

# Consultation 2 Synthesis

## Proposed Nurse Practitioner Accreditation Standards (NPAS)

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# Summary

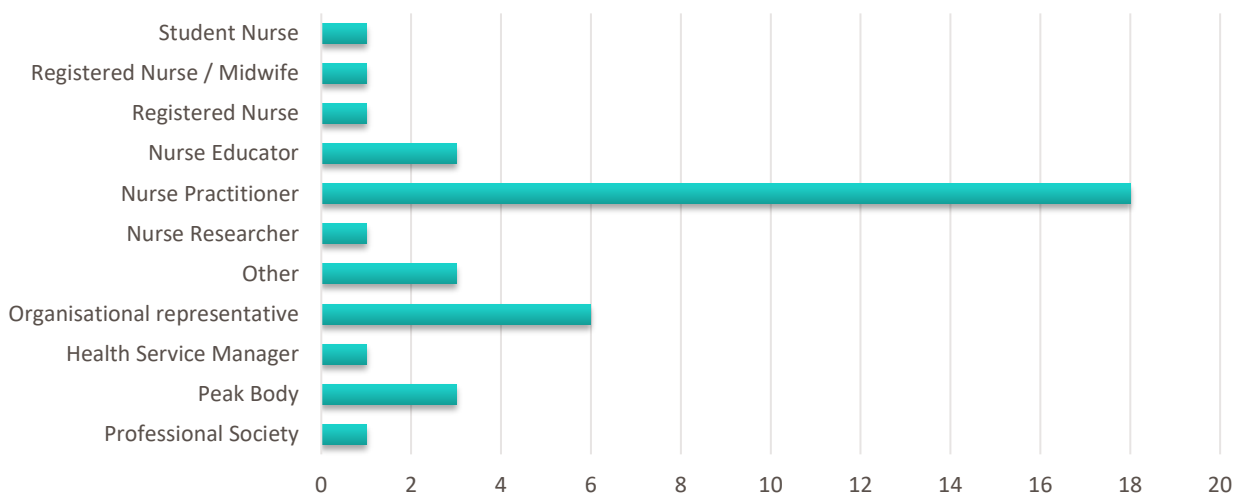
ANMAC presented a paper for public consultation on the review of the Nurse Practitioner Accreditation Standards (NPAS).

There were 39 responses received (Appendix 1) from a total of 171 invited. Of these, 20 provided permission and will be published on the website. Themed responses and additional comments from the submissions, including those not available for publication are included in this synthesis. Feedback from the responses will inform the final draft of the accreditation standards.

## Demographic Data

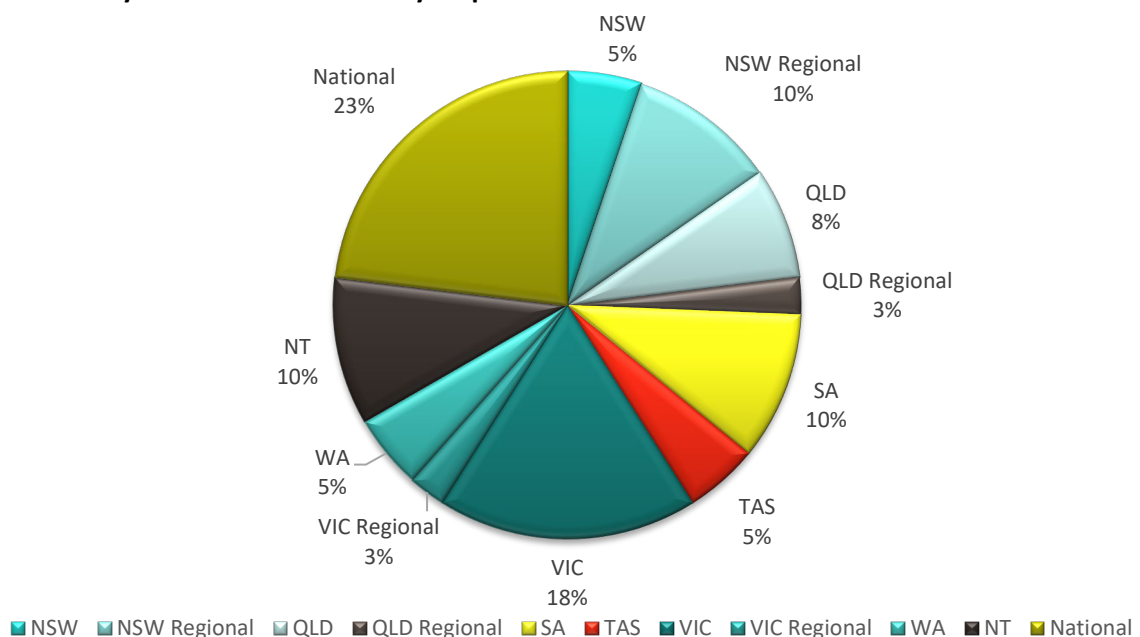
Of the 39 respondents a majority (46%) identified as Nurse Practitioners with (15%) Organisational representatives as shown in Figure 1.

**Figure 1: Role classification of Survey respondents**



Respondents also provided data on their primary work location. Figure 2 demonstrates a majority of respondents were a national body (24%) or were in located in Victoria (21%).

**Figure 2: Primary work location of survey respondents**



# Executive Summary of Responses Q1-5

**Q1: Entry requirements:** 92% of respondents disagreed that the Standard 1 proposed entry requirements in terms of length of experience as a registered nurse working at advanced practice level was appropriate for a program of study leading to endorsement as a nurse practitioner. The current requirements are more appropriate than the proposed changes. It was noted by respondents that this proposal was also not supported by the Expert Advisory Group. Many of the respondents had concerns regarding diminishing role, that students would not having sufficient knowledge and clinical competency with the proposed hours of 2000 hours (12 months FTE) practice as a Registered Nurse and 1000 hours (6 months FTE) in advanced practice. Respondents argued that students would struggle to meet the standard for practice with these hours and that to be endorsed requires 5000 hours at an advanced level. Increasing the risks to patients was also highlighted.

**Q2: Removal of specified clinical context:** 66% of respondents disagreed that removal of the requirement for the registered nurse to be working at advanced practice level in a specified clinical context, to be appropriate for a program of study leading to endorsement as a nurse practitioner. Respondents noted that maintaining robust entry requirements is essential to uphold the integrity and quality of the NP role and ensure the safety and effectiveness of NP-led healthcare delivery. Concerns also center around the potential for a decrease in the quality and expertise of future NPs, as well as the risk of diluting the NP role when a need is to produce highly focused care in particular fields. Those that agreed found a generalist approach appropriate for primary health care and rural and community settings. It would allow NPs to have transferrable skills and greater flexibility.

**Q3: Five Domain Format:** 76% of respondents agreed that the new five domain format retained the essential requirements that are present in current standards. Respondents noted that they reduce duplication which enhances clarity and consistency across all approved programs of study. They cover the essential requirements and will assist clarity in curriculum development. Overall, the alignment and uniformity in language and presentation are seen as crucial for effective implementation of the standards. Divergent respondents noted that the reduction in domains reduces the role of the Nurse Practitioner and one noted that they do not address English language proficiency.

**Q4: Preparation for standards of practice:** 51% of respondents agreed that the draft revised Nurse Practitioner Accreditation Standards prepare students to meet the NMBA Nurse Practitioner Standards for Practice on graduation. Some however raised concerns about potential shortcomings, especially if the proposed entry criteria was endorsed. The common theme was the need for rigorous program content and ensuring adequate advanced practice experience for students. Overall, while there was optimism about the potential of the revised standards, there were reservations about potential challenges and the need for ongoing evaluation and adjustment.

**Q5: Additional comments:** Most respondents took the opportunity to highlight issues they had previously identified but which they felt needed additional emphasis. Respondents provided comments which were grouped to themes regarding the content of the standards and Aboriginal and Torres Strait Islander content to support cultural safety principles in education programs. These are listed on pages 10-11.

A mapping of the consultations to date is included on page 13 (Appendix 2) and full responses published in a companion paper on the ANMAC website.

## Question 1

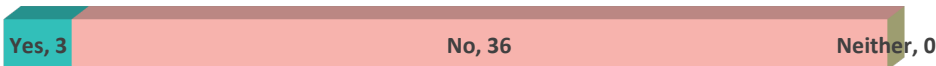
Do you consider the **proposed** entry requirements in terms of length of experience as a registered nurse working at advanced practice level, to be appropriate for a program of study leading to endorsement as a nurse practitioner?

Existing entry requirements are a minimum of two years full time equivalent (FTE) as a registered nurse in a specified clinical field and two years FTE of current advanced nursing practice in this same clinical field.

The **proposed** entry requirements for criterion 1.3c and 1.3d in the draft accreditation standards are:

1.3 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements:

- c. **to have a minimum of 2000 hours full time equivalent (FTE) clinical practice as a registered nurse**
- d. **to have a minimum of 1000 hours FTE of advanced nursing practice** immediately prior to entry to the nurse practitioner program (in addition to point c above)



**Divergent responses were themed and included (but were not limited to) the following:**

### Theme 1 - Role reduction:

- *As the NP is in effect a Senior Nurse Consultant, this diminishes the recognition across the Health service of the experience maturity required to operate at this higher level.*
- *The Nurse Practitioner role has a level of expertise that can only come with years of experience.*
- *You are going to produce a cohort of NPs who are learning on the job and not doing the job very well which will reflect badly on the whole profession.*
- *It cheapens the role of the NP by reducing the minimum hours. It also means that someone who is still learning a complex area of care can enter studies to be an NP.*
- *I think this is watering down the NP standard. I would feel since you need 5000 AP hours you should have a minimum of that number of RN hours before starting the course.*
- *Reducing the hours is insulting to current NPs and dangerous for future NPs and is dumbing down the profession and the NPs you produce won't be worth the paper they are written on.*
- *Risk that without appropriate training, exposure and support ... that we may destroy the NP role both practically and professional. It becomes unfit for purpose.*
- *Reducing the prerequisite level of experience will detrimentally affect the level of skill, knowledge and performance of future NPs and therefore the NP profession as a whole*
- *...theoretically there could be much less experienced Registered Nurses getting to Nurse Practitioner roles very early in their career without the necessary experience and capability.*
- *While a reduction in the prerequisite hours will likely increase enrolment numbers, it may also lead to an increase in the number of NP's that are not employed in nurse practitioner roles.*
- *Any dilution in standards runs the risk failing to meet the education and experience expectations of other professions, resulting in challenges in establishing new NP workforce models.*

### Theme 2 - Insufficient hours for competence and proficiency:

- *Hours are not sufficient to obtain the clinical knowledge, interpersonal skills and an appreciation of the complex nature of delivering health care within nursing theory to the patients in our care.*
- *Given that NPs practice independently and are at the peak of the nursing clinical career path, the minimum hours of experience proposed is considered inadequate.*
- *6 months is unlikely to allow for adequate consolidation of entry level nursing skills and knowledge, and specialty area knowledge and skills leading to advanced practice.*
- *By reducing the prerequisite hours, employers will increasingly find it challenging to offer learning and development opportunities that align with the student's minimal level of experience.*

- *The development of clinical decision making is a contextual, continuous, and evolving process...theory needs to be coupled with sufficient praxis for competence to be developed.*
- *We would not consider a grade 2 Year 2/3 suitable for an NP Candidacy role as they would not be in an advanced practice role in order to advance their scope.*
- *While the goal is to increase the NP workforce, there are curriculum implications. Ensuring future NP students have the necessary knowledge, skills, and practice experience is crucial for success.*
- *Reduces the lived experience of nursing, experience that comes only with time*
- *While hrs does make it a bit cleaner, I'm concerned for the individuals out there that just tick a box of hours and no reference to quality of hours.*

### **Theme 3 - Safety to practice:**

- *May cause increased adverse events resulting in breaches of the NP standards by graduates who lack the underpinning prerequisite practical knowledge base.*
- *To meet the Standards required to safely operate a prospective NP requires greater length of clinical experience as a registered nurse and greater length of experience at an advanced practice level.*
- *Reducing qualification requirements at the very same time that more NPs are going to be practising independently can only amplify the risks and runs counter to the safety of the public clause.*
- *... reduction is founded on arguments around barriers to access and fails to take into consideration issues around experience, and the provision of safe, quality patient care.*
- *The NPs this system produces will be dangerous or at the very least useless and it will reflect badly on us all.*
- *Likely to lead to a lowering of the standard of care as NPs will be graduating with a substantially reduced level of clinical experience.*
- *The structures that have previously safeguarded NPs are being removed ....This does not embody the guiding principle of 'Safety of the public'.*

### **Theme 4 - Advanced practice hours for endorsement:**

- *This leaves a discrepancy in hours of 3000 practice hours from entry to completion of NP course. Would lead to loss of skill and knowledge that need to be practiced after graduation in NP role.*
- *RNs completing NP programs of study who entered on the minimum 1000 hours of clinical advanced practice will have a long waiting period before eligibility to seek endorsement as an NP.*
- *1000 hours is considered insufficient to meet the requirements of the Master of Nurse Practitioner Course. To be endorsed requires 5000 hours at an advanced level.*
- *1000 hours of advanced practice would not allow a nurse to meet requirements for endorsement due to limited exposure to strategic leadership, substantiated research and influence on practice.*

### **Supportive comments included (but were not limited to) the following:**

- *Amendments are required to address the practice hours for admission and to remove the necessity for advanced nursing practice hours to be undertaken immediately prior to entry to the program.*
- *The reduction in the minimum hours and removal for a specified clinical context is welcomed. This change is consistent with contemporary nursing and nurse practitioner practice.*
- *...conditional support for a reduction in entry requirements, however, the length of that reduction must be more transparently and extensively debated.*
- *The reduced minimum hours is welcomed if the requirement for 5000 hours of advanced practice for endorsement remains. Questions remain about how advanced nursing practice will be determined.*
- *Reduced pre-entry hours and improving earlier entry to program okay, but continuous pathway from initial registration should be adopted in this to maximise credibility of NP capability,*

## Question 2

Do you consider the **proposed** program entry requirements which remove the requirement for the registered nurse to be working at advanced practice level **in a specified clinical context**, to be appropriate for a program of study leading to endorsement as a nurse practitioner?



### Divergent responses and specific issues included (but were not limited to) the following:

- *To generalise NP context fails to ensure patient safety and opens potential scope issues and loss of confidence in care provision from the public.*
- *Experience in the clinical field is vital to understand appropriate scope of practice and utilisation of the NP role in specific organisations and clinical fields*
- *... having a one size fits all approach for a generalist and specialty NP is unsafe.*
- *... erodes the foundations of origins and will attract more criticism from the medical fraternity.*
- *The NP is an autonomous and advanced skilled practitioner and we need to prevent the deterioration of the qualification.*
- *... it would be difficult to be an NP in area that you have no clinical experience.*
- *Prior to being accepted into a course you should be an expert in your chosen area so you can focus on your studies and the transition to a NP.*
- *If you haven't had enough time to become an expert in your area and already practicing at an advanced level you cannot apply your NP learnings to its fullest.*
- *... it will come at the cost of diluting the knowledge and expertise of the NP and their ability to provide more highly focused care in particular fields.*
- *Exposes registered nurses, poorly positioned to transition to an NP role, ... devaluing of the role/title through access by less scrupulous health domains.*
- *Registered nurses who intend to operate as NPs in general practice should have significant advanced experience in this specified clinical context.*

### Supportive comments included (but were not limited to) the following:

- *Adaptability of the workforce meet the needs of the consumers*
- *Removes an unnecessary barrier to entry and potentially support the promotion of primary health care models of care.*
- *The current NP standards support a curriculum that includes didactic and supernumerary clinical hours to prepare a generalist NP.*
- *The NP will have key transferable skills.*
- *Supports models that are 'generalist' in nature and offer greater flexibility for context of practice and wider opportunities that benefit the workforce, particularly in rural and community settings.*
- *... it would not preclude RN's from changing their scope of practice, or entering specialised roles, further into their NP journey.*
- *NP requires a range of advanced practice skills, not box or silo that others view you through. ....entry into the course should focus on removing silos in health.*
- *... a more realistic approach to admission .... nurse practitioners are able to work autonomously across areas of clinical practice as generalist practitioners consistent with their scope of practice.*
- *Will ensure accreditation standards for contemporary practice and aligns with the commitment of the Australian Government's strategic plan for the NP workforce.*
- *Normalise a heightened level of practice applicable in most areas of health and role will scale to fit as a valid role within current system levers and attractable funds to sustain ongoing roles.*

### Question 3

Has the new five domain format retained the essential requirements that are present in current standards? If you answer 'no' please identify what elements you consider are missing.



#### Supportive comments included (but were not limited to) the following:

- *The proposed NP standards appropriately highlight specific areas relevant to the professional requirements of the nursing profession.*
- *It is recognised that there is a general alignment and consistency in all standards for accredited programs.*
- *Ensuring uniformity in language and presentation is crucial for clarity and effective implementation of the standards.*
- *The existing course requirements have mapped across, but the Domains of Practice would offer a solution that is understood across the sector and recognised as the basis for all advanced practice roles.*

#### Divergent responses and specific issues included (but were not limited to) the following:

- *Reduced domains is another reflection on how the NP role is being reduced to a piece of paper ... and it will result in the community and medical profession having little regard for people in the role as professionals*
- *Has not addressed the requirement for students to have sufficient English language proficiency – stakeholders have cited concerns regarding English language proficiency when recruiting internationally qualified nurses.*
- *ANMAC may also need to consider the addition of a domain addressing implementation of the program (supervisory and educational roles, training sites and posts).*
- *Language used could be altered to better achieve an outcome focussed approach.*

#### Comments regarding omitted criteria included:

- *Criterion 2.3, key requirements such as implementation and evaluation of assessment methods (5.10) and processes for student representation and feedback in matters relating to governance, program management and content delivery (6.7) have been left out of the Standards altogether.*
- *Criterion 3.12 the requirements around ensuring that staff recruitment strategies are culturally diverse and reflect population diversity (7.4) and the reviewing and monitoring of program resources (8.10) are no longer expressly specified. Similarly, the requirement around ensuring there are procedural controls, fairness and transparency (5.8 in 2015 Standards) have been missed in the consolidation of criteria in Domain 5.*
- *The proposed Standard 3 prescribes the curriculum framework and educational content but does not outline the corresponding learning outcomes and minimum learning requirements.*
- *Inclusion in Standard 3 – Program of study which specifically requires integration with GPs and other health professionals.*



## Question 4

Will education programs accredited against the draft revised Nurse Practitioner Accreditation Standards prepare students to meet the NMBA Nurse Practitioner Standards for Practice on graduation?



### Supportive comments included (but were not limited to) the following:

- *As long as these are accredited with regular review and input from long standing, experience Nurse Practitioners*
- *Provided the syllabus is closely aligned to the standards.*
- *They are comprehensive and include contemporary nursing issues.*
- *All learning outcomes, content and assessments are mapped to the ANMAC NP standards and NMBA NP practice standards which ensure constructive alignment in the course.*
- *Whether this occurs will depend on the skill of the curriculum designers, those accrediting / monitoring the programs, those teaching and supervising the students and commitment by the education provider to uphold a high standard.*
- *The core framework and criteria within the draft standards remain consistent with the goal of preparing students for the Nurse Practitioner profession.*

### Divergent responses and specific issues included (but were not limited to) the following:

- *I have seen the NP programs required to become an NP. The only saving grace was the requirement for them to be at the very least experienced. So, unless the education programs are rigorously increased in complexity and delivery this is a disaster in the making.*
- *... delivering this to a less experienced, novice, group will be challenging unless the assessment and marking rubrics are going to be adjusted to reflect lower expectations, if the entry requirements were relaxed. The clinical assessment component will be challenging to achieve given they could be much earlier in their careers and very unlikely to be in an Advanced Practice role.*
- *It is crucial to note that potential modifications may be warranted, particularly if entry criteria shift to admit NP students without prior advanced practice experience.*
- *Given the addition of Statement 3.6 item J) ability to demonstrate independent practice and to work with self-confidence, if programs are to accept students with less experience, the end-product will be an inexperienced NP (in terms of advanced practice).*

## Question 5

Are there any other issues that you wish to comment on? If so, please respond below.

**Responses and specific issues were themed and included (but were not limited to) the following:**

### Theme 1 - Content:

- *Criteria 3.9 The definition of supernumerary integrated practice should support RNs in Transitional Nurse Practitioner TNP positions. This could be qualified by opportunistic new learning or skill during where they are clinically employed.*
- *(2.3) Add 'Professional colleges' after the word 'stakeholders'*
- *1.4. (b) add the wording on the end 'at the appropriate advanced practice level. 3.2 add a point (d) 'that is at the advanced practice level, incorporating advanced clinical decision making'. 3.13 change the wording at the end of the statement to 'relevant clinical and academic qualifications and advanced practice experience', and in 5.4 add (e) assessment of advanced clinical practice against validated frameworks*
- *3.6 2(b) suggest inclusion of 'global' into the sentence, 3.7 suggest adding after 'links between learning outcomes, assessments,' teaching approaches and required graduate competencies. 5.1 (add teaching approaches) and assessment strategies are aligned.*
- *Item 3.14 : needs to include: ... This includes clinical practice expertise in a relevant clinical area.*
- *Should include the expectation that registered nurses enrolled in nurse practitioner master's programs will undertake clinical reflective supervision as part of their practice. This could be included under Standard 5 Assessment.*
- *Regarding point 3.9, "provision of 300 hours of supernumerary integrated professional practice", ...query if this is in line with the recognition that unpaid placements may be hindering the ability of students to complete their courses*
- *...requests that the words 'immediately prior to entry' be removed. It could unfairly preclude registered nurses who may be required to take time away from nursing practice.*
- *Relevant to clinical field or demonstration of post-grad success 1.3e*
- *This needs to include indemnity of the education provider over their student's practice 1.6*
- *Point G needs to be strengthened to include building and delivering a sustainable NP model,3.6g*
- *Consistent is a word missing here 4.1*

### Theme 2 - Cultural safety of Aboriginal and Torres Strait Islander peoples:

- *Recommended revisions:*
  - *3.2.7 practises in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander people*
  - *3.2.8 conducts relationships within a context of collaboration, mutual trust, respect and cultural safety.*
  - *Statement 4.6. rewording to 'Equity and diversity principles, including cultural safety principles, are applied to all students'.*
  - *Governance 2.6 (a & b) the risk assessment criteria and student evaluations must include assessments of the cultural safety of learning environments.*
- *Include content promoting the attainment of advanced level proficiency in cultural safety in alignment with the revised NP Endorsement Standard Guidelines.*
- *NPs are obligated under the National Law and the NMBA's regulatory framework to promote and protect the Cultural Safety of Aboriginal and Torres Strait Islander peoples, including the Cultural Safety of other health practitioners and students regardless of the context of practice. Advancing Cultural Safety for Aboriginal and Torres Strait Islander Peoples and eliminating racism across the health system is a priority for all health practitioners, in particular NPs.*

**Other comments:**

- *Greater inclusion of employers (outside of government), or employer representative organisations in EAG's, will ensure greater cross sector input in future reviews.*
- *The term supernumerary should not be taken to mean unpaid. ... integrated professional practice should allow student to develop knowledge and skills for expanded practice to meet the standards.*
- *Recommend developing a framework/tool to evaluating advanced nursing practice that provides transparency to APNs intending to undertake NP studies.*
- *... should carry a requirement to practice within the scope of the speciality for credentialing and endorsement and be an ongoing requirement and essential part of yearly registration criteria.*
- *Support NP with incentives to enter advanced practice, provide their own centres of care services and clinics rather than watering down standards of entry, practice and care.*
- *Sustainability in healthcare and workforce wellbeing is gaining momentum and it would be good to see these topics represented in advanced practice programs.*
- *All New Zealand Mātanga Tapuhi Nurse Practitioners have extensive prescribing rights, have concerns about how prepared an endorsed Nurse Practitioner in Australia would be, if they transferred to New Zealand, given the potential lack of prescribing experience... consider the potential implications that the proposed changes might have for nurses wishing to transfer between Aotearoa New Zealand and Australia.*
- *Consider a supervised work period of 200 hours to enhance the competence and confidence of new practitioners. This model draws parallels with other independent practitioners.*
- *Having a candidate position is the best way for Registered Nurses who are thinking about a Nurse Practitioner pathway to progress.*
- *The removal of the requirement for collaborative arrangements is intended to lead to more Nurse Practitioners practising independently in the community. ... will lead to increased fragmentation and duplication of care. ...autonomous primary care led by nurse practitioners is likely to lead to greater dependence on investigations and referrals, and thus reduced system efficiency.*
- *A post NP course completion yearlong fellowship or supervised post endorsement year would add additional support and safe practice for graduating NPs.*

## Appendix 1: List of respondents

Australian College of Nurse Practitioners  
Australian College of Rural and Remote Medicine  
Australian Medical Association  
Australian Nursing and Midwifery federation  
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives  
Council of Deans of Nursing and Midwifery (Australia and New Zealand)  
Edith Cowan University  
Flinders University  
Flinders University, College of Nursing and Health Sciences  
Gastroenterological Nurses College of Australia  
Individuals  
NSW Health  
**Nursing and Midwifery Board Australia**  
Nursing and Midwifery Council Safer Care Victoria  
Nursing Council of New Zealand  
Queensland Health  
Royal Australian College of General Practitioners  
Royal Flying Doctor Service Queensland  
Seymour Health  
University of Melbourne  
Victorian Hospitals' Industrial Association  
Western Australia Chief Nursing and Midwifery Office  
Western Health

## Appendix 2: Summary of consultations

Proposed NP Accreditation Standards		Current 2015 standards	Recommendations from consultation 1	NPAS requiring further consultation
<b>Standard 1 Safety of the public</b>				
<b>1.1</b>	The program's guiding principle is safety of the public	New criterion		
<b>1.2</b>	The program is delivered in Australia to prepare graduates for safe and ethical practice.	New criterion		
<b>1.3</b>	<p>The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements:</p> <ul style="list-style-type: none"> <li>a. to meet the program's inherent requirements</li> <li>b. to hold current general registration as a registered nurse with NMBA</li> <li>c. to have a minimum of 2000 hours full time equivalent (FTE) clinical practice as a registered nurse</li> <li>d. to have a <b>minimum of 1000 hours FTE</b> of advanced nursing practice immediately prior to entry to the nurse practitioner program (in addition to point c above)</li> <li>e. to hold a postgraduate qualification at Australian Qualifications Framework Level 8 that is relevant to a clinical field.</li> <li>f. specified by health services where integrated professional practice is undertaken</li> <li>g. specified in the Nursing and Midwifery Board of Australia's Endorsement as a nurse practitioner registration standard.</li> </ul>	<p>6.1</p> <p>6.2</p>	<p>Further consultation required</p> <p><b>Q1 (1.3c,d)</b></p> <p>Do you consider the <b>proposed</b> program entry requirements in terms of length of experience as a registered nurse working at advanced practice level, to be appropriate for a program of study leading to endorsement as a nurse practitioner?</p> <p><b>Q 2 (1.3d)</b></p> <p>Do you consider the <b>proposed</b> program entry requirements which remove the requirement for the registered nurse to be working at advanced practice level in a <b>specified clinical context</b>, to be appropriate for a program of study leading to endorsement as a nurse practitioner?</p>	
<b>1.4</b>	The education provider ensures that organisations in which students undertake integrated professional practice have:	<p>3.5</p> <p>8.1</p>		

	<p>a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards</p> <p>b. an associated clinical and professional support team for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the program so that students can meet the standards for practice</p>	<p>8.3</p> <p>8.7</p>		
<b>1.5</b>	The education provider ensures there are policies relating to credit transfer or the recognition of prior learning that are consistent with AQF national principles and the graduate’s ability to meet the Nurse Practitioner Standards for Practice.	1.8		
<b>1.6</b>	The education provider has processes in place to manage students with identified impairments that, in the course of undertaking integrated professional practice may place the public at risk. These processes include procedures for mandatory reporting where required.	6.1(c)		
<b>Proposed NP Accreditation Standards</b>		<b>Current 2015 standards</b>	<b>Recommendations from consultation 1</b>	
<b>Standard 2 Governance</b>				
<b>2.1</b>	The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.	<p>1.1</p> <p>1.2</p>		
<b>2.2</b>	<p>The education provider conducting the program has a governance structure that ensures the head of discipline is a registered nurse with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline is responsible for:</p> <p>a. academic oversight of the program</p> <p>b. promoting high-quality teaching and learning experiences for students to enable graduate competence</p> <p>c. ensuring staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.</p>	<p>7.6</p> <p>1.4</p> <p>1.5</p> <p>1.6</p> <p>1.7</p> <p>7.5</p> <p>7.11</p> <p>7.12</p> <p>7.13</p> <p>9.1</p> <p>9.6</p>		
<b>2.3</b>	The education provider ensures consultative and collaborative approaches to curriculum design, program organisation, and assessment strategies between	1.5	Add highlighted wording	

	academic staff, nurse practitioners, other relevant clinical experts working in clinical service provision, students, consumers, and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.	3.1 5.10 6.7 9.4	The education provider ensures consultative and collaborative approaches to curriculum design, program organisation, and assessment strategies between academic staff, nurse practitioners, other relevant clinical experts working in clinical service provision, students, consumers, and other key stakeholders including Aboriginal and Torres Strait Islander health professionals <b>and communities when required to support appropriate program design and place-based learning.</b>	
2.4	At least one endorsed nurse practitioner is a member of academic staff that teaches into the nurse practitioner program of study and as part of this role contributes to curriculum design and development, supervision, and mentorship models, as well as quality improvement and risk management processes	7.7		
2.5	The education provider ensures there are clear, contractual, governance arrangements between the organisation and health service providers to monitor students’ integrated professional practice experience and learning and teaching in the clinical setting including, but not limited to, program resourcing and clinical teaching, supervision, and assessment.	1.9 8.2	Removal of word ‘contractual’ The education provider ensures there are clear, governance arrangements between the organisation and health service providers to monitor students’ integrated professional practice experience and learning and teaching in the clinical setting including, but not limited to, program resourcing and clinical teaching, supervision, and assessment.	

<p><b>2.6</b></p>	<p>The program’s 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> </ul>	<p>2.3 6.7 9.2 9.3 9.4 9.5</p>		
<p><b>Proposed NP Accreditation Standards</b> <b>Standard 3 Program of study</b></p>		<p><b>Current 2015 standards</b></p>	<p><b>Recommendations from consultation 1</b></p>	
<p><b>3.1</b></p>	<p>The program on the Australian Qualifications Framework (AQF) National Registry for the award of Masters Degree as a minimum and includes the term Nurse Practitioner in the named degree.</p>	<p>1.3</p>		
<p><b>3.2</b></p>	<p>The central focus of the program is application of knowledge and skills at the required level that will enable the student to provide a person-centred health service to consumers:</p> <ul style="list-style-type: none"> <li>a. within a range of health care contexts</li> <li>b. that complies with national and relevant jurisdictional legislative frameworks</li> <li>c. that incorporates principles of primary health care.</li> </ul>	<p>4.2 8.4</p>	<p>Add highlighted wording The central focus of the program is application of knowledge and skills at the required level that will enable the student to provide person-centred <b>and culturally safe</b> health service to consumers.</p>	
<p><b>3.3</b></p>	<p>The program has a clearly documented and explained curriculum philosophy that is integrated throughout the program and that includes knowledge concepts relating to:</p> <ul style="list-style-type: none"> <li>a. a nursing model of health care</li> <li>b. primary health care principles and contexts</li> <li>c. capability theory</li> <li>d. sciences that underpin all elements of nurse practitioner practice.</li> </ul>	<p>2.1 2.2 3.4 3.7 4.1</p>	<p>Expand on point c and add point e The program has a clearly documented and explained curriculum philosophy that is integrated throughout the program and that includes knowledge concepts relating to:</p> <ul style="list-style-type: none"> <li>a) a nursing model of health care</li> <li>b) primary health care principles and contexts</li> </ul>	



			<p>c) <b><i>a suitable clinical development theory such as capability theory</i></b></p> <p>d) sciences that underpin all elements of nurse practitioner practice.</p> <p>e) <b><i>clinical decision-making and person-centred healthcare</i></b></p>	
3.4	The program’s electives, if included, are at the required level and complement nurse practitioner practice.	4.8		
3.5	The program’s teaching and learning strategies reflect contemporary practices in nursing, health, and education.	4.1 c 4.7		
3.6	<p>The program’s content and subject learning outcomes ensure:</p> <ol style="list-style-type: none"> <li>1. a) achievement of NMBA Nurse practitioner standards for practice</li> <li>2. b) integrated knowledge of national and regional health priorities, research, policy, and reform</li> <li>3. c) knowledge of digital health and its role in supporting health care</li> <li>4. d) advanced holistic health assessment and diagnostics</li> <li>5. e) knowledge of clinical research and practice improvement methodologies</li> <li>6. f) therapeutic practice approaches grounded in a nursing model of care</li> <li>7. g) knowledge of socio-economic, geographical, and political factors that influence nurse practitioner service models</li> <li>8. h) building of clinical leadership and clinical scholarship.</li> </ol>	<p>3.2</p> <p>3.8</p> <p>4.1</p> <p>4.2 b</p> <p>4.3 b, c, e</p> <p>4.7</p> <p>4.3d</p> <p>2.3e</p>	<p>Add suggested point 9 and 10</p> <p>The program’s content and subject learning outcomes ensure:</p> <ol style="list-style-type: none"> <li>a) achievement of NMBA Nurse Practitioner Standards for Practice</li> <li>b) integrated knowledge of national and regional health priorities, research, policy, and reform</li> <li>c) knowledge of digital health and its role in supporting health care</li> <li>d) advanced holistic health assessment and diagnostics</li> </ol>	

			<ul style="list-style-type: none"> <li>e) knowledge of clinical research and practice improvement methodologies</li> <li>f) therapeutic practice approaches grounded in a nursing model of care</li> <li>g) knowledge of socio-economic, geographical, and political factors that influence nurse practitioner service models</li> <li>h) building of clinical leadership and clinical scholarship.</li> <li><b>i) advanced decision-making skills</b></li> <li><b>J) ability to demonstrate independent practice and to work with self-confidence</b></li> </ul>	
<b>3.7</b>	The program’s content is mapped against the National Prescribing Competencies Framework and clearly identifies the links between learning outcomes, assessments and required graduate competencies.	3.3 4.3d		
<b>3.8</b>	The program includes content and sequencing that incorporates simulated learning experience to prepare students for integrated professional practice.	3.7	Remove words ‘content and sequencing that incorporates’ The program includes simulated learning experience to prepare students for integrated professional practice.	
<b>3.9</b>	Each student is provided with a minimum of 300 hours of supernumerary <sup>1</sup> integrated professional practice incorporated in the program that provides exposure to:	3.5		

<sup>1</sup> Supernumerary integrated practice is to be undertaken in one or a combination of the following ways:

- a. as scheduled and supervised integrated professional practice in the clinical setting where they are employed, but not rostered at the time

	<ul style="list-style-type: none"> <li>a. a range of health care experiences relevant to the students’ learning needs and enables students’ achievement of the NMBA Nurse practitioner standards for practice</li> <li>b. opportunities for intraprofessional and interprofessional learning and the development of knowledge and skills and their application for collaborative practice.</li> </ul>	<p>3.6 4.1 d 8.5 8.6</p>		
<p><b>3.10</b></p>	<p>The program includes content giving students</p> <ul style="list-style-type: none"> <li>a. a deep appreciation of the diversity of Australian culture, to further develop and engender their knowledge of cultural respect and safety</li> <li>b. knowledge of the health needs of people with geographically, or culturally, socially, and linguistically diverse backgrounds.</li> </ul>	<p>4.4</p>		
<p><b>3.11</b></p>	<p>The program includes discrete content specifically addressing Aboriginal and Torres Strait Islander peoples’ histories, health, wellness, and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples and communities are appropriately embedded across the curriculum and linked to subject objectives, learning outcomes and assessment.</p>	<p>4.5</p>	<p>Add highlighted wording</p> <p>The program includes discrete content specifically addressing Aboriginal and Torres Strait Islander peoples’ histories, health, wellness, and culture. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples and communities are appropriately embedded across the curriculum and linked to subject objectives, learning outcomes and assessment <b>based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework.</b></p>	

- b. as unscheduled, opportunistic, and supervised integrated professional practice in the clinical setting where they are employed and counted in the roster of the clinical setting
- c. as supervised integrated professional practice in a clinical setting where they are not employed.

3.12	The program’s resources are sufficient to facilitate student achievement of the NMBA Nurse practitioner standards for practice, with attention to human and physical resources supporting all teaching and learning environments, including simulated practice, and integrated professional practice.	7.1 7.3 7.4 8.10		
3.13	Staff teaching and assessing nursing practitioner specific subjects, including those with pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.	7.8 7.11 7.10	Add highlighted wording  Staff teaching and assessing nursing practitioner specific subjects, including those with <b>cultural safety</b> , pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.	
3.14	Each student’s integrated professional practice clinical and professional support team is qualified for their level of teaching and/or supervision. This includes clinical practice expertise in a relevant clinical area and an academic qualification in education or equivalent learning and teaching experience.	7.9	Remove highlighted wording  Each student’s integrated professional practice clinical and professional support team is qualified for their level of teaching and/or supervision. <del>This includes clinical practice expertise in a relevant clinical area and an academic qualification in education or equivalent learning and teaching experience.</del>	
<b>Proposed NP Accreditation Standards Standard 4 Student experience</b>		<b>Current 2015 standards</b>	<b>Recommendations from consultation 1</b>	
4.1	Students are provided easy access to program information that is relevant, timely, and transparent.	6.1		
4.2	Aboriginal and Torres Strait Islander registered nurses are encouraged to apply for enrolment and a range of support is provided to those students as needed.	6.8	Add highlighted wording  Aboriginal and Torres Strait Islander registered nurses are	

			<b>actively</b> encouraged to apply for enrolment and a range of <b>targeted supports are offered to all</b> those students <b>and provided</b> as needed.	
4.3	Students have sufficient and timely access to academic and clinical teaching staff, including nurse practitioners, to support student learning.	6.4 6.5 7.2		
4.4	Students are informed of, and have access to, grievance and appeals processes.	New criterion		
4.5	Students are informed of, and have access to, pastoral and/or personal support services.	6.4		
4.6	Student experiences have equity and diversity principles observed and promoted.	6.6 6.9	Add highlighted wording Student experiences have equity and diversity principles observed and promoted, <b>including cultural safety principles in support of Aboriginal and Torres Strait Islander students.</b>	
<b>Proposed NP Accreditation Standards Standard 5 Assessment</b>		<b>Current 2015 standards</b>	<b>Recommendations from consultation 1</b>	
5.1	The program’s learning outcomes and assessment strategies are aligned.	5.1 5.3		
5.2	The program’s subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Nurse practitioner standards for practice.	3.2		
5.3	The integrity of the program’s theoretical and clinical assessments is ensured through the use of a range of contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.	5.9 5.5 b 5.6 5.8		

<p><b>5.4</b></p>	<p>Both formative and summative assessment exist across the program to enhance individual and group learning as well as inform student progression. Assessments include:</p> <ul style="list-style-type: none"> <li>a. a comprehensive portfolio of learning and integrated professional practice</li> <li>b. viva voce clinical assessment</li> <li>c. contextualised, scenario-based strategies</li> <li><b>d.</b> observational assessment against the NMBA Nurse practitioner standards for practice in the context of integrated professional practice.</li> </ul>	<p>5.5 a, c, d 5.11 8.9</p>		
<p><b>5.6</b></p>	<p>The education provider is ultimately accountable for the assessment of students in relation to their integrated professional practice.</p>	<p>5.7</p>		