

Australian Nursing and Midwifery Federation

**CONSULTATION ON AUSTRALIA'S
HEALTH WORKFORCE:
STRENGTHENING THE EDUCATION
FOUNDATION**

MARCH 2019



Australian
Nursing &
Midwifery
Federation

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Response Template - Consultation on *Australia's Health Workforce: strengthening the education foundation*

This template is for responses to *Australia's Health Workforce: strengthening the education foundation*, the final report of the Accreditation Systems Review project.

Please return your response to MOH-ASR@health.nsw.gov.au. Responses are due by **28 March 2019**

Stakeholder details	
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The underpinning position of the ANMF in relation to national accreditation of education programs for nurses and midwives is:

- National accreditation standards for education programs for nurses and midwives are essential for the protection of the public and maintaining the highest standards of nursing and midwifery practice;
- The determination and ongoing maintenance and management of national accreditation standards for education programs for nurses and midwives must be undertaken by the nursing and midwifery professions to ensure integrity of required discipline-specific knowledge and skills for safe and competent practice, in order to meet the Nursing and Midwifery Board of Australia standards for practice;
- The Australian Nursing and Midwifery Accreditation Council is the national accreditation body for all entry to practice education programs for nurses and midwives leading to registration as a nurse or midwife;
- The Australian Nursing and Midwifery Accreditation Council is the national accreditation body for all education programs leading to endorsement as a nurse practitioner or to scheduled medicines endorsement as a midwife.
- The Australian Nursing and Midwifery Accreditation Council is the national body for assessment of all applications from internationally qualified nurses and midwives seeking skilled migration to Australia;
- The accreditation process for nursing and midwifery, under the National Registration and Accreditation Scheme, must stand alone;
- Nursing and midwifery registration fees should be used to contribute to the nursing and midwifery accreditation process as undertaken by the Australian Nursing and Midwifery Accreditation Council. Nursing and midwifery must not cross-subsidise the accreditation of other disciplines;
- The current governance structure for the constitution of the Australian Nursing and Midwifery Accreditation Council Board ensures commitment from the professions and is supported.
- The current structure of the Nursing and Midwifery Board of Australia undertaking the development and review of the standards for practice for all registration and endorsement types is supported.

FUNDING AND COST EFFECTIVENESS (RECOMMENDATIONS 1-3)	
<p>1. What are the costs, benefits and risks in relation to the implementation of funding principles and performance indicators as recommended in the final report? Are there other ways to achieve the outcomes the ASR was seeking with less cost and risk?</p>	<p>Benefits:</p> <p>Application of consistent accounting and business standards across accreditation authorities would streamline on-going monitoring and periodic reviews of the accreditation processes.</p> <p>Improved transparency of costs of accreditation of education programs leading to registration; and, of assessments of international applicants for registration.</p> <p>Risks:</p> <p>Diminution of flexibility for individual accreditation authorities to charge fees commensurate with variability – such as the complexities which exist within the nursing and midwifery accreditation environment. We highlight the fact that accreditation authority fees to education providers should be based on the complexity of the education program or accreditation process, length of the course and additional infrastructure requirements for numbers and variety of programs being accredited.</p>
IMPROVING EFFICIENCY (RECOMMENDATIONS 4-6)	
<p>2. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. education providers, education regulators, health professional accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes of the recommendations?</p>	<p>Where it is possible to have common terminology and definitions across the disciplines, this is being instituted already by agreement through the work of the Health Professions Accreditation Councils' Forum (HPACF). The implications are for greater interprofessional understanding, leading to safer cross discipline team work in the education and clinical settings.</p> <p>The HPACF is probably best placed to answer the question about timeframes for achieving a common approach to policies and guidelines, given the work already underway through this group towards commonality across accreditation authorities.</p>
<p>3. What are the costs, benefits and risks related to the implementation of recommendations 4-6?</p>	<p>Benefits:</p> <p>Reduction in duplication of reporting requirements for accrediting authorities and higher education regulators.</p> <p>A common reporting framework would streamline on-going monitoring and periodic reviews of the accreditation processes.</p> <p>Recognition of profession-specific requirements (4b) retains the integrity of individual professions.</p> <p>A fairer remuneration system across the professions.</p> <p>Risks:</p> <p>Cross-profession policies including generic assessors for site assessment of accreditation standards. The ANMF does not support the accreditation standards for nurses and midwives being assessed by people external to the nursing and midwifery professions. Assessment panel experts must be profession-specific due to the unique knowledge base of each professional group. To do otherwise would diminish the integrity of the profession-specific knowledge on which the standards are developed.</p> <p>Loss or dilution of profession-specific requirements in accreditation standards.</p>

RELEVANCE AND RESPONSIVENESS OF EDUCATION (RECOMMENDATIONS 7-14)

<p>4. What implications may the implementation of these recommendations have for bodies outside of AHPRA and National Boards (e.g. consumer groups, education providers, accreditation bodies)? In what timeframes would these bodies be able to achieve the outcomes in the recommendations?</p>	<p>The implications are that non-professional groups may consider they can have a higher role in accreditation functions than is appropriate for the professional-specific knowledge requirements of accreditation. The invaluable consumer contribution is already provided in the nursing and midwifery accreditation processes through membership of the Board of the Nursing and Midwifery Board of Australia (NMBA), the Board of Directors of the Australian Nursing and Midwifery Accreditation Council (ANMAC), and individual accreditation standards development and review committees. The consumer contributions through these channels are significant to the accreditation processes for nursing and midwifery. However, while consumers contribute their perspective on care requirements to the higher level accreditation standards development, they do not have the necessary professional discipline-specific knowledge of requirements for competent and safe practice as a nurse or midwife.</p> <p>The current structure of the Nursing and Midwifery Board of Australia undertaking the development and review of standards for practice for all registration and endorsement types in nursing and midwifery is supported.</p> <p>In relation to the standardisation of definitions and terminology in common areas, work is already underway where other regulated professions are using the cultural safety standards developed by the NMBA as a bases for their reviews. It should also be noted that the nursing and midwifery professions have for some time now used more relevant terminology of 'standards for practice' as the term 'competency standards' has connotations of 'tasks' as opposed to a broader concept of 'knowledge, skills and attitudes'.</p> <p>The ANMF does not support expanding the Terms of Reference of the AHPRA Community Reference Group to include accreditation functions.</p>
<p>5. What are the costs, benefits and risks related to the implementation of recommendations 7-14?</p>	<p>Benefits:</p> <p>Mandatory inclusion of cultural safety and Aboriginal and Torres Strait Islander peoples' health, history and culture in accreditation standards for curricula.</p> <p>Embedding the standards for safety and quality of the NCSQHS into the standards for practice for health professionals.</p> <p>Risks:</p> <p>Too greater an emphasis is placed on the requirement for increased consumer/non-profession specific input to profession-specific accreditation standards development and assessment.</p> <p>Naming of the National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group removes flexibility for professional groups to work in partnership with their most relevant group – for example, it is more relevant for nursing and midwifery to work collaboratively with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.</p> <p>Embedding of the term 'competency standards' is not relevant to the nursing and midwifery professions, the groups which have the largest number of education programs to be considered in the accreditation process.</p> <p>Standardised definitions and terminology does not allow for profession-specific variability.</p>

	<p>While the nursing and midwifery professions have moved to incorporate a greater degree of outcome-based accreditation standards, elements of the education programs for these professions will always remain as input-based and process standards. The mix of input and outcome-based approaches within the current accreditation standards is consistent with achieving the objectives of the National Law for nursing and midwifery education programs, as well as safeguarding our professions graduate standards for safe and competent practice. Being too rigid in the application of outcome based approaches to accreditation standards and not allowing for variability across professions is an identified risk.</p>
ACCREDITATION GOVERNANCE – FOUNDATION PRINCIPLES (RECOMMENDATIONS 15-18)	
<p>6. Do these recommendations reflect the most efficient and appropriate manner of delivering a governance foundation that will allow reform of accreditation functions?</p>	<p>The ANMF considers the nursing and midwifery professions, who have the largest number of education programs to accredit of all the regulated health practitioner groups, are already governed under the model espoused in Recommendation 15 of the final report. The accreditation body, ANMAC, develops and reviews accreditation for education programs leading to registration for nurses and midwives, and the regulator, NMBA, has the authority for final approval of these programs. The ANMF maintains there is a safeguard in ANMAC (accreditor) being inherently linked to the NMBA (regulator) to ensure education programs meet the regulatory standards which mandate safe and competent practice for protection of the public in health and aged care delivery. This model works well.</p> <p>The current separation of responsibilities and powers under the National Law between the NMBA and ANMAC in relation to internationally qualified nurses and midwives, wishing to enter the register in Australia, is also a collaborative model which generally works well for the nursing and midwifery professions.</p> <p>In regards to assessment of skilled migration, the ANMF concedes there is room for a greater degree of collaboration between the authorities, that being ANMAC, NMBA and the Department of Immigration and Border Protection to ensure the skilled migration assessment better aligns with the requirements of the registration assessment. This would benefit the individual applicant and produce administrative and cost efficiencies.</p> <p>As the largest accrediting body within the regulated health practitioners, amalgamating ANMAC with another health professional accreditation body would not gain efficiency for nursing and midwifery, it would be simply inefficient.</p> <p>The introduction of an additional, independent accreditation decision-making body (or generic) body within AHPRA will result in another generic regulator in this sector. Duplication of education sector regulation and discipline specific accreditation already exists in the university sector, with Tertiary Education Quality and Standards Agency (TEQSA) and ANMAC having overlapping responsibilities in that area, adding a third layer of oversight increases bureaucracy, expense, and complication, without improving oversight or outcomes. The ANMF also cautions against streamlining processes to enable cost efficiencies to the point where accreditation standards may be undermined.</p> <p>It should be noted that ANMAC currently provides secretariat services for the accreditation functions of a smaller regulated health practitioner group, and this role could potentially be expanded to accommodate other smaller regulated health practitioner groups, to provide administrative efficiencies.</p>
<p>7. What are the costs, benefits and risks related to the implementation of recommendations 15-18?</p>	<p>No further comment from those outlined in response to Q6.</p>

A GOVERNANCE MODEL FOR MORE EFFICIENT AND EFFECTIVE ACCREDITATION (RECOMMENDATIONS 19-24)	
8. What are the costs, benefits and risks associated with the implementation of recommendations 19-24 and of any proposed governance model?	<p>The ANMF sees no benefits for the nursing and midwifery professions in the establishment of an overarching national health education accreditation body. As already stated, the current governance model for the nursing and midwifery professions, which covers the greatest number of accredited education programs, currently operates within the governance framework defined within the recommendations and works best for our professions.</p> <p>Risks:</p> <p>A body outside of nursing and midwifery making policies on accreditation for nursing and midwifery programs which does not have intimate knowledge of the requirements for safe and competent practice for nurses and midwives is not supported.</p> <p>The Agency Management Committee taking on roles and powers or morphing into another entity for which it is not intended under the National Law.</p> <p>The ANMF does not support a national entity having powers to request ANMAC and the NMBA to reverse a decision on a nursing or midwifery education program, as it does not have the profession-specific knowledge to override such a decision.</p>
OTHER GOVERNANCE MATTERS (RECOMMENDATIONS 25-32)	
9. What implications may the implementation of these recommendations have for bodies outside AHPRA and the National Boards (e.g. Commonwealth Government departments, specialist medical colleges and the National Health Practitioner Ombudsman and Privacy Commissioner)?	<p>The ANMF argues that Recommendations 25 and 26 have the potential for a negative impact on nursing and midwifery. The assessment process for internationally qualified applicants both for skilled migration and registration should be tailored to the needs of the type of practitioner, (therefore profession specific), the consumer and their level of interaction. Few health professions have as much direct contact with patients/clients as do the nursing and midwifery professions. Our requirements therefore will vary from other health professional groups.</p>
10. What are the costs, benefits and risks related to the implementation of recommendations 25-32?	<p>Risks:</p> <p>Entities that are not-profession specific having final decision-making powers about the future of the nursing and midwifery professions without the required underpinning profession-specific knowledge essential for such decision-making on education programs and/or workforce issues.</p>
COST ISSUES	
11. Separate consultation will be undertaken with AHPRA and the National Boards on costs of implementing recommendations. Are there any other significant costs to other bodies not already canvassed in the preceding questions?	<p>The ANMF have nothing further to add at this stage.</p>
PROGRESS ALREADY MADE ON AREAS ADDRESSED BY RECOMMENDATIONS	

12. To what extent do the actions undertaken since the completion of the ASR project address the recommendations of the final report?	ANMAC has reported that work has been undertaken through the Health Professions Accreditation Councils' Forum (HPACF) to standardise accreditation processes, standards, and terminology, where this is deemed appropriate, and without compromising the integrity of profession-specific matters.
ADDITIONAL QUESTIONS	
13. Are there any other costs, risks or benefits related to the final report recommendations, not addressed in other questions?	The ANMF have nothing further to add at this stage.

Conclusion

Thank you for the opportunity to contribute to this consultation. As we have previously stated in our submissions to this review, the ANMF is opposed to the setting of professional standards for practice, accreditation standards, or professional issues being decided by a National Board or Committee that does not consist of nurses or midwives. It is imperative the accreditation of the programs of study for nurses and midwives remains the remit of the nursing and midwifery professions' specific body - ANMAC. Likewise, the approval of accreditation processes for these programs must ultimately remain with the regulatory body for our professions – the Nursing and Midwifery Board of Australia.