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Abstract: This paper aims to explore and discuss the role that ANMAC and the accreditation standards play in pre-registration nursing education nationally. The context of the discussion is situated in the continuum of events that mark the accreditation of nursing education in Australia. The National Registration and Accreditation Scheme has given rise to significant challenges related to the accreditation of nursing programs of education in Australia. Given the importance of accreditation to the quality of nursing education, ANMAC in its appointed role as accrediting authority, must fill the position rather than occupy it. Enhancing transparency and effectiveness is central to ensuring accreditation facilitates quality in nursing education. Given ANMAC's key position, further work is needed in developing a broad base of expertise by fostering scholarly output in the substantive area of nursing accreditation. There is a concerning lack of research centred on the accreditation of programs of nursing education along with the processes associated with it. This problem is not restricted to the Australian context but also extends internationally. In this context, the expertise of accreditors ought to be questioned along with the processes ANMAC use to identify individual capability. As such, the transparency of selecting experts needs to be articulated clearly by ANMAC along with the ownership of facilitating a research culture into accreditation.

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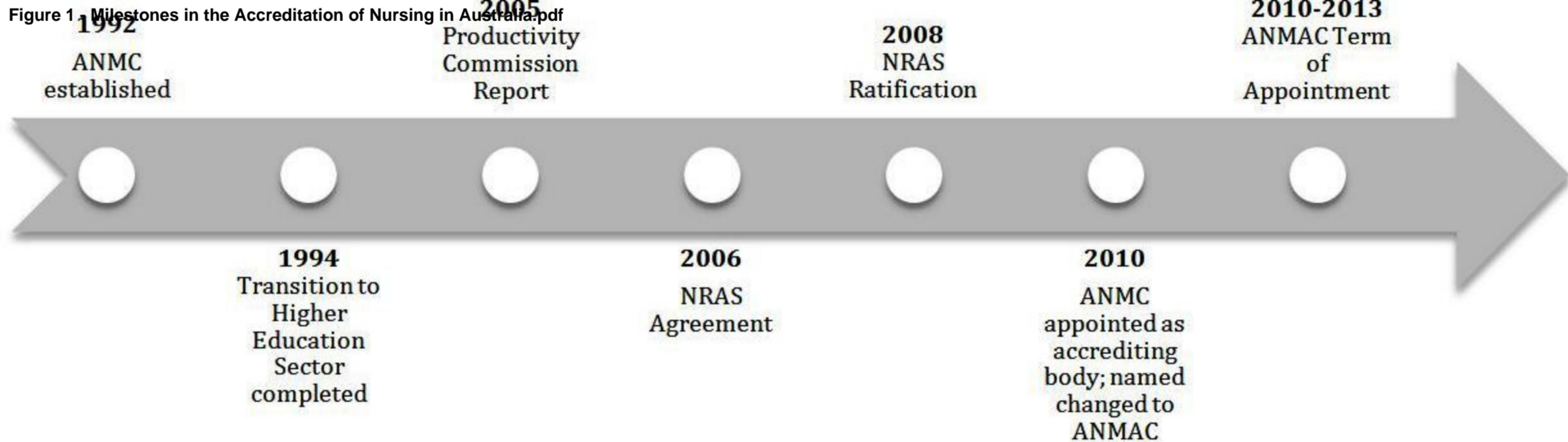
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Figure 1. Milestones in the Accreditation of Nursing in Australia.pdf



The accreditation of nursing education in Australia

ABSTRACT

This paper aims to explore and discuss the role that ANMAC and the accreditation standards play in pre-registration nursing education nationally. The context of the discussion is situated in the continuum of events that mark the accreditation of nursing education in Australia.

The National Registration and Accreditation Scheme has given rise to significant challenges related to the accreditation of nursing programs of education in Australia. Given the importance of accreditation to the quality of nursing education, ANMAC in its appointed role as accrediting authority, must fill the position rather than occupy it. Enhancing transparency and effectiveness is central to ensuring accreditation facilitates quality in nursing education.

Given ANMAC's key position, further work is needed in developing a broad base of expertise by fostering scholarly output in the substantive area of nursing accreditation.

There is a concerning lack of research centred on the accreditation of programs of nursing education along with the processes associated with it. This problem is not restricted to the Australian context but also extends internationally. In this context, the expertise of accreditors ought to be questioned along with the processes ANMAC use to identify individual capability. As such, the transparency of selecting experts needs to be articulated clearly by ANMAC along with the ownership of facilitating a research culture into accreditation.

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INTRODUCTION

The role of the Australian Nursing and Midwifery Accreditation Council (ANMAC) as the accrediting authority for nursing and midwifery programs of study is arguably the most crucial one in Australian healthcare education today. Immense challenges face the nursing profession both now and in the future. The present and intensifying nursing workforce shortage threatens to undermine the efficacy of healthcare delivery across the nation while issues related to national variances in curriculum are a presiding concern. Indeed, the quality of nursing education across the nation is such that urgent attention is needed to address long-standing challenges pertaining to curriculum relevance; student attrition; student satisfaction; teaching delivery and work readiness. The profession must plot a meaningful direction for the future at a time when huge increases in nursing enrolments are called for amid the intensifying debate around the nursing role and nursing education itself. As the accrediting authority, ANMAC acts as the nation's gatekeepers of nursing education. On a national scale, their role influences the quality of nursing curriculum design, nursing graduates and nursing care in Australia; factors that are tangible outputs of what is essentially a discreet process. In this paper, we explore and discuss the role that ANMAC and the accreditation standards play in pre-registration nursing education nationally.

From the ANMC to the ANMAC

Since the transition of Australian nursing education from hospital-based training to the higher education sector in 1994 (AIHW 2003) the Australian Nursing and Midwifery Council (ANMC) – itself established in 1992 – has worked alongside state and territory nursing and midwifery regulatory authorities (NMRAs) towards developing nursing and midwifery standards for Australia's healthcare requirements. The ANMC has a rich history in the continuum of nursing history as they have played a role in establishing the National

Competency Standards; the Code of Professional Conduct; and the Code of Ethics for Registered Nurses and Midwives (ANMC 2009a); a document which would later inform the present day accreditation standards that underpin pre-registration nursing education in Australia. Over time, the ANMC contributed to nursing in Australia in a variety of roles with input into statutory nursing and midwifery regulation; national standards and accreditation frameworks; registration requirements; project management; policy advice and stakeholder negotiation, all while being cognisant of the tensions arising from different processes, legislation and emphases across the states and territories (ANMC n.d.).

In 2004, the Council of Australian Governments (CoAG) engaged the Productivity Commission to report on and propose solutions to issues impacting on the health workforce to ensure the delivery of quality health care over the following 10 years (Productivity Commission 2005). The resultant report entitled *Australia's health workforce* proposed the establishment of a single national registration board for all health workers on the basis that responsibility for policy direction, funding and delivery of education and training for Australia's health workforce was shared across a broad range of players (Productivity Commission 2005). A key driver of this recommendation stemmed from a system that was seen as complex, poorly coordinated, and insufficiently responsive to changing needs and circumstances (Productivity Commission 2005). Following agreement in 2006 to forge ahead with this proposal, the National Registration and Accreditation Scheme (NRAS) was finally ratified in 2008 with the aim of bringing national cohesion and consistency to the registration and accreditation of health professionals and health curricula in Australia (CoAG 2008). On 1 July 2010, the Australian Health Workforce Ministerial Council (AHWMC) appointed the ANMC as the independent accrediting authority under the NRAS heralding the ANMC to change its name to the Australian Nursing and Midwifery Accreditation Council (ANMAC)

to reflect its role as the accrediting authority for nursing and midwifery programs of study. Its primary function as the accreditation authority for the nursing and midwifery professions is to ensure that programs leading to the registration of nurses in Australia meet the Nursing and Midwifery Board of Australia's (NMBA) approved standards for accreditation (ANMAC 2011).

Figure 1 - Milestones in the Accreditation of Nursing in Australia

The resultant transition ushered in by the NRAS was marked by extraordinary dynamism as 85 health profession boards operating under 66 Acts of Parliaments were restructured under one registering authority – the Australian Health Practitioner Regulation Agency (AHPRA) – and one national board – in nursing's case, the NMBA – representing each of the nine professions signatory to the NRAS. While other health professions were already accredited by national authorities established well before the start of the NRAS in 2010, the accreditation of programs of study in nursing and midwifery was a responsibility which fell to the 6 State and 2 Territorial nursing and midwifery boards dotted across Australia. For ANMAC, having to commence as an accrediting authority in an environment marked by dynamism would place them in a position of extraordinary complexity. Under the NRAS, ANMAC became responsible – from 1 July 2010 to 30 June 2013 – for the accreditation of up to 480 programs of study across 160 education providers and distributed over two education sectors (higher education and vocational education and training [VET]). Comparative to accreditation authorities in other health professions, the size of ANMAC's workload is monumental; all of which is compounded by having to work through the complexities and challenges that go with being a 'start up' organisation following a complete

organisational restructure to better position itself as the chief accrediting body of nursing and midwifery programs in Australia (ANMAC 2011).

Setting the Standards

In this context – and under its new organisational structure – ANMAC employed the *National Accreditation Standards and Criteria for Registered Nurses*, developed in their former guise as the ANMC in 2009 (ANMC 2009a; ANMAC 2011). The creation of this document was underpinned by the *National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia* originally established in 2007 to reflect the commitment of each of the NMRAs to a consistent and principled approach to this accreditation scheme (ANMC 2007). Twelve principles underpinned the creation of the national framework and ultimately informed the development of accreditation standards, namely: legality; legitimacy; validity; efficiency; accountability; transparency; inclusiveness; procedural fairness; quality improvement; flexibility and responsiveness; diversity and innovation; and ongoing review cycles (ANMC 2009a). Central to these principles is the purpose of national accreditation processes – that of establishing nationally agreed minimum standards for accredited courses; forging stronger links with stakeholders to enhance courses, improve efficiency and avoid duplication; mutual recognition of accredited courses; graduate mobility; better understanding of the nursing role; wider public understanding and appreciation of the professional competencies of nurses and midwives; and, greater international understanding and acceptance of Australian courses and their graduates (ANMC 2009a). These principles clearly anticipate the outcome national accreditation would facilitate: that of an open and honest, globally respected system of quality nursing education responsive to the needs of the Australian healthcare consumer.

To achieve such auspicious goals, ANMAC has pursued the development of accreditation standards through extensive consultation with stakeholders (ANMAC 2012a). In this process, each set of standards is subjected to ongoing review involving broad consultation with the NMBA, the nursing and midwifery professions, educators and other stakeholders to ensure they are contemporary as well as consistent and aligned with Australian and international best practice (Adrian 2012). Just how ANMAC approach the issue of stakeholder management is not clear as a formal stakeholder consultation strategy is yet to be developed (Adrian 2012). Nor is it apparent whether selection criteria are applied in choosing contributors in the development of standards or the committee that coordinates their development. What is recognisable is that ANMAC's Standards, Accreditation and Assessment Committee retains a central role in overseeing the policy of analysis, review and response of external policies relevant to the functions of the organisation (ANMAC 2012c). The purpose of the committee is well-defined; that of ensuring the standards, policies and procedures underpinning assessment and accreditation are 'effective, fair and based on contemporary research and best practice in the interests of promoting and protecting the health of the community' (ANMAC 2012d, 1). To accomplish such goals, the committee's adopted operational philosophy appears to be consensual rather than authoritative as broad representation is sought with membership comprised of a nominee from the ANMAC board; ANMAC's community board; the ANMAC State and Territory Director; the NMBA; the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN); the Registered Nurse, Enrolled Nurse and Nurse Practitioner Committees; the VET sector and an educational expert (ANMAC 2012d). The NMBA's presence is a situation of note as evidence is suggestive of a trinity of roles: that of accreditation contributor (through committee representation); consultative stakeholder; and approver of standards (Adrian 2012). Without clear evidence to the contrary, such an arrangement appears to present something of a conflict of interest – at the very least,

confusing – as the NMBA has to navigate through a strangely multiplicitous relationship with ANMAC. Nonetheless, the chief point of concern is the seemingly absent selection criteria for identifying experts in the accreditation process. Given the paucity of peer-reviewed literature on nursing education, it would be interesting to determine *what* ANMAC see as the desirables and essentials of accreditation experts and *how* they identify individuals with a requisite level of expertise sufficient to make meaningful contributions to the development of accreditation standards. While the transparency of approaching the profession for expressions of interest (EOI) is a feature of ANMAC's *modus operandi*, of equal importance is the means of articulating to the profession how the interested are determined by ANMAC to be *interesting*. In short, given the profound impact that accreditation standards have on professional education across the country, it is imperative that ANMAC's view of the defining elements of expertise in accreditation is clearly communicated.

As the accreditation standards are used to assess whether a program of study or education provider provides a person who completes the program with the knowledge, skills and professional attributes necessary to register as a nurse in Australia (ANMAC 2011), it is of the utmost importance that the standards provide an appropriate platform for the design of quality nursing curricula across the nation. The accreditation standards are central to such a goal as they prescribe the structures, personnel and processes expected of nursing education providers and their programs (ANMC 2009a). This includes the governance and organisational structure, the nursing curriculum content and the qualifications, experience and expertise of personnel who are key to the accreditation role of the organisation (ANMAC 2011). Also detailed is the schematic of accreditation, including the individual processes that are involved in the accreditation of providers and programs as well as quality improvement,

evaluation and notification of major and minor changes to accredited programs (ANMAC 2011).

Despite the prescriptive nature of the standards, there is room for interpretation. Cognisant of the dynamism marking healthcare in Australia, scope is present for a strategic approach that caters to prescience in curriculum design (Ralph, Birks, and Chapman 2013). Conversely, such scope has given rise to variance in curriculum design is evident (Walker 2005). The lack of consensus nationally on what quality nursing curricula looks like impacts on the attributes of graduate nurses (McAllister 2001). Consequently, the quality of undergraduate nursing education is a prominent consideration with a significant proportion of the debate centred on issues related to course content (Birks et al. 2011); student satisfaction (Lo 2002; Jeffreys 2007); student attrition (Gaynor et al. 2007); and teaching delivery (Jackson and Daly 2004). Moving towards an understanding of how accreditation standards are interpreted by curriculum developers is essential to embedding quality control in this process. The quality of undergraduate nursing curriculum impacts Australians at all levels as it relates to addressing the staffing of health services at the same time as it is concerned with the delivery of safe nursing care at the bedside (ANMC 2009b). As such, the need for a strong foundation through embedding quality accreditation as a founding principle of a nationwide system of nursing education is central to progressing nursing education into the 21st century.

Into the Future

In future days, the task of ANMAC will no doubt continue to be marked by managing the complexities of the nursing profession while moving to enhance the educational quality of nursing programs across the country. The health and higher education sectors are strongly established and politically sensitive entities that are undergoing significant reforms in health

policy, governance and funding with implications for nursing education in Australia (ANMAC, 2012). The difficulty of operating successfully in such an environment is not easy task. Nevertheless, ANMAC must navigate the complexities of the present and future systems of health and higher education. The political nous of ANMAC and the development of expertise in accreditation are central to success in this process as political pressure is mounting for accreditation standards to be increasingly congruent with national reform thereby ensuring the work-readiness of graduate nurses throughout the country. The responsibility of achieving such outcomes does not fall to ANMAC entirely. Nonetheless, one mechanism ANMAC has established to improve their operative capacity is that of regular reviews of the standards. Somewhat peculiarly, while review is encouraged, no timelines are placed on review cycles by the Standards, Accreditation and Assessment Committee (ANMAC 2012d). Despite the lack of specifics, it is apparent that ANMAC's review process is protective of the standards as their overarching goal for review is to enhance the accreditation process without inhibiting diversity, innovation or limiting quality improvement (ANMAC 2012b). Such an approach – given the right mix of consultation, collaboration and expert contribution should stand ANMAC in good stead to establish strong standards underpinning a strong system of nursing education throughout Australia.

Conclusion

Undeniably, the task of enhancing nursing education through accreditation standards is a difficult one. While the path from ANMC to ANMAC has not been without difficulty, the establishment of national accreditation standards is in itself an achievement. Clearly, opportunities for enhancing the standards are present with the need for greater transparency, expertise development and management of consultative processes. The true operational relationship between the NMBA and ANMAC is yet to be clearly articulated given the

presence of multiple roles and the potential for conflicting interests. The development and implementation of accreditation standards must be overseen by recognised experts and founded on an evidence base informed by contemporary research. This latter point raises the greatest concern as the once-in-a-generation opportunity for Australia to become an international leader in national nursing accreditation is slipping by, as the research outputs emergent from the transition to national accreditation are non-existent.

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