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the knowledge, skills and behaviours expected of students.</p> <p>3.5 Opportunities for student interaction with other health professions to support understanding of the multi-professional health care environment and facilitate</p>	<p>H1.6 Addresses the potential for bias in prescribing decisions</p> <p>H2.1 Obtains consent to provide clinical service to the person</p> <p>H2.2 Acknowledges the person, their family and carers as integral to care and collaborates to achieve optimal health outcomes</p> <p>H2.3 Respects the person</p> <p>E 2.1 Consider non-pharmacological treatment options suitable for treating the person and their condition</p> <p>E 3.1 Negotiates therapeutic goals with the person</p> <p>E4.1 Provides clear instructions to other health professionals who dispense, supply, or administer medicines prescribed for the person</p> <p>E4.2 Provides information about medicines and the</p>	<p>3.3 Program content and unit learning outcomes ensures:</p> <ul style="list-style-type: none"> <li>a. graduate achievement of competencies described in the NPS: National Prescribing Competency Framework</li> <li>b. legal / medicolegal principles and legislative frameworks that enable RN prescribing relevant to each state and territory</li> <li>c. ethical and professional obligations of prescribing and (defining) scope of RN prescribing practice according to NMBA registration standard</li> <li>d. principles of developing collaborative professional relationships including referral obligations and models of practice.</li> <li>e. knowledge of relevant medicine funding models in Australia</li> <li>f. a prescribing practice learning plan.</li> </ul>	<p><b>Amended and Proposed</b></p> <p>3.3 Program content and subject learning outcomes ensures:</p> <ul style="list-style-type: none"> <li>a. achievement of competencies described in the NPS: National Prescribing Competency Framework</li> <li>b. preparation of students to prescribe scheduled medicines</li> <li>c. legal / medicolegal principles and relevant legislative frameworks that enable designated RN prescribing in each state and territory</li> <li>d. understanding of ethical and professional obligations of prescribing within</li> </ul>	<p><b>Q.2.</b> Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the knowledge requirements for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing agreement with an authorised health practitioner?</p>

	<p>interprofessional learning for collaborative practice.</p> <p>3.6 Content and sequencing of the program that prepares students for workplace experience and incorporates opportunities for simulated learning.</p> <p>3.7 Equivalence of subject outcomes for programs taught in Australia in all delivery modes (subjects delivered on-campus or in mixed-mode, by distance or by e-learning methods).</p> <p>6.6 Students having equal opportunity to attain the National Prescribing Competency Framework in midwifery practice without any influence of the program mode of delivery or program location.</p>	<p>treatment plan with the person’s consent to other health professionals who provide care to the person</p> <p>E5.1 Obtains information to assess the person’s response to treatment</p>		<p>the scope of designated RN prescribing practice</p> <p>e. an opportunity for students to demonstrate an integrated approach to prescribing</p> <p>f. an understanding of the designated RN prescribing model</p> <p>g. knowledge of relevant medicine funding models in Australia</p> <p>h. prescribing practice learning plan.</p>	
<p>3.6 Principles of intra-professional and interprofessional learning and practice are integrated in program content and subject learning outcomes.</p>	<p>4.4 Opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.</p>	<p>H1.1 Practices within the applicable legislative and regulatory frameworks</p> <p>H2.5 Collaborates with other health professionals to achieve optimal health outcomes for the person</p> <p>E1.1 Establishes a therapeutic partnership with the person and a collaborative relationship with other health professionals</p> <p>E 3.2 Works in partnership with the person and other health professionals to select medicines and to</p>	<p>3.4 Program content and subject learning outcomes embeds principles of interprofessional and intra-professional learning and practice.</p>	<p><b>Amended and Accepted</b></p> <p>3.4 Principles of intra-professional learning and interprofessional practice are integrated in program content and subject learning outcomes.</p>	<p>Nil</p>



		<p>tailor and implement a treatment plan</p> <p>E5.2 Works in partnership with the person and other health professionals to address issues arising from the review</p>			
<p>3.7 Cultural diversity, safety and principles of inclusion are embedded in program content and subject learning outcomes.</p>	<p>2.4 Teaching and learning approaches that:</p> <ul style="list-style-type: none"> <li>i. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills expected of midwives</li> </ul>	<p>H1.3 Practices within applicable frameworks of the health care setting and system</p> <p>H1.6 Addresses the potential for bias in prescribing decisions</p> <p>H2.2 Acknowledges the person, their family and carers as integral to care and collaborates to achieve optimal health outcomes</p> <p>H2.3 Respects the person</p>	<p>3.5 Program content and subject learning outcomes integrates cultural diversity and cultural safety.</p>	<p><b>Amended and Accepted</b></p> <p>3.5 Cultural diversity, safety and principles of inclusion are embedded in program content and subject learning outcomes.</p>	<p>Nil</p>
<p>3.8 Program content and subject learning outcomes support the development of research skills that include searching and reviewing research and other evidence for translation into practice.</p>	<p>2.4 Teaching and learning approaches that:</p> <ul style="list-style-type: none"> <li>a. enable achievement of stated learning outcomes</li> <li>b. facilitate the integration of theory and practice</li> <li>c. scaffold learning appropriately throughout the program</li> <li>d. encourage the application of critical thinking and reflective frameworks</li> <li>e. engender deep rather than surface learning</li> <li>f. encourage students to become self-directed learners</li> </ul>	<p>H1.5 Demonstrates a commitment to continual quality improvement of the health professional’s own prescribing</p> <p>H1.6 Addresses the potential for bias in prescribing decisions</p>	<p>3.6 Research and evidence-based inquiry underpinning all elements of the curriculum content and delivery.</p>	<p><b>Accepted</b></p>	<p>Nil</p>

	<p>g. embed recognition that graduates take professional responsibility for their continuing competence and life-long learning</p> <p>h. promote the desire and capacity to continue to use, and learn from, and contribute to research throughout the midwives’ careers</p> <p>4.3 Research and evidence-based inquiry underpinning all elements of the curriculum content and delivery.</p>				
<p>3.9 Program 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.</p>	<p>Prescribing underpins the EMAS and therefore aligned to a number of criteria – particularly across Standards 3 and 4.</p>	<p>H1.4 Practices quality use of medicine principles</p> <p>H2.1 Obtains consent to provide clinical service to the person</p> <p>E 2.2 Identifies appropriate medicines options that can be incorporated in the person’s treatment plan</p>	<p>3.7 Program content and subject learning outcomes prepares students to prescribe scheduled medicines according to the NMBA registration standards.</p>	<p><b>Removed and addressed within criterion 3.3.</b></p>	
<p>3.10 The program includes:</p> <p>a. 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</p> <p>b. content relevant to health outcomes of Aboriginal and Torres Strait Islander peoples is embedded throughout the program.</p>	<p>Not included within EMAS</p>		<p>Addressed within RNAS</p>	<p><b>Removed</b></p>	

<p>3.11 The program includes:</p> <ul style="list-style-type: none"> <li>a. a discrete subject addressing mental health taught by a registered nurse</li> <li>b. mental health content embedded through the program.</li> </ul>	<p>Not included within EMAS</p>		<p>Addressed within RNAS</p>	<p><b>Removed</b></p>	
<p>3.12 The program includes content and sequencing that incorporates simulated learning experience to prepare students for PEP.</p>	<p>Not included within EMAS</p>		<p>Proposed: remove this criterion. Professional experience placement is not a requirement within the EMAS or proposed RNPAS</p>	<p><b>Removed</b></p>	
<p>3.13 The program includes:</p> <ul style="list-style-type: none"> <li>a. a minimum of 800 hours of PEP completed by all students in a variety of relevant settings, exclusive of simulation and not exceeding one-sixth of the PEP hours undertaken outside Australia</li> <li>b. PEP as soon as practically possible in the first year of study to facilitate early engagement with the professional context of nursing</li> <li>c. PEP included towards the end of the program, conducted in Australia, to demonstrate achievement of the NMBA Registered nurse standards for practice</li> <li>d. PEPs underpinned by contractual arrangements between education providers and PEP providers.</li> </ul>	<p>Not included within EMAS</p>		<p>Proposed: remove this criterion. Professional experience placement is not a requirement within the EMAS or proposed RNPAS</p>	<p><b>Removed</b></p>	
<p>3.14 Program resources are sufficient to facilitate student achievement of the Registered Nurse Standards for Practice, with attention to human and</p>	<p>3.6 Content and sequencing of the program that prepares students for workplace experience and incorporates opportunities for simulated learning.</p>		<p>3.7 Program resources are sufficient to facilitate student achievement of the National Prescribing Competency Framework within</p>	<p><b>Amended and Accepted</b> 3.7 Program resources are sufficient to facilitate student</p>	<p>Nil</p>

<p>physical resources supporting all teaching and learning environments, including simulated practice and professional experience placements.</p>	<p>7.1 Staff, facilities, equipment and other teaching resources that are sufficient in quality and quantity for the anticipated student population and any planned increase.</p> <p>7.3 A balance of academic, clinical, technical and administrative staff complement that is appropriate to meeting teaching, research and governance commitments.</p> <p>7.4 Staff recruitment strategies that:</p> <ul style="list-style-type: none"> <li>a. are culturally inclusive</li> <li>b. reflect population diversity</li> <li>c. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.</li> </ul> <p>7.5 Documented position descriptions for teaching staff that clearly articulate roles, reporting relationships, responsibilities and accountabilities.</p>		<p>nursing practice, with attention to human, physical and financial resources supporting all teaching and learning environments, including simulated practice</p>	<p>achievement of the National Prescribing Competency Framework, with attention to human, physical and financial resources supporting all teaching and learning environments.</p>	
<p>3.15 Staff teaching into the program:</p> <ul style="list-style-type: none"> <li>a. are qualified and experienced to deliver the subjects they teach</li> <li>b. are registered nurses when the subject relates to nursing practice</li> <li>c. hold one qualification higher than the program of study being taught.</li> </ul>	<p>7.7 Staff teaching, supervising and assessing prescribing practice in midwifery-related subjects have current Australian general registration as a midwife, with no conditions relating to conduct, and possess relevant clinical and academic preparation and experience.</p> <p>7.8 Academic staff being qualified in midwifery practice for their level of teaching, to at least one tertiary qualification standard higher than the program being taught or with equivalent midwifery practice experience.</p> <p>7.9 Qualifications and experience relevant to the subject areas being taught in cases where an academic staff</p>		<p>3.8 Staff teaching into the program:</p> <ul style="list-style-type: none"> <li>a. are qualified and experienced to deliver the units they teach</li> <li>b. hold one qualification higher than the program of study being taught.</li> </ul>	<p><b>Accepted</b> <b>STANDARD 3 COMPLETED AT 3.8</b></p>	

	<p>member’s tertiary qualification do not include midwifery.</p> <p>7.10 Processes being in place to ensure academic staff have a sound understanding of contemporary midwifery research, scholarship and practice in the subject areas they teach.</p> <p>7.11 Teaching and learning taking place in an active research environment in which academic staff are engaged in research and/or scholarship and/or generating new knowledge and in which areas of interest, publications, grants and conference papers are documented.</p> <p>7.12 Policies and processes which verify and monitor academic and professional credentials, including current general registration as a midwife with no conditions relating to conduct, of current and incoming staff and which evaluate their performance and development needs.</p>			
--	---	--	--	--



Registered Nurse Accreditation Standards 2019	Mapped Endorsed Midwife Accreditation Standards	NPS Competency Standards	Consultation Paper 1 Proposed RNPAS Standards & Determinations	Proposed RNPAS Standards	RNPAS requiring further consultation Phase 2
<b>Standard 4: Student experience</b>			<b>Standard 4: Student experience</b>		
4.1 Program information provided to students is relevant, timely, transparent and accessible.	7.2 Students having sufficient and timely access to academic and clinical teaching staff to support their learning.		4.1 Program information provided to students is relevant, timely, transparent and accessible.	<b>Accepted</b>	Nil
4.2 The education provider identifies and supports the academic learning needs of students.	6.5 Processes in place enabling early identification of and support for students who are not performing well academically or clinically or have professional conduct issues.		4.2 The education provider identifies and supports the academic learning needs of students.	<b>Accepted</b>	Nil
4.3 Students are informed of, and have access to, grievance and appeals processes.	Not included within EMAS		4.3 Students are informed of, and have access to, effective grievance and appeals processes.	<b>Amended and Accepted</b> 4.3 Students are informed of, and have access to, grievance and appeals processes.	Nil
4.4 Students are informed of, and have access to, pastoral and/or personal support services.	6.4 Students being informed about, and having access to, appropriate support services, including counselling, health care and educational advisory services.		4.4 Students are informed of, and have access to, pastoral and/or personal support services provided by qualified personnel.	<b>Amended and Accepted</b> 4.4 Students are informed of, and have access to, pastoral and/or personal support services.	Nil
4.5 Students are represented on program advisory and decision-making committees.	6.7 Processes in place for student representation in and feedback on matters relating to governance and program management, content, delivery and evaluation.		4.5 Students are represented on program advisory and decision-making committees.	<b>Accepted</b>	Nil
4.6 Equity and diversity principles are observed and promoted in the student experience.	6.6 Students having equal opportunity to attain the National Prescribing Competency Framework in midwifery practice without any influence of the program mode of delivery or program location.		4.6 Principles of equity and diversity are evident in student and/or staff interactions and teaching and learning materials.	<b>Amended and Accepted</b> 4.6 Equity and diversity principles are observed and promoted in the student experience.	Nil
4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.	Repeated within Criterion 7.2		4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.	<b>Accepted</b>	Nil

Registered Nurse Accreditation Standards 2019	Mapped Endorsed Midwife Accreditation Standards	NPS Competency Standards	Consultation Paper 1 Proposed RNPAS Standards & Determinations	Proposed RNPAS Standards	RNPAS requiring further consultation Phase 2
Standard 5: Student assessment			Standard 5: Student assessment		
5.1 Program learning outcomes and assessment strategies are aligned.	5.1 Consistent approaches used for student assessment across teaching sites and modalities and how this approach is periodically reviewed and updated.		5.1 Program learning outcomes and assessment strategies are aligned.	<b>Accepted</b>	Nil
5.2 Subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Registered nurse standards for practice.	3.3 A map of subjects against the NPS: National Prescribing Competency Framework which clearly identifies the links between learning outcomes, assessments and required graduate competencies.	H1.3 Practices within applicable frameworks of the health care setting and system	5.2 Unit learning outcomes, with associated unit assessments, are clearly mapped to the NPS: National Prescribing Competency Framework	<b>Amended and Accepted</b> 5.2 Subject learning outcomes, with associated subject assessments, are clearly mapped to the NPS: National Prescribing Competency Framework.	Nil
5.3 Contemporary, validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity in theoretical and clinical assessments.	5.8 Procedural controls, fairness, reliability, validity and transparency controls in place to assess students. 5.9 Processes in place to ensure the integrity of online assessments.	E1.2 Performs a comprehensive medicines assessment to obtain information to understand the person's clinical needs and context.	5.3 Validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity of assessments. Note: evidence guide refer to <a href="#">ASPRINH Prescribing Assessment Toolkit</a>	<b>Amended and Accepted</b> 5.3 Contemporary, validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity of assessments.	Nil
5.4 Assessments include the appraisal of competence in pharmacotherapeutics and the quality use of medicines.	See Standard 3 Program of Study 5.5 Assessment approaches used to evaluate competence in the essential knowledge, skills and behaviours required for professional prescribing practice. 5.6 Appropriate assessments used in professional practice experience to evaluate students abilities to meet the National Prescribing Competency Framework within midwifery practice.	H1.4 Practices quality use of medicine principles H2.4 Communicates effectively with the person using appropriate communication skills to enable the safe use of medications E1.2 Performs a comprehensive medicines assessment to obtain information to understand the person's clinical needs and context.	5.4 Assessments include the evaluation of the prescribing process underpinned by the quality use of medicines and the NPS prescribing competencies framework	<b>Amended and Accepted</b> 5.4 Assessments include the prescribing process, underpinned by the quality use of medicines and the NPS: Prescribing Competency Framework.	Nil

		<p>E 2.1 Consider non-pharmacological treatment options suitable for treating the person and their condition</p> <p>E 2.2 Identifies appropriate medicines options that can be incorporated in the person’s treatment plan</p> <p>E 3.3 Develops a review plan tailored to the person’s needs</p>			
<p>5.5 Formative and summative assessments are used across the program to enhance learning and inform student progression.</p>	<p>5.2 Clear statements about assessment and progression rules and requirements that are provided to students at the start of the program.</p> <p>5.3 Level, number and context of assessments that are consistent with determining the achievement of the stated learning outcomes.</p> <p>5.4 Formative and summative assessment types and tasks that exist across the program to enhance individual and collective learning as well as inform student progression.</p> <p>5.11 Summative assessments of student achievement of competence against the current National Prescribing Competency Framework within midwifery practice, conducted by a health professional who is appropriately qualified, prepared and able to demonstrate current experience in assessing prescribing practice in an Australian midwifery context before program completion.</p>	<p>H1.2 Practices according to professional standards, codes of conduct and within the health professional’s own scope of practice</p> <p>H2.4 Communicates effectively with the person using appropriate communication skills to enable the safe use of medications</p> <p>E1.2 Performs a comprehensive medicines assessment to obtain information to understand the person’s clinical needs and context.</p> <p>E4.1 Provides clear instructions to other health professionals who dispense, supply, or administer medicines prescribed for the person</p> <p>E 2.2 Identifies appropriate medicines options that can be incorporated in the person’s treatment plan</p> <p>E4.2 Provides information about medicines and the treatment plan with the person’s consent</p>	<p>5.5 Formative and summative assessments are used across the program to enhance learning and inform student progression.</p>	<p><b>Accepted</b></p>	<p>Nil</p>



		to other health professionals who provide care to the person			
<p>5.6 The education provider is ultimately accountable for ensuring students are supervised and assessed by a registered nurse while on PEP.</p>	<p>5.7 Ultimate accountability mechanisms in place for assessing students on their prescribing practice experience.</p> <p>5.12 Clearly articulated models of supervision, support, facilitation and assessment being in place to enable students to achieve required learning outcomes and current National Prescribing Competency Framework within midwifery practice.</p> <p>7.7 Staff teaching, supervising and assessing prescribing practice in midwifery-related subjects have current Australian general registration as a midwife, with no conditions relating to conduct, and possess relevant clinical and academic preparation and experience.</p> <p>8.2 Regular evaluation of academic and clinical supervisor effectiveness taking place using feedback from students and other sources.</p>	<p>H1.2 Practices according to professional standards, codes of conduct and within the health professional’s own scope of practice</p>	<p>5.6 The education provider is ultimately accountable for ensuring mechanisms are in place for assessing students in their prescribing practice.</p>	<p><b>Amended and Accepted</b></p> <p>5.6 The education provider is ultimately accountable for ensuring mechanisms are in place for assessing student’s prescribing practice in theoretical and practice contexts.</p>	<p>Nil</p>