Action on National Direction for Accreditation of Nursing and Midwifery Courses Conducted in Australia

Discussion Paper
January 2004
Introduction

Background

The Australian Nursing Council (ANC) has commenced a project to develop a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/licence to practice. The project is being conducted in two stages.

The first stage involves the development of this discussion paper which will elicit key issues, including legislative issues, standards and processes from nurse regulatory authorities and other key stakeholders. This will inform the development of national accreditation standards for nursing and midwifery courses.

The second stage will involve the development of national accreditation standards based on the ANC principles for standard development, subsequent endorsement of the accreditation standards; and any recommendation for further development of accreditation of nursing and midwifery courses from a national perspective.

Nursing and midwifery courses conducted by education providers in Australia are required to be accredited by state and territory nurse regulatory authorities (NRAs) in order for graduates of these courses to be eligible for registration/endorsement/authorisation to practice nursing or midwifery. Current accreditation processes focus on whether the graduates of courses will be educationally prepared to demonstrate competence as beginning practitioners in nursing or midwifery thus making them eligible for registration on completion of the program.

The ANC first began work in the area of accreditation in the early nineties which resulted in the development of guidelines for the accreditation of nursing courses in 1996. These guidelines are no longer current and as a number of issues have arisen which have a bearing on the accreditation of nursing and midwifery courses nationally, it was considered timely for ANC to develop principles and explore accreditation from a national perspective. This direction was included in the ANC’s Strategic Plan 2001-2004 as a key result area under the goal, to facilitate national standards for statutory nurse regulation. Discussion regarding accreditation of courses between Australia and New Zealand is also being explored under the Memorandum of Cooperation with the Nursing Council of New Zealand, September 2001 (see www.anc.org.au).

Recently, a national direction for the accreditation of nursing courses has been supported by recommendations arising from the Final Report of the National Review of Nursing Education 2002 'Our Duty of Care' and the report of The Senate Community Affairs References Committee, 'The Patient Profession: Time for Action June 2002' (Appendix 1).

This project, involving the development of a national accreditation standard, is NOT about the development of a national nursing or midwifery curriculum. Flexibility to meet local needs and requirements and to foster innovation and creativity in the delivery of educational programs is an important aspect in the development of curricula. National accreditation standards would result in considerable benefits for the nursing and midwifery professions and course education providers.
The Australian Nursing Council

The Australian Nursing Council is a peak national nursing body established by the Australian nurse regulatory authorities in 1992 as a forum for considering the regulation of the nursing profession in Australia. Its core business is concerned with national standards and processes for the regulation of the nursing profession within Australia. Each of the eight state and territory nurse regulatory authorities is a member of the ANC.

The purpose of the ANC is to lead a national approach with state and territory nurse regulatory authorities in evolving standards for statutory nurse regulation, which are flexible, effective and responsive to health care requirements of the Australian population. As stated in its Constitution the objects of the ANC are to:

- Identify matters which impact on or are relevant to statutory nurse regulation;
- Undertake assessments of overseas qualified nurses consistent with the registration and/or enrolment requirements of the Australian nurse regulatory authorities;
- Develop and be guided by a strategic view of statutory nurse regulation in the national and international contexts;
- Establish consultative mechanisms with key stakeholders to assist in the achievement of the purpose and objects of the Council; and
- Foster co-operation, consult with and provide advice to government bodies, professional and other organisations, and international nurse regulatory authorities.

The ANC is strongly committed to consultation with key stakeholders, including the Australian nurse regulatory authorities, professional groups, governments and the public to assist in the achievement of the ANC purpose and objectives.

Over the last ten years in leading a national approach to nurse regulatory issues, the ANC has achieved a number of significant national achievements have been attained, which have included:

- Guidelines for the Accreditation of Nursing Courses – 1996.

In May 2003 the ANC adopted a framework for national standards development (Appendix 2). The purposes of the framework are to:

- Provide guidance to the ANC, nurse regulatory authorities, and other stakeholders in referring issues requiring a national response.
- Identify the criteria to be used to establish whether an issue requires a national response.
- Provide guidance to ANC and nurse regulatory authorities on the format for a national response.
- Facilitate ANC in clearly articulating to its external stakeholders, its purpose and operation.
- Avoid unnecessary duplication of effort.
- Decrease confusion and enable consistency as nurses’ move between the states and territories.
- Enable the development of uniform and /or consistent standards across all states and territories.
- Promote efficient use of resources.

The principles, which underpin the framework for national standards development, were derived from the views expressed during the development of the framework, and from the literature published by organisations involved in the development of standards. These principles will guide the work of ANC in the development of a national standard for accreditation.
The role of ANC does not detract from each jurisdiction which has a nurse regulatory authority with the legal responsibility of registration and regulation of the profession. Currently each nurse regulatory authority is responsible for determining the standards for education, which lead to registration/enrolment as a nurse and/or endorsement/registration/authorisation to practice as a midwife. Education programs for this purpose must be accredited by the relevant NRA and able to produce a graduate who can demonstrate the relevant approved competency standards. Thus, matters such as accreditation of nursing and midwifery courses are substantive and applicable to the ANC’s role of leading a national focus.

**Purpose and Structure of Discussion Paper**

This paper has been designed to facilitate discussion and comment from nurse regulatory authorities, professional groups, government bodies, education providers, consumer groups, employers and individuals. Following receipt of these comments a final report will be written to inform the second stage of the project.

Consultation with some stakeholders has already occurred providing a range of data to inform the development of this paper. The stakeholders were asked to provide responses in the following areas:

- Relevant jurisdictional legislative requirements for nursing education accreditation,
- The definition and purpose of accreditation,
- Any written policies/guidelines/standards for accreditation of nursing/midwifery courses
- Advantages/disadvantages from a state and National perspective
- Any other issues, including those associated with the availability of interstate and international cross border nursing courses that the ANC may like to consider in relation to accreditation of nursing and midwifery courses.
- Description of the accreditation process and expected time frames, including inspections and ongoing monitoring.

A list of the stakeholders that were approached for information and views can be found in Appendix 3. Not all of the organisations approached responded to the request for information, the information and views of those that did are included in this paper.

The discussion paper has three sections. The **first section** introduces the national approach to accreditation identifying the advantages and disadvantages of a national approach. The **second section** provides a comprehensive overview of the current situation regarding accreditation of nursing and midwifery courses within Australia including legislative powers, and the **third section** provides key issues driving a national approach for accreditation of nursing courses.

Throughout the discussion paper questions are provided to guide responses.

**Responses to the discussion paper and questions should be addressed to:**

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**Closing date for receipt of responses is 19 March 2004**
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ANC</td>
<td>Australian Nursing Council</td>
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<td>ANF</td>
<td>Australian Nursing Federation</td>
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<td>AQTF</td>
<td>Australian Quality Training Framework</td>
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<td>EN</td>
<td>Enrolled Nurse (RN Div 2 – Victoria)</td>
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<td>HES</td>
<td>Higher Education Sector</td>
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<td>ICN</td>
<td>International Council of Nurses</td>
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<td>MRA</td>
<td>Mutual Recognition Agreement</td>
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<td>NRA</td>
<td>Nurse regulatory authority</td>
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<td>NCNZ</td>
<td>Nursing Council of New Zealand</td>
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<td>NBNT</td>
<td>Nursing Board of the Northern Territory</td>
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<td>NBWA</td>
<td>Nurses Board of Western Australia</td>
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<td>NBNSW</td>
<td>Nurses Registration Board of NSW</td>
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<td>NBSA</td>
<td>Nurses Board South Australia</td>
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<td>NBACT</td>
<td>Nurses Board of the Australian Capital Territory</td>
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<td>NBV</td>
<td>Nurses Board of Victoria</td>
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<td>NBT</td>
<td>Nursing Board of Tasmania</td>
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<td>QNC</td>
<td>Queensland Nursing Council</td>
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<td>RN</td>
<td>Registered Nurse (RN Div 1 – Victoria)</td>
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<td>TTMRA</td>
<td>Trans Tasman Mutual Recognition Arrangement</td>
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<td>VET</td>
<td>Vocational Education and Training</td>
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Section 1: National Approach to Accreditation

1.1 Taking a National Approach

In recent years nursing education and practice has experienced significant change and will continue to do so. The interface, between nurse regulatory authorities and the education sector, employers, the nursing profession and its organisations, and consumers of nursing care becomes increasingly complex and challenging. The emergence of strong regional and international alliances, with developments in the areas of nursing and health standards at those levels has also been occurring.

As health care increasingly becomes a global commodity, nursing education, practice and regulation respond with new models and structures. The information revolution, utilisation of telehealth technologies and the movement of professional expertise across the nation make the boundaries of knowledge and qualifications more indistinct. Increased interdependence, through trade agreements between countries, for example the Trans Tasman Mutual Recognition Agreement with NZ, has the potential to impact on the nursing workforce and standards. One important result of trade agreements is the growth in the mobility of nurses. Increasing mobility of nurses at a national and international level raises issues concerned with mutual recognition of qualifications, competence, accreditation of educational programs, credentialing of practitioners and of regulatory standards.

Q1.1 What is your view of the development of a national approach to the accreditation of nursing and midwifery courses?

1.2 Advantages and Disadvantages

The principal aim of national standards development is to improve stability, consistency and efficiency in the provision of goods and services. Standards Australia suggests that standards are vehicles of communication for producers and uses, they establish a common language, which defines quality and establishes safety and...costs are lowered if procedures are standardised (Standards Australia 2002. www.standards.com.au). It is proposed that standards involve social and economic benefits including safety, order, conformity, economic efficiency, confidence, convenience, universality, quality improvement and consumers accept products more readily when they can be judged on intrinsic merit. It can be argued that no sector, whether or not it is directly involved in trade can be sheltered from the need to match national best practice.

Standards for accreditation of nursing courses are currently in place; they exist at the state and territory level. Each NRA accredits courses leading to registration/authorisation or endorsement using a process of peer review where course documentation is assessed to determine whether the standards have been met. Sometimes a site visit is conducted particularly if the education provider is new and there is usually some form of reporting or monitoring that occurs within the accreditation period. Section 3 of the discussion paper provides more detail in relation to the accreditation process used by each nurse regulatory authority.

The question for the nursing profession, consumers, governments and the regulatory authorities is whether these standards should be at a national level and apply to all courses leading to a license to practice nursing or midwifery. Each of the NRAs were asked to identify the advantages and disadvantage of a national approach and these points are listed below.
Advantages of a National Approach

- Greater perception of national consistency
- Graduates of a course could register initially in a jurisdiction other than the jurisdiction where the course was located
- Provision of a nationally consistent framework and criteria upon which all courses will be accredited
- Provision of a more efficient process for mutual recognition of courses
- Enhance the ability of a graduate who has studied in one state to access initial registration in another
- Bring nursing in line with other health professionals who take a national approach such as medicine, dentistry and physiotherapy
- Decrease duplication of effort by NRAs if a national approach was taken
- Assist course providers delivering cross-border courses by streamlining documentation required for accreditation
- Greater opportunity to ensure articulation between courses occurs in a seamless manner
- Resources applied need not be expended by each jurisdiction when it is possible to share solutions and responses by designing new processes that are more cost-effective.
- The accreditation of nursing and midwifery courses is an issue that applies nationally across Australia and one that crosses international borders particularly with our close neighbours such as New Zealand

Disadvantages of a National Approach

- Costs particularly for states with large numbers of courses could be an issue if representation from a range of jurisdictions was proposed as part of the accreditation process
- There could be a greater lag time in processing the accreditation of courses from a national perspective
- Response times for inspections or monitoring of courses could be greater
- The capacity to address local needs related to course accessibility, information systems and changing health care delivery patterns may be compromised
- Course providers may not be able to be involved in every step of the process because of logistics
- Course providers are aware of the state health industry situation and can more adequately service these needs, particularly with regard to clinical placement and cultural aspects of health care at a state level
- Non-compliance by nurse regulatory authorities
- Determining who is responsible for addressing the issue of non-compliance by an education provider

Q1.1 Are there any other advantages or disadvantages in relation to the development of a national accreditation standard?
If your answer is YES, please identify the other advantages and disadvantages.
Section 2: Current Situation

2.1 Legislative Powers

Each NRA has power within its legislation to accredit nursing courses for the purposes of recognition to practice nursing or midwifery, and to vary or revoke the accreditation. In some states this power can be extended to recognise courses conducted in other jurisdictions, but most states and territories do not have specific powers to accredit courses conducted by other jurisdictions. Appendix 4 provides a summary of jurisdictional legislative power/function in relation to the accreditation of nursing courses by each Australian NRA.

The ANC (1994) defines accreditation as “a regulatory mechanism by which a course is deemed to be able to meet the standards for nurse education. These standards are designed to facilitate the nursing competence of the graduates and therefore support standards for nursing practice.” Most Nursing Acts or regulations do not include a definition of accreditation but as a matter of policy the term ‘accreditation’ is applied by most NRAs in accordance with the ANC definition. One exception is in South Australia where the term ‘approval’ is defined in policy to mean, “the process leading to endorsement that the specified course/program meets the criteria determined by the NBSA”. Another exception is the NSW Nurses Act, which does include a definition; however it defines accreditation in reference to authorisation to practice. Thus, an accredited nurse means a registered or enrolled nurse in NSW.

In the UK, Canada and USA nurse regulatory bodies most commonly use the terms ‘accreditation’ or ‘approval’ to refer to educational institutions and courses that meet a required standard for registration (put in website addresses). Other health professionals such as medical practitioners and dentists in Australia and the UK, USA and Canada also use the term ‘accreditation’ to refer to a process of course approval (Breen et al 2001; Cassie, et al 1999; Schleyer, et al 2002). The medical profession according to Cassie et al (1999) uses the term ‘accreditation’ to refer to educational programmes and the term ‘certification’ to refer to individuals in practice.

Some Acts include a definition of an ‘accredited nursing course’. For example the Act in Queensland defines it to mean “…a nursing course that is accredited under this Act”. Definitions and purposes of course accreditation are mostly contained in accreditation policies or guidelines. Examples of these include:

- NBWA state that “As a regulatory authority, the Nurses Board of Western Australia has a mandate under the Nurses Act 1992 to ensure, as far as practicable, that all nurses are able to practice in a safe and competent manner. To this end, as part of its multiple functions, the Board assumes responsibility for the initial and ongoing accreditation of nurse education course, which lead to registration…. Accreditation undertaken by the Board is characterized by relevance, appropriateness and adaptability. Processes are rigorous and reflect openness, transparency and cost effectiveness. The accreditation of nursing courses is manifested in supportive, constructive and accountable outcomes directed towards quality in nursing practice and education.” (QNC has a similar statement in its policy).
- NBV, NBT and NBNT define accreditation as “a process leading to certification that a specified course/program meets the criteria of the Board.” The NBNT extend this definition further by adding ‘Professional accreditation provides confirmation that a course meets an appropriate standard and that methods used in delivering the course are likely to achieve the purpose for which the course was or will be introduced.”
- The NBSA specifies that it “has an expectation that courses leading to registration/enrolment prepare graduates with appropriate knowledge, skills and experience to meet the standards of competent practice as determined by the profession”.

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Some Nursing Acts or regulations also specify the length of course accreditation. For example, Qld has a nursing By-Law, section 13 (3), which states the period of accreditation must not be more than 5 years. Most NRAs include the length of accreditation in their policy.

Some NRAs have regulations or By-Laws, which specify the standards for course accreditation. With the development of national accreditation standard that was supported by the state and territory NRAs relevant legislation may require review.

<table>
<thead>
<tr>
<th>Q2.1</th>
<th>If a national accreditation standard for nursing and midwifery courses leading to a registration/endorsement/authorisation is developed, will nursing legislation in your jurisdiction require amendment?</th>
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<td>If your answer is YES, please provide a description of what would be required.</td>
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2.2 Current Accreditation Standards

Generally accreditation standards within Australia are not specified in nursing legislation. However, legislation enables each of the nurse regulatory authorities to develop standards. A summary of accreditation standards across each state and territory in Australia is provided in Appendix 5.

The current accreditation standards that NRAs use to assess nursing and midwifery courses are generally established in NRA policy for all NRAs in each state and territory in Australia. The only exception is in Queensland where the Nursing By-Law in relation to courses leading to registration or endorsement makes reference to standards for accreditation and other areas such as application process, length of courses, some entry pre-requisites, and requirements about the clinical experience component of courses. However, the six standards for approval of education providers and courses are specifically identified in QNC policy.

Some of the NRAs have standards, which relate to all courses and others have specific standards for particular types of courses. The NBV has a combination of each approach in that it uses core criteria applying to all courses plus specific criteria for each type of course.

<table>
<thead>
<tr>
<th>Q2.2a</th>
<th>Should a national accreditation standard be generic and apply to all courses (RN, EN and Midwifery) or should there be an accreditation standard for each type of course?</th>
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<tr>
<td></td>
<td>Please choose one response and provide an explanation for your answer.</td>
</tr>
<tr>
<td></td>
<td>- Generic standard</td>
</tr>
<tr>
<td></td>
<td>- Standard per type of course</td>
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<tr>
<td></td>
<td>- No preference</td>
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</table>

Usually where there are standards for particular courses, these are formulated within a similar framework. For instance, a standard/criteria framework, a guidelines framework or a principles framework. The most common framework is a standard/criteria framework, which is used by five of the NRAs. However, the NRBNSW uses a different framework for each type of course, the NBV uses only a criteria framework and NBWA have a guidelines/principles framework.
Q2.2b What structural framework for a national accreditation standard would be preferred?

Please choose one response and provide an explanation for your answer

- Requirements
- Criteria
- Guidelines
- Principles
- Combination (please specify___________________)
- No Preference

There is much in common across the states and territories in terms of the areas the standards address but a major difference lies in whether the standards are inclusive of both the education provider and the course or whether they are actually broken down into two components; standards relating to the course and standards relating to the course provider. For example in South Australia education providers must be approved by the Board prior to submitting a course for Board approval.

Q2.2c Should national accreditation standards have two components, one relating to accreditation of course providers and one relating to the course or should these be combined into one standard covering both areas?

Q2.2d Should the national accreditation standard specify the minimum qualification level of a course, clinical practice and theoretical requirements, course evaluation and resources required for students to achieve the outcomes of the courses?

Q2.2E Are there any other key elements, which should be included in a national standard?

2.3 Accreditation Processes

Nursing and midwifery courses are conducted through the following sectors: the higher education sector or universities, the Vocational Education Training sector (VET) or TAFEs, and private education providers. Both of these sectors have their own internal approval/accreditation processes for courses that are offered which usually involve a review of the course to meet standards set by each university, the Australian National Training Authority or Industry Training Advisory Boards in each jurisdiction. Also, all of the courses are required to comply with the Australian Qualifications Framework.

The accreditation/approval processes used by the state and territory nurse regulatory authorities have a purpose which is somewhat different from other course accrediting bodies in that the focus is on whether the graduates have been provided with an education which will enable them to demonstrate competence as a beginning professional and thus gain registration in order to practice that profession.

Although the accreditation processes vary slightly in each of the state and territories these variances tend to relate to whether the accreditation process has two mechanisms, that is, an approval process for the education provider and an approval process for the course, or whether the accreditation process is a combination of both. Most national regulatory authorities with two mechanisms seem to be able to run these concurrently, but the Queensland Nursing Council will only review a nursing or midwifery course that is developed by an approved education provider. This process may take longer.
A summary of the accreditation process in each state and territory is presented in Appendix 6.

A central element of each process is ‘peer review’ whereby panels of reviewers are selected to undertake the assessment of a course for its accreditation. The summary in Appendix 6 does not elaborate on the construction of these panels, however, most are constructed similarly to that proposed by ANF during consultation for the development of this paper. The ANF states course accreditation processes “should include nurses and midwives (both licensed and students), relevant professional and industrial nursing organisations, nurse regulatory authorities, health service providers, and community representatives. Education providers should demonstrate as part of accreditation that they have worked in collaboration with experienced nurses and nurse educators.” Also, many of the course advisory committees developed by education providers, particularly, the universities, include membership consistent with this view. Some of the NRAs specifically mention in their accreditation guidelines that participation of a representative from the NRA on course advisory committees is to be encouraged.

Given the changing national approach in the delivery of courses conducted by universities and the VET sector and the variance in accreditation processes conducted by the NRAs the issue of including an accreditation process in a national standard needs to be canvassed.

Q3.3 Should a national accreditation standard include an accreditation process?

2.4 Costs and Fees

Consultation to develop this paper did not include a request to provide financial or costing data in relation to the accreditation service provided by NRAs within Australia. Given that the issue of resources was not raised it seems appropriate that this paper canvass the issue at a broad level particularly as resources applied to dealing with accreditation need not be expended when it is possible to share solutions and responses by designing new processes that are more cost-effective.

The accreditation services provided by state and territory NRAs in Australia are currently funded through the payment of annual registration fees by nurses. However costs are involved in the establishment of a review panel and accreditation process and review panels’ members may receive remuneration for participation.

A fee is charged by some other accrediting bodies. For example, The Nursing Council of New Zealand charges education providers a fee for accreditation of nursing and midwifery courses. This includes:

**Fees for Pre-Registration Programmes**
- Approval of School - $2,000
- Full Audit (conducted every five years or more often if concerns) - $5,000
- Approval of Enrolled nurse programme - $1,000
- Shortened audit, monitoring visit, or curriculum changes - $2,000

**Fees for Post-Registration Programmes**
- Approval of programme provider (school) - $2,000
- Audit/Approval of following programmes
  - competency programme - $500
  - first year of practice programme - $1,000
  - post graduate diplomas, certificates and Masters programmes - $1700
  - nurse prescribing - $2,400
Fees are payable in advance before the process commences except audit fees which are paid on completion of the audit process.

The Australian Medical Council (AMC), which accredits medical courses, is able to levy and collect accreditation fees through provisions in its Constitution. Information provided by the AMC specifies that the costs associated with accreditation by the AMC includes infrastructure (staff and office resources) and expenses associated with members of the Accreditation Committee attending meetings.

The direct costs of an accreditation of a medical school or specialist medical college include:
- the accommodation, travel and approved incidental expenditure of team members;
- sessional fees paid to accreditation team members;
- costs to the organisation of preparing for accreditation process, including the preparing of documentation and the organisation of the accreditation program.

The AMC meets the indirect costs of the accreditation process, such as staff costs, support of the Accreditation Committees and the accreditation teams and expects training organisations to meet the direct costs of their accreditation, such as the cost of the work of the accreditation teams. (Walters, July 2003)

Q2.4a Should the ANC in collaboration with the NRAs conduct a cost benefit analysis to determine the most cost effective model of accreditation and whether this regulatory process should continue to be state/territory based or conducted at a national level by the ANC?

Q2.4b In order for NRAs to keep registration fees for nurses at an affordable level, should the cost benefit analysis include financial modeling, which factors in payment for the accreditation service from education providers?
Section 3: Key Issues Driving a National Approach

3.1 Mutual Recognition Arrangements within Australia and between Australia and New Zealand

Mutual recognition legislation came into existence in Australia in 1992 with the passage of the Commonwealth Mutual Recognition Act and the subsequent adoption of the Act by all the Australian states. The principal purpose of this Act is to enact legislation authorised by the Parliaments of states and requested by the legislatures of the Australian Capital Territory and the Northern Territory, for the purpose of promoting the goal of freedom of movement and the organisation of goods and service providers in a national market in Australia (Commonwealth of Australia 1992). Compliance with the obligations of trade agreements and mutual recognition type legislation must not result in the lowering of standards for entry into the profession of nursing.

The review of the Mutual Recognition Agreement (MRA) and the Trans Tasman Mutual Recognition Arrangement (TTMRA) conducted by the Productivity Commission in 2003 attracted a number of submissions from nursing organisations (see www.pc.gov.au/). The submissions generally supported the mutual recognition schemes in terms of increasing ease of registration for mobile practitioners, however some concerns were also raised. For example:

- The national application of recency of practice/competence to practice policy whereby qualified nurses can gain registration in NSW where this policy does not exist and then through mutual recognition legislation gain registration in any other state or territory within Australia or within New Zealand. The concerns are based on the premise that these registrants may not have practiced recently enough to have maintained competence and that it is iniquitous for those applying for registration under state legislation who are required to demonstrate they are competent to practice and have practiced within the last five years;
- Inconsistencies in registration policy particularly in relation to overseas nurses may lower the standard of entry to Australian and New Zealand nurse registers;
- Inconsistent use of terms for registration where in some jurisdictions a nurse can continue to be registered but not be issued with an annual practicing certificate;
- The operation of single registers (RN and EN) and multiple registers which can lead to difficulties in assessing equivalence of qualifications and nurses being registered in fields where they have no qualification or experience;
- Risks to nurses who provide telenursing services across jurisdictions or nursing services in an emergency situation if they are not registered in each jurisdiction;
- Consistency of standards for nurse and midwifery education programmes is central for the effective operation of mutual recognition arrangements within Australia and New Zealand as the concept of qualification equivalence is not a component of these legislative frameworks. Rather the concept of occupational equivalence, which allows for the licensing and movement of people engaged in an occupation across jurisdictions, is the key component of the MRA and the TTMRA. As a consequence, a national accreditation standard for nursing and midwifery courses would appear to assist the operation of these legislative schemes.

Q3.1 Should these accreditation standards be not only developed for use within Australia but include New Zealand?
3.2 Cross-Border Nursing Courses

Advances in technology have seen vast changes in the way education courses are provided. Nursing and midwifery education courses are now sold within an entrepreneurial market, with students now having the opportunity to undertake courses in another state/territory or region. These patterns present challenges for nurse regulatory authorities who have the responsibility of assessing qualifications. As a result the concept of developing broad national standards becomes increasingly important. Within this context, accreditation processes becomes critical in achieving quality outcomes and help to solve the competency issues associated with portability of qualifications.

Over the last decade there has been a growing movement for universities to provide educational programs across borders within Australia. In relation to Bachelor degree courses alone, twenty-nine universities plus Avondale College offer undergraduate nursing programs, and full-time or part-time programs are delivered on 59 campuses within Australia.

As the National Review into Nursing Education (2002:59) found it is not always the case that universities in each state and territory supply graduates totally for one jurisdiction. New graduates are mobile, there is an increasing number of programs being offered by distance mode and universities sometimes have agreements for delivery of programs in other states or territories.

There have been informal arrangements between NRAs within Australia whereby each has endeavored to communicate with the other when universities have wanted to provide their courses across state and territory borders. In most instances this has resulted in the university having to submit course documentation to each NRA in each jurisdiction, which can be problematic in terms of duplication of effort. The Australian Catholic University was required to do this when they had developed a national curriculum to be delivered through Victorian, NSW and Queensland campuses of the university.

Some NRAs have the ability to approve courses in other jurisdictions and have examined interstate courses for accreditation/approval. For example, the NRBNSW has assessed and approved a course conducted by the University of Southern Queensland leading to authorisation to practice as a nurse practitioner in NSW. Graduates of this course will be entitled to gain authorisation in NSW on completion of the approved course without first gaining authorisation in Queensland.

Another model of accreditation occurred with the establishment of an undergraduate course for Indigenous students which Deakin University (a Victorian university) provided in Mt Isa, Queensland. A collaborative accreditation process involving the NBV and the QNC was established, so that graduates were eligible for registration in both Queensland and Victoria.

Q3.2 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation refer to a process for recognition of interstate courses?

If your answer is NO, please provide an explanation.
3.3 ANC Role in Recognising Overseas Nursing Qualifications

The concept of developing a broad national standard for accreditation of nursing and midwifery courses would be useful for development of the assessment process used in recognising the qualifications of nurses educated overseas. The ANC currently assesses the educational qualifications and work experience of overseas nurses under migration legislation for migration purposes. Should the ANC determination state that the nurse’s skills have been assessed as suitable for migration for the nominated occupation, this counts towards the points to be gained for immigration purposes. Some NRAs may also direct nurses to the ANC for assessment.

The standards and criteria for a full and modified assessment for registered nurses and midwives can be found on the ANC website (www.anc.org.au).

Q3.3 Should ANC ensure that the standards used for assessing educational qualifications of overseas of overseas nurses are consistent with a national accreditation standard for nursing and midwifery courses leading to registration/authorisation?
If your answer is NO, please provide an explanation.

3.4 Significant Variance in Enrolled Nurse Programs

Considerable variance exists between the enrolled nurse programs offered by the VET sector in the states and territories within Australia. Four main areas of variance include the length of the courses resulting in differences in the theoretical content and clinical experiences offered the level of award which ranges from a Certificate IV to a diploma, flexibility of delivery, and the ability to articulate with the RN course. Currently, NRAs accredit these programs by focusing on the key element of whether these courses produce a graduate who has demonstrated competence to practice at a beginning level.

There is a possibility that a national accreditation standard could ensure that minimum requirements are established and that articulation within and between programs is given a greater emphasis. During consultation ANF stated, “National accreditation of courses for both enrolled and registered nurses could result in greater opportunity to ensure that articulation between programmes occurs in a seamless manner. It is our view that this pathway is an essential recruitment tool for people choosing nursing as a career but who may be unwilling to make an immediate commitment to a 3-year Bachelor level course.”

Q3.4 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation refer to articulation within and between nursing and midwifery courses?
If your answer is NO, please provide an explanation.
3.5 Transition/graduate nurse programs

The National Review of Nursing Education (2002) identified the need to address standards for the accreditation of programs for new graduates entering the workforce. In order to ensure consistency and quality for transition programs in terms of development and delivery, it was recommended that a national framework to provide standards and guidelines for institutions should be developed and NRAs should accredit these programs. Currently, the NRAs within Australia do not accredit these programs, as the power to do so is not included within their legislative frameworks.

**Q3.5 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation also address transition/graduate nurse programs?**
If your answer is NO, please provide an explanation.

3.6 Introduction of Nurse Practitioner Role

Four states within Australia have had changes made to their Nursing Acts to provide for recognition/endorsement of nurse practitioners - NSW, South Australia, Victoria and Western Australia. These legislative changes have involved protection of the title “nurse practitioner” so that only those nurses who have undertaken approved education and advanced practice which enables them to demonstrate competence at an advanced level are eligible to use the title of nurse practitioner.

The National Review of Nursing Education (2002) recommended that the ANC should establish national standards for nurse practitioners.

**Q3.6 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation also address nurse practitioners courses?**
If your answer is NO, please provide an explanation. If your answer is NO, please provide an explanation

In conclusion, nurse regulatory authorities are responsible under their respective legislation for developing the standards for education which leads to registration/enrolment as a nurse and or endorsement/registration/authorisation to practice as a midwife.

A number of issues have been highlighted in relation to accreditation which require a national approach or perspective. The ANC now seeks the views and comments of stakeholders.
List of Questions

Q1.1 What is your view of the development of a national approach to the accreditation of nursing and midwifery courses?

Q1.2 Are there any other advantages or disadvantages in relation to the development of a national accreditation standard?
   If your answer is YES, please identify the other advantages and disadvantages.

Q1.3 If a national accreditation standard for nursing and midwifery courses leading to a registration/endorsement/authorisation is developed will nursing legislation in your jurisdiction require amendment?
   If your answer is YES, please provide a description of what would be required.

Q2.2a Should a national accreditation standard be generic and apply to all courses (RN, EN and Midwifery) or should there be an accreditation standard for each type of course?
   Please choose one response and provide an explanation for your answer.
   - Generic standard
   - Standard per type of course
   - No preference

Q2.2b What structural framework for a national accreditation standard would be preferred?
   Please choose one response and provide an explanation for your answer
   - Requirements
   - Criteria
   - Guidelines
   - Principles
   - Combination (please specify___________________)
   - No Preference

Q2.2c Should national accreditation standards have two components, one relating to accreditation of course providers and one relating to the course or should these be combined into one standard covering both areas?

Q2.2d Should the national accreditation standard specify the minimum qualification level of a course, clinical practice and theoretical requirements, course evaluation and resources required for students to achieve the outcomes of the courses?

Q2.2e Are there any other key elements, which should be included in a national standard?

Q2.3 Should a national accreditation standard include an accreditation process?

Q2.4a Should the ANC in collaboration with the NRAs conduct a cost benefit analysis to determine the most cost effective model of accreditation and whether this regulatory process should continue to be state/territory based or conducted at a national level by the ANC?

Q2.4b In order for NRAs to keep registration fees for nurses at an affordable level, should the cost benefit analysis include financial modeling, which factors in payment for the accreditation service from education providers?

Q 3.1 Should these accreditation standards be not only developed for use within Australia but include New Zealand?
Q 3.2 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation also address a process for recognition of interstate courses?  
If your answer is NO, please provide an explanation.

Q3.3 Should ANC ensure that the standards used for assessing educational qualifications of overseas of overseas nurses are consistent with a national accreditation standard for nursing and midwifery courses leading to registration/authorisation?  
If your answer is NO, please provide an explanation.

Q 3.4 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation also address to articulation within and between nursing and midwifery courses?  
If your answer is NO, please provide an explanation.

Q 3.5 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation refer to transition/graduate nurse programs?  
If your answer is NO, please provide an explanation.

Q3.6 Should a national accreditation standard for nursing and midwifery courses leading to registration/endorsement/authorisation refer to nurse practitioners courses?  
If your answer is NO, please provide an explanation.

Please forward responses to:

Chief Executive Officer  
Australian Nursing Council  
GPO Box 873  
DICKSON ACT 2602  
Email address: epickering@anc.org.au

Closing date for receipt of responses is 19 March 2004
Glossary of Terms

Accreditation
A regulatory mechanism by which a course is deemed to be able to meet the standards for nurse education. These standards are designed to facilitate the nursing competence of the graduates and therefore support standards for nursing practice. The recognition of nursing courses by regulatory authorities, often referred to as accreditation or approval, indicates that nursing courses are developed in accordance with these standards.

Competence
The combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance in a professional/occupational area.

Core competency standards
Essential competency standards for registration or licensure.

Enrolled Nurse
A person licensed under an Australian state or territory nurses Act to provide nursing care under the supervision of a Registered Nurse. Referred to as a registered nurse division II in Victoria.

Jurisdiction/s
An entity (individual states and territories) covered by a legislative framework.

Midwife
Refers to a person licensed to practice midwifery under an Australian state or territory Nurses Act.

Mutual Recognition
Mutual recognition is a convention whereby two or more governments agree to recognise each other’s regulations, even where such regulations differ. The MRA, which is between all Australian states and territories, commenced operation in 1993; and the TTMRA, which is between Australia and New Zealand, came into operation in 1998. These arrangements, which are closely integrated, encompass mutual recognition of regulations relating to the sale of goods and the registration of occupations. They enable goods legally available for sale in one jurisdiction to be sold in others, and for a person registered to practice an occupation in one jurisdiction to do so elsewhere.

Nurse Practitioner
Refers to a person licensed to practice as a nurse practitioner under an Australian state or territory Nurses Act.

Patients/Clients
While it is recognised that there are many terms, often contextually bound, which are used to describe individuals or persons who are the recipients of nursing services or care, the terms “patients/clients” have been used to encompass all such terms regardless of the practice area of the nurse.

Registered Nurse
A person licensed to practise nursing under an Australian state or territory Nurses Act.

Standard/s
The term standards includes national policies, position statements, best practice standards, guidelines.

ANC 2003.
References


The Senate Community Affairs References Committee, (June 2002) *The Patient Profession: Time for Action*, Canberra, and ACT.

Appendix 1.

Recommendations from National Review of Nursing Education and Senate Community Affairs References Committee

1.1 The National Review of Nursing Education 2002 Our Duty of Care, Recommendations 5,12,14,19, and 22:

- To promote a consistent national approach, the Australian Nursing Council Incorporated should be commissioned to establish national standards for nurse practitioners.
- To promote career transitions and opportunities for development in the education and training of care assistants, health workers, enrolled nurses, registered nurses, midwives, nurse practitioners, nurse educators and nurse managers, education providers should seek ways to:
  - Maximise the potential for Recognition of Prior Learning (RPL) and recognition of Current Competency (RCC) in enrolment processes
  - in consultation with local Indigenous communities, improve articulation pathways for Aboriginal and Torres Strait Islander peoples.
- To ensure consistency and quality in the development and delivery of transition programs:
  - A national framework should be developed for transition programs to provide guidelines and standards for institutions
  - State and territory nursing registration boards should accredit transition programs
  - Employing institutions should be responsible for meeting the standards.
- To assure quality programs, undergraduate and enrolled nurse courses should continue to be accredited by state and territory registration boards in accordance with national principles developed by the ANCI and endorsed by the NNCA. These principles should ensure that:
  - Graduates from these courses meet the ANCI Competency Standards
  - Quality assurance processes for course accreditation and the assessment of students are met
  - There is ongoing evaluation of the curricula and teaching practice in the light of changes in nursing practice, research on learning, and broader developments in professional and para-professional preparation.
- To ensure that registered nurses are appropriately prepared for their professional roles, the minimum level of qualification for entry to practice as a registered nurse should remain a university-based bachelor degree, with a minimum length equivalent of six full-time semesters.

1.2 The Senate Community Affairs References Committee The Patient Profession: Time for Action June 2002, Recommendations 13,17,24,25,27,44,45,46,70 and 79:

- That, while maintaining a balance between theoretical and practical training, undergraduate courses be structured to provide for more clinical exposure in the early years of the course and that clinical placements be of longer duration.
- That the Commonwealth Government provide specific funding to support the clinical education component of undergraduate nursing courses; and that this funding provide that the clinical teacher/student be maintained at a ratio of 1:4.
That the Australian Nursing Council, in conjunction with key stakeholders, including state regulatory bodies, the universities, professional nursing bodies and nursing unions, develop a national curriculum framework or guidelines for undergraduate nursing courses to ensure greater consistency in the interpretation of the ANCI competencies.

That the Australian Nursing Council, in consultation with major stakeholders, develop a national framework for the education of enrolled nurses in relation to course structure, duration and content.

That the Australian Nursing Council, in conjunction with key stakeholders such as state regulatory bodies, professional nursing bodies, universities and unions, develop a national curriculum framework or guidelines for midwifery courses.

That partnership arrangements be further developed between the public and private health sectors and universities and the vocational education sectors to facilitate the clinical education and training of nurses.

That partnerships be developed between universities to facilitate the sharing of resources and expertise; and facilitate undergraduate student clinical placements in a range of metropolitan and regional clinical settings.

That improved partnership arrangements be established between universities and the health sector in relation to curriculum development, including the appointment of clinicians to university curriculum committees.

That universities review the content and quality of clinical placements and experiences of students in aged care in their undergraduate courses and that clinical placements include a range of aged care settings.

The Commonwealth provide additional funds to universities to extend clinical education in rural and remote regional hospitals.
Appendix 2.

ANC Framework for National Standards Development

The Framework for National Standards Development consists of the following flow segments and processes (see diagram 1):

Identification of a national issue/s. A national issue/s may be identified by:

- ANC Council
- ANC staff
- Governments
- The Public
- Other key stakeholders

Analysis and determination. The national issue is analysed by the Council against criteria (see below) and a determination is made whether a national standard concerning the issues will be developed by ANC or the issue is not for further development at a national level.

- Criteria
  - Applicability across jurisdictions
  - Reduces confusion
  - National relevance
  - Promotes uniformity
  - What is available in jurisdictions
  - Enhances quality
  - Promotes accountability
  - Available resources

Development of an ANC national standard. If the issue is considered appropriate for national standard/s development ANC will refer the matter to a subcommittee for development. The ANC principles for National Standards Development will underpin this work.

Approval by ANC. A Draft National Standard is presented by the designated committee to Council for approval.

Publication, promotion and dissemination. Following Council approval of the standard an agreed process is formulated to publish and promote and disseminate the standard to the nursing profession, the public and other stakeholders.

Monitoring, evaluation and review. In accordance with the ANC’s Objective No.7, to apply a quality improvement approach to its activities, national standards will undergo monitoring, evaluation and review procedures.
Principles

National Relevance
National Standards developed by ANC will be equally and broadly applicable across all jurisdictions in Australia. The standards will be relative to legislation purposes involving registration, accreditation, practice and conduct.

Partnership and Consultation
ANC will develop and promote national standards in partnership with the state and territory nurse regulatory authorities, consumers and other stakeholders.

Consistency and Uniformity
National standards development will promote core consistency and uniformity, with the aims to reduce confusion for nurses and consumers about expected standards and to improve the quality of care.

Efficiency
National Standards development will facilitate efficiencies in the use of financial and human resources by minimising duplication of effort.

Equity
National standards development will not impinge on a person’s ethnicity, culture, aboriginality, gender, spiritual values, sexuality, disability, age, economic, social or health status.

Quality
National standards development aims at improving quality in the delivery of care to consumers of nursing services. Standards will be soundly based and aligned to other ANC standards and the Code of Ethics and Code of Professional Conduct for Nurses in Australia.

Accountability
National standards will promote accountability of the nursing profession in the provision of safe and effective nursing care.

Transparency
National Standards will be developed through a transparent process, which is documented and is accessible to stakeholders.

Dissemination and Promotion
National standards will be disseminated and promoted through an agreed process, to ensure distribution of knowledge to consumers and the nursing profession

Evaluation and Review
National standards will be monitored and reviewed on a regular basis.
1. Identification of a National Issues/s.

2. Analysis and determination unanimous ANC approval for development.

   Submit to ANC committee for development of standards.

4. Approval by ANC, and endorsement of national standards by NRA’s.

5. Publication, promotion and dissemination of national standards.


Diagram 1: A Framework for National Standards Development
(ANC and NRAs work in collaboration to develop standards framework)
Appendix 3.

List of Organisations Approached for Information and Views for the Development of the Discussion Paper

Australian College of Midwives Inc. (ACMI)
Australian College of Occupational Health Nurses (ACOHN)
Australian Council of Deans of Nursing (ACDN)
Australian/ New Zealand College of Mental Health Nurses (NZMHN)
Australian Nursing Federation (ANF)
Nursing Council of New Zealand
State and territory nurse regulatory authorities
- Health Professions Licensing Authority, Nursing Board of Northern Territory
- Nurses Board of Western Australia
- Nurses Registration Board of NSW
- Nurses Board South Australia
- Nurses Board of the A.C.T.
- Nurses Board of Victoria
- Nursing Board of Tasmania
- Queensland Nursing Council
The Consumers Health Forum of Australia
The Royal College of Nursing Australia (RCNA)
Table 1: Summary of jurisdictional legislative power/function for Australian state and territory NRAs

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<thead>
<tr>
<th>NRA</th>
<th>STATE</th>
<th>SUMMARY OF JURISDICTIONAL LEGISLATIVE POWER/FUNCTION</th>
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<tbody>
<tr>
<td>NBACT</td>
<td></td>
<td>Under s9, Nurses Act 1988 the Board may accredit courses of education and training and prepare a statement setting out the particulars of courses of education or training which are accredited.</td>
</tr>
<tr>
<td>NRBNSW</td>
<td></td>
<td>Under s10 (1) (h) Nurses Act 1991 for the purposes of registration, authorisation and enrolment the Board grants recognition to institutions and courses. Under regulations it may revoke or vary recognition. The Board may also grant recognition. To courses conducted in Australia and outside NSW.</td>
</tr>
<tr>
<td>NBNT</td>
<td></td>
<td>The Board has a statutory mandate to approve and monitor educational programs that lead to registration/enrolment and/or authorisation. Under s6 Nursing Act 1999 the Board. Has the following functions: to monitor standards of nursing education, to determine standards for accreditation of nursing courses, and to accredit courses in nursing.</td>
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<tr>
<td>QNC</td>
<td></td>
<td>Under Nursing Act 1992 (Part 4) any course leading to registration or enrolment as A nurse or for endorsement authorising practise as a midwife, psychiatric nurses must be accredited by the QNC. Sections 7 (c) and (d) specify the powers of the QNC to: define standards for accreditation of a nursing course, and to accredit nursing courses. Nursing By-Law 1993 (Parts 3, 4 &amp; 5) refer to the accreditation process, Nature of accredited courses and standards for nurse education</td>
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<tr>
<td>NBSA</td>
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<td>Under s16 (1)(c) of the Nurses Act 1999 the Board has the power ‘...to approve courses of education and training that provide qualifications for registration or enrolment as a nurse …’</td>
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<tr>
<td>NBT</td>
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<td>The Board has a statutory mandate to approve and monitor educational programs that lead to registration/enrolment and/or authorisation. Under s7 Nursing Act 1995 the Board has the following functions: to monitor standards of nursing education, to determine standards for accreditation of nursing schools and courses, and to accredit nursing schools and courses.</td>
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<tr>
<td>NBV</td>
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<td>Under s66 Nurses Act 1993 the Board has the following powers and functions: To approve registered funded agencies or courses conducted by registered funded agencies which provide qualifications for registration purposes and which provide qualifications in addition to those required for registration; and, to accredit courses which provide qualifications for registration purposes and which provide qualifications in addition to those required for registration the Board may vary or revoke course accreditation, s90 (3).</td>
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<tr>
<td>NBWA</td>
<td></td>
<td>In accordance with the Nurses Act 1992 and the Nurses Rules 1993 any course conducted in WA leading to registration as a nurse or midwife must be accredited with the NBWA.</td>
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### Table 2: Summary of Accreditation Standards/Criteria used by Australian state and territory NRAs

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<tr>
<th>NRA STATE</th>
<th>SUMMARY OF ACCREDITATION STANDARDS/CRITERIA</th>
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<tbody>
<tr>
<td>NBACT</td>
<td>Standards are Board policy in the form of standards and criteria. Under each standard there are identified criteria. There are 6 standards which are: (1) The educational process of preparing nurses for practice reflects the needs of major stakeholders and the context in which health care is provided, (2) The curriculum is based on educational principles which provide the opportunity to develop competent beginning practitioners, (3) The management and delivery of the nursing course is consistent with the curriculum design, (4) The educational institution is staffed to achieve the goals and the effective implementation of nursing courses, (5) The facilities and equipment of the educational institution are relevant and sufficient for the effective implementation of nursing courses, and (6) Evaluation of all aspects of the nursing course is planned and implemented.</td>
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<tr>
<td>NRBNSW</td>
<td>Standards are Board policy in the form of guidelines, criteria, requirements and standards for specific types of courses. For the RN courses the guidelines for development of programs specify 8 criteria for approval. For the EN course there are requirements specified and standards for: providing theoretical education (12), prescribed examinations (7), and clinical education (6). For nurse practitioner courses the guidelines include assessment criteria specifying content to be included in subjects. For midwifery courses the guidelines specify requirements for education programs, clinical experience areas and minimum midwifery experience.</td>
</tr>
<tr>
<td>NBNT</td>
<td>Standards are Board policy in the form of standards and criteria. Under each standard there are identified criteria. There are 4 standards which are: (1) The primary focus of the program is nursing, (2) The program development, implementation and evaluation occurs in collaboration with stakeholders, (3) The resources needed for students to achieve the purpose and outcomes of the program are available, and (4) The assessment processes facilitate the student achieving the program outcomes.</td>
</tr>
<tr>
<td>QNC</td>
<td>Nursing By-Law 1993 makes reference to standards and broadly specifies the nature of high quality nurse education. Other aspects specified in the By-Law include application process, length of courses, some entry prerequisites and requirements about the clinical experience component. However, there are 6 standards identified within Council policy. Under each standard, key elements are identified. There are 3 standards for approval of education providers which are: (1) The education provider demonstrates values and goals that are consistent with continuous quality improvement, (2) The education provider demonstrates effective internal mechanisms consistent with its values and goals to ensure quality education, and (3) The education provider demonstrates mechanisms to ensure that relevant resources are adequate for course implementation. There are 3 standards, which relate to approval of courses. These are: (1) The course design and implementation plan demonstrates and supports the development and preparation of graduates for safe and competent practice,</td>
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(2) The implementation of the course reflects the education provider’s quality mechanisms for the support of courses, and (3) Evaluation of the course design and delivery demonstrates continuous quality improvement.

NBSA Standards are Board policy in the form of standards and criteria. Under each standard there are identified criteria. There are 2 standards for approval as an education provider, which are: (1) The education provider demonstrates effective mechanisms to ensure quality education, and (2) The education provider demonstrates mechanisms to ensure that resources are adequate for course implementation.

There are 4 standards for approval of education courses which are (1) The design and implementation of the course supports the development of graduates for safe, competent and ethical practice, (2) Assessment processes reflect collaboration between the education provider and organisations involved in the provision of teaching and learning experiences, (3) Evaluation of the course design, delivery and outcomes demonstrates continuous quality improvement, and (4) The education provider demonstrates mechanisms to ensure that the delivery of the educational course reflects the intent of the course by NBSA.
Table 3: Summary of Accreditation Processes used by Australian state and territory NRAs

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<tr>
<th>NRA STATE</th>
<th>SUMMARY OF ACCREDITATION PROCESSES</th>
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<tr>
<td>NBACT</td>
<td>New curriculum documents are required six months prior to the commencement of the course and revised curriculums are required three months prior to commencement of changes. Curriculums are usually circulated to three other states to determine eligibility for registration in that state. A review panel conducts a site visit to assess the standard of teaching resources and interviews students and graduates if possible. The panel makes recommendations on the accreditation status to the Board. Educational institutions must notify the Board of any changes to the process of the course that may affect the outcome of the course.</td>
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<tr>
<td>NRBNSW</td>
<td>Organisations proposing to submit an education program for consideration by the Nurses Registration Board are invited to contact the Board's office for preliminary discussions with the Executive Director or a Nursing Officer. When a course is submitted for consideration and approval, an accreditation committee is established by the Board. This committee considers the proposed curriculum and makes recommendations to the Board in regard to approval of that program. The requested time for course assessment is three months. Committees are usually chaired by a member of the Board, and other participants may be persons representing a range of interest groups: academics, professional organisations, practitioners, employers and students. Committee members receive the submission document prior to the meeting to enable sufficient reading time. When the Committee is convened, participants are able to raise any issues or concerns, which may need clarification. Representatives of the institution are invited to attend and provide additional information and address the issues raised. At the conclusion of the meeting the Committee is required to make recommendations to the Board in regard to the suitability of the course. In some instances, courses may be recommended for approval subject to certain conditions being satisfied. Conditions of approval include the usual requirements that the Board be notified of any changes, which affect the structure or integrity of the approved course, and that ongoing mechanisms are provided for liaison between the Board and the educational institution. Monitoring protocols may include mid-term reports and participation of Board staff on advisory committees or their equivalent. A plan for recognition/continued recognition of hospitals/health facilities participating in providing clinical experience for students is prepared annually. Those organisations providing clinical experience education for student ENs and midwifery students are re-visited approximately every three years.</td>
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<tr>
<td>NBNT</td>
<td>Applications for the accreditation and/or modification of education programs must be made at least six months prior to the anticipated commencement. The submission is reviewed by the Professional Advisory Standing Committee who may conduct a site visit if required. The Committee makes a recommendation to the Board who make the final decision. Annual reports addressing the standards and including</td>
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<td>information on student numbers, attrition rates, changes in staffing profile and student evaluation of teaching and learning are required from accredited education providers. Any major changes to an accredited program must be submitted to the Board for review prior to implementation.</td>
<td>QNC The accreditation pathway consists of two approval mechanisms. The first mechanism is approval of education providers and the second is approval of a course. The Council will only review courses submitted by an approved educational provider and they are required to submit course applications for accreditation at least six months before the course is proposed to commence. An education committee established by the Council makes recommendations on approval of providers and courses. In the review of courses there are five review panels, which undertake the review of the course and submit a recommendation to the education committee for consideration. The review panels are: pre registration, pre enrolment, midwifery, mental health nursing and special endorsements. The Council makes the final decision on approval. During the period of accreditation, course providers are required to provide mid-term evaluation reports for each accredited nursing course. Approved course providers are required to notify Council of major changes to courses.</td>
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<tr>
<td>NBSA Applications for approval are required to be submitted six months prior to the commencement of the course. The Education and Accreditation Committee establishes a convenor and an advisory group to assess the course against the applicable standards. This group reports to the Committee and provides a recommendation for their consideration. The committee then makes its recommendation to the Board who make the final decision. If the Board decides it will not approve an education provider or a course there is an appeals process to the Minister. A monitoring or inspection process is not undertaken.</td>
<td>NBT Applications for the accreditation and/or modification of education programs must be made at least six months prior to the anticipated commencement. The submission is reviewed by the Professional Advisory Standing Committee who may conduct a site visit if required. The Committee makes a recommendation to the Board who make the final decision. Annual reports addressing the standards and including information on student numbers, attrition rates, changes in staffing profile and student evaluation of teaching and learning are required from accredited education providers. Any major changes to an accredited program must be submitted to the Board for review prior to implementation.</td>
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<td>NBV Documentation developed by education providers needs to be submitted four to six months in advance of the anticipated date of course commencement. A curriculum review panel is established by the Accreditation and Practice Standards Committee. The panel reviews the document is accordance with accreditation criteria and meets with course designers during the review. The panel’s report and recommendation is submitted to the Board via the Accreditation and Practice Standards Committee. An annual return of information regarding course progress is required to be submitted in relation to each accredited course. Biannual monitoring visits to schools of nursing and clinical venues are also conducted.</td>
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<td>NBWA</td>
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<td>An education provider must give the Board six months notice of their</td>
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<td>intention to apply for accreditation. There are two approval</td>
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<td>mechanisms; approval of the education provider and approval of</td>
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<td>courses conducted by the approved education provider. The first</td>
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<td>mechanism involves a review by the Regulation reference group</td>
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<td>whose members usually conduct a site visit. The reference group</td>
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<td>uses Board established guidelines for the review and forwards a</td>
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<td>recommendation to the Board regarding approval as an education</td>
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<td>provider. The second mechanism involves a review conducted by a peer</td>
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<td>review panel, which forwards it recommendations to the Regulation</td>
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<td>reference group for consideration who in turn presents its</td>
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<td>recommendation to the Board for consideration. Five Peer Review</td>
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<td>Panel’s are established; pre-registration, pre-registration enrolled,</td>
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<td>midwifery, mental health and nurse practitioner. Monitoring of</td>
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<td>courses involves random audits and course providers are required to</td>
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<td>notify the Board of any major changes to the provision of the</td>
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<td>course.</td>
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