



Australian  
**Nursing & Midwifery**  
Accreditation Council

# Consultation Paper 2: Nurse Practitioner Accreditation Standards

Review of Nurse Practitioner Accreditation  
Standards 2015

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## Executive Summary

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is appointed by the Nursing and Midwifery Board of Australia (NMBA) as the independent accrediting authority for nursing and midwifery programs of study, with responsibility for maintaining and facilitating the development of accreditation standards leading to registration as a nurse and/or a midwife. ANMAC follows a five-year cyclical review to ensure standards remain current, contemporary and effective. The current Nurse Practitioner (NP) Accreditation Standards, approved in 2015 are now due for review.

A literature review in 2021 informed the work of the Regulatory Advisory Group (RAG) which was convened to provide informed opinion and advice to both ANMAC and NMBA. The work of the RAG has resulted in the drafting of Nurse Practitioner endorsement standards and accreditation standards for review concurrently by stakeholders.

### Consultation 1

The first round of consultation on the proposed Nurse Practitioner Accreditation Standards (NPAS), was undertaken from 14 August to 9 October 2023 with selected stakeholders (Appendix A) from an Expert Advisory Group (EAG). This paper now contributes to Stage 2 of the consultation undertaken by ANMAC to gather further feedback from the public.

Feedback from Consultation Paper 1 identified topics for consideration which are outlined below.

#### Program entry criteria and requirements

Feedback from consultations undertaken by Department of Health and Aged, indicated that the current pathway to becoming a nurse practitioner may be a barrier to prospective students. The Regulatory Advisory Group (RAG) proposed that registered nurses could enter nurse practitioner programs of study earlier in their career. In Consultation 1 selected stakeholders were asked to reflect on the benefits and potential risks of reducing the entry requirements by a half with the timeframes in hours rather than years.

The proposed accreditation standards have also removed reference to a 'specified' clinical field. The RAG considered that this would promote more of a focus on a generalist approach which is in keeping with recommendations of the *Educating the Nurse of the Future Report*. In Consultation 1 stakeholders were asked to review this change.

#### Format of the standards

The revised accreditation standards have been developed using a five-domain framework instead of the nine-domain framework of the current accreditation standards. This aim of the re-formatting is to:

- reduce duplication of criteria as far as possible
- promote an outcome focus to the standards which will encourage innovation in curriculum development and program delivery while still requiring the same result.

Consultation Paper 1 sought feedback from stakeholders to review the draft standards to ascertain if any omissions have occurred during the translation from nine domains to five domains.

Consultation Paper 2 presents the draft accreditation standards modelled on the five-standard structure outlined in Consultation Paper 1. (Table 1)

## Fit for purpose

The key purpose of ANMAC's accreditation standards for nursing and midwifery education programs is to provide the framework to prepare students to meet the NMBA's standards for practice for the relevant profession on graduation. The current Nurse Practitioner Accreditation Standards have been providing the framework for robust education programs since 2015. Consultation 1 asked stakeholders to review the draft standards to check if they would continue to provide a framework that is comprehensive and fit for purpose.

## Introduction

In 2010, ANMAC was appointed by the Nursing and Midwifery Board of Australia (NMBA) as the independent accrediting authority for nursing and midwifery programs of study.

ANMAC performs the following accreditation functions as defined in section 42 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law)[1].

- developing accreditation standards for approval by a National Board
- assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards.

The NMBA approved the current Nurse Practitioner Accreditation Standards 2015 (the standards) and they are now due for review. Revised or new standards—once approved by the NMBA—are the standards used by ANMAC to assess and accredit programs that lead to registration as a registered nurse in Australia.

This review seeks to refine and improve the Standards through constructive and respectful engagement with stakeholders, so they continue to meet National Law objective (2a):

*to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner [1].*

## Objectives of the review

The revised Nurse Practitioner Accreditation Standards, once approved by the NMBA, will be the standards against which education providers and programs will be assessed by ANMAC. The objective of nurse practitioner programs of study is to ensure graduates are able to meet the NMBA approved Nurse Practitioner Standards of Practice (NMBA, 2021) and, therefore, practise safely and competently in the context of the current Australian health care environment. Successful completion of such programs allows graduates to apply for endorsement with NMBA via Ahpra as a nurse practitioner.

The review aims to achieve consensus on a revised set of accreditation standards that are:

- contemporary and aligned with emerging research, policy, and relevant industry guidance
- able to ensure nurse practitioners are suitably educated and qualified to practise in a competent and ethical manner
- supportive of the continuous development of a flexible, responsive, and sustainable Australian health workforce
- acceptable to the community in supporting safe, accessible, quality care
- acceptable to the profession and relevant stakeholders.

## Context of the review

The NMBA is concurrently developing revised endorsement standards for nurse practitioners. In an innovative project, ANMAC and NMBA have been working together to plan for the revisions of the both the NMBA's endorsement standards and the accreditation standards as both sets of standards are linked.

In late 2021, a literature review was commissioned to review national and international literature since 2016 relating to Nurse Practitioner education, regulation, pathways to practice, and expected Nurse Practitioner graduate attributes.

The aim of the literature review was to:

- a) explore the current state and future directions in international models of NP regulation and/or other models of NP recognition
- b) explore the available literature on other NP regulatory models' requirements for endorsement including pathways into a NP program of study and practice pathways following the award of a NP qualification that may influence future NP context of practice
- c) explore the current evidence regarding exemplar NP graduate attributes irrespective of clinical practice area or context of practice, and
- d) explore current evidence on clinical training and experience required for safe, professional, and competent NP practice.

This review informed the work of the RAG and resulted in the drafting of Nurse Practitioner endorsement standards and accreditation standards. Consultation on both sets of standards will be undertaken concurrently but with separate responses expected for each set.

## Purpose of Consultation Paper 2

This paper describes the process of consultation, including how to provide feedback and offers contextual information to promote stakeholder understanding of key issues and engagement with the review process. This paper also presents the second version of the draft accreditation standards for stakeholder comment.

To achieve the aims of this review, it is important that organisations and individuals with an interest in the education of nurses provide critical input. This paper has therefore been distributed to organisations and individuals with an interest in Nurse Practitioner, education and/or regulation and who wish to contribute via survey.

Stakeholders can provide input into the review of these accreditation standards responding to questions provided in an online survey via the following link:

<https://forms.office.com/r/T9iwHgFNAD>

Stakeholder feedback would be appreciated by close of business **21 March 2024**.

## Background

The orientating statements found in the NMBA's Nurse Practitioner Standards of Practice (NMBA, 2021) provide a comprehensive overview of the role of nurse practitioner. In summary these statements recognise that nurse practitioners work in a variety of contexts, across diverse practice settings to deliver high level clinically focused, culturally safe nursing care. The scope of practice of the nurse practitioner builds upon registered nurse practice, enabling nurse practitioners to manage episodes of care, including wellness-focused care, as a primary provider of care or in collaborative teams. As part of this care, nurse practitioners use advanced, comprehensive assessment techniques in the screening, diagnosis, and treatment of client conditions by applying best available knowledge to evidenced-based practice.

Nurse practitioners order and interpret diagnostic tests, prescribe therapeutic interventions including the prescription of medications, and independently refer clients to healthcare professionals for conditions that would benefit from integrated and collaborative care. They accomplish this by using skilful and empathetic communication with health care consumers and health care professionals. Nurse practitioners facilitate patient-centred care through the holistic and encompassing nature of nursing. Finally, nurse practitioners evaluate care provision to enhance safety and quality within healthcare. Although clinically focused, nurse practitioners are also expected to actively participate in research, education and leadership as applied to clinical care.

Formal learning to become a nurse practitioner includes completion of a Master's Degree in Australia and a professional experience component that builds on already demonstrated advanced practice nursing. Consequently, when entering a nurse practitioner program, the applicant already has a high degree of systems literacy and the capacity to engage in reflective practice as well as complex and critical thinking. When assuming the title and scope of practice of a nurse practitioner, the nurse practitioner is accountable for the care they provide and for self-monitoring their work.

## Nurse practitioner endorsement

The title of 'nurse practitioner'—is protected under National Law. Only those endorsed by the NMBA can use the title of 'nurse practitioner'.

The NMBA is currently undertaking stakeholder consultation in relation to changes to the endorsement standards.

## Current status

The 2021-2022 registrant data report showed that there are 2,494 registered nurses with endorsement as a nurse practitioner in Australia. (NMBA, 2021-2022).

Nurse practitioners work in a variety of clinical settings, ranging from primary to tertiary care environments. They work in generalist to specialist capacities within the nursing profession. The 2010 health reforms, including access to the Medical Benefits Scheme and the Pharmaceutical Benefits Scheme, have allowed nurse practitioners to explore innovative practice models in both the public and private healthcare sectors. The 2023-2024 Federal Budget released in May 2023 has signalled positive changes in funding arrangements for nurse practitioners. However, it may be 18 months before some these changes are operationalised.

The Educating the Nurse of the Future Report (Schwartz, 2019) was critical of the progress Australia has made in promoting the role of nurse practitioners. Schwartz wrote:

The Commonwealth's Stronger Rural Health Strategy allocated approximately \$300,000 to a 12-month awareness-raising campaign to increase the profile of nurse practitioners. This was like putting a band aid on a corpse. (p. 65)

Schwartz recommended that nurse practitioner education should be oriented towards primary care and advanced practice requirements 'should be revised to encourage the formation of broad skills required in primary practice' (recommendation 24) (p. 65).

The ANMAC and NMBA have borne this recommendation in mind when drafting the nurse practitioner endorsement and accreditation standards.

### **Draft Nurse Practitioner Accreditation Standards**

The draft Nurse Practitioner Accreditation Standards are in the five-domain format which has been adopted by accreditation councils across NRAS. The draft standards criteria have been mapped to current standards criteria to ensure no aspect has been omitted. Table 1 shows the draft standards criteria and the mapping to current standards with evidence of consultations.

The key changes to the current standards are:

- five standard format instead of nine
- inclusion of safety of the public as a specified domain
- reduction in duplication of criteria
- changes to entry requirements to program of study.

The new standards will be accompanied by an *Essential Evidence* document developed by ANMAC to advise education providers of the types of evidence needed to support their application for accreditation of a nurse practitioner program of study.

Please note: All standards are open to change based on feedback from the consultation period.

Proposed NP Accreditation Standards		Current 2015 standards	Recommendations from consultation 1
<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 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?</p>
<b>1.4</b>	<p>The education provider ensures that organisations in which students undertake integrated professional practice have:</p> <ul style="list-style-type: none"> <li>a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards</li> </ul>	<p>3.5</p> <p>8.1</p> <p>8.3</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	8.7	
1.5	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	
1.6	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>			
2.1	The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.	1.1 1.2	
2.2	The education provider conducting the program has a governance structure that ensures the head of discipline is a registered nurse with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline is responsible for: <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>	7.6 1.4 1.5 1.6 1.7 7.5 7.11 7.12 7.13 9.1	

		9.6	
2.3	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.	1.5 3.1 5.10 6.7 9.4	Add highlighted wording  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.

2.6	<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>
3.1	<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>	
3.2	<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</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 person-centred <b>and culturally safe</b> health service to consumers.</p>
3.3	<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</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> </ul>

			<ul style="list-style-type: none"> <li>b. primary health care principles and contexts</li> <li>c. <b><i>a suitable clinical development theory such as capability theory</i></b></li> <li>d. sciences that underpin all elements of nurse practitioner practice.</li> <li>e. <b><i>clinical decision-making and person-centred healthcare</i></b></li> </ul>
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> <ul 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> <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. h) building of clinical leadership and clinical scholarship.</li> </ul>	3.2 3.8 4.1 4.2 b 4.3 b, c, e 4.7 4.3d 2.3e	<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>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> </ol>

			<p>5. e) knowledge of clinical research and practice improvement methodologies</p> <p>6. f) therapeutic practice approaches grounded in a nursing model of care</p> <p>7. g) knowledge of socio-economic, geographical, and political factors that influence nurse practitioner service models</p> <p>8. h) building of clinical leadership and clinical scholarship.</p> <p><b>9. I) advanced decision-making skills</b></p> <p><b>10. J) ability to demonstrate independent practice and to work with self-confidence</b></p>
3.7	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	
3.8	The program includes content and sequencing that incorporates simulated learning experience to prepare students for integrated professional practice.	3.7	<p>Remove words 'content and sequencing that incorporates'</p> <p>The program includes simulated learning experience to prepare students for integrated professional practice.</p>
3.9	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:

	<p>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</p> <p>b. opportunities for intraprofessional and interprofessional learning and the development of knowledge and skills and their application for collaborative practice.</p>	<p>3.6</p> <p>4.1 d</p> <p>8.5</p> <p>8.6</p>	
<b>3.10</b>	<p>The program includes content giving students</p> <p>a. a deep appreciation of the diversity of Australian culture, to further develop and engender their knowledge of cultural respect and safety</p> <p>b. knowledge of the health needs of people with geographically, or culturally, socially, and linguistically diverse backgrounds.</p>	4.4	
<b>3.11</b>	<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>	4.5	<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><i>based on the</i></b></p>

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

			<b><i>Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework.</i></b>
<b>3.12</b>	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	
<b>3.13</b>	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><i>cultural safety</i></b> , pharmacology, advanced health assessment and diagnostics (pathology and medical imaging) content, have relevant clinical and academic qualifications and experience.
<b>3.14</b>	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>
<b>4.1</b>	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	



<b>5.3</b>	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	
<b>5.4</b>	Both formative and summative assessment exist across the program to enhance individual and group learning as well as inform student progression. Assessments include:  a. a comprehensive portfolio of learning and integrated professional practice b. viva voce clinical assessment c. contextualised, scenario-based strategies d. observational assessment against the NMBA Nurse practitioner standards for practice in the context of integrated professional practice.	5.5 a, c. d 5.11 8.9	
<b>5.6</b>	The education provider is ultimately accountable for the assessment of students in relation to their integrated professional practice.	5.7	

## Summary

Consultation Paper 2 presents issues identified in the first round of consultation for revising the Nurse Practitioner Accreditation Standards 2015. Consultation 2 presents draft accreditation standards for further consideration and feedback responding to the challenges of developing accreditation standards for education providers to develop innovative and future-directed Nurse Practitioner programs.

## Questions for consideration

Stakeholders are invited to consider and respond to the following questions. Background information is provided for each question.

### Program entry criteria

**Q 1** The **current** accreditation standards list the following entry requirements for a nurse practitioner program:

6.2 Students are selected for the program based on clear, justifiable, and published admission criteria that includes:

- a. current general registration as a registered nurse
- b. 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**
- c. a postgraduate qualification at Australian Qualifications Framework Level 8 in a clinical field.

Feedback from consultations undertaken by Department of Health and Aged Care and referred to above, indicates that the current pathway to becoming a nurse practitioner may be a barrier to prospective students. The RAG discussed this issue extensively and proposes that registered nurses can enter nurse practitioner programs of study earlier in their career.

The RAG discussed the value of maintaining the requirement for students to hold a post graduate qualification in a clinical field. RAG members noted that Master's level programs are at AQF 9 and are academically rigorous. Therefore, to ensure that students have had academic preparation to undertake a Master's program, the draft standards maintain this requirement.

The **proposed** entry requirements 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:

- a. to meet the program's inherent requirements
- b. to hold current general registration as a registered nurse with NMBA
- 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)

- e. to hold a postgraduate qualification at Australian Qualifications Framework Level 8 that is relevant to a clinical field.
- f. specified by health services where integrated professional practice is undertaken
- g. specified in the Nursing and Midwifery Board of Australia's Endorsement as a nurse practitioner registration standard.

The draft standards express the timeframes in hours rather than years. In effect, this reduces the entry requirements by a half. Overall, the EAG did not support this proposal and felt that this was not enough time for a nurse to consolidation their knowledge and skills in order to prepare for advanced practice and the proposed 6 month equivalent of advanced practice was felt to be insufficient to prepare the candidate for the rigorous study and clinical experience required of the Nurse Practitioner.

Stakeholders are asked to reflect on benefits and potential risks in their response to question 1

<p><b>Q1</b></p> <p>Do you consider the <b>proposed</b> 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>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Reason for your response:</p>
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**Q 2** The **current** accreditation standards admission requirements stipulate that the applicants must have '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 accreditation standards have removed reference to a 'specified' clinical field. The RAG considers that this will promote more of a focus on a generalist approach which is in keeping with recommendations of the *Educating the Nurse of the Future Report*. The EAG endorsed this proposition in consultation 1 and highlighted that greater flexibility for context of practice and wider opportunities would benefit the workforce.

<p><b>Q 2</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 specified clinical context, to be appropriate for a program of study leading to endorsement as a nurse practitioner?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Reason for your response:</p>
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## Format of the standards

**Q3** The revised accreditation standards have been developed using a five-domain framework instead of the nine-domain framework of the current accreditation standards. This aim of the re-formatting is to:

- reduce duplication of criteria as far as possible
- promote an outcome focus to the standards which will encourage innovation in curriculum development and program delivery while still requiring the same result.

An essential evidence document will assist education providers in selecting the evidence required to demonstrate compliance with each criterion. This is in response to feedback from stakeholders who have reported that having clear guidance about ANMAC's expectations in relation to accreditation submissions would be extremely helpful. NB the essential evidence document does not prevent education providers submitting additional evidence and assessment teams may request further information.

The draft accreditation standards have been mapped against the current standards. Table 1 indicates where criteria in the draft standards are located in the current standards.

The EAG endorsed this proposition from consultation 1 and found the five-domain format clear and concise and retained the essential requirements that are present in the current standards.

Stakeholders are asked to review the draft standards to ascertain if any omissions have occurred during the translation from nine domains to five domains. Stakeholders are reminded that an essential evidence document will be developed to accompany the standards. To see what this would look like, please see ANMAC's Registered Nurse Accreditation Standards 2019: Essential Evidence as an example.

Q3

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.

Yes

No

Reason for your response:

## Fit for purpose

The key purpose of ANMAC's accreditation standards for nursing and midwifery education programs is to provide the framework to prepare students to meet the NMBA's standards for practice for the relevant profession on graduation. The current Nurse Practitioner Accreditation Standards have been providing the framework for robust education programs since 2015.

In consultation 1, the EAG highlighted that the accreditation standards included contemporary nursing issues and indicated a sound approach to education program development.

Stakeholders are requested to review the draft standards to check if they will continue to provide a framework that is comprehensive and fit for purpose.

Q4

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?

Yes

No

Reason for your response:

Q5

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

Yes

No

Response

## References

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## Appendix A: Stakeholders

An expert advisory group were invited to provide responses via an online survey. This working group consisted of members from:

- Nursing and Midwifery Office South Australia
- Nursing and Midwifery Office New South Wales
- Nursing and Midwifery Office QLD
- Chief Nursing and Midwifery Office WA Department of Health
- ACT Health Directorate
- Office of the Chief Nurse and Midwife TAS
- Australian College of Nurse Practitioners
- The University of Sydney
- Edith Cowan University
- Australian Government Department of Health and Aged Care
- Australian College of Nursing
- Council of Deans of Nursing and Midwifery (Australia and New Zealand)
- Australian Nursing and Midwifery Federation
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Australian Nurse Practitioners Academics Collaborative (ANPAC)
- NT Department of Health
- Safer Care Victoria
- University of Melbourne