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Framework for Lifelong Learning for Nurses and Midwives - Queensland Health.

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An electronic version of this document is available at ***https://qheps.health.qld.gov.au/nmoq/professional-capability***

This Version of the 'Framework for Lifelong Learning for Nurses and Midwives - Queensland Health (2018) will remain current until 2021.

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  - Metro North Hospital and Health Service Framework for Lifelong learning for Nurses and Midwifes working within MNHHS (2015) from which the 2018 version is based.

This icon is used throughout the Framework to draw attention to the 'Overarching Caveat' statements below.

This icon is used throughout the Framework as a formal way to direct people's attention to an individual/position's responsibility or to information for consideration in decision-making/application to other areas.

Overarching Caveats

- The terms *'person-centred'* and *'consumer'* have been used throughout the *'Framework for Lifelong Learning for Nurses and Midwives - Queensland Health* (2018)', Nursing/Midwifery Career Pathways and other supporting resources to reflect the care philosophy within both the nursing and midwifery professions.
- While it is acknowledged that the term 'specialisation' can be applied in a variety of contexts, please note that within the Lifelong Learning Framework and other supporting resources the midwifery profession is less likely to apply the term 'specialisation' in practice. As such, the term 'specialisation', and sections referring to 'specialisation' are only to be applied to the nursing profession.
- The Office of the Chief Nursing and Midwifery Officer is leading the development of midwifery career pathways and classification structure. Future versions of the Framework and other supporting resources will reflect any amendments to the midwifery career pathways. In the interim current resources can be applied as relevant to support the midwifery profession.

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1. Intent

The *Framework for Lifelong Learning for Nurses and Midwives – Queensland Health* (the Framework) provides a scaffold for all teaching and learning considerations that 'value add' to achieving a sustainable, professional, capable, person-focused nursing and midwifery (nursing/midwifery) workforce that is respected for competence and quality.

However, it is recognised that there is often considerable variance in the nature, standard and quality of nursing/midwifery education access, offerings and resources across and within health facilities (Fox, 2013). Therefore, the Framework has been developed to be applicable to all nursing/midwifery contexts as an enabler to improve nursing/midwifery staff education and training experiences by informing strategies, policy, practices and behaviours.

As such, the Framework offers explanation about standards underpinning nursing/midwifery education services; key concepts associated with teaching and learning; strategies to support application; and standards to measure the effectiveness of educational activities.

Broadly the Framework content comprises:

- A structured approach to clinical, professional and organisational development opportunities for all classifications of nurses/midwives.
- Explanation of learning and development opportunities along a continuum of lifelong learning.
- Specific principles, standards, and exemplars to guide health services in:
  - the promotion, implementation and application of a culture of lifelong learning
  - applying pathways for career development and continuum of learning
  - foundational requirements for key programs of learning for all classifications of nurse/midwives particularly new graduate (novice) nurses and midwives (Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9), 2016).
- Direction, planning, implementation, and evaluation strategies for workplace learning.
- A guide to attainment of relevant post-graduate awards (Henderson, Fox and Armit, 2008).
- Explanations applicable to individuals, groups, teams of nurses/midwives, and others that facilitate support processes, and guide a more collective overarching professional approach to building workforce capacity and capability thereby reducing variance in access, opportunity, expectations and standards.

2. Applicability

In creating an overarching resource that comprises a suite of standards for efficient and successful development and education of the nursing/midwifery workforce, the Framework is applicable for all nursing/midwifery groups and individuals. These include but are not limited to:

- The Office of Chief Nursing and Midwifery Officer Queensland who networks with Executive Directors Nursing/Midwifery (EDON/M) and Nursing/Midwifery Directors, Education across the State to support collective engagement in the development, education, and training of nurses/midwives within Hospital and Health Services (HHS) by promoting: innovation; access to opportunity; resource availability; and mitigation of variance in standards including capability and capacity.
- The Executive Director Nursing/Midwifery (EDON/M), HHS who liaises with executive members, education providers, and nursing/midwifery education service leads to: sponsor nursing/midwifery education and scholarly pursuits; set objectives

and performance targets; build and foster partnerships/relationships; accept jurisdiction for standards, workforce capacity/capability, and risk mitigation.

- Nursing/Midwifery Directors or Assistant Nursing/Midwifery Directors - Education who assume accountability for: education and professional vision; expert strategic and operational education leadership in applying the *Framework* intent; fostering translation of knowledge to practice and scholarly endeavours; effectively collaborating with the EDON/M, Directors of Nursing/Midwifery, Nursing/Midwifery Directors, Assistant Nursing/Midwifery Directors, interprofessional colleagues, internal and external partners (e.g. Higher Education Sector [HES]) to lead, and evaluate education initiatives to achieve expected outcomes.
- Directors of Nursing/Midwifery, Nursing/Midwifery Directors, and Assistant Nursing/Midwifery Directors who ensure the *Framework* is applied effectively to support: resource allocation; teaching and learning strategies; evaluation of service and workforce needs in attainment of a sustainable, professional, capable person-focused nursing/midwifery workforce valued for competence and quality.
- Nursing/Midwifery Educators who: reflect and regularly undertake self-assessment of role contribution and development needs to inform, and foster collaboration with others in the application of *Framework* tenets in determining educational activities; facilitate translation of knowledge to practice; and build capacity and capability to address clinical, professional and organisational learning needs (AHPRA, 2014; Fox, 2013).

  This role is integral in promoting application of the Framework tenets across the continuum of lifelong learning.
- Clinical Nurse/Midwife - Clinical Facilitators (Coaches) who role model, and use their expert clinical knowledge and skills in supporting and working collaboratively with Nurse/Midwifery Educators and others to apply the tenets of the Framework by undertaking development, education and training from an operational perspective within specific clinical contexts.
- Line Managers who: collaborate with Nurse/Midwifery Educators to support application of the tenets of the Framework; identify and evaluate workforce development needs, and monitor standards in liaison with Nurse/Midwifery Educators and others; operationalise relevant educational resources and support strategies.
- Clinical Nurse/Midwifery Consultants who: demonstrate and promote excellence in clinical and professional standards when working with others to apply the tenets of the Framework to practice.
- Nursing/Midwifery staff (all classifications) apply the tenets of the Framework to identify development gaps, shape expectations, reflect and formulate own development requirements in line with role and classification expectations.

  It is also the responsibility of each individual (all classifications) to generate and nurture a postive workforce culture that promotes, and supports reflection, inquiry, lifelong learning, workforce capacity/capability, professionalism, compliance with relevant standards, and development of the capacity and capability of others.

  A nurse/midwife who is responsible for development/education outcomes, standards and nursing/midwifery staff performance (e.g. Nursing/Midwifery Directors, Nurse/Midwifery Unit Managers, Nurse/Midwifery Educators, Clinical Nurse/Midwife – Clinical Facilitators) demonstrates sound awareness of, and ability to apply the tenets of the Framework in order to: effectively generate dialogue; uphold a common language/nomenclature and expectations to foster support and engagement in lifelong learning; and establishment of best practice, and workforce outcomes.

- Newly graduated nurse/midwives are provided:
  - additional learning support and access to programs of learning that accelerate their transition into the workplace and consolidate learnings to enable achievement of expected standards, and the provision of self-sufficient, safe competent care.
  - opportunity for supervision and support by experienced nurses/midwives who offer objective feedback regarding performance, and facilitate confidence and competence in achieving relevant standards of practice; and assist by accelerating a pathway to clinical specialisation ( i.e. nursing profession).
- It is the responsibility of each nurse/midwife (all classifications) to share their knowledge and practice in a professional manner (as per the Nursing and Midwifery Board of Australia (NMBA) Codes of Conduct (Principle 5) (NMBA, 2018a and b) when supporting, directing, teaching, supervising and assessing nursing/midwifery students, new graduates and other nursing/midwifery colleagues to achieve best practice care.
- The Framework can be used to provide others with a clear description of the nature, scope, standards, outcomes and reporting processes applied in the development (including Continuing Professional Development), education, and training of nurses/midwives within a HHS/facility/directorate/service.
- This facilitates:
  - resource allocation (fiscal, human and physical)
  - effective application of the Business Planning Framework (BPF) (OCNMO, 2016)
  - demonstration of outcomes aligned to professional and other standards
  - internal and external benchmarking
  - collective use of language and a broadly accepted approach to industry based nursing/midwifery workforce development, education and training across Queensland.

3. Glossary

To clarify terms used within the *Framework* pertinent to nursing/midwifery, education and to promote collective use and appreciation of consistent terminology a Glossary is provided as Appendix 1. This Glossary is important given that many terms, in particular those related to workplace and continuing professional development are often used interchangeably. Without clarification of terminology, confusion and impact on achievement of shared language, appreciation of requirements, and application of the *Framework* tenets and educational outcomes may be compromised (Quinn and Hughes, 2013).

4. Assumptions

- The HHS/facility/directorate/service values a sustainable, competent, compassionate, innovative, professional and capable person-centred nursing/ midwifery workforce that is encouraged to participate in ongoing self-reflection and continuous learning.
- Person-centred care, quality improvement, translation of knowledge into practice, and repeated demonstration of competence underpins all education/training and nursing/midwifery developmental activities.
- All nursing/midwifery education/training initiatives, activities and resources reflect minimum standards of registering authorities, professional bodies, legislation and HHS/facility/ directorate/ service (e.g. policies, procedures).
- The principles of Performance and Development Planning (PDP) underpin negotiation of teaching and learning and support processes required by each nurse/midwife.
- The application of a career pathway enables the current and emerging workforce to plan a development journey which facilitates acquisition of requisite knowledge and skills for role expectations.
- The workplace environment supports a culture that fosters the development of nursing/ midwifery staff, and lifelong learning that meets clinical, professional and organisational needs.
- The context of the workplace setting is fundamental to realistic and meaningful engagement within the healthcare team; achievement of clinical skills, knowledge, and interprofessional socialisation that cultivates productive and competent contribution to health consumer outcomes and the health care system.
- Teaching and learning principles, and support processes are applied flexibly to accommodate variance in learning needs, styles and competence from a novice practitioner to the more experienced professional colleague.
- Novice practitioners are provided with context specific learning pathways, foundational resources, and additional support processes to foster effective transition to professional practice and engagement in lifelong learning.
- Each nurse/midwife assumes personal accountability and responsibility for professional engagement, their lifelong learning pathway and effective utilisation of learning opportunities, and workplace offerings (e.g. Orientation, Transition Support Processes, Continuing Professional Development, Succession Management).
- A shared perspective of nomenclature, foundational requirements, principles and standards minimises variance between HHS/facility/directorate/service offerings and promotes equity and access for nursing/midwifery staff.
- All organisational activities benefit from workplace learning that is viewed as fundamental in striving for professional excellence, standards, evidence based practice and optimal outcomes.
- Training and education are valued, and viewed as fundamental to developing capability and striving for excellence. Similarly, industry employed Nurse/ Midwifery Educators are valued and respected for their engagement and contribution in developing and supporting nurses/midwives in continuous improvement, translation of evidence into practice and lifelong learning.

5. Nursing and Midwifery Scope of Practice and Professionalism

The scope of practice of the professions is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that the individual nurse/midwife is educated, competent and authorised to perform (NMBA, 2007). The overall scope of practice depicts an evolving and dynamic range of responsibilities, that reflects the 'outer limits' or boundaries for the professions and all of the roles and activities of practice (NMBA, 2007; CRNNS, 2015). Therefore, it forms the foundation from which governments determine legislation, governing bodies prepare standards of practice, educational institutions prepare curricula, and employers prepare role descriptions (Nelson et al., 2014). Moreover, the scope of practice of each individual nurse/midwife is influenced by the context in which they practice, the requirements of the employer and the needs of health care consumers and families (Nelson et al., 2014). As such, particularly in the nursing profession an individual's scope of practice will vary according to the activities, functions, responsibilities and accountabilities for which they are educated, authorised and competent to perform. Although midwives are considered already competent to scope of practice at graduation organisational and other barriers may exist that influence scope application (ICM, 2013; NMBA, 2018d). Consequently, the scope of an individual nurse/midwife's practice may be narrower than the scope of the nursing/midwifery professions (NMBA, 2007; Nelson et al., 2014).

Hence, achievement of optimal scope of practice requires a complex interplay of professional attributes, experience, learning, scientific knowledge and critical thinking by the individual nurse/midwife to perform at the highest level of competence (knowledge, skills and judgment) and confidence, and thereby make the utmost contribution to outcomes (CRNNS, 2015; OCNMO, 2013 and b).

There is little consensus in the literature regarding the meaning of professionalism (Mark, Salyer and Wan, 2003; RNAO, 2007). However, in nursing and midwifery, a number of generally recognised descriptors or attributes have been noted in international literature (Mark, Salyer and Wan, 2003; RNAO, 2007). These include: knowledge based on evidence; a spirit of inquiry; intellectual and individual responsibility/accountability (relevant to role authorisation); autonomy (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]); specialisation ; innovation and vision; collegiality and collaboration; and a well-developed group consciousness (ethics and values) (Mark, Salyer and Wan, 2003; RNAO, 2007). Achievement of professional tenets and optimal scope of nursing/midwifery practice requires the individual to: be familiar with the legislation and professional body requirements; demonstrate professional standards; and put into action the values and attributes of the profession and organisation when providing care and collaborating with consumers, nurse/midwifery colleagues, interprofessional health care team members and others (e.g. external providers, HES) (CRNNS, 2015; OCNMO, 2013a and b).

6. Nursing and Midwifery Education Context

Realisation of the assumptions, and professional and individual scope of practice optimisation considerations underpin the effective application of the Framework and achievement of expected nursing/midwifery education outcomes in the workplace. Therefore, comprehensive appreciation of the scope of opportunities to engage, the types of activities nurses/midwives undertake, and the extent and nature of support, supervision, and guidance provided become fundamental to evaluating how individuals learn and apply principles to workplace practices (Fox, 2013). As such, Fox (2013) identified that Nurse/Midwifery Educators play a key role in the ongoing development of nurses/midwives in obtaining requisite knowledge and skills for providing care and managing within complex healthcare environments. Nurse/Midwifery Educators enhance partnerships, facilitate translation of knowledge to practice, support practice standards to build a sustainable, professional, and capable workforce by adjusting focus to address learning, and education needs within the context of practice (Fox, 2013).

Application of the tenets of the Framework are reliant on a shared governance approach. Therefore, depending on specific circumstances, Nurse/Midwifery Educators and others (e.g. Clinical Nurse/ Midwife – Clinical Facilitators, Clinical Coach) with an education emphasis will focus on one or a combination of the tenets of the Framework to enable workplace development opportunities for nurses/midwives to assist achievement of practice standards and optimal outcomes. Accordingly, Nurse/Midwifery Educators support a culture of learning in the workplace; function as custodians of standards; act as a resource 'safety net' and advocate for the achievement of best practice (Fox, 2013). Therefore, a core responsibility of the Nurse/ Midwifery Educator role is to support self-directed lifelong learning in partnership with other colleagues to contribute to the continuing development of the individual and the profession (Fox, 2013).

The responsibility of the individual is to engage in active lifelong learning as continuous, collaborative, self-directed learning applicable to one's profession as well as all aspects of life. Learners should be self-directed and take responsibility for setting goals, identifying resources for learning, and reflecting on and evaluating their learning. By integrating work and learning, the individual acquires, engages and applies knowledge within the authentic context of work to achieve desired outcomes (Fischer, 2014).

It is also acknowledged that to achieve optimum utilisation of the nursing/midwifery workforce there needs to be acceptance that care is not just a collection of tasks. As such, the context of care, consumer and population health needs, workforce knowledge, skills and mechanisms in place to progress the individual's capacity to meet work place expectations must be considered in relation to professional principles, codes of practice, standards and obligations (NMBA, 2018a andb; Besner et al., 2005; CRNNS, 2005; White et al., 2008). Moreover, nursing and midwifery practice is not restricted to the provision of direct clinical care, but rather extends to any role where a nurse/midwife uses their skills and knowledge to inform and optimise practice to meet role expectations.

Therefore, in working towards achieving suitable clinical, professional and organisational outcomes, it is contended that the employer has a responsibility to provide a learning environment that assists staff to effectively manage change, supports career development, facilitates remedial education, and promotes self-directed learning (Billet, 2016; Fox, 2013; Schoonbeck and Henderson, 2011). The significance of ongoing learning and individual development to maintain work practice currency and professional competence is further reinforced by health professional registration mandatory requirements in Australia (AHPRA, 2014), governance, and systems. In applying the tenets of the Framework, HHS/facility/ directorate/service structures, governance and philosophy need to be incorporated in all educational support activities to foster

consistency in direction, and optimise best practice, and other intended outcomes.

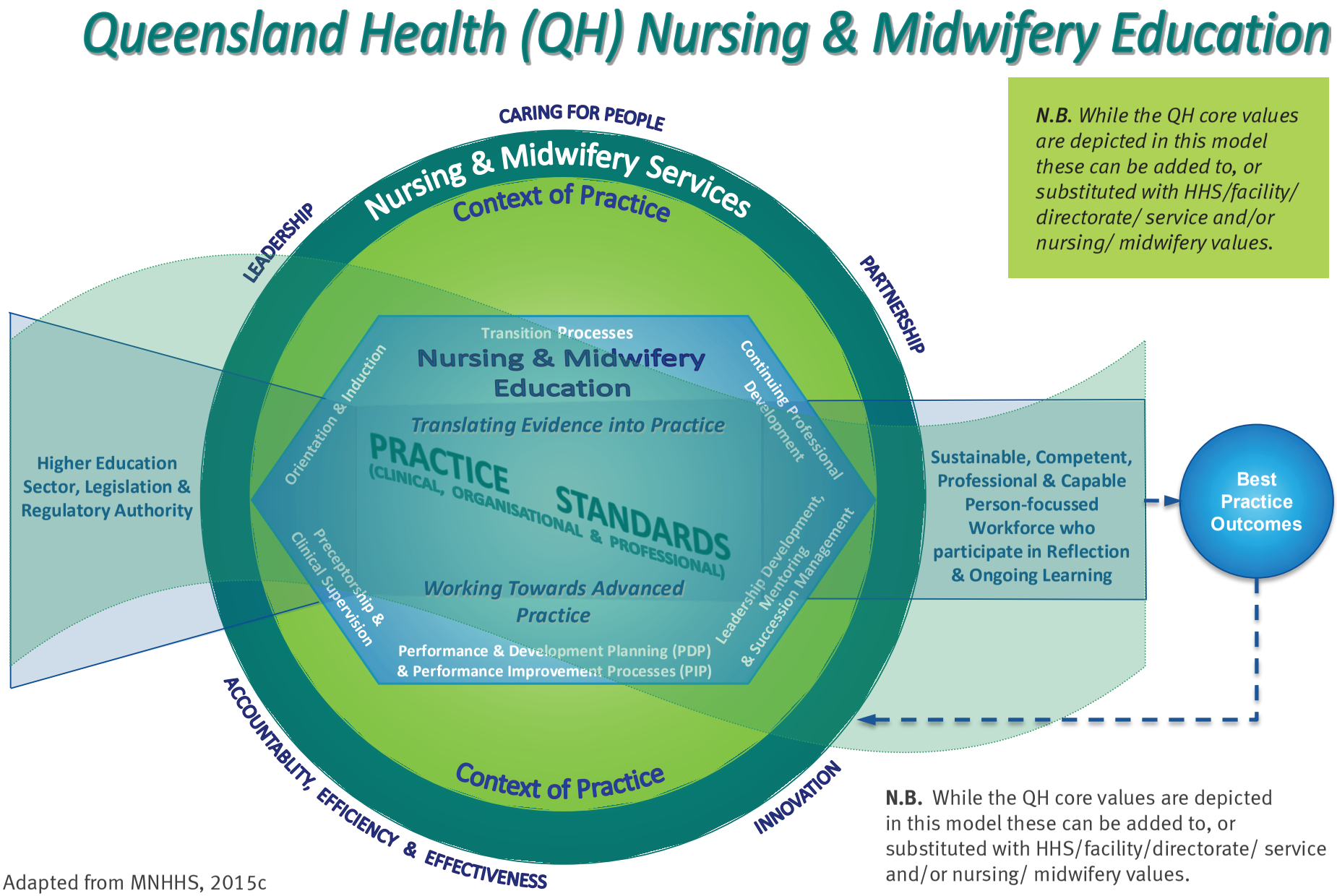
Additionally, documents that underpin fiscal and workforce objectives, strategic direction, and education, training and research fundamental requirements have been used to inform the *Framework*. These include (but are not limited to):

- *Queensland Health (QH) Health and Wellbeing Strategic Framework 2017 to 2026* (Queensland Health, 2017a)
- *Department of Health (DoH) Strategic Plan 2016 – 2020* (Queensland Health, 2014)
- Hospital and Health Service Strategic Plan (as relevant to the HHS)
- *DoH Health Service Plans and Strategies* (Queensland Health, 2016a)
- *My health, Queensland's future: Advancing health 2026* (Queensland Health, 2016b)
- *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026* (Queensland Health, 2016c)
- *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026* (Queensland Health, 2017b)
- Queensland Health Workforce Diversity and Inclusion Strategy 2017-2022 (Queensland Health, 2015)
- *Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017-2020* (Queensland Health, 2017c).
- *Queensland Health Leadership Development Pathway* (Queensland Health, 2017d)
- *NMBA Professional Standards* (Refer to Section 9.1: Clinical Learning)

Sound comprehension of HHS/facility/directorate/service plans, strategies and roles encourages engagement in critical reflection by the nursing/midwifery profession in respect to their responsibility to lifelong learning. Specifically, the development of a HHS/facility/directorate/service Nursing/Midwifery Education Plan/s emphasises vision, educational priorities, key strategies, actions, and indicators (e.g. key performance indicators) undertaken to embed and foster the effective application of the tenets of the Framework. Plans should be developed in collaboration with nursing/midwifery education services, updated annually and endorsed for application by nursing and midwifery governance across HHS/facility/directorate/service to promote consistency in offerings, and provide ability to measure and benchmark outcomes. As such, it is critical that nursing/midwifery leaders, line managers and Nurse/Midwifery Educators have a comprehensive appreciation of the intent of the Framework and supporting Education Plan/s. Additionally, Nurse/Midwifery Educators and nurse/midwifery leaders require a thorough grasp of their classification and role (through reflective processes) to effectively lead, support, and nurture the development of others to achieve expectations (MNHHS, 2017; Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).

To assist nursing/midwifery stakeholders gain an overarching perspective of internal and external influences and concepts impacting and supporting application of nursing/midwifery education services through knowledge translation, partnerships and capacity building initiatives the following *Nursing and Midwifery Education Model* ***(Figure 1)*** has been developed (Queensland Health, 2018 adapted from MNHHS, 2017). This Model ***(Figure 1)*** is provided as an example that can be used by Nurse/Midwifery Educators, nurse/midwifery leaders, teams, and individuals to promote reflection and dialogue regarding concepts underpinning nursing/midwifery education, and the intent of the *Framework*.

Figure 1: Nursing and Midwifery Education Model – Example



N.B. *While the QH core values are depicted in this model these can be added to, or substituted with HHS/facility/ directorate/ service and/or nursing/ midwifery values.*

Adapted from MNHHS, 2015c

N.B. *The figures contained within the 'Framework' have been included to provide examples to those responsible for the development/education outcomes and nursing/midwifery staff performance as well as for application to roles and responsibilities by all nursing/midwifery colleagues.*

The figures provide visual representations that demonstrate the complexity of nursing/midwifery roles, and responsibilities. They also assist those with stewardship in guiding others to support a continuum of learning, development, and career progression in an environment where healthcare takes precedence. HHSs/facilities/directorates/ services can incorporate context specific figures and/or models to further support theoretical explanation related to nursing/ midwifery education, lifelong learning and associated activities.

The model depicted as ***Figure 1*** is a diagrammatic representation of the internal and external factors, and processes that influence industry workplace nursing/midwifery education engagement, actions and outcomes.

The intent of including this example model ***(Figure 1)*** is to emphasise the notion that nursing/midwifery education services are:

> *"…dynamic and construct learning pathways and a culture of workplace learning via interface with external/internal partners. This occurs simultaneously while functioning as a custodian in building a capable, sustainable professional workforce who demonstrates best practice care, and compassion for consumers" (Fox, 2013 p.199).*

Positioning nursing/midwifery education at the centre of the Model ***(Figure 1)*** depicts the situation and contribution of nursing/midwifery education services in location and context. The core responsibilities of Nurse/Midwifery Educators depicted around the hexagonal boarder (e.g. transition processes, mentoring, and preceptorship) illustrate the complexity of nurse/midwifery core activities in translating evidence into practice, and working towards advancing practice. At any time, depending on specific circumstances the focus is either singular or a combination of core activities.

Each component of the representation ***(Figure 1)*** is relational as in practice every educational core activity is impacted and managed according to internal and external influences.

The concentric circles forming the outer aspects of the representation around the central hexagon ***(Figure 1)*** identify internal HHS and organisational relational processes. These include context of practice (e.g. facility/ directorate/service capability, teams, and individuals), governance, core values (◊ refer to footnote on ***Figure 1***) and structure of nursing and midwifery. It is important that each of the internal relational process is considered by the Nurse/Midwifery Educator in respect to effective achievement of core activities (as depicted in the hexagon).

External relational influences such as the HES (e.g. curriculum, student placements, and new graduates), legislation, and regulatory authorities (e.g. NMBA, AHPRA) are depicted in the form of a funnel across the mid-section of the model ***(Figure 1)***. The intent of this representation is to demonstrate the integral and constant influences that are purposefully directed to nursing/midwifery education services across the continuum to support lifelong learning. As such, these influences are addressed by nursing/midwifery education services through the application of the depicted core responsibilities to optimise achievement of a sustainable, professional, and capable person-focused workforce at all classifications of nursing/midwifery. Realisation of these core responsibilities should result in each profession achieving best practice outcomes.

The wave form depicted weaving through the model represents the integral nature of ongoing professional obligations to achieve optimum practice standards in fulfilment of the *Nurses and Midwives (Queensland Health) Award – State 2015 Generic Level Statements*

(hereafter referred to as the Award) (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) for each classification. Intrinsically, every component of the model is strongly influenced by practice standards.

Therefore, Nurse/Midwifery Educators and other key stakeholders are encouraged to review the *Award*, professional requirements and practice standards to engage in critical thinking and reflection about how these are applied, supported and evaluated to achieve expected nursing/midwifery outcomes (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).

While not prescriptive the Framework is intended to inspire, and challenge Nurse/Midwifery Educators, leaders and others to consider how key principles identified are applied in a dynamic proactive manner to provide structure and achieve consistency across nursing/midwifery education industry services within Queensland.

Additionally, it is acknowledged that there is not one 'right way' to provide or engage in teaching and learning for the nursing/midwifery profession as this approach would leave little room for reflection, questioning or change. However, the content sections, models and standards comprising the Framework provide a platform to support nurses/midwives structure ongoing learning in their practice environment to attain their professional goals, clinical standards and requisite organisational information. As such, ongoing learning and reflection are fundamental concepts of the *Framework* which if supported effectively should generate engagement; questioning; change in behaviour and practice that benefits the individual, profession, and the organisation (Fox, 2013).

The role of the Nurse/Midwifery Educator and others (e.g. Clinical Nurse/Midwife - Clinical Facilitators, Clinical Coach) participating in, and supporting reflective practice and ongoing learning assists deliberation on their own practice, and should facilitate seeking new ways to build professional knowledge, develop learning communities and a culture of lifelong learning. A commitment to a strong culture of learning is critical in developing the profession and encouraging participation in ongoing training, education and research (Fox, 2013).

***N.B.** The content that follows is offered in sections to assist the reader explore concepts related to nursing/midwifery teaching, learning, standards and requisite outcomes. The Framework design provides opportunity to focus on singular or multiple section/s according to priority needs. While the reader may at times gain a view there is some repetition of content in various sections of the Framework, the intent is to provide a fulsome resource that reinforces salient principles, and highlights the association between particular concepts to enable linkage and/or application of individual section content. However, it is recommended that the Framework is read in entirety and the relevant content, models, tenets and standards are noted before attempting to apply workforce development activities or initiating Performance and Development Planning (PDP) with staff.*

The premise is learning and development are essential components of professional practice, and alignment of these to PDP enables support for a culture of learning (Fox, 2013). As such, alignment of learning to performance and development is an underlying thread throughout the *Framework*.

To achieve the expected outcomes of a sustainable, professional person-focused workforce that participates in reflection, and ongoing learning, a culture of lifelong learning is required within the workplace. Fundamentally, lifelong learning is essential in maintaining contemporary skills, knowledge and ability to translate contemporary evidence effectively into practice.

7. Lifelong Learning

To maintain a contemporary knowledge base and best practice, it is important that nurses/midwives demonstrate commitment to lifelong learning (Bridges, Herrin, Swart and McConnell, 2014; Chichester, 2011; Cleary, Horsfall, O'Hara-Aarons, Jackson and Hunt, 2011; Collins, 2009; Fischer, 2014). In the rapidly changing health care environment it is improbable to assume that knowledge and skills remain static. Hence to inspire nurses/midwives to provide contemporary, relevant, evidence-based care it is essential that they are supported in their workplace and other learning (Kitto, Goldman, Schmitt and Olson, 2014). Fostering learning; supporting retention of new knowledge and skills; and building capacity encourages active participation in lifelong learning, which is essential to engagement enhanced through enquiry; and a healthy organisational learning culture.

To achieve this commitment there is an expectation that nurses/midwives actively participate in learning activities that assist in developing, and maintaining their continuing competence, enhance their professional practice, and support their career goals (Pool, Poell and Cate, 2012).

Hence in the current context lifelong learning is defined as:

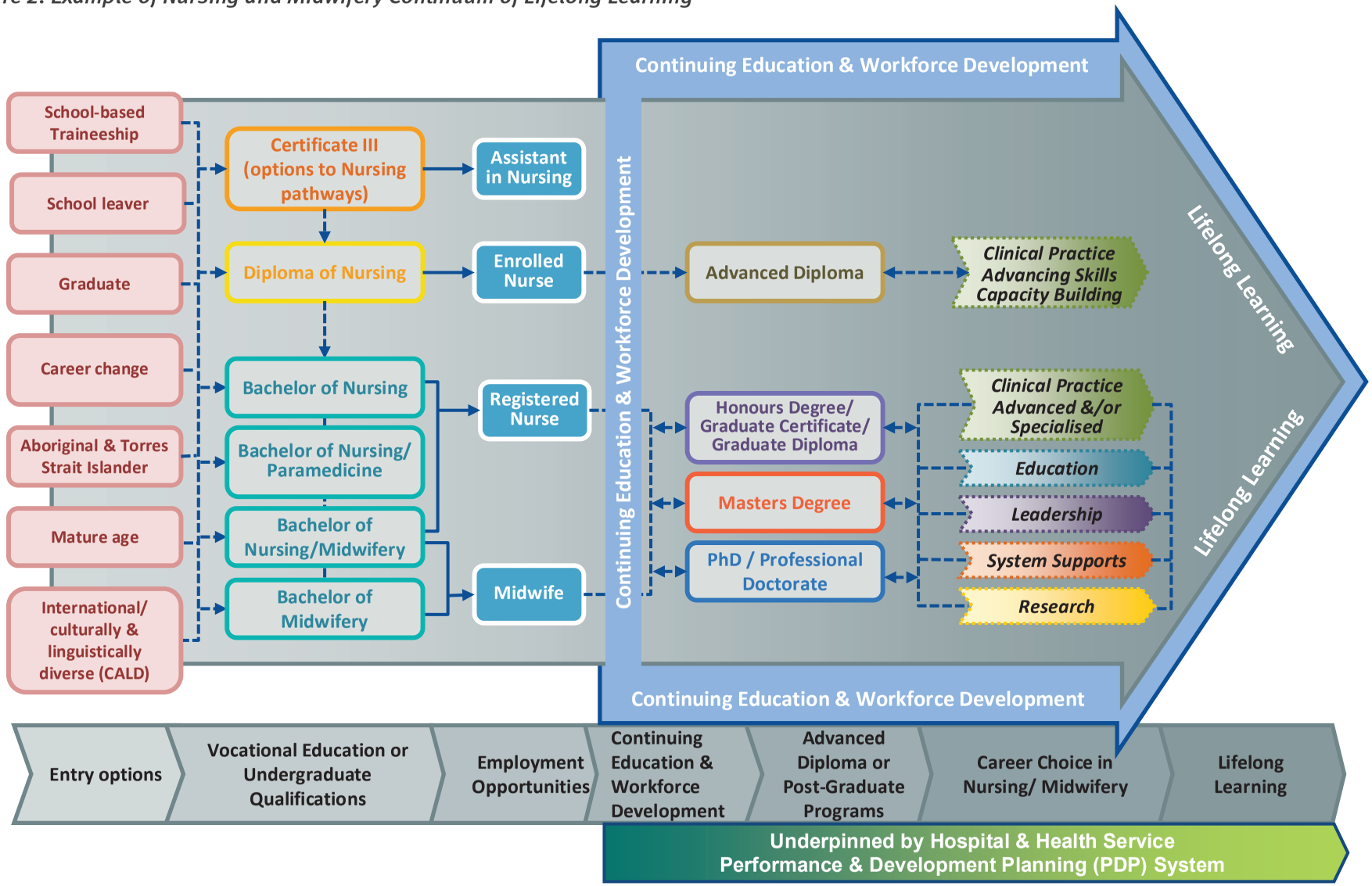
> *the provision or use of both formal and informal learning opportunities throughout people's lives to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfilment (Collins, 2018).*

The expectation for continuation of learning to acquit one for work roles and life, ***Figure 2*** is provided as a linear example of various pathways to enter the nursing/midwifery profession and continue to develop, learn and gain relevant academic awards throughout one's working life.

Lifelong learning should be a process of continuous learning with the aim of improving knowledge and skills from a personal, civic, social and/or employment perspective (Laal, 2011; Stella, 2012). Engagement in lifelong learning is particularly important given an individual's career is influenced by many things, such as interests, age, education, families and cultural values, all of which change over time. Therefore, it is generally expected that individuals make changes throughout their career, participate in lifelong learning to keep pace with skill changes and role requirements (Laal, 2011; Stella, 2012). Lifelong learning however, is more than adult education and/or training but rather a mindset and a custom for individuals to acquire (Stella, 2012). The premise is that individuals are, or can become, self-directed learners, who recognise the value in engaging in lifelong learning (Tight, 1996). Additionally, effective application of the principles of the Business Planning Framework (OCNMO, 2016) will facilitate ongoing educational opportunities. However, it is recognised that practicalities such as financial implications and family commitments may impede the notion of lifelong learning, and access to opportunities (Tight, 1996) which may influence engagement in continuing professional development (CPD), workplace learning and outcomes.

Moreover, Quinn and Hughes (2013) identify that the terms lifelong learning and continuing professional development have been used interchangeably. Consequently, for the purpose of the *Framework*, application and clarity of terms, nurses/midwives participating in CPD are viewed as lifelong learners who engage in context-related learning that should facilitate change, develop new beliefs, and contribute to a culture of learning (Billett, 2016; Cochran-Smith and Lytle, 2001; Ganser, 2000; McLaughlin and Zarrow, 2001; Morgan, Cullinane and Pye, 2008; Murphy and Calway, 2008; Young and Patterson 2007).

Figure 2: Example of Nursing and Midwifery Continuum of Lifelong Learning



Caveat:

- **Continuum of Lifelong Learning progression is not necessarily linear.**
- **Some ENs may progress to a EN Advanced Skills (ENAS) dependent on demonstration of skills & knowledge; opportunities; & position availability.**
- **RNs/Midwives may choose to progress their career path from Grade 5 to a higher role classification as per the *Award* (2015) dependent on demonstration of skills & knowledge; opportunities; & position availability.**
- **ENs, RNs & Midwives are able to advance their scope of practice based on training & successful assessment.**

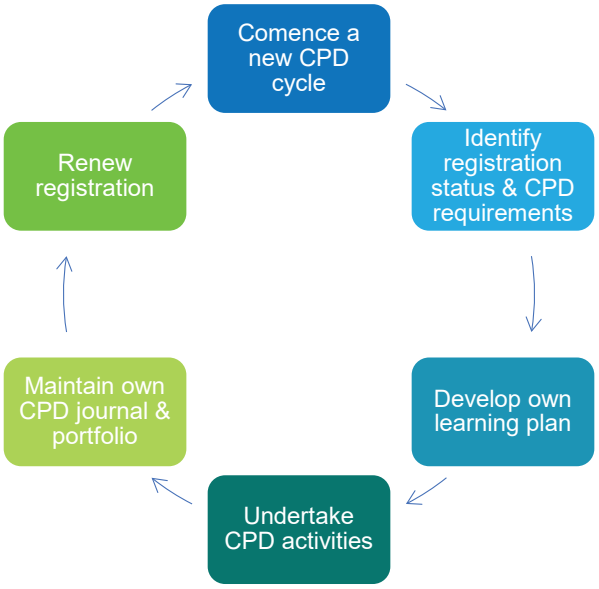
8. Continuing Professional Development

Continuing Professional Development (CPD) is viewed as a long-term process that includes opportunities and experiences systematically planned to promote growth and development in the profession (NMBA, 2016; Fahey and Monaghan, 2005; Ganser, 2000; Morgan et al., 2008). The aim of CPD is the development, not only of the competence of the professional, but also the personal and social skills of the individual (Sjukhusläkaren, 2005). Therefore, CPD is defined as the means by which nurses/midwives:

> *...maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities (NMBA, 2016).*
>
> *....maintain, improve and broaden their knowledge, expertise and competence, to meet their obligation to provide ethical, effective safe and competent practice (NMBA, 2016).*

The Nursing and Midwifery Board of Australia (NMBA) *Registration Standard: Continuing Professional Development* (NMBA, 2016) identifies a CPD cycle for nurses/midwives that involves reviewing practice, identifying learning needs in alignment with registration and role requirements, planning and participating in relevant learning activities (Refer to ***Figure 3***). This cycle culminates in renewal of registration, and continues each year with ongoing consideration of requirements for professional obligations to maintain registration, and ongoing capacity, and capability building (NMBA, 2016). In addition, the value of CPD activities should be considered, and participation documented contemporaneously in a CPD journal or portfolio.

Figure 3: Continuing Professional Development (CPD) Cycle



Adapted from NMBA CPD Guidelines (NMBA, 2016)

Please note that annual reflection on learning and development needs, and participation in the CPD cycle identified in ***Figure 3*** is the responsibility of each individual nurse/midwife as per the NMBA (2016) CPD guidelines.

To maintain registration, nurses/midwives involved in any form of nursing/midwifery practice in Australia are required to participate in, and provide evidence of annual CPD relevant to the context of their practice commensurate with the minimum hours (20 hours) specified by the Nursing and Midwifery Board of Australia (NMBA, 2016). (Refer to Section 9.2: Professional Learning).

Furthermore, opportunities to foster development and/or maintain advanced clinical, leadership, management, education and research knowledge and skills should be offered to each nurse/midwife in line with service needs, the Generic Level Statements (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) for position classification, role responsibilities and individual PDP.

Moreover, CPD is about personal commitment. This requires recording the outcomes of individual learning and development, so questions can be asked such as: "What did I learn?" and "How do I plan to apply this learning?" rather than simply "What learning event did I experience?"

The expectation is that participation in CPD incorporates accountability; an active role in programs and other offerings; and documentation of individual application of the values and benefits of ongoing development from a personal, clinical, professional and organizational perspective (Simmonds, 2003).

Standards for CPD

Standards for CPD are supported as they apply to the individual, HHS/facility/directorate/service. Therefore, nurses/midwives should undertake CPD opportunities in line with individual, clinical, professional and organisational learning needs/goals as identified in their PDP or as negotiated.

As per the NMBA Registration Standard Continuing Professional Development, it is the responsibility of each nurse/midwife to participate in a minimum of 20 hours of CPD per year for respective professions (Refer to ***Section 9.2: Professional Learning***) and the identified NMBA Standard (NMBA, 2016a)

A lack of clarity about what counts as, and access to CPD have been raised as issues impacting on engagement in CPD activities, workplace culture and staff satisfaction (Katsikitis, Mcallister, Sharman, Raith, Faithfull-Byrne and Priaulx, 2013).

Standards for CPD

- Registration is dependent on annual compliance with the Registration Standard Continuing Professional Development (NMBA, 2016a).
- Individual CPD activities are undertaken to generate enhanced capacity, capability and professional and organisational learnings and are applied, as relevant to context of practice.
- Individual CPD records/portfolios are maintained contemporaneously for reflection, audit or investigation purposes for a minimum of five years (NMBA, 2016a; NMBA, 2016b).
- Organisational and professional CPD offerings are aligned to Department of Health, HHS/facility/directorate/service/work unit legislation and regulatory requirements, plans, frameworks, policies/procedures, business rules and service needs.
- Adequate infrastructure support and resources are allocated to sustain CPD programs, processes and evaluation against criteria.
- Organisational and professional CPD records of attendance and training resources are maintained for tracking, audit and compliance purposes for a minimum of five years (General Retention and Disposal Schedule, 2017).
- Targets for legislative and mandatory training compliance; targets for training related to introduction of new services/equipment, and the number/percentage of nursing/midwifery staff with post graduate awards in line with the Australian Qualifications Framework (Australian Qualifications Framework Council [AQFC], 2013) are determined and reported as per HHS/facility/directorate/service requirements.
- Organisational and professional CPD offerings are evaluated to maintain rigorous standards and determination of return on expectations (DETE, 2014).

Moreover, in many instances CPD is often only viewed as formal training, however CPD includes a wide range of activities (Refer to ***Appendix 2***). These examples offer an indication of the types of activities that can be undertaken under the universal term CPD that will contribute to achievement of learning outcomes (HCPC, 2017). While attending lectures, conferences and courses remains a key aspect of lifelong learning, it is important to realise that the majority of learning originates from experience in day-to-day practice (Health and Care Professions Council [HCPC], 2017).

As identified, while there is a vast array of activities couched as CPD in which nurses/midwives can engage, HHS/facility/directorate/service relevant processes and infrastructure need to be considered in respect to the nature and extent of CPD support and ability to achieve the predetermined standards within resource allocations. The nature, scope and investment in ongoing learning and development will directly influence the achievement of standards, staff expectations, and service outcomes. Moreover, while CPD is recognised internationally as a core element of the ongoing development and maintenance of professional expertise, it appears that it is effective only to the extent it is supported and implemented in practice with outcomes that can be measured (Daley, 2001; South African Qualifications Authority [SAQA], 2015; Morgan et al., 2008; Murphy and Calway, 2008). Therefore, to achieve desired outcomes and learning experiences CPD offered within the workplace should be diverse, multifaceted and supported by a robust theoretical framework that encourages active engagement of nurses/midwives in the context of practice, and evaluated against predetermined criteria (Katsikitis et al, 2013; Skees, 2010).

CPD is not just about attending courses and gaining qualifications. It also concerns the integration of learning, work, and knowledge attainment from broad experiences, both 'on and off the job', and gaining enhanced professional awareness to enrich the nurse/midwife's contribution to the workplace and quality service delivery (NMBA, 2016a; Skees, 2010).

8.1 Workplace Learning

As noted in the section above, workplace learning is considered a component of CPD. As such, the perspective offered by numerous authors is that working is interconnected with learning and accordingly, workplace learning is viewed as the informal and formal manner by which skills are upgraded and knowledge gained at one's place of work (Billett, 2016; Cacciattolo, 2015; Eraut, 2000).

This type of learning, which takes many shapes, is generally considered to be a learning intervention in the form of internal training (programs, training courses); and experience-based learning opportunities through preceptoring, coaching and mentoring (e.g. incidental; bedside; job rotation; consumer interactions) (Silverman, 2003). It also includes continuous learning where the work environment is focused on providing opportunities to learn new skills and knowledge through encouragement, access, and resources that foster accountability for self-directed learning (Eraut 2000; Silverman, 2003).

Consequently, diversity of opportunities within the workplace is significant in encouraging engagement and interactions with others in lifelong learning through workplace participation (Billet, 2004 and 2016). Additionally, numerous authors assert that an organisation's performance capability is directly related to the employee's ability to learn (Billett, 2001, 2004; 2016; Cleary, 2011; Matthews, 1999; Maxwell, 2014; Murphy and Calway, 2008; O'Connor, 2004; Schoonbeck and Henderson, 2011; Scott, 2015). Hence, how the individual accesses familiar and new workplace activities and interacts with more experienced colleagues and support systems also influences learning (Billet, 2004 and 2016; Maxwell, 2014; Schoonbeck and Henderson, 2011; Scott, 2015).

Accordingly, commitment by nurses/midwives is critical due to advancing technology, social change, increasing work demands and consumer expectations. These impacts influence the ability to fulfil workplace expectations, demonstrate professional standards and remain engaged in workplace learning to achieve best practice outcomes (Fox, 2013).

Focussed strategies by the employer are required in order to satisfy multi-generational engagement, ambition and desire to continue to learn and progress through an organisation to maximise staff retention. As such, it is important that teaching and learning strategies offered by the employer build capacity and capability and nurture engagement in a positive workplace culture to keep individuals excited about their work (Billet, 2016 and 2016; Schoonbeck and Henderson, 2011; Scott, 2015).

Organisational barriers requiring consideration in respect to fostering effective workplace learning include: perceptions of power and inequality; lack of trust; nature of the culture of learning in the work unit; access to opportunities; and the skill set of those providing the workplace learning offerings (Cacciattolo, 2015).

In today's health care context, nurses/midwives are faced with the reality that changing forms of employment, workforce skills and competencies required to perform in the workplace necessitate a commitment to continual periods of up-dating existing knowledge, re-directing old skills and acquiring new ones (Fox, 2013; Bridges et al, 2014; Cleary et al, 2011; Pool, Poell and Cate, 2012). As noted, such changes may be required multiple times in a nurse/midwife's working lifetime. Therefore, HHS/facility/directorate/service governance should incorporate nursing/midwifery educational strategies. Additionally, it is essential that Nurse/Midwifery Educators, in consultation with others, consider strategies to overcome individual resistance to continuing participation in more structured forms of learning (e.g. CPD) and workplace learning offerings to promote engagement in, and progression of lifelong learning (Cleary et al, 2011; Pool, Poell and Cate, 2012; Stella, 2012). While such strategies applied can be many and varied, one of the most effective ways to foster individual interest in learning is to align strategies to interest, need, relevance to role classification generic level expectations and practice context (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]). This can be achieved using learning pathways and focused career development in respect to short and long-term goals. The following ***Section 8.2: Career Development***, provides an overview of how lifelong learning and CPD, including workplace learning, can be applied to nursing and midwifery career progression.

8.2 Career Development

Career development is a lifelong process of complementing and managing learning, work-life balance and transitions to move towards a personally determined and evolving preferred future (MCEECDYA, 2014; McMahon, Patton and Tatham, 2002). Contemporary literature purports that individuals should be much more than passive recipients of a career process (Hall and Moss, 1998; MCEECDYA, 2014). As such, each individual should be responsive to the changing nature of work and the requirement for lifelong learning by proactively taking responsibility for the direction and evolution of their own career and career development.

The career development of a nurse or midwife is based on individual, professional and organisational imperatives (Conway and McMillan, 2012). The underpinning focus is the advancement of skills and knowledge that will enhance performance, meet community and organisational expectations and equip the individual for ongoing employment experiences (Conway and McMillan, 2012; MNHHS, 2014b; Queensland Health, 2018c). Consequently, career development is not a simple event or even a string of discrete activities. It is however, the synthesis of ongoing episodes, experiences, observations, and thoughtful analysis (MNHHS, 2015a).

Standards for Career Development

Nurses and midwives proactively participate in career development along a continuum of lifelong learning which is fostered and supported by the HHS/facility/directorate/service/work unit (Ross, Barr and Stevens, 2013; NMBA, 2016).

Standards for Career Development

- Individual career development activities undertaken to generate enhanced capacity, capability, clinical, professional and organisational learnings are applied as relevant within context of practice.
- Career development and succession management systems and processes are established, implemented and evaluated (Groves, 2007; Grundy, 2017; Moore, 2017).
- Clinical, professional and organisational career development offerings are aligned to Department of Health, HHS/facility/directorate/service/work unit strategic and operational objectives (AHRI, 2018).
- Timely coaching, preceptoring, mentoring, succession management and career development opportunities are offered to enhance and supplement individual and workforce development that predominantly occurs 'on-the-job' (Grundy, 2017; Moore, 2017; McIlveen, 2009; SA Health, 2014).
- Career development strategies are aligned to PDP, strategic/operational/work unit plans and clinical, professional and organisational learnings.
- The HHS/facility/directorate/service/work unit is responsible for providing career offerings and support to nurses/midwives that promotes engagement in a culture of lifelong learning and commitment to workplace performance (SA Health, 2014).

Whilst demonstration of Career Development Standards is necessary in progressing individual and professional advancement, this process should be aligned with achievement of applicable post graduate awards. Therefore, it is highly desirable that exploration of an appropriate program of study at a relevant Australian Qualification Framework (AQF) level for the nursing/midwifery classification or role being fulfilled is undertaken (AQFC, 2013) (Refer to ***Appendix 3: Recommended AQF Levels for Nursing/Midwifery Classifications***). As a component of CPD this will facilitate achievement of role expectations and promote graduate outcomes of the chosen program of study that are incorporated, and aligned to practice, and career pathway progression. Therefore, it is important that each nurse/midwife develops a portfolio of awards/qualifications and recognition of hours of learning (credits) that reflects contemporary knowledge and career advancement ability (OCNMO, 2014). A portfolio of CPD involvement including awards/qualifications is viewed as an essential part of any genuine lifelong learning which is transferable to different situations (Fox, 2013).

Opportunities to foster ongoing development, capacity and capability including where applicable, advancement of knowledge and skills for the nursing/midwifery classification should be offered, and supported by the employer in line with requisite role responsibilities and individual PDP. The focus for career development should initially align to the Generic Level Statements for the relevant Award classification (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) and role description. Support for this approach can be bolstered in the form of career pathways that enable the individual to identify, and acquire the requisite knowledge, skills, attributes and behaviours to meet specific role expectations, advance their practice and potentially progress to higher levels of education and employment.

8.2.1 Career Pathways

Career pathways are tools that provide clarity, direction and structure that facilitates career development and succession management (MNHHS, 2015a) (Refer to ***Section 12.6: Succession Management***) and optimise the scope of practice of the individual and their ability to effectively fulfil role expectations in the context of practice. The collective benefits of using career pathways include but are not limited to: continuity of performance; capacity and capability building; continuous practice improvement; creating prepared employees; and contribution to the profession (Jenkins and Spence, 2006).

To realise such benefits, career pathways should incorporate the five domains *(Direct Comprehensive Care; Support of Systems; Education; Research; Professional Leadership)* of the Generic Level Statements of the Award (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]), predicated on the five domains of the Strong Model of Advanced Practice (Ackerman, Norsen, Martin, Wiedrich and Kitzman, 1996 [adapted by Gardner and Duffield {2007 and 2016}]) and be developed for each classification Grade 1 Band 1 - Grade 13 Band 2 in order to clearly identify role expectations. Therefore, the intent of utilising a suite of Career Pathways is to:

- identify expectations of the Award (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) classification and a specific role
- assist with orientation to a new classification and/or role
- enable review of expectations of a classification or role especially after changes to awards; redesign; prolonged employment within the same role; and/or return to practice
- provide direction, and support to individuals for continuing professional development to meet standards
- assist with annual PDP expectations and reframing in situations where enhanced performance is required
- promote organisational systems and processes such as: succession management and mentoring frameworks/ strategies (MNHHS, 2017b).

The Office of the Chief Nursing and Midwifery Officer is leading the development of midwifery career pathways and classification structure. Future versions of the Framework and other supporting resources will reflect any amendments to the midwifery career pathways. In the interim current resources can be applied as relevant to support the midwifery profession.

Each individual utilising a Nursing and Midwifery Career Pathway should refer to the Australian Qualifications Framework levels (AQFC, 2013) (Refer to ***Appendix 3: Recommended AQF Levels for Nursing/Midwifery Classifications***) to determine the nature and standard of post graduate study that would assist to meet role expectations. Additionally, applicability of Advanced Standing or Recognition of Prior Learning (Refer to ***Section 13.2: Advanced Standing/Recognition of Prior Learning***) should be explored as a mechanism to reduce repetition of previous learnings when participating in any career development. Furthermore, application of a career pathway should occur in conjunction with Succession Management and Mentoring Frameworks/strategies (Refer to Section ***12.6: Succession Management*** and ***Section 12.5: Mentoring***) to promote organisational processes for identifying, selecting, and managing successors, and career planning (MNHHS, 2017b).

To assist in appreciation of career pathway application, Career Pathways for each classification of nurse/midwife Grade 1 Band 1 - Grade 13 Band 2 and activities for each broad classification and specific role have been devised to assist in achieving expectations (MNHHS, 2017b) (Refer to OCNMO Professional Capability site ***https://qheps.health.qld.gov.au/nmoq/professional-capability/education***).

In undertaking this innovative change, the originators acknowledge that career pathways are not necessarily linear but provide a guide to the nature and extent of learning required to achieve classification and role expectations (MNHHS, 2017b and 2017c). This initiative is the first known attempt in Australia to align

an industrial instrument (the *Award*) with a career pathway, the AQF, role descriptions and organisational and professional requirements.

Moreover, it is acknowledged that while a career pathway facilitates individual development in respect to career choice, the pathway can also be tailored and applied to provide a standardised indication of nursing/midwifery classification and role expectations, and to evaluate achievement of these expectations. In addition, individualised context specific learning pathways can be used to further assist nursing/midwifery staff in aligning their learning development needs with a career structure and clinical, professional and organisational learning.

8.2.2 Learning Pathways

In planning a lifelong learning journey each nurse/midwife should consider using a learning pathway to provide direction to their learning and development needs. This approach provides a meaningful perspective of moving through, and between different education and training options which may consist of further study, job promotion or employment (or a combination of these) (Federation University, 2014; Rafferty, Xyrichis and Caldwell, 2015). Furthermore, as previously identified workplace learning and an individual learning pathway should align to the individual's goals for career progression, PDP, and where applicable career structure. Additionally, an individualised learning pathway provides guidance to achievement of competencies and academic awards that involves participation in a structured and sequenced learning process which offers relevant learning experiences (Jenkins and Spence, 2006; MNHHS, 2017b; Rafferty, Xyrichis and Caldwell, 2015).

Therefore, a learning pathway should be flexible and can be achieved using a combination of strategies, for example 'on-the-job learning', 'off-the-job learning', and recognition of prior learning (i.e. the skills, knowledge and experience already gained) (Refer to ***Section 13.2: Advanced Standing/Recognition of Prior Learning***). A pathway also provides a visual representation of learning content to facilitate achievement of attributes and competence. In determining a learning pathway entry points, qualifications for a role and their general alignment with the AQF requires careful deliberation (AQFC, 2013). Moreover, in circumstances where additional knowledge and skills are considered obligatory in effective role application, the profession, organisation and health consumers would benefit by the individual being encouraged to enrol in a HES program leading to an AQF qualification (AQFC, 2013; Federation University, 2014; Rafferty, Xyrichis and Caldwell, 2015).

Furthermore, a learning pathway can also be viewed as an ideal sequence of learning activities that energises an employee to enhanced capacity and capability in their job in the shortest possible time. In this situation, a learning pathway is created for the role performed (Jenkins and Spence, 2006; MNHHS, 2017b; Rafferty, Xyrichis and Caldwell, 2015).

Additionally, a learning pathway may take the form of a Work Unit Development Map (Refer to ***Section 10.3: Work Unit Development Map***) that exemplifies key elements of learning required to assist with transition to a role, consolidation of knowledge, skills, capacity building, and path for individual learning aligned to clinical, professional and organisational requirements. Therefore, as previously identified a learning pathway is often aligned to a career structure and a formalised career pathway and/or an individual's own goals for career progression. By considering learning as a complete process rather than a single event, a learning pathway linked to a career pathway enables both the employer and employee to find new ways to reduce duplication of effort, wasted time and variability in training thus leading to improved results and reduced costs (Williams and Rosenbaum, 2004; Rafferty, Xyrichis and Caldwell, 2015).

Accordingly, a learning pathway may be short term, perhaps something that spans just a few days or a week, or conversely take several years to complete (e.g. higher education and training culminating in an award/qualification). Irrespective of intent a learning pathway that has 'real-world' relevance assists in meeting the personal needs of the learner from a clinical,

professional, organisational and context perspective. As such, learning pathways also support individuals to become more engaged, motivated and academically successful in meeting the challenges of rapidly changing needs and priorities for knowledge and skill development, including up-skilling and lifelong learning (Williams and Rosenbaum, 2004; Rafferty, Xyrichis and Caldwell, 2015) (Refer to ***Section 7: Lifelong Learning***).

A robust culture of learning is vital to the successful application of both career and learning pathways in cultivating opportunities, supporting learning, and enabling professional growth and development in the workplace.

Furthermore, to realise the benefits of lifelong learning and CPD (***Appendix 2***) every nurse/midwife is accountable for demonstrating the requisite responsibilities for each of the five domains of the Award Generic Level Statements (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) for the classification, and for participating in critical debate, collegiality and interactive relationships with academic and research communities in accordance with role expectations.

Standards for Learning Pathways

Learning linked to a learning and/or career pathway enables both the employer and employee to consider learning as a comprehensive process, and explore new ways to reduce duplication of effort, and variability in training leading to improved return on expectations and satisfaction.

Standards for Learning Pathways

- Each nurse/midwife is responsible for demonstrating how the application of an individual learning pathway facilitates learning and development and/or succession management through their negotiated PDP which incorporates career goals (NMBA, 2016a and b; SA Health, 2014).
- The HHS/facility/directorate/service is responsible for cultivating opportunities for professional growth through the provision of a suite of resources aligned to the career structure, and career pathways to encourage individual nurses/midwives to initiate and facilitate achievement of goals and career progression (Matthews, 2012; SA Health, 2014).
- Each nurse/midwife is responsible for demonstrating requisite role requirements aligned to the five domains of the Award Generic Level Statements for the classification and associated learning needs (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
- Line managers, Nurse/Midwifery Educators and others are accountable for promoting and supporting employee use of learning pathways though PDP, access to resources and application of strategies that foster development, and a culture of lifelong learning (Department of Health, 2013; Queensland Health, 2017b; SA Health, 2014).
- Nurses/midwives undertaking development in areas of specialty practice use a contextualised learning pathway to identify learning requirements, milestones and assessment components as negotiated within individual PDP.
- Newly graduated nurses/midwives use learning pathways to accelerate transition to the role, profession, and workplace expectations.

Figure 4 (page 27) provides a schematic representation of how ongoing professional development and advancement of a culture of learning for nurses/midwives via a progressive learning pathway can be applied to support any classification of nurse/midwife throughout their work life. Each component of the representation identifies strategies able to be used to provide learning and development opportunities in a coherent and structured format. If applied effectively these will assist in; supporting, developing, attracting, and building workforce and professional capacity, and retention of skilled and committed nurses/midwives. The representation also shows direction for planning, design, implementation and evaluation of educational opportunities for development. Furthermore, it illustrates that each classification of nurse/midwife should be engaged in lifelong learning (CPD activities) to progress practice in the workplace, irrespective of individual aspirations for career development, and succession.

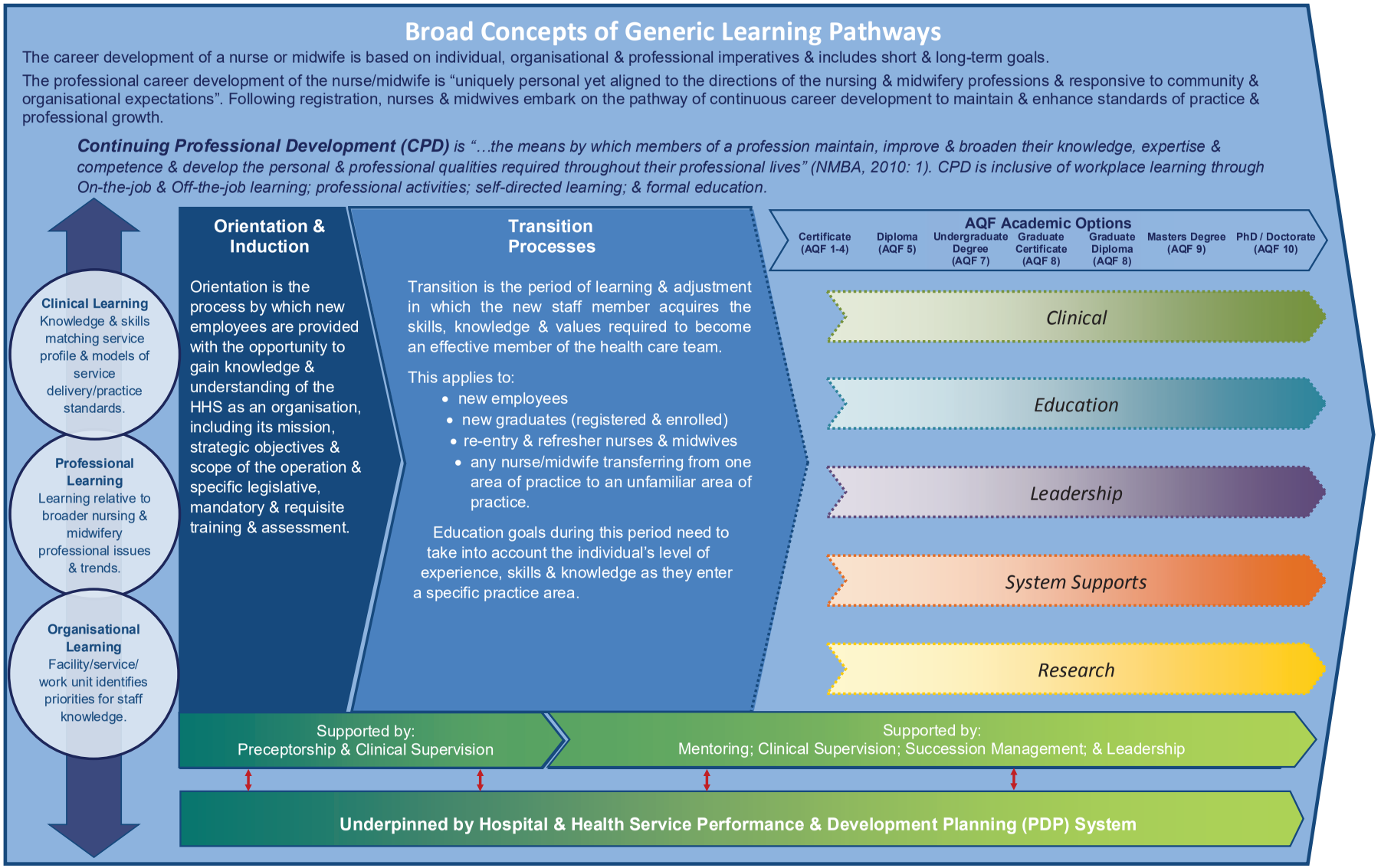
Figure 5 (page 28) offers a schematic example of a specific learning pathway. All of the components depicted in this pathway are supporting processes that guide the individual nurse/midwife's progression to another aspired classification. Included are options for formal education leading to an award. ***Figure 5*** provides the perspective of linear and non-linear progression examples including but not limited to: Grade 5 nurse/midwife to a Grade 6; Grade 5 to a Grade 7 or nurse practitioner candidate; Grade 6 to a Grade 7.

To facilitate accelerated transition, an individual learning pathway should be linked to a Work Unit Development Map (Refer to ***Section 10.3: Work Unit Development Maps***) which in diagrammatic form summarises the key clinical, professional and organisational learnings required for a specific role within a particular work unit. The *Work Unit Development Map* can also be individualised to address discrete and work unit learning needs. Each time a nurse/midwife changes role or work unit throughout their career a learning pathway and/or a Work Unit Development Map can be used as a resource to assist with ongoing development and capacity building.

It is recognised that in a rapidly changing healthcare environment, the nursing/midwifery workforce must continually update knowledge and skills to enable effective performance in the workplace (Booker, Turbutt, and Fox, 2016). Additionally, there is the expectation that this workforce is adaptable, flexible and skilled to build capacity and sustain quality health care (Booker, Turbutt, and Fox, 2016; MNHHS, 2015c; Queensland Health, 2011). This requires nurses and midwives to source 'on and off the job' CPD opportunities. However, when not available in the workplace, or within an HHS, capacity building and up-skilling CPD requirements can be sourced from external education providers e.g. HES partners, industrial bodies, professional bodies, and speciality interest groups (MNHHS, 2015c; Queensland Health, 2011).

All tenets of Career Development (Refer to ***Sections 8.2: Career Development***, ***8.2.2: Learning Pathways***) are transferable and should be contextualised to guide the nurse/midwife's journey in attaining specialist knowledge and skills and optimising their 'full scope' of practice. However, in providing guidance towards specialisation additional considerations are required to actualise optimal scope of practice, capacity and outcomes.

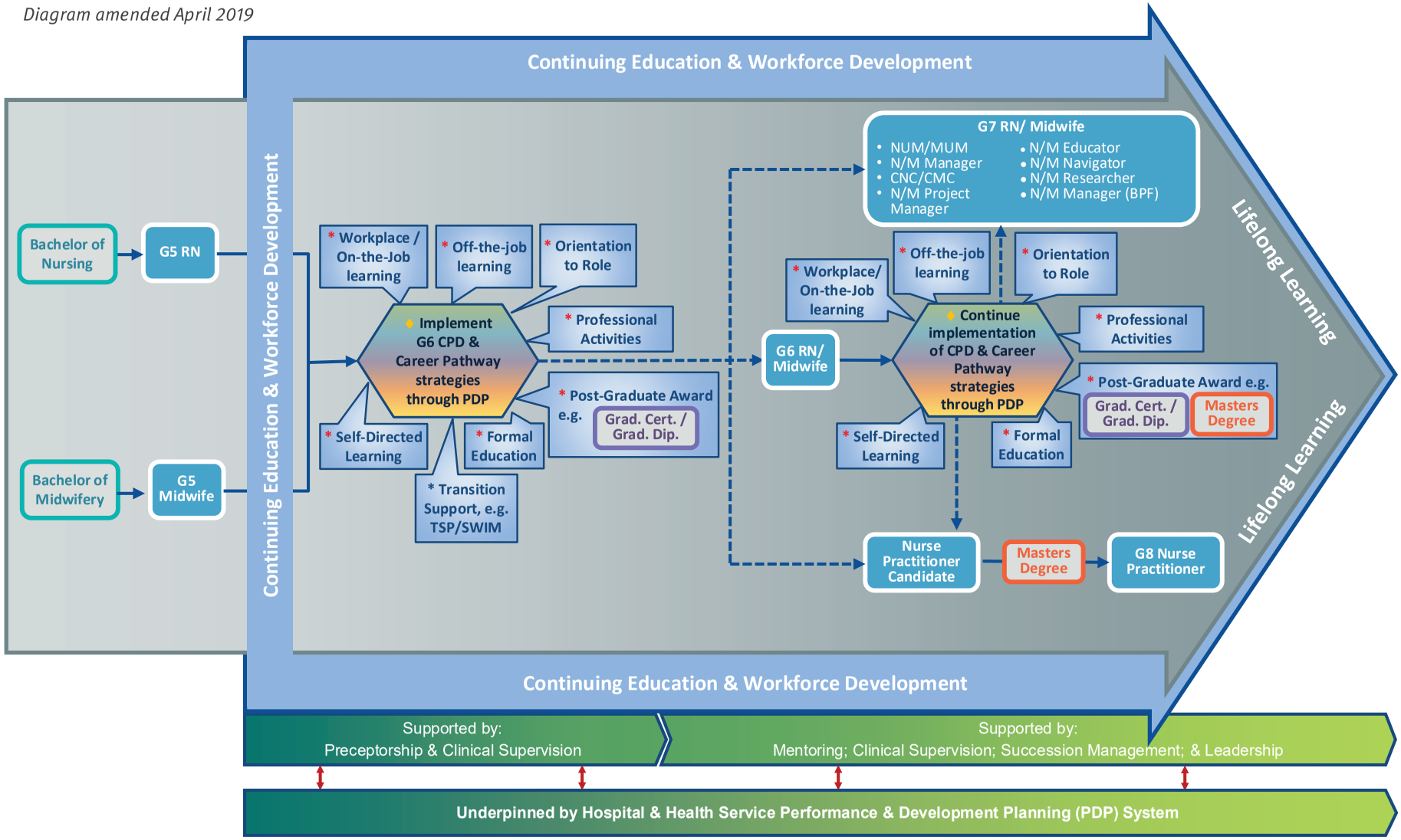
Figure 4: Broad Concepts of Generic Learning Pathways



Model adapted from MNHHS (2015c)

Figure 5: Learning Pathway – Example Grade 5 RN/Midwife entering the workforce and progression via linear and non-linear means

Diagram amended April 2019



N.B. **This is an example only & CPD Activities (e.g. Post-Graduate Awards) may be modified to fulfil individual Learning Pathway & role requirements.**

* **Refer to *Appendix 2: Examples of CPD Activities* for suggestions for Workplace Learning; Professional Activities; Self-directed Learning & Formal Education activities & *Award – Generic Level Statements*.**

♦ **Application of each of the *Award – Generic Level Statement (2015)* domains must occur in respect to role consolidation, CPD activities & career progression requirements, e.g.** *Clinical* *Education* *Leadership* *System Supports* *Research*

8.2.3 Nursing Specialisation Pathways

New roles and titles are continuously being created in nursing/midwifery in an attempt to optimise practice, and in response to the unprecedented rises in healthcare demand (Daly and Carnwell, 2003; Gray, 2016; White et al., 2008). At times this occurs without fulsome exploration of differences between the two professions, existing roles; mapping of boundaries of practice; levels of clinical autonomy; and preparation to fulfil these roles (White et al., 2008). This results in reported: role confusion, conflict and uncertainty regarding requirements and scope (Martin-Misener and Bryant-Lukosius, 2014; White et al., 2008). As such, individual achievement of *'optimal scope of practice'* is dependent on risk assessment, alignment to professional, regulatory and legislative frameworks, role examination, context of practice and models of care (Booker, Turbutt and Fox, 2016; CRNNS, 2015; OCNMO, 2013a and b).

The NMBA ***'A national framework for the development of decision-making tools for nursing and midwifery practice'*** provides the nurse/midwife with foundational principles for decision-making related to both professional and individual scope of practice optimisation (NMBA, 2007; OCNMO, 2013a). To advance practice to optimal scope, the individual must demonstrate professional knowledge, clinical reasoning and judgement, and higher order skills and behaviours requisite to the full requirements of a role (NMBA, 2016e). Whilst, from a regulatory perspective, there is ability to advance enrolled nurses and all registered nurse/midwife practice (skills and knowledge) (NMBA, 2006, 2007, 2016c, 2016d and 2018d), Gardner, Duffield and Doubrovsky (2017) contest that the Nurse Practitioner (Nurse Grade 8) role demonstrates the highest level of advanced practice activity (particularly direct clinical care). This occurs across all domains of the modified Strong Model of Advanced Practice Role Delineation tool which aligns to the Generic Level Statement domains of the *Award* (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]). The other Nurse Grade 7 roles are similarly identified as advanced practice roles however; variance was noted between domains (Gardner et al., 2017).

Nurse Grade 6 and Grade 5 roles scored highest in the direct clinical care domain with a lower level noted in Grade 5 (Gardner et al., 2017).

Consequently, these findings indicate that when support is required for development of specialist knowledge and skills the learning pathway negotiated should incorporate not only a focus on direct clinical care but inclusion of activities. This will enhance requisite knowledge and skills across all 5 Domains of the Award (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) relevant to role requirements and context of the specialty area of practice (Gardner et al., 2017). This approach is particularly important as specialisation in nursing is the separation of more general knowledge and skills along a logical pathway to focus on a specific area of practice (Booker, Turbutt, Fox, 2016). As such, specialisation in nursing involves a narrowing and deepening of focus (e.g. Perioperative); or recombination of aspects of different areas of knowledge and practice competencies with a simultaneous narrowing and deepening of focus (e.g. Rehabilitation). For example, Oncology, Cardiology, and Neurology are specialties, each with a distinctly narrow, but deep knowledge focus. Whereas, Cardiac Rehabilitation is an example of combining multiple areas of knowledge (Oncology, Cardiology and Rehabilitation) to create a specialty with a depth of focus that acknowledges the study of relationships among explicit experiences.

Given the practice of nursing/midwifery is dynamic and evolves continually in response to scientific, technological and professional advancements the need to support colleagues gain focused speciality knowledge, and the nature of support provided is fundamental to realise expected outcomes and keep pace with consumer and health care demands (White et al., 2008). Furthermore, review of the individual's scope of practice is also essential to ensure continuity and enhancement of performance, capability to meet the requirements of existing and future healthcare challenges, and to support improved outcomes in respect to the speciality area of practice. Support processes to facilitate specialty knowledge and skill acquisition can be achieved by accessing diverse CPD activities within and

external to the workplace (e.g. CPD upskilling workshops [e.g. ECG, Tracheostomy Care]; Post Graduate Certificate; Diploma, Masters (AFQ, 2013)).

Thus, it is important to offer a wide variety of established CPD education and training programs delivered onsite within the HHS/facility/directorate/service/work unit, where and when necessary to support staff engagement in mandatory and requisite learning and speciality practice needs related to their context of practice. As such, this CPD engagement is typically based on individual, clinical, professional and organisational learning imperatives as identified within the annual PDP, or as negotiated according to arising needs (MNHHS, 2015c; Queensland Health, 2011).

9. Clinical, Professional and Organisational Learning

As previously identified, to promote and support engagement of a nurse/midwife in lifelong learning and CPD activities, a culture that values learning in the workplace, provision of strategies that foster integration and culmination of learning within and/or across practice domains are imperative.

Additionally, context of practice is important when considering workplace learning in healthcare, and while it does not set the course of action or determine experience, it does identify the conditions in which problems and situations arise, and subsequent learning requirements (MNHHS, 2015c; Queensland Health, 2011). Intrinsically, nursing and midwifery education services facilitate the integration and culmination of learning that occurs within and across the context of practice. Therefore, to address the majority of workplace education needs, learning can be broadly aligned to clinical, professional and organisational requirements supported by principles of adult learning within a lifelong learning paradigm (MNHHS, 2015c; Queensland Health, 2011).

Consequently, the three (3) spheres of clinical, professional and organisational learning can be used as a scaffold to provide Nurse/Midwifery Educators, and others a reliable platform on which to base workplace CPD offerings that are relevant to the context of practice and the individual in building workforce capacity and capability.

Standards for Clinical, Professional and Organisational Learning

Nurses and midwives are supported to undertake clinical, professional and organisational learning opportunities in order to meet the changes in the healthcare industry and build work force capacity and capability (MNHHS, 2015c; Queensland Health, 2011).

Standards for Clinical, Professional and Organisational Learning

- Clinical, professional and organisational education and training are viewed as core functions of the HHS/facility/directorate/service and nursing/midwifery classifications, explicitly in respect to resourcing, planning, managing and evaluation (MNHHS, 2015c).
- Nurses/midwives proactively adopt and apply regulatory frameworks, professional standards, codes of practice, and engage in CPD activities to enrich the skills and knowledge of the nursing/midwifery workforce (MNHHS, 2015c).
- Nurses/midwives work within legislation, scope of practice, endorsed standards and competencies of relevant regulatory and professional bodies, Department of Health/HHS/facility/directorate/service/work unit procedures, policies and business rules (NMBA, 2007; MNHHS, 2015c; Queensland Health, 2011).
- Nurses/midwives are offered relevant CPD, up-skilling and capacity building opportunities to enable demonstration of competence requisite role expectations, and career progression (succession management) (MNHHS, 2015c; Queensland Health, 2011).
- Organisational learning which encompasses the knowledge, skills and abilities required to function effectively in a role to achieve organisational aims and objectives, and to build capacity to meet current and future workforce demands is supported as per BPF (OCNMO, 2016) and Award provisions (MNHHS, 2015; Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]; Queensland Health, 2011).
- The HHS/organisation/facility supports the development of practice, and capacity building as continuous processes of improvement which contribute to a culture of learning and inquiry (MNHHS, 2015c; NMBA, 2018a and b; Queensland Health, 2011).

9.1 Clinical Learning

Clinical learning relates to requisite knowledge, skills, and attributes specified by an HHS/facility/directorate/service as being essential to enable nursing/midwifery staff to demonstrate acceptable standards of practice in the delivery of person-centred care to achieve best practice outcomes. The *Service Capability* (Queensland Health, 2016d) or delineation (e.g. rural, community), clinical work unit service profiles (OCNMO, 2016), model/s of service delivery and specific '*Work Unit Development Maps*' (Refer to ***Section 10.3: Work Unit Development Map***) provide mechanisms to assist in the identification of requisite clinical skills for a specific work unit.

Professional nursing and midwifery practice in the current complex, and rapidly changing environment necessitates that clinical education and training occur within a framework of continuous lifelong learning across a broad continuum from professional pre-entry level to experienced skilled clinician (where applicable advanced and expanded practice [RN/RM only]) (MNHHS, 2015c; Queensland Health, 2011). Maximising learning through lived experience in the clinical setting is considered essential for nurses/midwives. This results in knowledge being indexed and organised in ways that are purposeful by providing nurses/midwives the opportunity to develop increasingly mature approximations of procedures required to be successful in activities through the process of testing and modifying actions and standards (Billett, 2004 and 2016; Davis, 2015; Fox, 2013; Tiwaken, Caranto and David, 2015). Consequently, active engagement in workplace learning is particularly useful for the transfer of knowledge to other circumstances and assists with adaption of new stimuli to existing knowledge and pathways to specialisation. Accordingly, clinical learning comprises activities performed by nurses/midwives which impact on clinical outcomes. These include (but are not limited to):

- Technical skills e.g. invasive procedures, fundamental nursing skills e.g. clinical assessment, activities of daily living, interpretation of data, nursing patient care
- Non-technical skills e.g. communication, team interaction
- Cognitive skills e.g. decision-making, clinical reasoning, problem solving, critical thinking (Baraz, Memarian and Vanaki, 2015; Rennie, 2009).

Therefore, every action, behaviour and decision where the consumer is the motivation could be considered as a clinical skill. Intrinsically clinical learning promotes the acquisition of clinical knowledge, skills and demonstration of best practice in the clinical workplace. The intent is to build nursing/midwifery capacity and capability to enable performance to each individual's full scope of practice, not to disempower competent and experienced staff (College of Registered Nurses of Nova Scotia [CRNNS], 2015; Nelson et al., 2014).

In the workplace environment, students, nurses/midwives attain the clinical skills and requisite knowledge that enable the application of theoretical concepts to clinical practice. Moreover, as a regulated health professional every enrolled nurse (EN), registered nurse (RN), midwife (RM), nurse practitioner (NP) is responsible and accountable to the NMBA (NMBA, 2006, 2014, 2016c, 2016d and 2017; NMBA 2018b and 2018d) to practise in accordance with registration standards. This occurs by the NMBA:

> *... developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia* (NMBA, 2018c: p.1).

As such, the NMBA Standards for Practice for ENs, RNs, NPs and the Competency Standards for Midwives (*Midwife Standards of Practice effective 1st October 2018*) are the core standards expected regardless of context of practice (NMBA, 2006, 2014, 2016c, 2016d, 2017 and 2018d). These indicate the expectations of a nurse/midwife in relation to accountability, delegation and supervision (i.e. managerial supervision, professional supervision and clinically focused supervision).

The NMBA Standards for Practice/Competency Standards are:

- *NMBA Enrolled Nurse Standards for Practice* (NMBA, 2016c)
- *NMBA Registered Nurse Standards for Practice* (NMBA, 2016d)
- *NMBA National Competency Standards for the Midwife* (to be rescinded 1st October 2018) (NMBA, 2006)
- *NMBA Midwife Standards for Practice* (effective as of 1st October 2018) (NMBA, 2018d)
- NMBA Nurse Practitioner Standards for Practice (NMBA, 2014)

Throughout one's nursing/midwifery work life a minimum level of capacity and capability must be demonstrated as reflected by National Standards (ACHS, 2012); and professional nursing organisations, e.g. the Australian Nursing and Midwifery Federation (ANMF), Australian College of Critical Care Nurses (ACCCN), Australian College of Operating Room Nurses (ACORN), International Confederation of Midwives (ICM), and Australian College of Midwives (ACM).

***N.B.** The ICM as endorsed by NMBA specifies the competency standards for the midwife as educated and competent from graduation.*

- Specialty practice standards examples include but are not limited to:
  - *Australian College of Operating Room Nurses (ACORN) Standards for Perioperative Nursing in Australia* - (ACORN, 2016).
  - *Australian College of Critical Care Nurses (ACCCN) Standards* - (ACCCN, 2015).
  - *Australian College of Mental Health Nurses (ACMHN) Standards of Practice in Mental Health Nursing* - (ACMHN, 2010).

***N.B.** Specialty standards do not replace the NMBA Standards for Practice/ Competency Standards, which are the minimum standards for practice and registration* (NMBA, 2006, 2014, 2016c, 2016d, 2017 and 2018d).

Therefore, the importance of *NMBA Standards for Practice/Competency Standards* should not be underestimated or observed in isolation in practice. Additionally, NMBA codes and guidelines must also be used to inform the development of the scope of practice aspirations and behaviours of nurses/midwives (NMBA, 2006, 2007, 2014, 2016c and d, 2018a,b and d). As such, practice and professional standards make explicit that the purpose of professional learning is skills, practices, and dispositions needed to foster safety, an ever developing capacity and ongoing learning.

9.2 Professional Learning

Ongoing self-development of a nurse/midwife is primarily based on professional, individual and personal goals. In respect to CPD associated with professional learning the nurse/midwife engages in teaching and learning activities relative to broad professional issues and trends. Examples include but are not limited to: resolving ethical issues relating to practice; participating in professional group activities; considering professional codes, guidelines and ethical practice boundaries, and reflecting on how the profession participates in shaping state and national policy development (MNHHS, 2015c; Queensland Health, 2011).

CPD associated with professional learning in the context of the *Framework* reinforces the premise of enhancing knowledge, skills, and application to improve individual professional practice and collective professional effectiveness as measured by the nature of engagement and learning outcomes.

Incorporation and application of the relevant *NMBA Codes, Guidelines and Frameworks* is essential to optimise professional practice for each nurse/midwife.

In addition, there are standards that support the expected level of professional practice such as:

- *International Council of Nurses (ICN) Code of Ethics for Nurses* - (ICN, 2012)
- International Confederation of Midwives (ICM) Code of Ethics for Midwives - (ICM, 2014)
- *NMBA Code of Conduct for Midwives* - (NMBA, 2018a)
- *NMBA Code of Conduct for Nurses* - (NMBA, 2018b)
- *NMBA Framework for Assessing Standards for Practice for Registered Nurses, Enrolled Nurses and Midwives* - (NMBA, 2007)
- *NMBA Registration Standard: Continuing Professional Development* - (NMBA, 2016a).

Nurses/midwives who are committed to lifelong learning have a responsibility to share their skills and knowledge with colleagues and students, participate actively in ongoing professional development and contribute to the development of others through teaching and role modelling (Rischel, 2013).

The NMBA Registration Standard: Continuing Professional Development (NMBA, 2016a) and *Principle 5* of the NMBA Codes of Conduct for Nurses and NMBA Code of Conduct for Midwives (NMBA 2018a; 2018b) outline the responsibility of the nurse/midwife to participate in ongoing professional development of self and others. To maintain NMBA registration nurses/midwives are required to participate in a minimum of 20 hours of CPD annually relevant to their respective context of professional practice (NMBA, 2016a) (Refer to Section 8: Continuing Professional Development). The requirements for Nurse Practitioners, RNs/Midwives with scheduled medicines endorsement, and notation as an eligible midwife are an additional 10 hours CPD (NMBA, 2016a). Those holding dual registration e.g. EN/RN; RN/RM are required to undertake CPD for each registration (refer to NMBA Continuing Professional Development Fact sheet). Any professional development activity undertaken is recorded and supported through the PDP process and documented, e.g. professional portfolio. The portfolio of evidence of engagement in CPD is required to be maintained for five years for potential registration audit (NMBA, 2016a).

A performance and development culture embedded with a self-assessment process provides the opportunity to engage nurses/midwives in professional learning. Moreover, significant benefits are maximised through the provision of effective professional learning to address areas for improvement in professional practice. Professional learning can be promoted through a casual piece of advice from a colleague and one's own reading and/or through attendance at an international conference and exposure to the ideas of a globally recognised educational expert. It can also relate to: promoting professional awareness (e.g. maintaining knowledge of professional standards and codes and applying this to practice; briefing about a new policy or initiatives; and application of professional learning into the work unit context), developing skills and embedding and refining new practices (Cole, 2012). Whilst professional learning should address individual requirements, this needs to occur within the context of the professional awareness and promotion of the health facility's overall priorities, and improvement strategies (Cole, 2012).

To foster best practice outcomes from professional learning, it is essential that leaders collaborate with staff to articulate the types of improvements required to achieve agreed goals/expectations and develop a common language for describing good professional practices (Elmore, 2000; Stoll, 2004). Engaging with staff in professional discourse, drawing on external ideas, and research to encourage enquiry, reflection and inform organisational, work unit, professional, and individual actions aligned with discussion about strategies for desired outcomes are indicators of effective leadership.

Moreover, an effective leader facilitates opportunities for staff to learn from each other, provides access to specialised knowledge; and models lifelong learning in their own practice (Elmore, 2000; Stoll, 2004). Additionally, they recognise their own transience and therefore invest in succession management for the future.

A successful nurse/midwifery leader will also continuously evaluate the impact of professional learning based on the effect it has on achievements and outcomes (Elmore, 2000; Stoll, 2004). As such, a collective effort between leaders and staff is fundamental in achieving professional practice standards and best practice outcomes.

By leaders and others fostering governance and an environment that promotes individual, professional learning, growth and training opportunities staff are more likely to view the organisation as supportive and committed to them as an individual. As such, they will typically reciprocate with increased organisational commitment and contextual performance (Booker, 2011).

9.3 Organisational Learning

An organisation is a collective, with individuals and work units undertaking varying roles that involve different perspectives and values, passing information through their own filters, with connection often via ineffectual information channels. Individual members are continually engaged in attempting to know the organisation, and themselves in the context of the organisation. Therefore, the intent of organisational learning driven by the context of the workplace is to engage and motivate staff and organisations for positive growth (AHRI, 2015). Health sector organisations are faced with competitive, technology and economic pressures; therefore, their adaptability requires learning by the individual, team and organisation at a continual and rapid pace (AHRI, 2015).

Organisational learning outcomes are dependent on acquisition and application of new knowledge and skills and developing innovative strategies. However, the effectiveness of their learning is dependent on workplace culture, interpersonal interactions and views on the value of learning (Scott, 2015).

The following three (3) broad considerations are essential for organisational learning and adaptability:

- a supportive learning environment;
- concrete learning processes and practices;
- leadership behaviour that provides reinforcement (Garvin, Edmondson and Gino, 2008).

Organisational learning is strongly influenced by the behaviour of leaders. As such, when leaders actively question and listen to employees this prompts dialogue and debate, and employees feel encouraged to learn. If leaders signal the importance of spending time on problem identification, knowledge transfer, and reflective practice these activities are likely to flourish within the organisation (Booker, 2011; Garvin, Edmondson and Gino, 2008). When leaders demonstrate through their own behaviour a willingness to entertain and contemplate alternative points of view, employees feel encouraged to offer new ideas and options (Booker, 2011; Senge, 1990). When learning is embedded, an organisation continually expands its capacity to create its own future by being committed to encouraging staff to develop themselves. Furthermore, optimum individual and team functioning can be progressed through organisational learning (Schoonbeek and Henderson, 2014).

As such, an organisation's capacity for deliberate transformation of its own values, philosophy, strategic direction and expectations to staff facilitates the individual's ability to appreciate and transform their engagement and learnings. Organisational learning approached from a foundational perspective promotes inquiry, innovation, quality and research initiatives, as well as ability to review practices and self-correct previous experiences (Mulford and Silins, 2010). This approach supports individual development and has the ability to generate changes in systems, engagement and culture to realise desired outcomes.

Therefore, the benefits of cultivating organisational learning for nursing/midwifery staff include (but are not limited to):

- Improved consumer outcomes through enhanced ability to achieve service delivery requirements.
- The recruitment and retention of nurses and midwives.
- Provision of a safe, competent nursing and midwifery workforce.
- Clinical capacity building, capability and sustainability of nursing and midwifery services.
- An increase in the levels of nursing/midwifery satisfaction in relation to access to workplace education and training.
- Increased numbers of nurses and midwives with post graduate qualifications with ability to translate and apply learnings to the workplace.
- Improved sense of control over work environment, thereby decreasing job stress and increasing well-being as a result of working in a culture in which learning is valued and mistakes are tolerated (OCNMO, 2014; Queensland Health, 2017b).

In the Framework, organisational learning relates to the knowledge and skills required by nurses/midwives to function effectively in their roles to achieve specific aims and expectations. It includes, but is not limited to, any learning associated with the organisation's direction or needs. At the fundamental level, this can include education on the *Code of Conduct for the Queensland Public Service* (Queensland Government, 2011) or the performance management system of the organisation. This sphere of learning also includes cognitive and psychomotor skills required to meet specific position functions, for example, managers will require skills in cost centre and human resource management processes (OCNMO, 2017).

To effectively achieve expectations a nurse/midwife must appreciate the principles of clinical, professional, and organisational learning relevant to role and Generic Level Statement responsibilities (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]). As such, a structured approach in the form of orientation and transition support should occur each time a nurse/midwife changes their place of work, role, and/or classification.

10. Orientation and Role Transition Support Processes

The main purpose of orientation and transition support processes is to prepare new and/or transferring (e.g. moving from another work unit or internal HHS facility) nurses/midwives to optimise their integration, and thus their performance within the organisation. This process of transition encompassing an orientation program is not a singular or independent event, but rather an ongoing, and evolving activity which should be individualised to optimise capability and competence as per role responsibilities.

10.1 Orientation and Induction

Orientation is the process by which new employees are provided with the opportunity to gain knowledge and appreciation of the HHS, including its mission, strategic objectives and scope of the health service comprising facilities, services and specific legislative, mandatory and requisite training and assessments (MNHHS, 2014). During orientation, nurses/midwives are informed about expectations, policies and protocols of the Department of Health/HHS/facility/directorate/ service/work unit.

Orientation is a coordinated process and at each stage of the contact, new colleagues transferring need different information, assistance, and varying forms of relevant support.

A core goal of any orientation is to assist new starters to comprehend the physical and digital environment: by them gaining the ability to navigate systems and resources; and be aware of how to seek support relevant to their learning needs. It is important that the concepts of self-management, and self-responsibility are promoted, and engagement during orientation supports a sense of belonging and identity (Dweck, Walton and Cohen, 2014).

When new staff members join an organisation, a distinction is often made between their orientation and induction to the new work environment. The orientation of new staff is usually seen as comprising a short one-off briefing session and the provision of basic information, to acquaint the individual with the organisation, for example in the form of an information resource such as a manual or kit which can be used for both new or transferring employees (Flinders University, n.d.).

Moreover, induction is the process of informing the new employees about practices, policies, and purposes of the organisation; socialising them to the organisation/work place environment, values and culture and professional expectations. It also determines that competency and confidence in the area of practice is measured to recognise the level of experience and capability in the context of practice. Often the terms orientation and induction are blurred and one is used to depict all aspects of assisting new and transferring employees to transition into a new workplace, role or area of responsibility (Dweck, Walton and Cohen, 2014).

Irrespective of terminology, classification, role or conditions of employment, effective induction and orientation are essential in: supporting successful integration; appreciating culture and values of the organisation; providing fundamental information; clarifying role purpose; minimising transition and supervision processes and potentially attracting and retaining an engaged staff member.

As such, orientation/induction are viewed as essential human resource management strategies that can influence the employee's subsequent attitudes towards the HHS/facility/directorate/service /work unit. Both strategies should be welcoming and support new employees or transferred staff to feel safe, appreciated and positive about the new workplace, values and expectations, and ultimately facilitate service effectiveness and efficiency (Rush, Adamack, Gordon, Janke, and Ghement, (2013).

In general Orientation/Induction comprises but is not limited to:

- General HHS Orientation (HHS information including legislative, mandatory, organisational training and assessment)
- Nursing and Midwifery Orientation (mandatory clinical and professional requisite requirements)
- Division/Service/Program and/or Work Unit Induction (specific requirements and requisite knowledge and skills) with planning commencing to address individual learning and additional transition support processes. This includes the application of a Work Unit Development Map to support effective and timely transition to the work unit) (Refer to ***Section 10.3: Work Unit Development Map***) (MNHHS, 2015c; Queensland Health, 2011).
- Orientation to the classification or role to distinguish specific responsibilities and role transition activities e.g. use of career pathways (Refer to ***Section 8.2.1: Career Pathways***) and/or provide clarity, direction and structure that facilitates career development, succession management and optimise the individual's scope of practice underpinned by PDP processes.

Orientation/Induction is a deliberate organisational strategy to welcome and integrate employees into the facility/directorate/service and as such, incorporates numerous benefits and intentions including:

- Reduction of commencement costs related to less duplication of effort and time relevant program content.
- Improved learning which may be otherwise compromised by new starter anxiety.
- Demonstration of staff value and potential enhanced retention through the provision of relevant, timely learnings within programs.
- Enhanced appreciation of the organisational values, attitudes and expectations to support the employee clarity and streamline transition into the facility/directorate/service.

Standards for Orientation/Induction

Facilities/directorates/services/work units deliver orientation programs that are congruent with orientation policies/procedures, and reflect the strategic direction, and operational requirements.

Standards for Orientation/Induction

- Orientation/Induction processes are included as core activities in all relevant strategic/operational/service delivery planning documents (MNHHS, 2015c; Queensland Health, 2011).
- Adequate nursing and midwifery service/work unit orientation resources are sourced and implemented to support new/transferring employees to achieve effective transition into a role in line with clinical, professional and organisational learning needs, work unit requirements and HHS/facility/directorate/service strategic/operational direction including values (MNHHS, 2015c; Queensland Health, 2011).
- HHS/facility/directorate/service policy/procedures that specify orientation/induction and ongoing legislative and mandatory training and assessment requirements for nursing/midwifery staff exist, are applied, and updated as requirements change (Queensland Health, 2018a).
- In accordance with policy all newly employed/transferred nurses/midwives attend orientation/induction that includes legislative, mandatory and requisite skill set requirements for classification and role (MNHHS, 2015c; Queensland Health, 2011 & 2018a).
- Nursing/midwifery applies a resource (e.g. tool/document) to risk rate HHS/facility/ directorate/service/work unit legislative, mandatory and requisite training and assessment requirements for each nursing/midwifery classification/role (Queensland Health, 2018a).

- Where applicable facility/directorate/service Clinical Service Capability Framework (CSCF) (Queensland Health, 2016d) should be consulted to determine the assessment of risks. Data pertaining to attendance, participant classification, designation, Full Time Equivalent (FTE) positions, and nursing/midwifery headcount is maintained and reported (MNHHS, 2015c; Queensland Health, 2011 and 2018a).
- Attendance data is available to line managers, Nurse/Midwifery Educators for review and reporting to determine successful completion of training and assessments, compliance in line with targets, and to initiate further transition support processes (MNHHS, 2015c; Queensland Health, 2011).
- Nursing/midwifery collaborates with other interprofessional colleagues in the development and review of HHS/facility/directorate/service/nursing/midwifery professional orientation/induction programs and resources to reduce duplication achieve efficiency, and meet expected outcomes.
- Orientation/induction programs, resources (e.g. Orientation Manuals) and legislative, mandatory and requisite assessment requirements are reviewed annually (MNHHS, 2015c; Queensland Health, 2011 and 2018a).

Newly employed/transferring nurses/midwives are supported to integrate lifelong learning into practice. As such these nurses/midwives are supported to effectively transition into a new classification and/or role by being provided opportunities to consider knowledge, skills and abilities required to fulfil role responsibilities within their defined scope of practice, and how these are applied to mitigate risk, and achieve safe patient outcomes. Furthermore, an essential component of successfully orientating/inducting, and transitioning a new/transferring employee is that they are well-versed about workplace values, responsibilities, and are acquainted with co-workers and specific work unit requirements. As such, all figures included in the Framework can be applied to facilitate orientation/induction and transition processes according to HHS/facility/directorate/service / work unit/professional, and individual learning needs, and stages of development.

10.2 Transition Process

Transition processes identified in the Framework refer to (but are not limited to) the programs, resources, support and time required to assist new or transferring staff successfully adjust to changes and prerequisites required when moving into a new classification and/or role. Therefore, transition is defined as:

> *...the period of learning and adjustment in which the new staff member acquires the skills, knowledge and values required to become an effective member of the health care team* (Fox, Henderson and Malko-Nyhan, 2005: p. 193).

When a newly employed nurse/midwife (irrespective of classification, role, and length of service or experience) commences in a new environment (facility/directorate/service/work unit), classification or role, there is a period before they feel confident and competent (Phillips, Kenny, Esterman and Smith, 2014). During this time nurses/midwives undergo change that requires them to socialise to role responsibilities, acquire knowledge, skills, values and attributes integral to their role, and consolidate critical thinking and reflection (Thorne, 2006). Moreover, HHSs/facilities/directorates/ services/work units are responsible for supporting nurses/midwives in the achievement/ maintenance of practice in line with relevant national standards. Hence, the provision of transition support for the new/transferring staff member during this period is perceived as crucial and an integral part of workforce planning (Haggerty, Holloway and Wilson, 2013). International and national literature has identified a direct correlation between the implementation of transition support processes and the long-term retention of nursing and midwifery staff (Booker, 2011; Earle, Myrick and Yonge, 2010; Haggerty, Hollaway and Wilson, 2013; Rush, Adamack, Janke, Gordon and Ghement,

2013a). Additionally, the "global nursing/midwifery shortage" and efficiency measures have accelerated the requirement to effectively transition nurses/midwives into new roles and the workplace (Aitken, Faulkner, Bucknall and Parker, 2002; Mehdaova, 2017; Rush et al., 2013a).

Transition support processes post initial Orientation/Induction programs are to be utilised for (but not limited to) any nurse/midwife who is:

- Moving to a new practice setting and/or classification or role (irrespective of classification and years of experience) (DHHS, 2014; MNHHS, 2015c; SA Health, 2014)
- Re-entering the workforce following successful completion of an endorsed program (for restoration of registration - after an absence of five (5) to ten (10) years) (ANMF, 2016)
- Seeking to return to practice after a period of absence greater than 12 months (MNHHS, 2015c; NMBA, 2013; Queensland Health, 2011)
- Entering the workforce for the first-time following completion of a pre-registration, pre-enrolment or pre-endorsement course (DHHS, 2014; MNHHS, 2015c; SA Health, 2014)
- Undertaking a Transition Support (TSP), Immersion (e.g. SWIM) or Accelerated Specialisation Program (DHHS, 2014; SA Health, 2014)
- Undertaking a postgraduate higher education program relevant to the specialty area of practice (DHHS, 2014; MNHHS, 2015c; SA Health, 2014)
- Undergoing any change or re-design to classification or role owing to transformations of HHS/facility/directorate/service/work unit.

Transition process components and resources as identified in the *Framework* do not represent a fixed period of time. The time to effectively complete transition processes is established by individual entry behaviours/knowledge/skills and achievement of standards of practice determined by the HHS/facility/service and/or work unit, nursing/midwifery and as relevant the HES (Queensland Health, 2011; Rush et al., 2013b). As such, timeframes will vary significantly dependent on the individual; nature and extent of transition processes required; and availability and effectiveness of infrastructure support.

To facilitate effective transition support to achieve expected standards contemporary literature espouses the value of integrating this support in some form throughout the entire first year of employment (Earle, Myrick and Yonge, 2010). Therefore, education programs specifically designed to support the development of nurses/midwives and aid progression through the transition phase of development encourage a:

> *...spirit of enquiry and learning that reaches far beyond the walls of academia where the foundations of professional practice have been established"* (Bridges et al., 2014: p.61).

Moreover, transition process support enables the nurse/midwife to effectively integrate into the health care team and work unit. The teaching and learning provision during transition should be through formal and informal support systems such as: Nurse/Midwifery Educators, Clinical Nurse/Midwife - Clinical Facilitators, preceptors, coaches, practice partners, and mentors. This support is primarily preceptorship based (or similar model) and should apply the tenets of preceptorship or similar program/s (e.g. coaching, supervision, mentoring), and implementation plan strategies related to changes in work or workplaces (Bridges et al., 2014).

Additional transition processes can be facilitated by (but not limited to the following):

- Self-directed CPD learning activities (Refer to ***Appendix 2: Examples of CPD Activities***)
- Reference to the relevant classification Generic Level Statements (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017])
- Career and Learning Pathways (Refer to ***Section 8.2.1: Career Pathways*** and ***Section 8.2.2: Learning Pathways***)
- Resources e.g. Orientation to a Classification or role; Clinical Learning Resources; Work Unit Development Maps (Refer to ***Section 10.3: Work Unit Development Maps***)

- Planned skill acquisition/assessment
- Seminar/clinical workshops/study days
- Transition Support (TSPs) or Immersion (e.g. SWIM)/Accelerated Specialisation Programs (MNHHS, 2015c; Queensland Health, 2011) (primarily relate to the nursing profession )

Standards for transition support process

Transition support is provided for all newly employed and transferring nurses/midwives to support a safe and effective transition into a new practice area, classification/role (MNHHS, 2015c; Queensland Health, 2011).

When a nurse/midwife enters the profession (e.g. New Graduate) or transitions from one area of specialisation to another (e.g. surgery to critical care; subacute medical to respiratory; clinical work unit to perioperative; clinical work unit to Clinical Nurse/Midwife - Clinical Facilitator/Clinical Coach) participation in more in-depth and longer transition support processes. These may include but are not limited to Transition Support and/or Immersion (e.g. SWIM) Programs  that may attract some form of recognition of prior learning status with the HES or a formal course of post graduate study leading to an award at a specified AQF level (AQF, 2013).

Standards for transition support process

- Transition support processes are included in all relevant HHS/facility/directorate/service /nursing and midwifery strategic and operational planning resources, and are aligned to service needs to promote workforce capacity and capability (MNHHS, 2015c; Queensland Health, 2011).
- Additional transition support processes including resources are in place and applied to facilitate accelerated learning opportunities for new graduates and other new/transferring staff.
- Adequate resources and infrastructure support are allocated to transition support processes and programs (MNHHS, 2015c; Queensland Health, 2011).
- Nurses/midwives undertaking a supporting role during transition should be adequately prepared via an endorsed training program (e.g. preceptors, coaches, Clinical Nurse/Midwife - Clinical Facilitators, Nurse/Midwifery Educators and mentors) (MTCETSC, 2007; Whitehead et al., 2013).
- The scope, and nature of support processes including formal programs offered (e.g. TSP, Immersion Programs [e.g. SWIM]; orientation to role) are recorded and reported (MNHHS, 2015c; Queensland Health, 2011).
- PDP provides a mechanism to negotiate and document individual transition support processes, engagement and outcomes. The scope, and nature of support processes including formal programs offered (e.g. TSP, Immersion Programs [e.g. SWIM]; orientation to role) are recorded and reported (MNHHS, 2015c; Queensland Health, 2011).
- PDP provides a mechanism to negotiate and document individual transition support processes, engagement and outcomes.

10.2.1 Transition Support (TSP), Immersion (e.g. SWIM) or Accelerated Specialisation Programs

TSPs, Immersion (e.g. SWIM) and/or Accelerated Specialisation Programs (primarily relate to the nursing profession) are contemporary, post registration, clinically focused, continuing professional development programs. These programs developed for specific cohorts assist the newly graduated or transferred nurse/midwife to acquire further general and speciality knowledge and skills in a logical, sequenced supported approach to effectively transition to work expectations (Queensland Health, 2012). As such, the HHS/facility/directorate/service provides appropriate support processes and resources to assist participants achieve the tenets and learning outcomes of the relevant TSP, Immersion (e.g. SWIM) or Accelerated Specialisation Program. Nurse/Midwifery Educators in consultation with line managers assume a lead role in coordinating and supporting nurses/midwives undertaking these independent learning programs within curricula or outcome criteria (Queensland Health, 2012).

Moreover, these programs are recognised as an effective approach to accelerate learning, enhance communication and leadership skills, and support the new nurse/midwife with diverse individual learning needs (Queensland Health, 2012). Likewise, they have been identified as an effective mechanism to expedite an individual's transition to become confident and competent for practice within a new setting.

TSPs, Immersion (e.g. SWIM) and/or Accelerated Specialisation Programs (e.g. Perioperative; Mental Health, Paediatric) are delivered via various methods including (but not limited to): flexible self-directed learning modules, face to face workshops/sessions; video/streaming, simulation and clinical observation. Programs aim to accelerate the participant's engagement in learning within an area of speciality practice whereby the crucial elements are provided to assist safe transition into the workplace. They also enable the inexperienced colleague to function more effectively within a short period of time in the new area of practice to a basic safety standard with supervision. The programs which comprise theoretical and clinically focussed activities encourage participants to reflect on their knowledge skills and abilities and provide a pathway for advancing scope of practice. Learning throughout each program also occurs by completion of assessment items. Self-reflection activities are likewise encouraged to promote learning from experience and to assist the nurse/midwife to synthesise, analyse and transfer knowledge and skills from one context to another by stimulating critical thinking (Queensland Health, 2012).

Workplace support for participants of these programs should include (but is not limited to): preceptor support and/or coaching from experienced clinicians working in the specialty area with gradual withdrawal of support as the nurse/midwife's knowledge and skills develop. Additionally, further assistance can be attained through formal and informal mentoring. In consultation with other key stakeholders, Nurse/Midwifery Educators co-ordinate, maintain data and report on participant engagement and achievements in these programs. The progress of the nurse/midwife through the transition process is monitored by using the principles of PDP. Therefore, to achieve optimal outcomes during the transition process, learning and development milestones are utilised as markers to monitor the progress of the nurse/midwife against predetermined criteria (e.g. activities/assessments).

Furthermore, development, implementation and sustainability of these programs should not occur in isolation, but include engagement with key nursing/midwifery stakeholders and others (but not limited to), e.g. HHS nursing/midwifery governance, professional organisations, colleges, special interest groups and networks, and HES partners. Additionally, to encourage continuing engagement in a pathway of lifelong learning the nurse/midwife is encouraged to apply for advanced standing towards a relevant postgraduate program following the successful completion of all components of a program within the specified time frame.

Standards for Transition Support, Immersion (e.g. SWIM), Accelerated Specialisation Programs

Transition Support, Immersion (e.g. SWIM) and Accelerated Specialisation Programs are provided for newly employed and transferring nurses/midwives to assist in accelerating and consolidating learning to support a safe and effective transition into a new clinical practice environment.

Please note that the following standards are to be used in addition to application of those in ***Section 10.2: Transition Processes***.

Standards for Transition Support, Immersion (e.g. SWIM), Accelerated Specialisation Programs

- The HHS/facility/directorate/service is responsible for providing Preceptor (or other similar model, e.g. coaching) train the trainer and training programs to build experienced staff capacity and capability in supporting new/transferred colleagues.
- The HHS/facility/directorate/service is responsible for providing preceptor (or other similar model) support for all newly employed/transferred nursing/midwifery staff by an experienced clinician who has undertaken formal preparation for this role (MTCETSC, 2007; Whitehead et al., 2013).
- The HHS/facility/directorate/service/work unit is responsible for providing adequate resources and infrastructure support to enable effective participant engagement in transition support processes and similar relevant context specific programs (MNHHS, 2015c; Queensland Health, 2011; Rush et al, 2013b).
- Preceptor (or other similar model) support occurs initially via direct supervision that is gradually withdrawn over a negotiated period of time in accordance with individual learning needs and demonstrated consolidation of learning resulting in safe practice (Refer to ***Section 12.1: Preceptorship***).
- The lived experiences, scope and context of practice of the newly employed/transferring nurse/midwife must be considered prior to determining the nature and scope of transition support processes and program of learning.
- Transition support resources are provided as soon as practicable following employment/transfer to facilitate achievement of program requirements as per milestones and PDP initiation. A *Work Unit Development Map* can be used as a pathway that indicates learning expectations during the transition phase.
- The scope and nature of support processes including formal programs (e.g. TSP, Immersion [e.g. SWIM], Accelerated Specialisation, Orientation to Role) are recorded and reported (MNHHS, 2015c; Queensland Health, 2011).
- PDP provides a mechanism to negotiate and document individual transition support processes, engagement and outcomes.

The transition support processes including the standards identified above are applicable for both experienced and inexperienced colleagues transitioning to roles requiring specialist knowledge and skills in speciality practice work units (e.g. Critical Care, Perioperative, Neonatal, Mental Health, Neurosurgical, Respiratory, Renal Dialysis, and Cancer Care). While transition support processes apply to every new/transferring or developing nurse/midwife, additional considerations are required in supporting a new graduate's transition into the profession and workplace.

10.2.2 Early Career (New Graduate) Transition Support Considerations

The importance of the application of structured transition support processes during the first year of practice for newly qualified nurse/midwives is reinforced by key objectives in the Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) (2016). Accordingly, to achieve effective workforce capacity building and best practice standards outcomes it is essential that newly graduated nurses/midwives have access of opportunity to the following transition support processes as they embark on their work life and professional journey:

- Orientation/Induction (Refer to ***Section 10.1: Orientation and Induction***)
- Preceptor support (Refer to ***Section 12.1: Preceptorship***) in line with individual clinical, professional and organisation learning needs, and context of practice
- Supervised and guided clinical learning
- Work-based programs designed to consolidate knowledge skills and values (e.g. CPD, TSP, Immersion (e.g. SWIM), Accelerated Specialisation Programs)
- Career/succession planning (Refer to ***Section 12.5: Mentoring*** and Section ***12.6: Succession Management***)

In addition, counselling support (where relevant), dialogue regarding professional and organisational values, socialisation, cultural awareness and the generic level statement domains (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) are integral to achievement of effective new graduate transition. Support processes such as those above, facilitate attainment of a workforce able to demonstrate relevant skills, 'best fit' and right qualifications for a role. Additional early career support combined with effective supervision and learning these should achieve safe, high quality patient care (Australian Council on Healthcare Standards [ACHS], 2017).

New Graduate Additional Standards for Transition Support

Please note that the following standards are to be used for new graduate nurses/midwives in addition to application of those in ***Section 10.2: Transition Process*** and ***Section 10.2.1 Transition Support (TSP), Immersion (e.g. SWIM) or Accelerated Specialisation Programs***.

Additional transition support is provided for all newly graduated nurses/midwives to accelerate their ability to consolidate learning and effectively transition into a new practice area to meet work unit context specific needs and specialisation requirements to a safe competent standard (El Haddad, 2016; MNHHS, 2015c; Queensland Health, 2011).

New Graduates Additional Standards for Transition Support

- All new graduates are offered more focussed transition support than other new/transferred employees, e.g. (but is not limited to) Transition Support, Immersion (e.g. SWIM), Accelerated Specialisation Programs, face to face workshops, clinical supervision and reflection in action activities.
- Transition support resources are provided as soon as practicable following employment/ transfer to facilitate achievement of program requirements as per milestones and PDP initiation. A *Work Unit Development Map* provides learning pathway expectations during the transition phase (Refer to ***Section 10.3: Work Unit Development Maps***).
- The tenets of cultural awareness, values clarification, socialisation and change management should be embedded across the components of any transition support process (e.g. programs, dialogue and feedback).
- The HHS/facility/directorate/service is responsible for providing additional new graduate infrastructure support including strategies to facilitate preceptor/preceptee relationships and achievement of outcomes e.g. Clinical Nurse/Midwife - Clinical Facilitator role/workshops/ resources.
- The HHS/facility/directorate/service is responsible for allocating a minimum of 2 weeks rostered supernumerary time per the BPF (OCNMO, 2016) (or as per HHS/facility/ directorate/ service processes) to facilitate effective and timely new graduate transition to the workplace/ unit.
- Preceptor support for the new graduate is provided by an experienced clinician who has undertaken formal preparation for this role. This support occurs initially via direct supervision and is gradually withdrawn over a negotiated period in accordance with new graduate learning needs and demonstrated consolidated of learning resulting in safe practice (Refer to ***Section 12.1: Preceptorship***).
- Physical and psychosocial safety incorporating respect for individual experience and scope of practice are core considerations in supporting successful transition of the new graduate to the workplace.
- The new graduate is provided feedback (written and verbal) which is documented within their PDP regarding their value, and contribution to the role and work unit.
- Staff within the work unit encourage the new graduate to reflect on practice, their communication, and collaboration with the interprofessional team to enhance transition to work unit, and professional expectations.
- It is the responsibility of each nurse/midwife to: effectively support the socialisation and workplace collaboration; and to role model and teach according to the new graduate's learning needs (e.g. time management, prioritisation, clinical and technical skills, interprofessional relationships, and workplace values).

A *Work Unit Development Map* (e.g. a form of learning pathway) has been found to be a useful tool for assisting new and transferring colleague's transition to a HHS/facility/directorate/service/work unit and role. The following section provides insight into how a tailored *Work Unit Development Map* can be successfully applied as a support process.

10.3 Work Unit Development Maps

The *Work Unit Development Map* (e.g. of a learning pathway) depicted as ***Figure 6*** is a nonspecific representation of noteworthy progressive learning stages, aligning mechanisms, structures, supports and influences that provide context for CPD and lifelong learning (MNHHS, 2015c; Queensland Health, 2011). The *Work Unit Development Map* summarises key elements of development required by a nurse/midwife throughout the continuum of learning of their work life.

The expectation is that as a learning pathway a Work Unit Development Map (***Figure 6***) can be contextualised to any work unit and be applied at every stage of a nurse/midwife's career in relation to where they fit from a developmental perspective (e.g. new graduate, experienced RN/midwife, or RN specialisation) to meet individual learning needs. For example, a new graduate nurse/midwife would commence Orientation and progressively move along the continuum with support according to needs. Similarly, a newly transferred or newly employed experienced nurse/midwife would also complete these requirements; however, they would be expected to transition more promptly to career development and lifelong learning activities through transfer of existing knowledge, skills and life experiences. As such, individual, clinical, professional and organisational learning needs must be considered throughout each phase of the pathway in accordance with the specific service, work unit and role expectations.

The three (3) *Spheres of Learning (Clinical, Professional* and *Organisational)* (Refer to ***Section 9: Clinical Professional and Organisational Learning***) at the extreme left of the diagram identify that each nurse/midwife must consider each sphere of learning to capture the nature of integration and diversity of learning that occurs across each phase of the pathway in order to achieve safe, competent practice and quality consumer outcomes across the continuum of learning during one's work life (MNHHS, 2015c; Queensland Health, 2011).

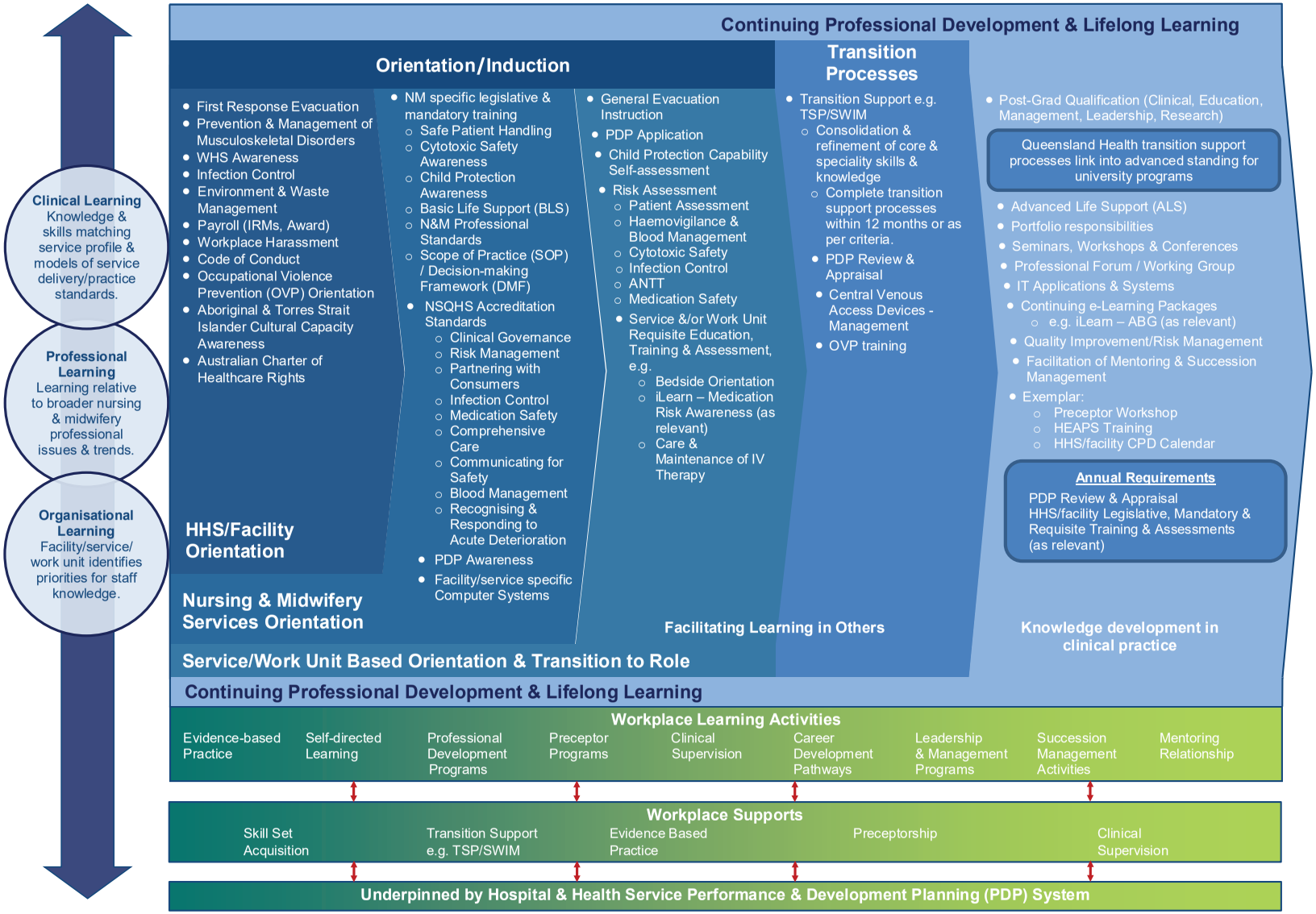
The upper components of the diagrammatic representation (Orientation/Induction, Transition Process, Continuing Professional Development, and Lifelong Learning) depict the progressive learning phases of a *Learning Pathway*. Broad examples of expected knowledge and skills for a classification/role have been identified for each phase.

> ***N.B.*** *These are broad examples only (**Figure 6**) and must be modified to the context of practice for any nursing/midwifery role or specialisation. As such, the training and skill sets identified within each learning phase are samples of legislative, mandatory and requisite training requirements.*
>
> *Please access existing HHS/facility/directorate/service procedures/policies or a nursing/midwifery Legislative, Mandatory and Requisite Skills Register (Refer to **Appendix 5: Broad snapshot of a sample Legislative, Mandatory and Requisite Skills Register**) or similar resources when populating this section of a Work Unit Development Map from a work unit context perspective*

In addition, the two lower components of ***Figure 6*** are foundational processes *(Workplace Learning Activities and Workplace Supports)*, applied to encourage effective active learning across the pathway to achieve milestones, assessment criteria and expected outcomes.

Collectively, each component of the *Work Unit Development Map* (spheres of learning, phases of transition, workplace activities, and supports) are underpinned by the HHS PDP System identified in the lowermost section of the representation. PDP supports formalisation, monitoring and feedback in respect to expected progress and outcomes (Refer to ***Section 13.1: Performance and Development Planning [PDP]***)

Figure 6: Broad Sample of a Work Unit Development Map (example of a Learning Pathway)



Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

***N.B.** Work units are encouraged to contextualise the provided Work Unit Development Maps to the practice context (by adding work unit name). Specific work unit requirements in respect to legislative, mandatory, requisite training, upskilling and CPD should be considered in respect to professional requirements. All new/transferred employees should be provided with a Work Unit Development Map aligned with PDP.*

Moreover, there is an expectation that a Nurse/Midwifery Educator will collaborate with key stakeholders to apply a *Work Unit Development Map* or similar learning pathway for each area of clinical practice. This will assist with: contextualisation of training; determination of skill sets and timelines through assessment; alignment with role description and work unit service delivery requirements (MNHHS, 2015c; Queensland Health, 2011; Rafferty, Xyrichis and Caldwell, 2015). *Work Unit Development Maps* should be: published within the work unit; made available to all nursing/midwifery staff; be negotiated; and included in the individual's PDP. Each *Work Unit Development Map* (***Figure 6***) is updated annually or as required.

Further, Nurse/Midwifery Educators and experienced staff within the work unit (e.g. preceptor/coach) provide ongoing support and guidance to facilitate effective participant engagement and achievement of the milestones and assessment criteria of the relevant Work Unit Development Map. The line manager provides feedback and documents progress through the *Work Unit Development Map* milestones in the individual's PDP.

Refer to ***Appendix 4: Examples of Work Unit Development Maps*** pertaining to:

- New Graduate
- Paediatric Nurse
- Perioperative Midwife
- Midwife
- Critical Care (ICU) RN without post graduate critical care qualifications
- Critical Care (ICU) RN with post graduate critical care qualifications
- Critical Care Grade 6 Clinical Nurse Band 1

11. Clinical Placement and Student Support Processes

The importance of providing effective clinical placement experiences for student nurses/midwives cannot be underestimated by the profession. While current demand for clinical placements appears to outstrip supply, without meaningful industry and HES partnerships offers and the nature of clinical placements will be impacted, and students will not gain appropriate clinical exposure required to prepare them to be safe competent clinicians (Courtney-Pratt, FitzGerald, Ford, Marsden and Marlow, 2012; National Health Workforce Taskforce (NHWT), 2009).

James and Chapman (2010) conclude that the clinical experience, together with student expectations and a respectable understanding of the professions of nursing/midwifery, become pivotal in the journey of the preregistration nursing/midwifery student.

With changing nursing/midwifery age demographics the main source of the future workforce will be through preparation of students with ability to effectively transition into a new graduate position. Accordingly, to achieve successful workforce capacity, capability and best practice standards for this cohort, it is essential that student nurse/midwives are nurtured and supported by the profession especially when undertaking clinical placement.
Consequently, student nurse/midwives should be provided:

- Clinical Placements in a workplace unit that facilitates a positive culture of learning, and supports realistic, and meaningful engagement, achievement of clinical skills, knowledge, and professional socialisation that cultivates productive and competent contribution to consumer outcomes and the health care system.
- Clinical placement opportunities that are meaningful and consolidate theory, and practice in line with the relevant HES expectations and student scope of practice to assist in achieving registration at the completion of the course of study.
- Access of opportunity to quality, and varied clinical placement allocations to support sequential integration into the workplace, and consolidation of learnings to enable achievement of expected standards and the provision of self-sufficient, safe, competent person-centred care during transition from student to new graduate.
- Effective learning support by each nurse/midwife (including buddies, preceptors and student facilitators and others) who readily share their knowledge and practice in a professional meaningful manner when guiding, directing and supervising nursing/midwifery students to achieve best practice care.
- Objective supervision, and consistent feedback by facility/directorate/service nursing/midwifery staff regarding performance, to facilitate confidence and competence with the relevant standards of practice and assessment criteria.
- Effectual assessment (in line with the HES criteria) that is timely and meets principles of equity and natural justice.
- Opportunities to engage with HHS, facility/directorate/service nursing/midwifery staff in relation to addressing placement matters, incident management, complaints/compliments and professional support.
- A point of contact who co-ordinates clinical placements, supports and guides both student facilitators and students – as per HHS, facility/directorate/ service processes.
- Positive perceptions, and role modelling regarding the nursing/midwifery profession.

To support achievement of the above, annual review and negotiation of clinical placement capacity, clinical work unit allocation, and placement model/s should be undertaken. This approach assists in confirming each facility/directorate/service/work unit within a HHS is providing the most effective and appropriate clinical placement offers to HES partners, and are championing the development of the future professional nursing/midwifery workforce.

12. Supporting Relationships to Build Capacity

Relationships between co-workers are extremely important as the means of achieving goals, given people do not work in isolation, and every relationship is different due to what they can offer or share to achieve a common goal. However, once formed, attention, effective communication, loyalty, appreciation of needs and nurturing are ongoing requirements to maintain the relationship.

Further, effectively developing and maintaining work-based relationships can be individually and professionally rewarding as well as provide an opportunity to support capacity building for other nursing/midwifery colleagues. The focus on building capacity in workplace relationships is on interacting collaboratively with others to strengthen performance and engagement, identifying opportunities for improvement, and increasing the impact of return on expectations (National Scientific Council on the Developing Child, 2015).

An individual taking the lead in a supportive relationship should facilitate the other person to target development of specific skills needed for adaptive coping, sound decision making, effective self-regulation and the learned ability to adjust to change and new challenges (National Scientific Council on the Developing Child, 2015).

The nature of supportive relationships in the workplace can take multiple forms dependent on the context of practice, development needs of the individual and role. Formal and informal supportive processes may include (but are not limited to) preceptorship, coaching, clinical supervision, succession management and mentoring. A commonality between preceptors, mentors, and coaches is an interest in the development of others.

12.1 Preceptorship

Preceptorship is a formal planned short-term relationship between an experienced nurse/midwife (preceptor) and new/transferred nurse/midwife (preceptee), which is designed to assist successful transition, adaption to role responsibilities, and achievement of performance expectations (Kalischuk, Vandenberg and Awosoga, 2013; Nielsen et al., 2017; Queensland Health, 2010; Valizadeh, Borimnejad, Tahmanim Gholizadeh and Shabazi, 2016). The nature and length of this formal relationship is dependent on the new/transferred nurse/midwife's lived and professional experiences, scope of practice, work unit context, individual and organisational performance goals (Muir, Ooms, Tapping, Marks-Maran, Phillips and Burke, 2013; Henderson, Fox and Armit, 2008)

Internationally preceptorship is well considered as an effective mechanism to build a supportive teaching and learning relationship, to expedite a smooth transition from learner to an independent member of the health care team (Henderson, Fox Armit, Fox, 2008; Ke, Kuo and Hung, 2017; Myrick and Yonge, 2005; Nielsen et al., 2017; Shinners and Franqueiro, 2015; Weselby, 2014; Whitehead, Owen, Henshaw, Beddingham and Simmons, 2015; Valizadeh et al., 2016). To facilitate optimum transition, preceptorship should occur in a nurturing and well-structured environment where there is a fundamental responsibility to provide support, manage change, and facilitate open communication (Bengtsson and Carlson, 2015; Hughes and Fraser, 2011; Kelly and McAllister, 2013). Furthermore, commitment by managers and other key stakeholders is integral to the success of the preceptorship experience (Bowen, Fox and Burridge, 2012; Whitehead et al., 2015; Valizadeh et al., 2016).

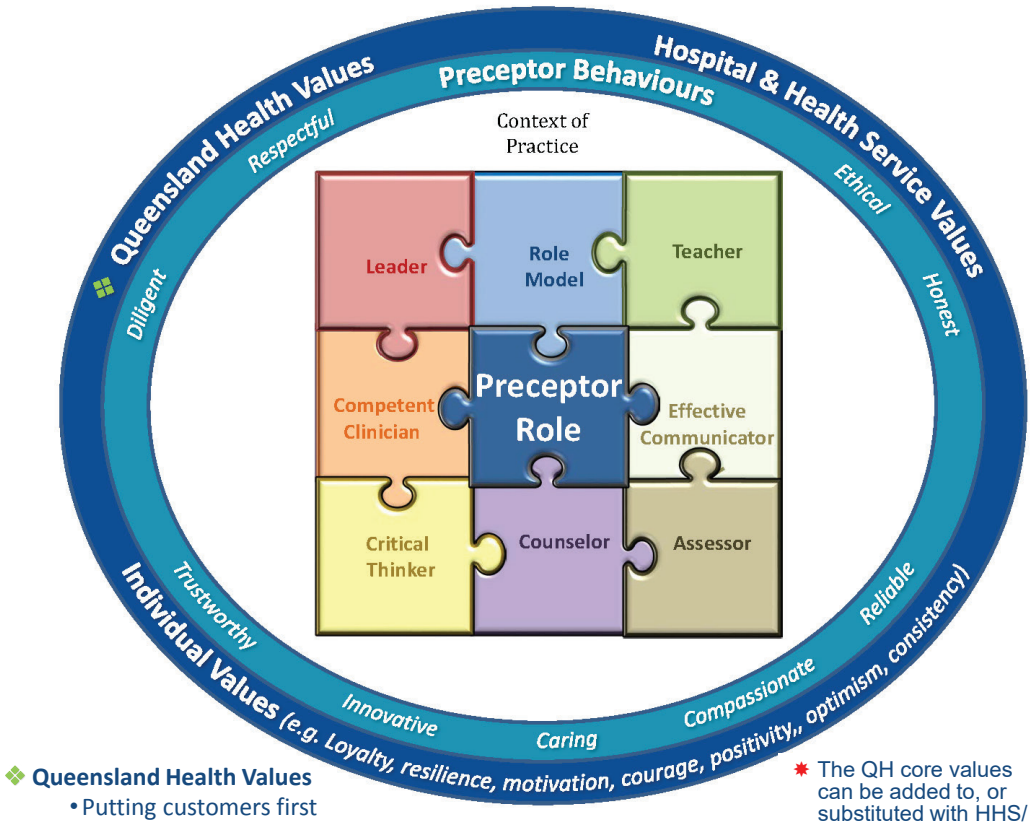
Additionally, preceptorship is a complex dynamic education process comprising design and implementation of various teaching and learning strategies that incorporate ethical principles and unite theory and practical requirements to reduce gaps (Bengtsson and Carlson, 2015; Carlson, Pilhammar and Wann-Hansson, 2010; Henderson, Fox and Armit, 2008; Hilli, Melender, Salmu and Jonsén, 2014; Kalischuk et al., 2013; Valizadeh 2016). The preceptorship relationship is viewed as fundamental in clinical practice and should be

grounded in mutual openness via supportive processes in a nurturing environment as it provides feedback regarding performance and assists transition towards independent decision making, critical thinking, setting priorities, managing time, and providing skilled patient care (Kelly and McAllister, 2013; Matua, Seshan, Savithri and Fronda, 2014; Valizadeh et al., 2016).

The literature identifies a preceptor as an experienced nurse/midwife/resource person who plays a pivotal role in the transition of staff from novice to required performance expectations by guiding and role modelling their knowledge, skills and practice to increase confidence and enhance practice (Bengtsson and Carlson, 2015; Muir et al., 2013; Panzavecchia and Pearce, 2014; Valizadeh et al., 2016). As such, the scope of the preceptor role is diverse and comprises many concurrent responsibilities including (but not limited to): leading, role modelling, counselling, supporting socialisation, effective communication, teaching and coaching, skill and learning opportunity facilitation, critical thinking, guiding monitoring and assessing performance (Bowen, Fox and Burridge, 2012; Henderson, Fox, and Malko-Nyhan, 2006; Kallenbach, 2016; Trede, Sutton and Bernoth, 2015; Shinners and Franqueiro, 2015).

Figure 7 illustrates the relationship between fundamental inter-woven responsibilities of the preceptor role (inner multi coloured section); individual behaviours (first outer section) and organisational and individual values (outermost section) that can influence how effective the preceptor is in establishing and maintaining their relationship with a preceptee. All interwoven responsibilities as depicted are of equal value in demonstrating effective application of the preceptor role. However, given situational context a preceptor may focus one or a combination concurrently in their efforts to support the preceptee to build capacity.

Figure 7: Diagrammatic Representation of Preceptor Role



As identified in ***Figure 7*** values, behaviours, and application of ideal interwoven preceptor role expectations can have a long-term influence on a preceptee in enhancing socialisation; creating a conducive teaching and learning environment; shaping clinical experiences, their career, and quality of patient care (Bowen, Fox and Burridge, 2012; Gopee, 2008; McCusker, 2013; Ward and McComb, 2017). Hence, consideration of the preceptor's personal values and attributes, and their ability to effectively fulfil role responsibilities is important in achieving required outcomes (Bengtsson and Carlson, 2015; Henderson, Fox and Malko-Nyhan, 2006; Shinners and Franqueiro, 2015). Simply assigning a new starter to another colleague named as a 'preceptor' or 'buddy' will not guarantee quality workplace training and clinical competence (Bengtsson and Carlson, 2015). To achieve the best preceptorship outcomes preceptors, need effective training and where possible post graduate awards. Similarly, organisations have an obligation to provide them with requisite knowledge and skills required to achieve expected preceptorship outcomes (Bengtsson and Carlson, 2015). Hence, the availability of suitably trained preceptors is important in maximising opportunities to guide and support new staff, and for fostering an environment for learning where practice is valued and developed (Bengtsson and Carlson, 2015; Bowen, Fox and Burridge, 2012; Gopee, 2008). Therefore, preceptorship should be planned in the context of the individual's facility/ directorate/ service/work unit and professional responsibilities. Learning undertaken and the documentation of such learning in PDPs should relate to role expectations thereby reducing duplication of effort by both the preceptor and preceptee (Morley, (2013; Nielsen et al., 2017; Queensland Health, 2011).

Applied successfully the application of an effective preceptorship model achieves the following benefits:

- Clarification of employment expectations
- Promotion and encouragement of an open honest and transparent culture among staff
- Supports the delivery of quality efficient health care
- Signifies organisational commitment to learning
- Provides access support in embedding values and expectations of the HHS and profession
- Attracts and retains staff
- Fosters career progression and satisfaction
- Mitigates risk by providing access to trained experienced staff willing to guide and support others in the development of their practice (Ke, Kuo and Hung, 2017; Myrick and Yonge, 2005; Muir et al., 2013; Nielsen et al., 2017; Queensland Health, 2010; Weselby, 2014; Valizadeh et al., 2016).

Standards for Preceptorship

Preceptor support is provided to new and transferring nurses/midwives in line with the endorsed HHS/facility/directorate/service preceptorship processes and resources that facilitate effective transition to the role and workplace (Muir et al., 2013; Ke, Kuo and Hung, 2017; Valizadeh et al., 2016).

Standards for Preceptorship

- Preceptorship operates within a nursing/midwifery governance framework (Queensland Health, 2010; Whitehead et al., 2015).
- Preceptorship key stakeholders support the application and maintenance of the endorsed HHS, facility/directorate/service preceptorship model and resources, and work collaboratively to enhance the preceptor/preceptee relationship and return on expectations (Bowen, Fox and Burridge, 2012; Ke, Kuo and Hung, 2017; Matua et al., 2014; Queensland Health, 2010; Whitehead et al., 2015).
- Contemporary evidence-based educational resources for the preparation of preceptors are maintained by nursing/midwifery across a HHS to reduce duplication of effort and uphold collective standards (Bengtsson and Carlson, 2015; MNHHS, 2015c; Muir et al, 2013; Queensland Health, 2010 and 2011).
- A pool of appropriately prepared/trained preceptors is sustained within each HHS facility/directorate service to pre-determined minimum standards and targets (e.g. 30%) to facilitate effective role functioning, and accommodate needs associated with new starter and preceptor recruitment and attrition rates (Ke, Kuo and Hung, 2017; MNHHS, 2015c; Queensland Health, 2011; Weselby, 2014).
- HHSs/facilities/directorate/services provide training, regular updates (e.g. every 18 months) and support the preceptor to undertake the role, and monitor effectiveness through training registers, program evaluation, and reflection in action feedback (Bengtsson and Carlson, 2015; MNHHS, 2015c; Muir et al, 2013; Queensland Health, 2010 and 2011).
- Preceptor roles, responsibilities and development requirements are included within the PDP of the preceptor as a determinant of effective functioning within the role (MNHHS, 2015c; Queensland Health, 2011; Whitehead et al., 2015).
- Every newly graduated/transferred nurse/midwife is allocated Preceptor/s (team approach if relevant) on commencement of employment (MNHHS, 2015c; Queensland Health, 2011; Whitehead et al., 2015).
- Where possible there should be consistency in allocation of preceptor support to the new new/transferred employee, and includes rostering the same preceptor/ preceptee shifts.
- The principles of Recognition of Prior Learning (Refer to ***Section 13.2 Advanced Standing/ Recognition of Prior Learning***) for Preceptor Training/Program attendance are applied to reduce duplication and maintain minimum standards (Bengtsson and Carlson, 2015; MNHHS, 2016; QUT, 2015a and 2015b).
- The number of active preceptors, training workshops and updates and are recorded and reported at least annually (against predetermined targets).
- Each nurse/midwife who undertakes a supporting relationship role (such as, those outlined in this Section), is adequately prepared and supported to fulfil the role (Bengtsson and Carlson, 2015; MTCETSC, 2007; Whitehead et al., 2013).
- Newly employed and transferring nurses/midwives are to be provided with learning and development opportunities to build clinical workforce capacity and capability (Ke, Kuo and Hung, 2017; OCNMO, 2013a; Whitehead et al., 2015).

The tenets and standards provided within this section have been expanded from original work undertaken to develop a statewide Preceptor Model and Program (Queensland Health 2001, 2006, 2010) whereby relevance to the Queensland context informed development and application. Therefore, it is recommended that each HHS, facility/directorate/service not only applies the above tenets and standards of preceptorship, but also embeds this important nursing/midwifery supportive process within strategic and education plans to achieve best practice and capability against pre-determined KPIs.

Preceptorship, coaching and mentoring have widely been recognised as effective workforce planning, development and capacity building strategies (Whitehead, Dittman and McNulty, 2017). More than ever individuals and organisations are recognising the benefits of implementing and integrating these and other supportive relationship strategies to facilitate a culture of development, and career advancement as well as the effective management of knowledge capital (Whitehead, Dittman and McNulty, 2017).

12.2 Coaching

Coaching is a collaborative relationship between a coach and a staff member with the aim of uncovering potential to maximise performance, learning and development. This approach is viewed as a mechanism to increase motivation and productivity, improve communication, networks, greater self-awareness, and an enhanced appreciation of one's career path (Arnold, 2016; Medd, 2011; Jones, 2015).

However, coaches work with individuals and teams in a different manner to that of preceptors or mentors and are not necessarily content experts with a specific knowledge base or provide guidance, instruction, advice or solutions (Bond University, 2018; Jones, 2015). Rather they focus on supporting the individual to expand learning about themselves; identify areas for development and encourage them to develop their own capabilities through structured consideration of different options, to become self-aware of choices and plan actions (Arnold, 2016; Jones, 2015).

Coaching may assist the individual to:

- Develop skills (time management, budgeting, presentation skills)
- Improve performance dependent on identified gaps
- Focus on solutions (identify and address issues, problem solving)
- Be results oriented (goal setting and action planning)
- Focus on personal and professional development (career or leadership) (Arnold, 2016; Bond University, 2018).

While coaching, preceptoring and mentoring use similar approaches coaching generally focuses on immediate goals and developmental issues individually or within small groups. Additionally, this approach with a focus on one's goals and vision can be used for a variety of intents such as: performance, skills, work shadowing, team facilitation, career, personal and executive coaching (Bandura and Lyons, 2017; Jones, 2015).

Coaching is viewed as an effective mechanism for enabling an organisation to meet competitive pressures, plan for succession and bring about change (Riddle, Hoole and Gullette, 2015). Particular organisational situations where coaching may be appropriate as a development intervention include: talent shortages; long term performance improvement; behaviour change achievable in short time frame; organisational change; future leaders or senior executives. However, while coaching is considered an effective development tool, its success rests with application to specific need and intention (Jones, 2015; Riddle, Hoole and Gullette, 2015).

Although coaching is a method of improving individual or team performance through direction and instruction its application will vary across and between HHSs/facilities/directorates/services. Therefore, reference to specific processes, resources and contexts is recommended. Furthermore, in some HHSs/facilities/directorates/services coaching is used with success to support supervised practice and clinical supervision approaches (Arnold, 2016; Bandura and Lyons, 2017; Jones, 2015).

12.3 Clinical Supervision

Supervision and support practices, as part of workforce development can be useful to assist with recruiting staff, retaining valuable staff, supporting and encouraging good practice, worker well-being, and engaging in reflective practice (Mental Health Coordinating Council [MHCC], 2008; Scottish Social Services Council [SSSC], 2016). Therefore, supervision performs an educative and supportive function by presenting opportunity to raise professional issues and gain further expertise by encouraging individuals to learn from their own experiences in working with consumers, review and debrief approaches to performance (recovery-oriented support practices as applied to mental health), and confirm service delivery is following best practice standards. (Australian Government, 2010; Slade et al., 2014; SSSC, 2016).

> *Clinical supervision is a support mechanism for practicing professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure, confidential environment in order to enhance knowledge and skills. This process will lead to an increased awareness of other concepts including accountability and reflective practice. (Lyth, 2000: p.728).*

It is a formal process of support and reflection which may occur in a dyad or within a small group. Nursing/midwifery clinical supervision is situated within a wider framework of governance activities designed to support staff and promote quality patient care (Bifarin and Stonehouse, 2017). However, it is separate to activities such as preceptorship, line management support, performance development planning and mentoring (Bifarin and Stonehouse, 2017; Queensland Health (2009).

Clinical supervision acknowledges an exchange between practicing professionals which may promote debate, challenge existing thinking and generate solutions to problems in practice while fostering personal awareness and addressing areas of practice that may be of concern to the clinician. It also promotes reflective practice informs professional development and engagement in lifelong learning and encourages professional exchange, improved services, recruitment, retention and efficiency. Moreover, clinical supervision can function as a tool to support components of clinical governance such as, quality improvement, risk and performance management and systems accountability (ACSA, 2015; Bifarin and Stonehouse, 2017; Jones, 2006; Lyth, 2000).

The effective relationship between the clinical supervisor and the individual is nurtured within a safe environment where dialogue and reflection can occur freely as is relevant to any other supportive relationship. While clinical supervision has previously been adopted primarily within the mental health, application of this supportive capacity building process is gaining momentum across nursing/midwifery (ACSA, 2015; Bifarin and Stonehouse, 2017; Jones, 2006).

Please note that in applying the principles of clinical supervision the focus is on the supportive relationship, awareness raising, sharing, and enhancing development, accountability and reflective practice. This approach varies from the short-term, specific intent supervision of nursing/midwifery students and staff where capacity is built but the timeframe precludes the opportunity for ongoing relationship building. However, in any form of supervision refection which is a characteristic of professional practice should be undertaken by all nursing/midwifery colleagues as it promotes the development of personal and professional growth, and is associated with improvement of quality of care (Morgan, 2009).

Reflective practice in supervision provides a unique opportunity for staff to be encouraged and supported to understand and incorporate the values and philosophies of the organisation, e.g. genuine consumer and carer participation, cultural sensitivity, recovery-oriented services and evidence-based practice (IpAC Unit, n.d.)

12.4 Reflective Practice

Reflective practice is a professional development technique that involves thoughtfully considering one's own experiences in applying knowledge to practice while being coached by professionals in the discipline (Ferraro, 2000; Schön, 1987). Reflective practice involves becoming intellectually engaged in activities tailored to amend practices by transforming knowledge (MacNaughton, 2003). Intrinsically it is a unique part of staff development and service delivery that should be embedded in all organisational practices, e.g. supervision, evaluation, performance management, cultural competence, and forming partnerships. As such, reflective practice is a self-regulated and continuous process that requires the individual to either:

- 'Reflect-in-action' – i.e. look to experiences; connect with feelings and individual frames of reference (i.e. understanding, or think and react quickly).
- 'Reflect-on-action' – i.e. thinking back to something and exploring why one acted in a specific manner and then writing or talking about it with a supervisor (Edwards, 2017; Mann, Gordon and MacLeod, 2009).

Therefore, reflection is a highly personal continuous process that requires a professional to consider daily experiences, internalise them, deliberate and filter these new thoughts through previous lived experiences and personal values and biases, before deciding how best to proceed to adjust practice, views and behaviour (Edwards, 2017; Mann, Gordon and MacLeod, 2009). Reflective practice is a feature of high quality learning environments and can be spontaneous, deliberately planned, and individual or involve others.

Considering the nature of nursing/midwifery, reflection on past experiences and practices provides a critique that assists with review of assumptions about learning and development, and questions beliefs and values an individual brings to their practice (Alden and Durham, 2012). In nursing/midwifery reflection can expand to incorporate self-exploration, practice development, and transformative lifelong learning (Edwards, 2017). It also promotes development of critical understanding of individual practice and continual development of skills, knowledge and approaches to achieve best outcomes and foster career development (Alden and Durham, 2012; Edwards, 2017).

Nurturing staff is an important factor in effective practice and building capacity for teams and individuals. Therefore, ongoing reflection by Nurse/Midwifery Educators is crucial in respect to what, how actions are undertaken and by what means new knowledge is applied to improve theirs and other's practices, capacity building, best practice outcomes and standards. Additional benefits of participating in reflective practice include: recognising and continuing good practice; changing and improving what is not working well; challenging practices that are taken for granted; monitoring practice on an ongoing basis, and knowing when to find more information, and/or support from others (Pockett, Napier and Giles, 2013).

Creating time and regular opportunities to reflect and provide access to a mentor for continuing professional development are essential for promoting reflective practice (Raban et al., 2007; Jayatilleke and Mackie, 2013). The mentor who provides resources, skills and guidance to promote the development of effective reflective practice, challenges the professional's thinking and encourages them to look at things from multiple perspectives rather than reinforcing and affirming old habits (Kinsella, 2009; Brewer, 2016).

12.5 Mentoring

Mentoring is a voluntary, long-term, multifaceted developmental relationship where personal, psychosocial support and career guidance is provided to the mentee by a more experienced person/s (Brewer, 2016; Groves, 2007; MCEECDYA, 2014; UNSW, 2015). This supportive association seeks a more personal connection than other educational relationships. The mentoring relationship is established through mutual identification or attraction, and assists with career development and guides the mentee through the organisational, social and political networks (Booker, 2011; Brewer, 2016; Ehrich, 2013; MNHHS, 2015a and 2015b; Queensland Health, 2010).

Mentoring which is essentially initiated by a narrative (usually conveyed by the mentee), contributes to learning, improved critical thinking, analysis, understanding values, and outcomes aims to enhance self-awareness leading the mentee to gain confidence, and more effectively manage themselves in goals where they doubt capability (Bolman and Deal, 2008; Ehrich, 2013). Consequently, the focus is less on instruction, supervision and assessment of performance but rather on positively influencing the development and performance of the employee through role modelling, guidance and assisting with critical reflection (Brewer, 2016; Ehrich, 2013; MNHHS, 2015a and 2015b; Queensland Health, 2010).

Typically, the relationship involves an experienced professional supporting a less experienced colleague. However, this does not mean that the mentee is always a novice nurse/midwife or leader. Successful mentoring is not only about experience and expertise; it's frequently about personal qualities and inter-personal skills (Brewer, 2016; Ehrich, 2013; MNHHS, 2015a). The characteristics of mentoring relationships include the ratio of power, mutual respect, support, skills in communications and ability to negotiate and conduct difficult conversations and work together to foster learning and achieve the self-direction, self-observation and self-motivation. Furthermore, elements of counselling, coaching and team building also comprise mentoring (Brewer, 2016; Ehrich, 2013). As such, training in team development is essential for effective mentoring as it generates a variety of views and fosters mutual trust and transparency amongst team members and leaders (Ehrich, 2013; SSSC, 2014).

Therefore, mentoring not only benefits the mentee but the mentor as well by helping the mentor explore their own learning and development by cultivating inter-personal skills, leadership qualities and empathy. Moreover, supporting a colleague as their mentor requires one to question assumptions, develop new perspectives, and gain new knowledge and insights about yourself the profession and organisation (Brewer, 2016; Ehrich, 2013; SSSC, 2014).

Standards for Mentoring

Mentoring is established, maintained and supported as per HHS, facility/directorate/service process to promote capacity building, nurse/midwifery career development (Brewer, 2016; Ehrich, 2013; SSSC, 2014).

Please refer to relevant specific HHS/facility/directorate/service Mentoring Frameworks and teaching and learning resources when implementing, support and maintaining mentoring processes and standards (e.g. Association of Queensland Nursing and Midwifery Leaders (AQNML) Mentoring Framework and Toolkit) (AQNML, 2013).

Standards for Mentoring

- Nursing/midwifery governance sponsors mentoring for nurse/midwives via the application of pre-determined processes, frameworks and other resources.
- Nursing/midwifery governance determines a means for matching mentors and mentees as per specific HHS, facility/directorate/service processes. (Brewer, 2016; Groves, 2007; Heartfield, Gibson, Chestman and Tagg, 2005; MNHHS, 2015a; SSSC, 2014).
- Nursing/midwifery colleagues undertaking a mentor role are provided training opportunities.
- The development and tracking of a pool of suitably trained and prepared mentors occurs as per endorsed HHS/facility/directorate/service processes (Brewer, 2016; MNHHS, 2015a and 2015b; SSSC, 2014).
- The mentoring relationship is founded on intentional learning whereby the mentor assists through instructing, coaching, providing experiences, modelling and advising (Brewer, 2016; Ehrich, 2013; SSSC, 2014).

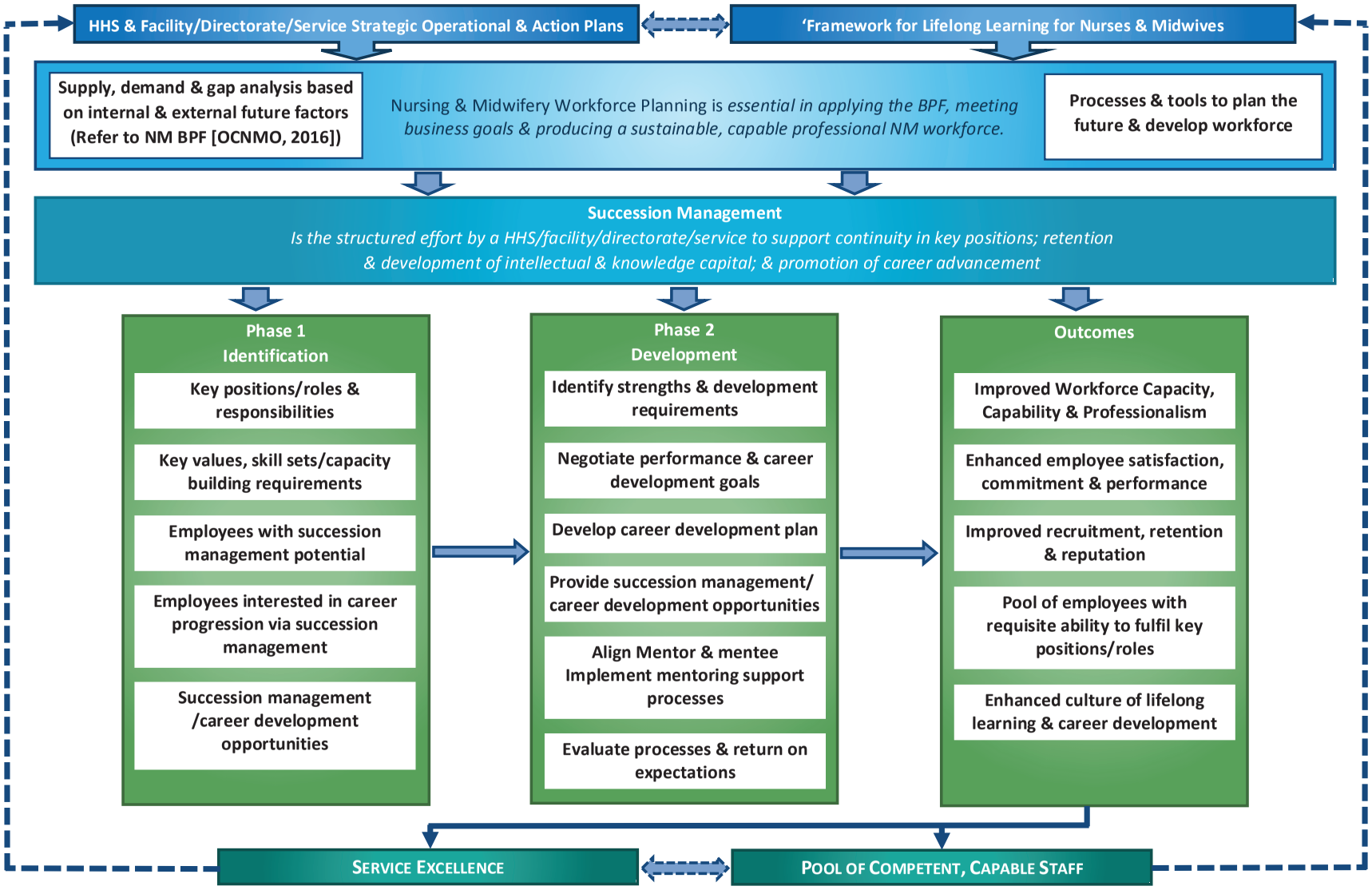
- Line Managers and Nurse/Midwifery Educators promote mentorship and facilitate opportunities for the mentor and mentee to participate in the mentoring relationship/discussions (Brewer, 2016; Ehrich, 2013; MNHHS, 2015a; SSSC, 2014).
- Line Managers provide feedback to the mentee and mentor (as appropriate) regarding the changes they have observed in the mentee and their performance (Brewer, 2016; Ehrich, 2013; MNHHS, 2015a; SSSC, 2014).
- Mentor training, support, development and feedback processes are evaluated and modified to improve return on expectations.

Mentoring can contribute to the engagement, motivation, morale, well-being, career mobility, and leadership capacity of mentees and mentors and organisational impact (Brewer, 2016; SSSC, 2014). It can also be an effective strategy for enriching succession management. Mentors paired with individuals being succession managed will complement succession planning goals and facilitate capacity. Additionally, experienced employee expertise will not be lost once they retire or leave the organisation but be retained through being shared by those who are poised to take their place (Ehrich, 2013; SSSC, 2014).

12.6 Succession Management

Succession Management, a component of workforce planning, aligns strategies to facilitate the continued effective performance of an individual or group by enabling the development, replacement and strategic application of key people over time (Aon Hewitt, 2012; Deloitte, 2016; Higginbottom, 2014; Rothwell, 2010). Fundamentally, succession management involves an integrated, systematic approach for identifying, developing, and retaining capable and skilled employees in line with current and projected organisational objectives. Succession management is a committed approach whereby organisations do not merely replace employees in critical positions as vacancies arise, but rather implement strategic, systematic and deliberate activities to facilitate future capability and success (Bersin by Deloitte, 2014; CPS HR Consulting, 2017; Innovation and Growth, 2012; Underhill, 2017). It also encourages individual career development and advancement with a focus on availability, and sustainability of a supply of a pool of nurse/midwives with the skills, knowledge and attitudes to become competent clinicians, managers, educators, researchers and leaders (CPS HR Consulting, 2017; Higginbottom, 2014; Innovation and Growth, 2012; Rothwell, 2010; Underhill, 2017).

Figure 8: Diagrammatic Representation of Succession Management



Adapted from Innovation & Growth (2012).

Organisations with sophisticated processes (e.g. Succession Management Framework/ Plans) for identifying successor candidates to fill key leadership or other crucial roles in an organisation realise significant improvement in employee engagement and career development and retention gains (Bersin by Deloitte, 2014; CPS HR Consulting, 2017; Higginbottom, 2014).

Standards for Succession Management

Succession Management strategies are utilised to foster the career development of individual nurses/midwives, attain and maintain a sustainable workforce, and assist in achieving organisational goals (CPS HR Consulting, 2017; Higginbottom, 2014; Underhill, 2017).

Standards for Succession Management

- Nursing/Midwifery governance apply succession management principles in striving for a pool of talented staff who can add value to a diverse, professional and capable workforce (Aon Hewitt, 2012; Deloitte, 2016; Higginbottom, 2014; Underhill, 2017).
- Succession management is applied appropriately as an essential strategy for future organisational success, capacity building, retention, recruitment, and career development (CPS HR Consulting, 2017; Higginbottom, 2014; Rothwell, 2010; Underhill, 2017).
- HHS, facilities/directorate/services demonstrate commitment to developing, assigning and promoting nurses/midwives via both internal and external career development opportunities and talent pool recognition (Aon Hewitt, 2012; Deloitte, 2016; Underhill, 2017).
- Line Managers are responsible for open and honest discussions with employees about development needs, succession management potential, opportunities and possible barriers to achievement of succession management and career development goals (Aon Hewitt, 2012; MNHHS, 2015a and 2015b; Queensland Health, 2013b and 2014b; Underhill, 2017).
- Succession management is an integral part of the facility/directorate/service/unit's business strategy and is linked to an employee's PDP (Aon Hewitt, 2012; CPS HR Consulting, 2017; Deloitte, 2016; MNHHS, 2015a and 2015b; Queensland Health, 2013b and 2014b).
- Employees are encouraged to participate in self-assessment of skills, values, interests and development needs to inform (as relevant) succession management plans (Aon Hewitt, 2012; CPS HR Consulting, 2017; MNHHS, 2015a and 2015b; Queensland Health, 2013b and 2014b).

To achieve effective supporting relationships, it important that underpinning support systems such as (however not limited to) PDP and Advanced Standing/Recognition of Prior Learning (RPL) are in place.

13. Underpinning Support Systems

Numerous support systems exist that promote staff engagement, opportunities to develop and measure performance outcomes, recognise previous experiences and provide a mechanism for evaluating and reporting actions, programs and key performance indicators. The content within this section offers insight into two (2) underpinning support systems that apply directly or indirectly to nursing/midwifery services and education supporting infrastructure.

13.1 Performance and Development Planning (PDP)

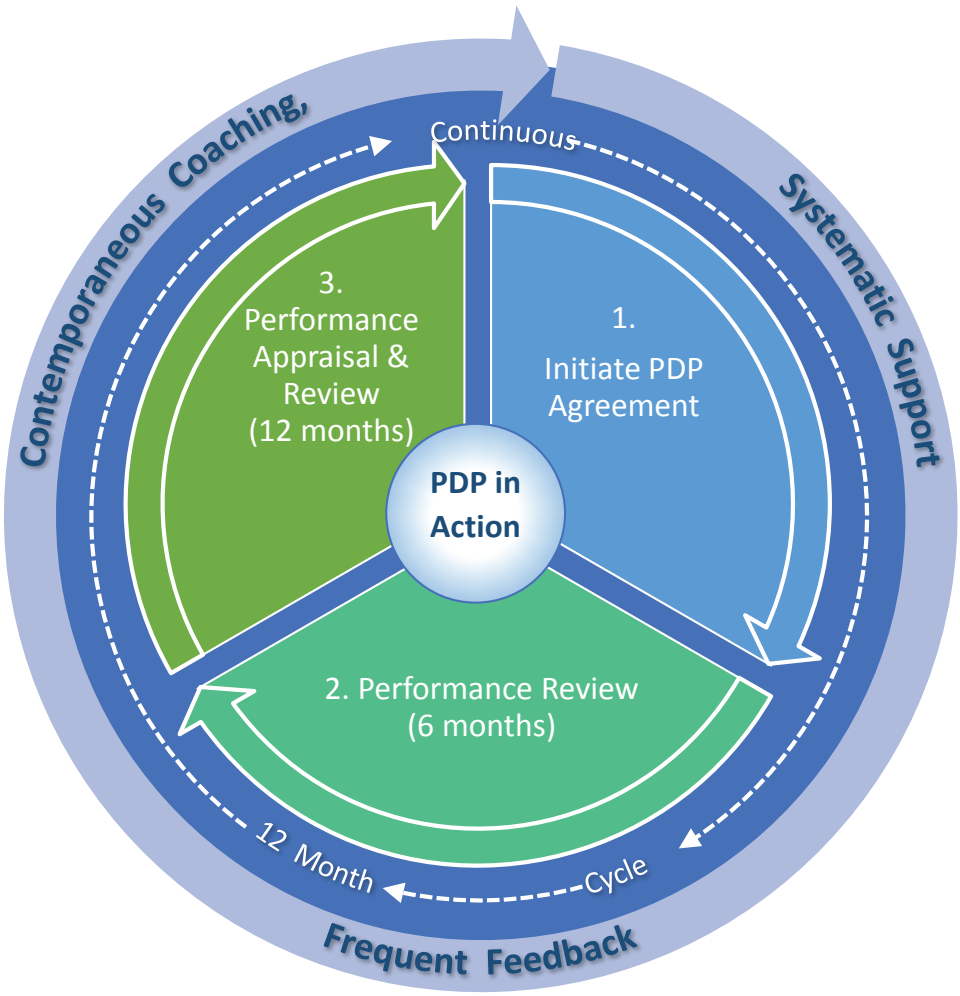
Performance and Development Planning (PDP) provides a valuable opportunity for nurses/midwives and respective line managers to discuss and plan for an individual's development with consideration of clinical, professional, organisational, current goals, outcomes, and individual future needs (Liverpool John Moores University [LJMU], 2015; Massey University, 2017; Queensland Health, 2017e and 2018c). This process enables each individual to appreciate work standards, values, acceptable behaviours, and return on expectations. PDP should also focus on mutual individual and manager responsibilities, development, career and succession management opportunities (LJMU, 2015; Massey University, 2017; Queensland Health, 2017e and 2018c).

The PDP system which applies to all employees provides line managers opportunity meet with staff to discuss expectations, review work practices, resolve performance concerns, recognise individual contributions and motivate and support individual and team collaboration (Queensland Health, 2017e and 2018c; SuccessFactors, 2018).

The PDP system operates as a continuous twelve-month cycle and all facets of an active PDP are of equal value (as represented in ***Figure 9***). However, application of the concepts of outer circle (coaching, support, feedback) are integral in effectively promoting communication, providing useful feedback about job performance, facilitating better working relationships and contributing to professional development throughout the process of the three identified stages (Queensland Health, 2017e and 2018c).

The responsibilities of the relevant position should be clearly articulated with the nurse/midwife on commencement of employment, and at the commencement of each new PDP cycle (Massey University, 2017; Queensland Health, 2017e). The content of the PDP Agreement should reflect clear timelines, performance objectives intended to reflect workplace priorities, team and organisational plans as well as a focus on continued improvement and career development. Nursing/midwifery PDP Agreements should be based on the individual's role description, Award classification, generic level statements, values and professional standards/competency expectations from an individual and organisational perspective (Massey University, 2017; (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]; Queensland Health, 2017e).

Figure 9: Performance and Development Planning (PDP) Cycle



Adapted from Queensland Health, 2017e, 2018c and 2018d

The PDP system is not applied punitively but rather is a negotiated supportive process to assist the nurse/midwife to feel confident about the work they perform. It also facilitates capability to manage and promote ongoing career planning, and continuing professional development in accordance with due process, fair procedures and natural justice (Queensland Health, 2017e and 2018c; SuccessFactors, 2018).

The role of the Nurse/Midwifery Educator in the PDP process is to provide support for line managers by assisting with motivating, coaching and planning professional development for individuals and teams, and providing support for staff to enact PDP principles to achieve role and professional expectations (Queensland Health, 2017e; SuccessFactors, 2018). Line managers and Nurse/Midwifery Educators working collaboratively assists with: evaluation of employee work behaviour; building on employee strengths, and identifying areas for improvement (Queensland Health, 2017e; Sydney Local Health District [SLHD], 2017).

Standards for PDP

All nurses/midwives actively participate in annual PDP (Queensland Health, 2017e and 2018c).

Standards for PDP

- Role descriptions that provide nurses/midwives with defined explanations of classification, autonomy and expectations, values, work responsibilities, knowledge, skills, professional standards/competencies and aligned standards of performance are used to support PDP processes (LJMU, 2015; Massey University, 2017; Queensland Health, 2017e and 2018c).
- The PDP process is used to establish and clarify expectations, and encourage continuing professional development, career planning, and succession management of nurses/midwives (LJMU, 2015; Massey University, 2017; Queensland Health, 2017e and 2018c).
- HHS, facility/directorate/service PDP processes are contextualised and applied to foster nursing/midwifery performance outcomes.
- Appropriate application of the PDP process is undertaken as a mechanism that assists nurses/midwives to receive, act on feedback, and further develop capabilities (Queensland Health, 2017e and 2018c; SuccessFactors, 2018).
- Regular PDP two-way conversations and a review of plans are used to resolve issues, and provide timely feedback to minimise the need to escalate to performance improvement processes (Queensland Health, 2017e, 2017f and 2018c; SuccessFactors, 2018).
- Informal but regular discussions throughout the year are used to enhance both parties ongoing commitment to objectives and rate of progress being achieved. Regular discussions are used for planning modification and identification of issues of difference or concern by either party at any stage of the annual cycle (Queensland Health, 2017e, 2017f and 2018c; SuccessFactors, 2018).
- Each nurse/midwife/Assistant in Nursing (AIN) is accountable for their standard of practice, and is expected to take an active role in PDP (Queensland Health, 2017e, 2017f and 2018c).
- Each line manager maintains a documented record of observations, outcomes of discussions and any other evidence to support positive feedback, assessment, addressing of concerns, and ongoing development of the nurse/midwife (Queensland Health, 2017e, 2017f and 2018c; SLHD, 2017).
- • Line managers use the PDP process as one means of encouraging reflective practice, celebrating performance achievements and supporting a culture of value, appreciation and lifelong learning (Queensland Health, 2017e, 2017f and 2018c; SuccessFactors, 2018).

13.2 Advanced Standing/Recognition of Prior Learning (RPL)

Any nurse/midwife can apply for consideration of *Advanced Standing* which is the recognition of prior learning (RPL) in terms of experience and/or studies (e.g. formal study, partial and professional experience). An RPL application in respect to organisational requirements (e.g. Preceptor training, Advanced Life Support, (PROMPT) must align to HHS/facility/directorate/service endorsed processes. Ability to grant RPL for a CPD is based on evidence provided of prior, and relevant successful completion of the core tenets of a specific program.

When an application for RPL is made, the applicant's prior learning is assessed and determined in respect to eligibility to be awarded *Advanced Standing* in either a CPD program or HES course in which they are enrolling, or are currently studying in recognition of previous achievements. This means that once

advanced standing is given, there is no longer the requirement complete the CPD and/or to study the units of learning of a course (QUT, 2015a and 2015b). HES providers may also refer to *Advanced Standing* as RPL, Credit Transfer (QUT, 2015a and 2015b) or Partial Credit.

Advanced Standing may be granted for a specified unit or units where prior learning is regarded as having satisfied both the objectives and the assessment requirements of the unit. Accordingly, recognition of prior learning may have been gained through previous study which has already been assessed by an educational establishment (e.g. university or TAFE) (QUT, 2015a and 2015b).

Additionally, *Advanced Standing* may be granted through recognising a number of credit points rather than a specific unit, where evidence of prior learning is regarded as consistent with the broad outcomes of a subject/unit or course/program. This prior learning may have been gained through work-based and/or life experience, self-tuition, non-accredited professional development programs, TAFE or university programs (QUT, 2015a and 2015b).

Nurses/midwives who successfully complete a TSP , and/or an Immersion (e.g. SWIM), or Accelerated Specialisation Program may elect to apply for credit/advanced standing for a post graduate course of study or part thereof as a result of individual learnings or credit arrangements. These arrangements may be negotiated by nursing/midwifery services and/or as per HHS/facility/ directorate/service processes with a number of the HES providers.

Please be aware that application requirements vary and that the nurse/midwife should be referred to the Higher Education Sector provider's specific requirements for the intended program/course of study.

While attainment of a post graduate award is not the primary intent of clinical, professional and/or organisational learning, nurses/midwives are strongly encouraged to use these learnings and experiences to advance professional and career prospects. This can be realised by completing a post graduate program of study which broadens knowledge, skills, professional perspective and strengthens contribution to best practice outcomes. Subsequent professional and HHS/facility/service benefits of a highly qualified and motivated workforce include, but are not limited to:

- Improved consumer outcomes through enhanced ability to attain service delivery requirements.
- The recruitment and retention of suitably skilled and qualified nurses/midwives.
- Provision of a safe competent nursing/midwifery workforce.
- Clinical capacity building and capability.
- An increase in the levels of nursing/midwifery satisfaction in relation to access to work-based clinical education.
- Increased numbers of nurses/midwives with post graduate qualifications (Gifford and Yarlagadda, 2018; Noland, 2018; OCNMO, 2013a and 2013b).

Consequently, while not a mandated requirement, it is highly desirable that nurses/midwives explore a suitable program of study in line with the AQF level eight (Graduate Certificate or Diploma) to ten (Doctoral Degree) to facilitate achievement of role and professional expectations (AQF, 2013; MNHHS, 2017b; OCNMO, 2014). Moreover, the graduate outcomes of the chosen program of study should be aligned and incorporated to practice to further facilitate career pathway progression (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]) (Refer to ***Section 8.2.1: Career Pathways***).

The benefits of study related to the profession include (but are not limited to):

- Learning immediately applicable to professional practice.
- Acquiring a broader, more questioning approach to responsibilities; the care provided is more likely to be research based and contribute to improvements in clinical care to achieve best practice standards.
- Being taught how to use the latest evidence to inform clinical decision making, giving confidence to work as a leader in a range of healthcare settings.

- Potential change in behaviour and expectations for own practice which assists to be better equipped to support new graduate entry to the professions.
- Changes in attitudes towards education and practice, and their perception that they are more capable to challenge practice, new knowledge, and skills (Ng, Tuckett, Fox-Young and Kain, 2014; Ng, 2016).

Accordingly, given potential professional, personal and organisational benefits nurses/midwives should be encouraged to undertake post graduate courses of study, and where applicable provide evidence that supports application for RPL of previous achievements.

14. Evaluation and Reporting

Investment in training and development is important to build capacity, capability, competitive advantage and professional reputation. The significant investment in education and training budgets and the need to demonstrate the value of programs is the fundamental motive for evaluating training programs, and the attempt to capture return on training expectations (Hayes et al., 2016; Kirkpatrick and Kirkpatrick, 2016; Paull, Whitsed and Girardi, 2016). However, before evaluation of training is undertaken it is imperative that the evaluation is well designed as it requires the sizeable commitment of financial resources and most existing training evaluation relies on the use of subjective information in the measurement of effort (Kirkpatrick and Kirkpatrick, 2016; Paull, Whitsed and Girardi, 2016). Evaluating the impact and effectiveness of an organisation's training and development investment is complex and is often not attempted given the results are frequently subjective and not easily quantified in respect to return on expectations and investment (Hayes et al., 2016; Kirkpatrick and Kirkpatrick, 2016).

To indicate the value of education in health care data captured and reported should highlight perceived, and outcome impacts of education programs and services from a variety of perspectives including, legislative compliance, participants, educators, line mangers, standards and patient care outcomes. As such, consultation needs to occur when gathering and analysing evidence and completing reports. Data reported should align with political, HHS and professional priorities and flow from education plans and self-assessment processes (Hayes et al., 2016; Kirkpatrick and Kirkpatrick, 2016). Therefore, the majority of nursing/midwifery education data will usually be captured and reported by Nurse/Midwifery Educators or delegates through established HHS/facility/ directorate/ service governance structures. Intrinsically Nurse/Midwifery Educators/ delegates fulfil a fundamental role in program, unit, module and workshop evaluation with the production of timely, relevant, credible, and objective findings and outcomes through evaluation methodologies and reporting.

14.1 Evaluation

Evaluation can be viewed as the process of appraising aspects of educational practices and activities for the purpose of demonstrating effectiveness, measuring and marketing performance (Kippers, Poortman, Schildkamp and Visscher, 2018). Additionally, evaluation is used by Nurse/Midwifery Educators (or delegates) as a professional activity that facilitates review and enhancement of learning requirements, strategies and interactions (Kippers et al., 2018). Nurse/Midwifery Educators should question the purpose of training, determine expected outcomes, align the training to needs and provide evidence that desired outcomes are achieved. This can be supported by implementing effective evaluation strategies that demonstrate organisational value of the training. Therefore, evaluation methods should be based on diverse, valid, and reliable data collection, analysis, and relevance of content to best practice care, and patient outcomes (Hayes et al., 2016; Kippers et al., 2018; Kirkpatrick and Kirkpatrick, 2016).

Prior to commencing any form of evaluation consideration is to be given to the following:

- Intent of the evaluation purpose (e.g. reason)
- Current situation
- Required information
- Provision of appropriate quality and quantity of data
- Appropriateness to the educational context
- Cost effectiveness (Kirkpatrick and Kirkpatrick, 2016; Shuffler, Salas and Xavier, 2010).

Hence, a model is usually applied when undertaking evaluation to support decisions regarding costs, benefits, and subsequent continuation, termination or modification of a program (Reio Jr., Rocco, Smith and Chang, 2017). As such, to facilitate consistency *Kirkpatrick's Evaluation Model* (Kirkpatrick and Kirkpatrick, 2016; Paull, Whitsed and Girardi,

2016) is provided as a useful taxonomy for evaluation of training programs. This model (Kirkpatrick and Kirkpatrick, 2016; Paull, Whitsed and Girardi, 2016) portrays four (4) levels of evaluation with each level applied sequentially to the measurement and evaluation of training from an individual and organisational performance level.

Level 1. *(Reaction)* – The extent to which a participant finds training beneficial, engaging and relevant to their position (e.g. participant satisfaction).

Level 2. *(Learning)* – The degree to which a participant acquires the intended knowledge, skills, attitude, confidence and commitment based on their involvement in training and/or intervention (e.g. what was learnt and how was it applied to their role).

Level 3. *(Behaviour)* – The scale of participant application of learning from training on return to the work environment (e.g. changes in behaviour applied positively to workplace/role).

Level 4. *(Results)* – The magnitude to which targeted outcomes and behaviours occur as a result of training and or intervention given relevant support (e.g. were the aims achieved as a result of the training/intervention and subsequent reinforcement i.e. return on expectations). This level includes consideration of perceptual (facility/ service benefits - attitudes and initiatives); performance (measurable improvements, increased efficiencies, absenteeism reductions); and financial costs and benefits results. (Kirkpatrick and Kirkpatrick, 2016; Paull, Whitsed and Girardi, 2016).

However, this is just one model which can be used in the process of evaluating training and the subsequent success of a program and is considered by some scholars to be limited as they view it as only focusing on what occurs after training rather than the entire process (Hayes et al., 2016; Kippers et al., 2018; Paradise and Patel, 2009). Nonetheless, the literature indicates that the majority of evaluation models are generally based on the four levels of Kirkpatrick's Evalaution Model which is still extensively used internationally (Paradise and Patel, 2009; Reio, 2010; Reio et al., 2017). Reio et al. (2017) contend that the strength of this model is in its simplicity, and ease of appreciating the concepts of training evaluation.

In undertaking evaluation of an individual (commonly referred to as assessment), it is important that a model such as Kirkpatrick (Kirkpatrick and Kirkpatrick, 2016) is also used, and that the tool/s applied is/are either based on salient criteria and/or competence (knowledge, skills, behaviours/abilities) to be demonstrated rather than a simple list of tasks. Competency assessment or criterion reference tools need to be validated, reliable and feasible and must itemise performance into identifiable and quantitative components which are clearly defined, measurable and observable (Gravells, 2016).

Moreover, whatever evaluation model is utilised (dependent on HHS/facility/directorate/service requirements/processes), the primary goal is to consider and synthesise the findings and develop recommendations for stakeholder application. (Office of the Chief Economist, 2015; Reio et al., 2017). Therefore, as Nurse/ Midwifery Educators/delegates are primarily responsible for summating, providing evaluation findings and recommendations, the subsequent reporting processes are critical in offering the foundation for decision making related to education resources, training programs and future direction (Office of the Chief Economist (OCE), 2015; Reio et al., 2017).

When developing an evaluation report, components required include (but are not limited to): target audience; engagement of stakeholders; purpose of evaluation; methodology; key findings; recommendations; lessons learnt (OCE, 2015; Kippers et al., 2018). Once the report is developed and reviewed it is submitted to relevant committees, line managers and other stakeholders, as per governance processes. Post endorsement recommendations and application of program improvements are undertaken with outcomes feedback via usual processes (OCE, 2015; Kippers et al., 2018). In

instances where evaluation data indicates nil modifications required via reflection-in-action, a summarised report (e.g. mean score) of the completed participant evaluation tools may be suitable to reflect participant satisfaction with the teaching strategies, the learning environment, and content in respect to meeting learning needs (Hayes et al., 2016; Kippers et al., 2018; Kirkpatrick and Kirkpatrick, 2016).

14.2 Reporting

Nursing/midwifery education services acknowledge the benefits of reporting training outcomes, targets, key performance indicators and reflection in action strategies as means for; demonstrating commitment to ongoing evaluation; enhancing optimisation of education processes; and capturing service consumer satisfaction.

To effectively report and communicate key performance indicators, and outcomes reports should include the following concepts: clear straightforward presentation of data and information; analysis of data (e.g. trends, statistics, benchmarks and targets); explanation to guide reader interpretation (e.g. demographics, indicators, methods, actions clear conclusions); and recommendations (e.g. suggestions or actions about how to change practice, actions or raise awareness).

Additionally, the use of graphs and tables is suggested as an effective approach to present complex data with clarity (HSPA, 2017). When disseminating a report consideration should be given to the timeliness, communication strategy, target audience and their readiness to accept and act. Monitoring and evaluation is important however, can only be reported meaningfully if there are clear, measurable and predetermined targets (HSPA, 2017).

Specifically, nursing/midwifery education reporting is significant as it provides the relevant staff with the ability to:

- Set internal and external benchmarks to improve performance.
- Measure and monitor workforce development capacity and capability.
- Demonstrate legislative, mandatory and requisite skill acquisition and compliance.
- Support workforce development, CPD, ongoing lifelong learning and decision making.
- Improve communication and ability to engage others in education initiatives and partnerships that add value to nursing/midwifery profile and reputation.
- Market education priorities and provide clarity regarding clinical, professional and organisational education/training opportunities.
- Attract internal and external project/development funding for innovation, change and implementation.
- Implement and monitor submission outcomes, government, HHS and professional imperatives.
- Monitor quality improvement processes to enhance educational outcomes and mitigate risk.
- Demonstrate engagement in teaching, leadership, research and other scholarly activities to build capacity of Nurse/Midwifery Educators and others.
- Determine return on investment and expectations (Gravells, 2016; Kirkpatrick and Kirkpatrick, 2016).

An Education Plan aligned to relevant tenets of nursing/midwifery, BPF (OCNMO, 2016) principles and HHS Strategic Plans is an effective approach to formulate direction, identify priorities, key strategies, actions, responsibilities and key performance indicators. Performance outcomes monitored and evaluated through a comprehensive range of controls/metrics/targets to verify outputs/outcomes and reported through the nursing/midwifery governance structure as per HHS, Facility/directorate/service requirements. This form of reporting assists in gauging the effectiveness of education services in building a capable workforce and return on expectations.

Monitoring, evaluation and reporting is usually undertaken by Nurse/Midwifery Educators or delegates. The use of a standardised reporting

template with KPIs assists with data integrity, reporting consistency, and benchmarking. Production of a biannual or annual Education Outcomes Report is a useful summary of qualitative and quantitative data related to outcomes and performance against the KPIs for ongoing monitoring and priority setting for the next year. Effective dissemination of nursing/midwifery education reports to relevant stakeholders affords the service the opportunity to profile and market services and utilise feedback mechanisms to receive target audience comments and modify approaches as relevant to the HHS, facility/directorate/service.

15. Conclusion

As identified in the introduction The Framework offers a scaffold for all teaching and learning considerations that 'value add' to achieving a sustainable, professional, capable patient focused nursing/midwifery workforce that is respected for competence and quality. *Framework* sections and sub-sets focus on strategies, and standards to facilitate nursing/midwifery governance, Nurse/Midwifery Educators and others (e.g. nurse/midwifery unit and line managers) development of workforce capacity, capability, relationships, decision-making, and a positive culture of learning to facilitate the provision of safe person-focused outcomes within any context of health care.

Effective application of the tenets of the Framework provides Nurse/Midwifery Educators and others the opportunity to improve nursing/midwifery staff education and training experiences by informing strategies, policy, practices and behaviours aligned to strategic and operational imperatives. Nurse/Midwifery Educators (or delegates) take a lead role implementing strategies to support application; and standards to measure the effectiveness of educational activities and foster an environment conducive to workplace learning thus engendering a philosophy of lifelong learning.

16. Appendices

Appendix 1: Glossary

Term	Definition
Advanced Qualification	An *Advanced Qualification* is a Masters degree or PhD (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
Australian Health Practitioner Regulation Agency (AHPRA)	The *Australian Health Practitioner Regulation Agency (AHPRA)* is the organisation responsible for the implementation of the ***National Registration and Accreditation Scheme*** across Australia.
Award	The achievement (e.g. certificate, diploma, degree, graduate certificate, graduate diploma, master's degree, professional doctorate or doctor of philosophy) – conferred upon successful completion of the requirements for that specified program (University of Adelaide, 2017).
Career	A process of development of the employee along a path of experience and jobs in one or more facility/services (McIlveen, 2009)
Career Development	The lifelong process of managing learning and work activities in order to live a productive and fulfilling life (Nova Scotia Public Service Commission, 2015).
Career Planning	Is the active, deliberate and tailored facilitation of an individual's career development through a process in which the individual is ultimately engaged (MNHHS, 2015a and 2015b).
Career Self-Management	Is an active process that consists of: • strategic individual behaviours (e.g. applying for a career-enhancing position, learning a new skill) or joint actions with another person (e.g. establishing a mentoring relationship), • behaviours which ensure positive influences among others (e.g. self-promotion), and • behaviours which balance the demands of roles and prevent transgression of boundaries (e.g. work-life balance) (Rothwell, 2010).
Clinical Learning	*Clinical learning* refers to the requisite knowledge, skills and attributes specified by the organisation as being essential to enable nursing and midwifery staff to demonstrate acceptable standards of practice in the delivery of patient care to achieve best practice outcomes.
Competence	*Competence* is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession (NMBA, 2007a).
Context	*Context* refers to the environment in which nursing/midwifery is practiced. It includes the: • patient/client characteristics and health needs and the complexity of care required by them • model of care, type of service or health facility and physical setting • amount of clinical support and/or supervision that is available • resources that are available, including the staff skill mix and level of access to other health care professionals (NMBA, 2007a).

Term	Definition
Continuing Professional Development (CPD)	*CPD* (often interchanged with the terms *Lifelong Learning* or *Continuing Professional Education*) is viewed as a long-term process that includes opportunities and experiences systematically planned to promote growth and development in the profession (NMBA, 2016; Fahey and Monaghan, 2005; Ganser, 2000; Morgan et al., 2008).
Credentialing	Credentialed practice comprises a formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health professionals. Credentialing may be conducted by the organisation or a professional body. The purpose of *Credentialing* is to form a view of the individual's competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.
Enrolled Nurse (EN)	An *Enrolled Nurse* is an employee who appears on the *Register of Practitioners of the Australian Health Practitioners Regulation Agency (AHPRA)* as an Enrolled Nurse Division 2 (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
Expanding Scope of Practice	The NMBA supports decision-making for RNs/midwives, who are practicing at advanced levels and wish to expand their practice (NMBA, 2007). Expansion of the RN/midwife's practice occurs when they assume the responsibility to provide a new health care activity or service beyond what is viewed as the established, contemporary scope of practice (ANMF, 2014). Expanded scope of practice may include: • the use of new technology, i.e. laser treatment for cosmetic purposes; • the integration of complementary care, i.e. therapeutic massage, hypnotherapy, naturopathy; • shared activities with other health professionals to improve access to a skilled health workforce; • professional roles, i.e. Protocol Initiated X-rays (PIX), ultrasound therapy; and • changes in referral, diagnostic, prescribing and medication supply authorisations. Expanded practice comprises formal processes for continuing education, assessment of competence and authorisation through credentialing (NMBA, 2007; RNAO, 2014). *An EN cannot expand their Scope of Practice.*
Generic Level Statements (GLS)	Are broad, concise statements of the duties, skills and responsibilities indicative of a given nursing/midwifery classification level (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
Induction	*Induction* is the process by which employees are familiarised with their new immediate work unit and environment, including local work practices, standards, safe work procedures, administrative procedures and training in relevant systems (Queensland Health, 2018).

Term	Definition
Knowledge Management and Transfer	A conscious strategy of transferring the right knowledge to the right people at the right time (Calo, 2008; Edwards, 2015).
Legislative Training	Training required to comply with legislation or acts (e.g. fire safety training).
Lifelong Learning	*Lifelong Learning* is the provision or use of both formal and informal learning opportunities throughout people's lives in order to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfilment (Collins, 2018).
Mandatory Training	Training which has been identified by the HHS as mandatory / compulsory for staff in alignment with policy or required by relevant directive.
Midwife	A *Midwife* is an employee who appears on the Register of Practitioners of the Australian Health Practitioners Regulation Agency (AHPRA) as a Midwife (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
Mentor	Someone who is recognised as a highly proficient professional who is selected by an individual to guide their development from both personal and professional perspectives (Huybrecht, Loeckx, Quaeyhaegens, De Tobel and Mistiaen, 2011; MNHHS, 2015a; Queensland Health, 2010).
Mentoring	*Mentoring* is a voluntary, long-term, multifaceted developmental relationship where personal, psychosocial support and career guidance is provided to the mentee by a more experienced person/s (Brewer, 2016; Groves, 2007; MCEECDYA, 2014; UNSW, 2015).
Nursing and Midwifery Board of Australia (NMBA)	The *Nursing and Midwifery Board of Australia (NMBA)* is the National Board under AHPRA for nursing and midwifery in Australia (NMBA, 2017).
Nursing/ Midwifery Education	*Nursing/Midwifery Education* consists of the theoretical learning and practical training provided to nurses/midwives with the purpose to prepare them for their duties, advance practice through specialisation, and respond to changing demands on the profession (Kalinski, 2014; Longe and Narins. 2017).
Work Unit Development Map	*A Work Unit Development Map* (e.g. of a learning pathway) summarises the key elements of development required by a nurse/midwife throughout the continuum of learning of their work life. The *Work Unit Development Map* can be contextualised to any work unit and can be applied at every stage of a nurse/midwife's career in relation to their role (e.g. AIN, EN, RN/Midwife, etc.) and developmental stage (e.g. new graduate, experienced RN/Midwife, or RN specialisation) to meet individual learning needs.
Operational Plan	*Operational Plans* are the link between strategic objectives, policy and directives and the implementation of activities. Operational Plans aim to transform the strategic-level plan into actionable tasks and include service standards and other measures that allow the HHS/facility/ directorate/service to assess performance in the delivery of services (Schmets, Rajan and Kadandale, 2016).

Term	Definition
Organisational Knowledge	*Organisational Knowledge* is the collective knowledge and abilities possessed by the people who belong to an organization. It is a distinct attribute of an organisation and is different and distinguishable from the knowledge of individuals (Spacey, 2017).
Organisational Learning	The knowledge and skills required by nurses and midwives to function effectively in their roles to achieve specific organisational aims (AHRI, 2015).
Orientation	*Orientation* is the process by which new employees are provided with the opportunity to gain knowledge and appreciation of the HHS, including its mission, strategic objectives, corporate initiatives and scope of the health service including facilities, services and specific legislative, mandatory and requisite training and assessment (Queensland Health, 2018).
Performance and Development Planning (PDP)	*PDP* is the process of identifying, evaluating and developing the performance of employees in a HHS/facility/directorate/service, so that organisational goals are more effectively achieved. It also provides the mechanism whereby all employees can benefit in terms of recognition, receiving feedback, career planning and professional and personal development (Queensland Health, 2013b and 2014b).
Preceptor	A *Preceptor* is a competent, confident and experienced practitioner who facilitates the effective transition and assimilation of a newly registered or transferred nurse/midwife to the work environment through role modelling; demonstration of supportive behaviours; identifying and addressing learning needs; and guiding practice and development (Trede, Sutton and Bernoth, 2015; Valizadeh et al., 2016).
Preceptorship	*Preceptorship* is a formal, preplanned relationship between an experienced and newly registered/transferred nurse/midwife during which he/she is transitioned to the work environment; supported to develop their competence and confidence as an autonomous professional; refine their skills, values and behaviours; and continue their journey of life-long learning. (Valizadeh et al., 2016; Whitehead et al., 2015).
Registered Nurse (RN)	An *RN* is an employee who appears on the *Register of Practitioners of the Australian Health Practitioners Regulation Agency (AHPRA)* as a Registered Nurse Division 1 (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
Requisite Training	Training required for specific groups of staff to enable them to perform their role to meet professional and local service requirements.
Specialised	*Specialised* refers to a more focused area of practice where the nurse/midwife works with a discrete patient/client group in a defined setting (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).
Specialist	*Specialist* means a nurse/midwife who is recognised for their breadth of knowledge or skill within their specialised area of practice (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2017]).

Term	Definition
Students (Undergraduate, Post Graduate, Enrolled and Re-Entry)	Any nursing and/or midwifery student who is enrolled in a course or module of study with an Education Provider, or is an Externally Enrolled Scholar, and undertakes a Placement in accordance with the terms of Queensland Health Student Deed (***http://www.health.qld.gov.au/sop/2html/help_dng.asp***)
Succession Management	*Succession Management* is any effort designed to ensure the continued effective performance of a HHS/facility/service, division, department or work group by making provision for the development, replacement and strategic application of key people over time (Deloitte, 2016; Higginbottom, 2014; Victorian Public Sector Commission, 2015).
Training	*Training* is aimed at enhancing employees' personal qualities that lead to greater organisational efficiency and higher performance standards through assisting employees obtain knowledge and skills required for optimal performance and development within the areas relevant to the organisation.
Transition	*Transition* is the period of learning and adjustment in which the new staff member acquires the skills, knowledge and values required to become an effective member of the health care team (Fox, Henderson and Malko-Nyhan, 2005; MNHHS, 2015c; Queensland Health, 2011).
Transition Support Programs (TSPs), Immersion (e.g. SWIM) and/ or Accelerated Specialisation Programs	*TSPs, Immersion (e.g. SWIM) and/or Accelerated Specialisation Programs* are contemporary, post registration, clinically focused, continuing professional development programs. These programs developed for specific cohorts assist the newly graduated or transferred nurse/midwife to acquire further general and speciality knowledge and skills in a logical, sequenced supported approach to effectively transition to work expectations (Queensland Health, 2012).
Unlicensed health care workers	*Unlicensed health care workers* are not registered to practise as an RN, midwife or EN. They include, but are not limited to, AIN , Personal Care Workers, Indigenous Health Workers, Undergraduate Students in Nursing (USIN) and students undertaking a school-based traineeship. *Unlicensed health care workers* carry out routine, non-complex components of care that are delegated following risk assessment by an RN, midwife or other appropriate health professional (e.g. the Anaesthetic Technician is accountable to the Anaesthetist) (NMBA, 2007).
Upskilling	Any training or education that provides a participant with a new or additional knowledge or skills to enhance workforce capacity and capability (excludes Legislative, Mandatory or Requisite Skills)
Workforce Capability	*Workforce Capability* refers to the HHS/facility/service ability to accomplish its work processes through knowledge, skills, abilities and competencies of its people (APS, 2012).
Workforce Planning	*Workforce Planning* is the systematic identification and analysis of what an HHS/facility/service is going to need in terms of size, type and quality of workforce to achieve its objectives (APS, 2012).

Appendix 2: Examples of CPD Activities

Workplace Learning	Professional Activity
• Action learning • Coaching from others • Case studies/presentations • Clinical audit • Reflective practice • Self-assessment • Peer review and discussions with colleagues • Supervising staff or students • Involvement in wider-work of employer (e.g. participation in/representation on a committee) • Acting up • Work shadowing • Secondments/locums/job rotation • Site/department visits • Ward rounds • Journal club • Study groups/special interest groups • In-service training • Role expansion • Situational analysis of significant events • Project work or project management • Quality assurance activities • Developing pathways, protocols, guidelines, policy etc. • Participating in performance development	• Professional body membership • Organisation/participation in journal clubs or specialist interest group activities • Lecturing or teaching • Succession Management • Mentoring • Being a resource person and assessor • Attending branch meetings • Maintaining or developing specialist skills • Being an expert witness • Participating in or chairing a committee/ working party • Giving presentations at conferences • Undertaking individual assignments • Organising accredited courses • Supervising research • Clinical supervision of colleagues • ANMAC accreditation team member • ACN Community of Interest • Professional/career promotion
Self-Directed Learning	**Formal / Educational**
• Reading journals/articles • Conducting evidence-based reviews/ literature searches • Online discussion groups • Reviewing/editorial of books/articles/ professional documents • Contemporary professional reading through the Internet or TV • Keeping a file of progress	• Courses • Workshops • Further education • Undertaking research • Attending conferences • Writing articles or papers • Going to seminars • Distance learning/online learning • Courses accredited by professional body • Planning or running a course • Delivering training. Other • Public service • Voluntary work • Courses

(Adapted from Health and Care Professions Council [HCPC], 2017)

Appendix 3: Recommended AQF Levels for Nursing/Midwifery Classifications

AQF levels and the AQF levels criteria are an indication of the relative complexity and/or depth of achievement and the autonomy required to demonstrate that achievement. The AQF level summaries are statements of the typical achievement of graduates who have been awarded a qualification at a certain level in the AQF.

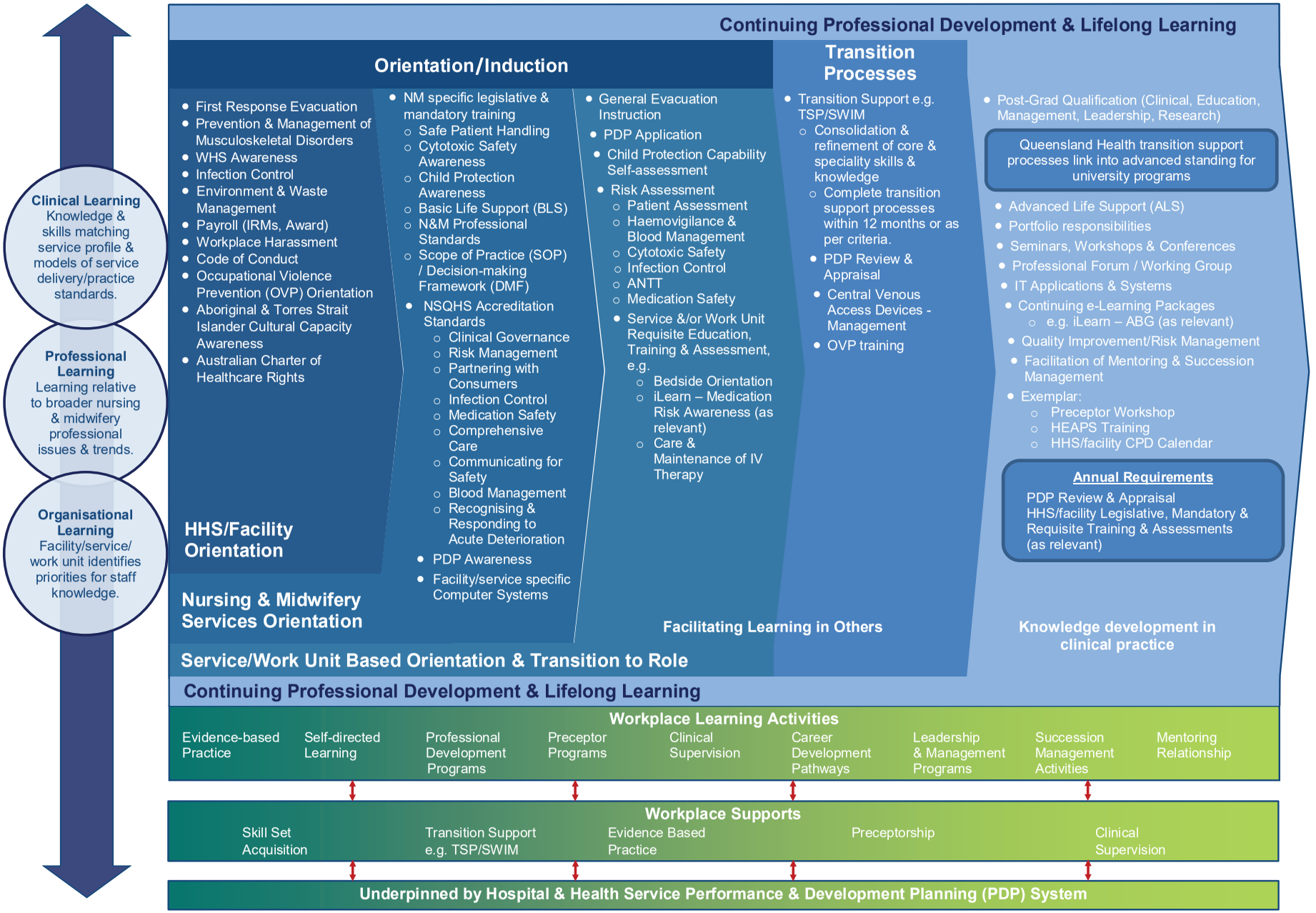
Nursing/Midwifery Classification	Recommended AQF Level	AQF Level Summary	AQF Qualification Type
Grade 1 Band 1 Assistant in Nursing	Completion of a suitable program of study at AQF Level 3 is desirable.	Graduates at this level will have theoretical and practical knowledge and skills for work and/or further learning.	Certificate III
Grade 1 Band 2 Assistant in Nursing (Sterilisation Services)			
Grade 3 Enrolled Nurse	Completion of a suitable program of study at AQF Level 5 is mandatory to facilitate achievement of role expectations. The graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	Graduates at this level will have specialised knowledge and skills for skilled/ paraprofessional work and/or further learning.	Diploma
Grade 4 Enrolled Nurse Advanced Skills	Completion of a suitable program of study at AQF Level 5 is mandatory. Additionally, it is highly desirable that an AQF Level 6 program is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	Graduates at this level will have broad knowledge and skills for paraprofessional/ highly skilled work and/or further learning.	Advanced Diploma Associate Degree
Grade 5 Registered Nurse/Midwife	It is required that a suitable program of study at AQF 7 is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	Graduates at this level will have broad and coherent knowledge and skills for professional work and/or further learning.	Bachelor Degree
Grade 6 Band 1 Clinical Nurse/Midwife	It is highly desirable that exploration of a suitable program of study at AQF level 8 is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	Graduates at this level will have advanced knowledge and skills for professional/highly skilled work and/or further learning.	Bachelor Honours Degree Post Graduate Certificate Graduate Diploma
Grade 6 Band 2 • Associate Clinical Nurse/Midwife Consultant • Associate Nurse/Midwife Unit Manager • Associate Nurse/Midwife Manager • Associate Nurse/Midwife Educator • Associate Nurse/Midwife Researcher			

Nursing/Midwifery Classification	Recommended AQF Level	AQF Level Summary	AQF Qualification Type
Grade 7 • Clinical Nurse/Midwifery Consultant • Nurse/Midwifery Educator • Nurse/Midwifery Unit Manager • Nurse/Midwifery Manager • Nurse/Midwifery Navigator • Project Manager • Nurse/Midwifery Researcher • Nurse/Midwifery Manager (Business Planning Framework)	It is highly desirable that exploration of a suitable program of study at AQF level 8 or AQF 9 level is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF 8 graduates at this level will have advanced knowledge and skills for professional/highly skilled work and/or further learning. Graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning	Post Graduate Diploma Masters Degree
Grade 8 Nurse Practitioner	AQF 9 level is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	Graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning.	Masters Degree
Grade 9 Director of Nursing – Rural and/or Remote	It is highly desirable that exploration of a suitable program of study at AQF level 8 or AQF 9 level is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF level 8 graduates at this level will have advanced knowledge and skills for professional/ highly skilled work and/or further learning. AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/ or professional practice and/or further learning.	Post Graduate Diploma Masters Degree
Grade 10 Assistant Director of Nursing (ADON)	It is highly desirable that exploration of a suitable program of study at AQF level 8 or AQF 9 level is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF level 8 graduates at this level will have advanced knowledge and skills for professional/ highly skilled work and/or further learning. AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/ or professional practice and/or further learning.	Post Graduate Diploma Masters Degree

Nursing/Midwifery Classification	Recommended AQF Level	AQF Level Summary	AQF Qualification Type
Grade 11 Director of Nursing (Program or Portfolio)	It is highly desirable that exploration of a suitable program of study at AQF level 9 is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning.	Masters Degree
Grade 12 Director of Nursing (Facility, Program or Portfolio) or Nursing Director	It is extremely desirable that a suitable program of study at AQF level 9 or AQF level 10 is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning. AQF level 10 graduates at this level will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice.	Masters Degree Doctoral Degree
Grade 13 Band 1 Health Service Director of Nursing or Executive Director of Nursing and Midwifery	It is extremely desirable that a suitable program of study at AQF level 9 or AQF level 10 is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning. AQF level 10 graduates at this level will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice.	Masters Degree Doctoral Degree
Grade 13 Band 2 Executive Director of Nursing and Midwifery	It is extremely desirable that a suitable program of study at AQF level 9 or AQF level 10 is undertaken to facilitate achievement of role expectations and graduate outcomes of the chosen program of study are incorporated and aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning. AQF level 10 graduates at this level will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice.	Masters Degree Doctoral Degree

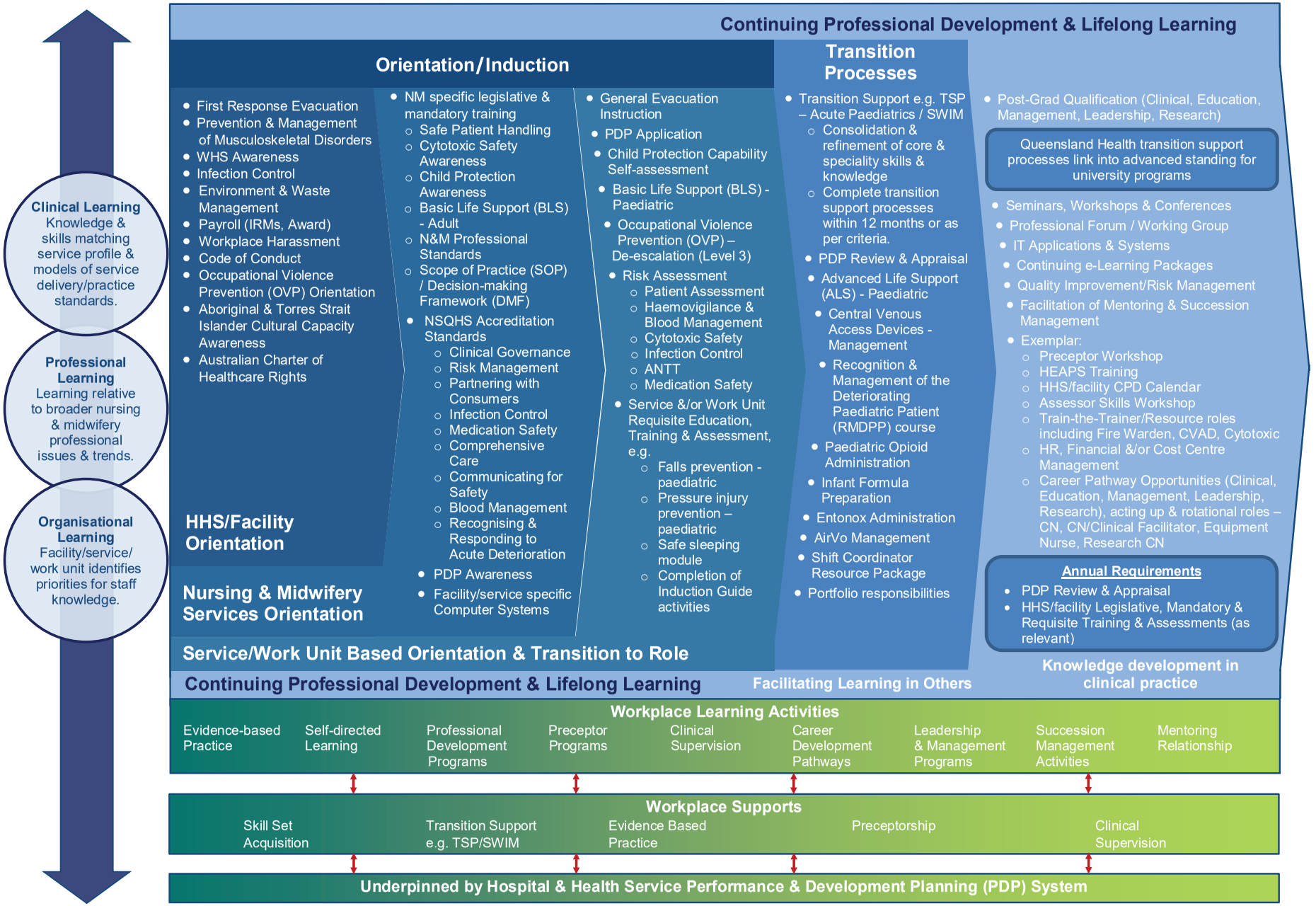
Appendix 4: Examples of Work Unit Development Maps

New Graduate



Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

Paediatric Nurse



Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

Perioperative Midwife

Clinical Learning
Knowledge & skills matching service profile & models of service delivery/practice standards.

Professional Learning
Learning relative to broader nursing & midwifery professional issues & trends.

Organisational Learning
Facility/service/ work unit identifies priorities for staff knowledge.

Continuing Professional Development & Lifelong Learning

Orientation/Induction

HHS/Facility Orientation

- First Response Evacuation
- Prevention & Management of Musculoskeletal Disorders
- WHS Awareness
- Infection Control
- Environment & Waste Management
- Payroll (IRMs, Award)
- Workplace Harassment
- Code of Conduct
- Occupational Violence Prevention (OVP) Orientation
- Aboriginal & Torres Strait Islander Cultural Capacity Awareness
- Australian Charter of Healthcare Rights

Nursing & Midwifery Services Orientation

- NM specific legislative & mandatory training
  - Safe Patient Handling
  - Cytotoxic Safety Awareness
  - Child Protection Awareness
  - Basic Life Support (BLS) - Adult
  - N&M Professional Standards
  - Scope of Practice (SOP) / Decision-making Framework (DMF)
- Accreditation Standards
  - Clinical Governance
  - Risk Management
  - Partnering with Consumers
  - Infection Control
  - Medication Safety
  - Comprehensive Care
  - Communicating for Safety
  - Blood Management
  - Recognising & Responding to Acute Deterioration
- PDP Awareness
- Facility/service specific Computer Systems

Service/Work Unit Based Orientation & Transition to Role

- General Evacuation Instruction
- PDP Application
- Child Protection Capability Self-assessment
- Basic Life Support (BLS) - Paediatric
- Risk Assessment
  - Patient Assessment
  - Haemovigilance & Blood Management
  - Cytotoxic Safety
  - Infection Control
  - ANTT
  - Medication Safety
- Service &/or Work Unit Requisite Education, Training & Assessment, e.g.
  - Neonatal Resuscitation
  - Radiation Safety
  - Perioperative Patient Handling
  - I-Stat
  - ORMIS
  - Clinical Handover

Transition Processes

- Transition Support e.g. TSP – Perioperative / SWIM
  - Consolidation & refinement of core & speciality skills & knowledge
  - Complete transition support processes within 12 months or as per criteria.
- PDP Review & Appraisal
- Care & Maintenance of IV Therapy
- Central Venous Access Devices - Management
- Shift Coordinator Resource Package
- Portfolio responsibilities

Continuing Professional Development & Lifelong Learning

- Post-Grad Qualification (Clinical, Education, Management, Leadership, Research)

Queensland Health transition support processes link into advanced standing for university programs

Facilitating Learning in Others

- Seminars, Workshops & Conferences
- Professional Forum / Working Group
- IT Applications & Systems
- Continuing e-Learning Packages
- Quality Improvement/Risk Management
- Facilitation of Mentoring & Succession Management
- Exemplar:
  - Preceptor Workshop
  - HEAPS Training
  - HHS/facility CPD Calendar
  - Assessor Skills Workshop
  - Train-the-Trainer/Resource roles including Fire Warden, CVAD, Cytotoxic
  - HR, Financial &/or Cost Centre Management
  - Career Pathway Opportunities (Clinical, Education, Management, Leadership, Research), acting up & rotational roles – CN, CN/Clinical Facilitator, Equipment Nurse, Research CN

Annual Requirements

- PDP Review & Appraisal
- HHS/facility Legislative, Mandatory & Requisite Training & Assessments (as relevant)

Knowledge development in clinical practice

Workplace Learning Activities

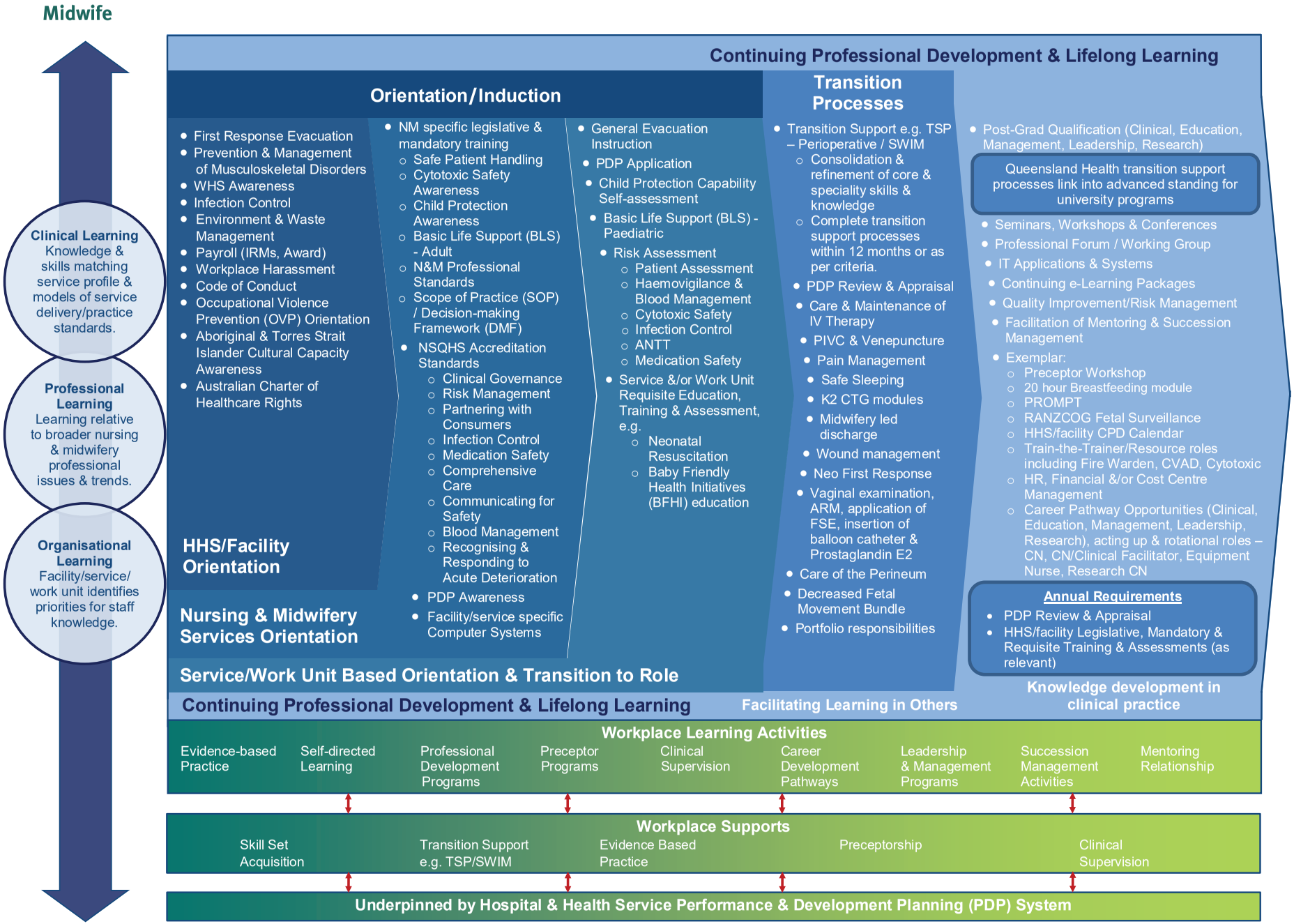
Evidence-based Practice | Self-directed Learning | Professional Development Programs | Preceptor Programs | Clinical Supervision | Career Development Pathways | Leadership & Management Programs | Succession Management Activities | Mentoring Relationship

Workplace Supports

Skill Set Acquisition | Transition Support e.g. TSP/SWIM | Evidence Based Practice | Preceptorship | Clinical Supervision

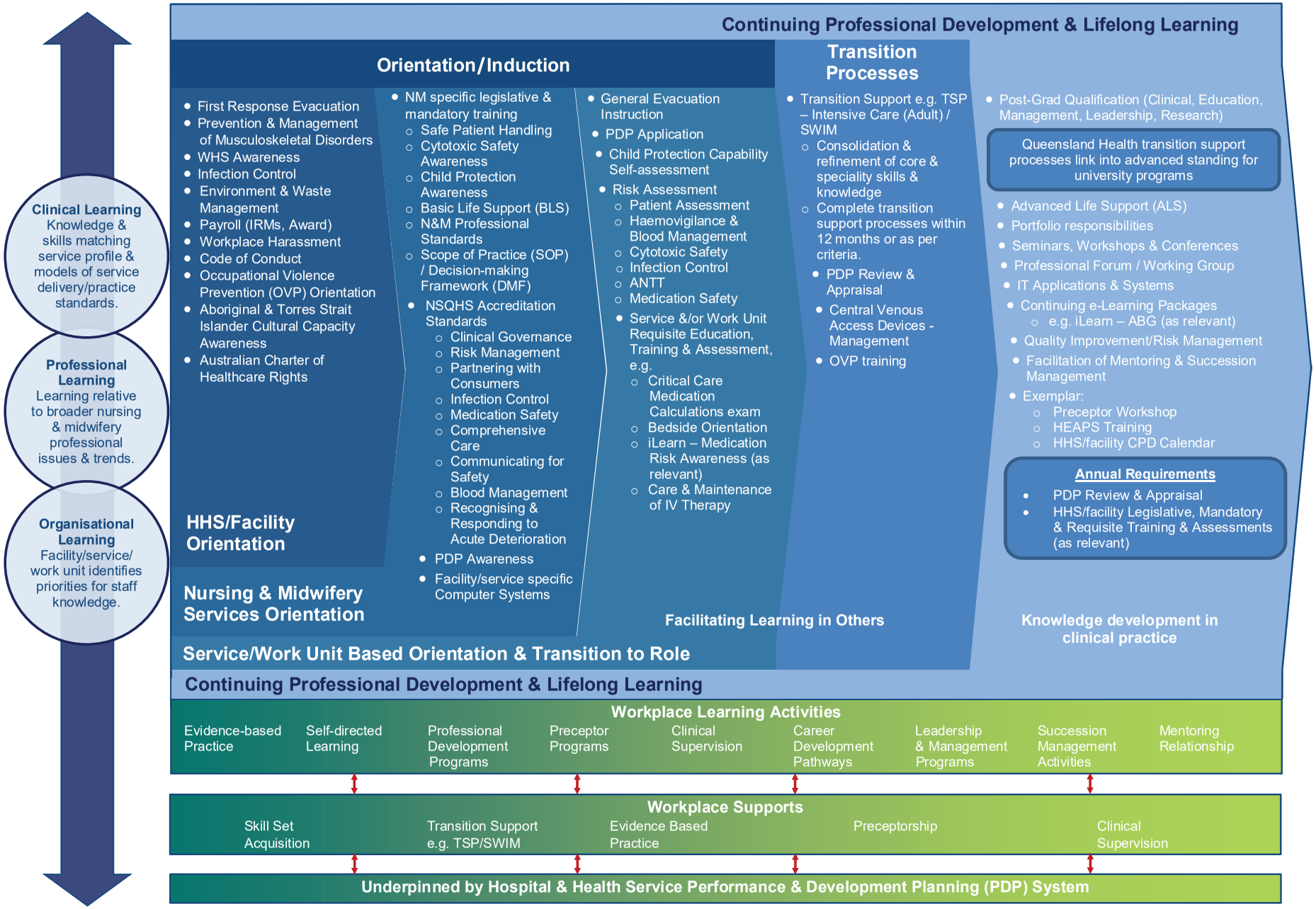
Underpinned by Hospital & Health Service Performance & Development Planning (PDP) System

Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)



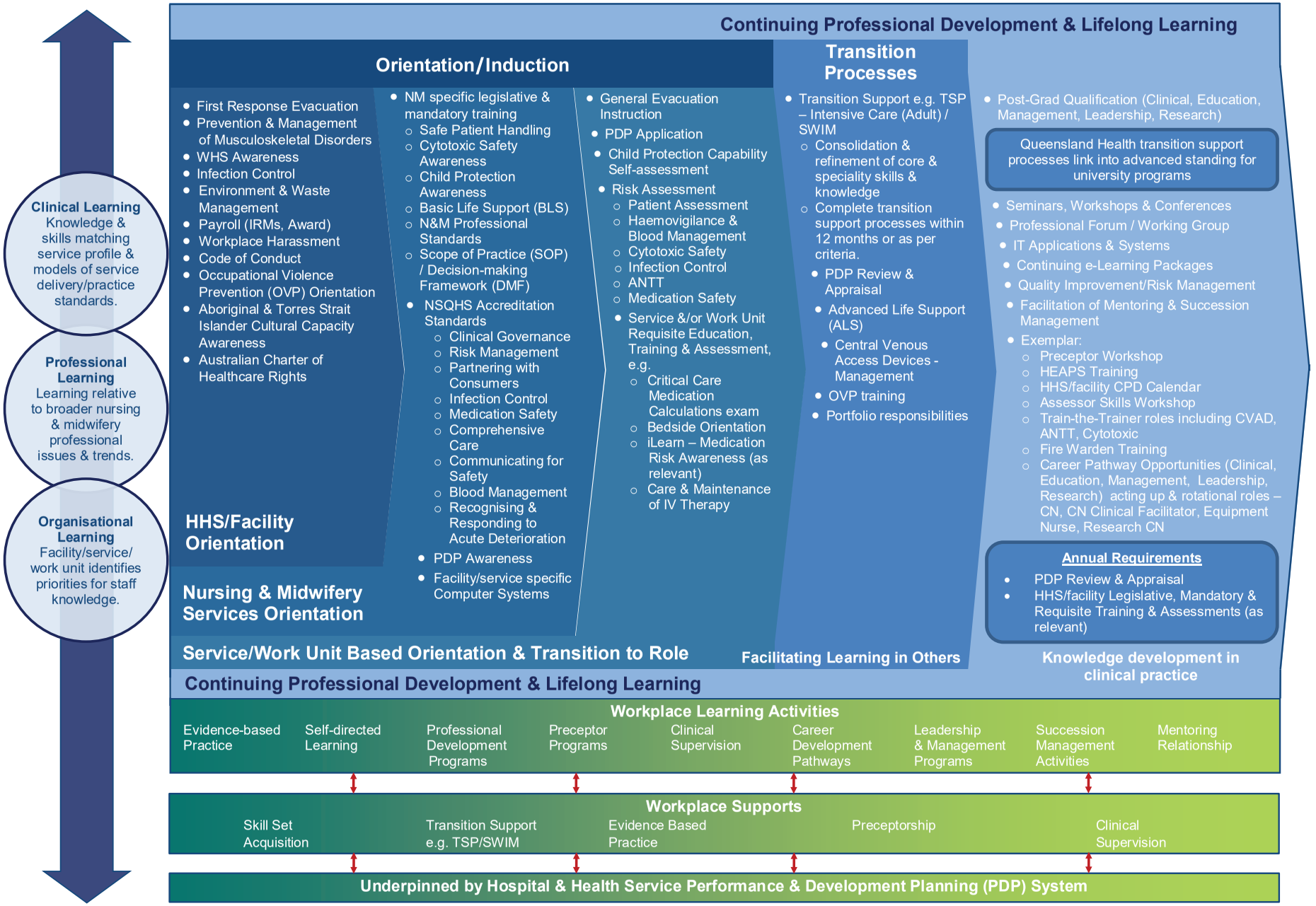
Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

Critical Care (ICU) RN without post graduate critical care qualifications



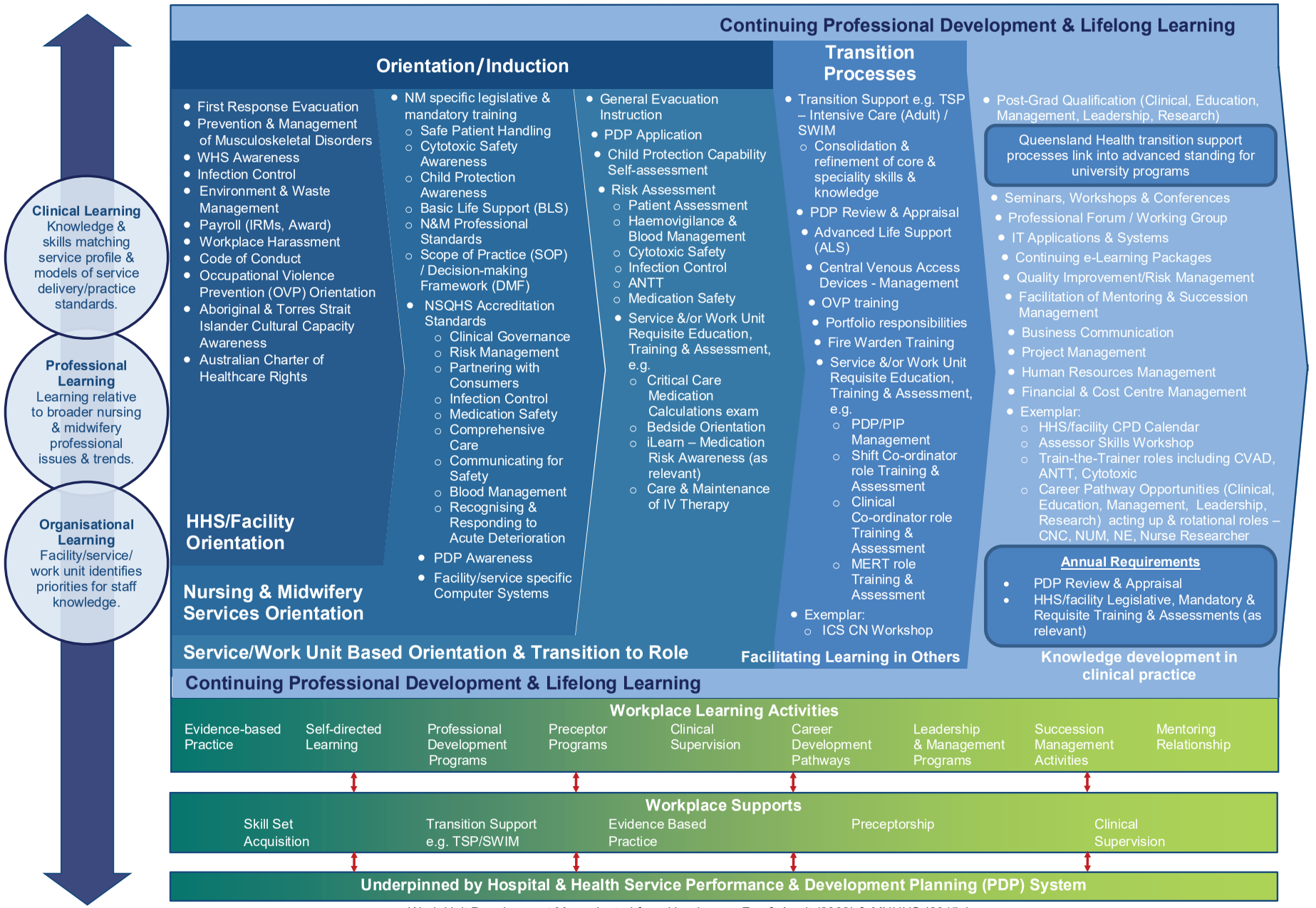
Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

Critical Care (ICU) RN with post graduate critical care qualifications



Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

Critical Care Grade 6 Clinical Nurse Band 1



Work Unit Development Map adapted from Henderson, Fox & Armit (2008) & MNHHS (2015c)

Appendix 5: Broad snapshot of a sample Legislative, Mandatory and Requisite Skills Register

Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service (NSQHS) Standards

- *Standard 1* Clinical Governance
- *Standard 2* Partnering with Consumers
- *Standard 3* Preventing and Controlling Healthcare Associated Infection
- *Standard 4* Medication Safety
- *Standard 5* Comprehensive Care
- *Standard 6* Communicating for Safety
- *Standard 7* Blood Management
- *Standard 8* Recognising and Responding to Acute Deterioration

LEGISLATIVE	Training Required by Law
MANDATORY	Training not necessarily required by law but which has been identified by Metro North Hospital and Health Services (MNHHS) as mandatory/compulsory for staff or required by relevant directives.
REQUISITE	Training required for specific groups of staff to enable them to perform their role to meet professional and local service requirements
UPSKILLING	Any training or education that provides a participant with a new or additional knowledge or skills to enhance workforce capacity and capability (Excludes Legislative, Mandatory or Requisite Skills)

Legislative, Mandatory, Requisite and Upskilling Training Categories are determined at a HHS/Facility/Directorate/Service/Work Unit level as endorsed by the relevant governance committee.

Nursing and Midwifery staff are to comply with the requirements outlined in the relevant 'HHS/Facility/Directorate/Service Legislative and Mandatory Training' policy/ procedure. Information regarding legislative, mandatory training and orientation is available on the HHS/Facility/Directorate/Service intranet page.

The Skills Register is intended to supplement the HHS/Facility/Directorate/Service policy/procedure and guide nursing/midwifery managers and staff to determine the range of training requirements for staff classification to meet service delivery needs.

Training is to be entered into the respective HHS/Facility/Directorate/Service training database to enable monitoring and management of training compliance,

All risks must be managed according to the HHS/Facility/Directorate/Service Risk Management Framework. The use of a Risk Analysis Matrix is mandatory when assessing and communicating risks to Executive and Senior Management within the HHS/Facility/Directorate/Service.

LEGISLATIVE: Training Required by Law
Local reporting processes and relevant filing/documentation into individual's Performance and Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	DEM	ENAS	EN	AIN
First Response Evacuation DVD	Induction and Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Evacuation Instruction	Induction and Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Evacuation Coordination Instruction	Induction and Annual	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Cytotoxic Safety: Category 1	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cytotoxic Safety: Category 2	Induction (once only) based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Cytotoxic Safety: Category 3	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Child Protection Presentation	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Child Safety - Capability Self-Assessment	Induction and Annual	Yes	Yes	Yes	Yes	Yes	Yes	Risk-Assess	Risk-Assess	Risk-Assess
Work Health and Safety	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

MANDATORY – Training not necessarily required by law but which has been identified by HHS/Facility/Directorate/Service as mandatory/compulsory for staff or required by relevant directives.
Local reporting processes and relevant filing/documentation into individual's Performance and Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	DEM	ENAS	EN	AIN
Code of Conduct (Public Sector) Training - 'Our Queensland Health Way'	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
• National Code of Conduct for (Unregulated) Health Care Workers (Queensland)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes
• Code of Conduct (Public Sector) Compliance Assessment	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevention and Management of Musculoskeletal Disorders e-Learning	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Patient Handling Techniques	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Manual/Materials Handling Techniques	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Computer Workstation / Office Ergonomics	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
General Infection Prevention and Control	Induction and Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Aseptic Non- Touch Technique (ANTT)	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A
Haemovigilance and Blood Management	Biennial	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess

MANDATORY – Training not necessarily required by law but which has been identified by HHS/Facility/Directorate/Service as mandatory/compulsory for staff or required by relevant directives.
Local reporting processes and relevant filing/documentation into individual's Performance and Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	DEM	ENAS	EN	AIN
Patient Assessment	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A
Basic Life Support (BLS) with Automated External Defibrillator (AED)	Induction and Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Intermediate Life Support (ILS)	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Advanced Life Support (ALS)	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	N/A	N/A	N/A
Neonatal Life Support	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	N/A	N/A	N/A	N/A
Occupational Violence Prevention (OVP) – Level 1: Orientation DVD	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
OVP – Level 2: Awareness	Induction (once only) based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
OVP – Level 3: Verbal De-Escalation	Induction (once only) based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
OVP – Level 3: Verbal De-Escalation	Induction (once only) based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
OVP – Level 4: Basic Personal Safety (BPS)	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
OVP – Level 5: Restrictive Practices	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess

MANDATORY – Training not necessarily required by law but which has been identified by HHS/Facility/Directorate/Service as mandatory/compulsory for staff or required by relevant directives.
Local reporting processes and relevant filing/documentation into individual's Performance and Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	DEM	ENAS	EN	AIN
PDP Completion (all staff except Casuals)	Induction and Annual (casual staff exempt)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
QH, HR and HHS Policies, Facility/ Directorate/ Service Procedures	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Safe Medication Assessment	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Falls Prevention	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pressure Injury Prevention	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Risk Management	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Australian Charter of Healthcare Rights	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Open Disclosure	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Communication and Customer Service	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Aboriginal and Torres Strait Islander Cultural Practice Program	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Waste Management	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hazardous Materials	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

REQUISITE - Training required for specific groups of staff to enable them to perform their role to meet professional and local service requirements. *Local reporting processes and relevant filing/documentation into individual's Performance and Development Planning (PDP) file.*										
Skill	**Training / Assessment Frequency**	**ND / AND**	**NP**	**NO7 (NUM, NM, CNC, NR, NE)**	**CN, CF / CT**	**RN / Midwife**	**DEM**	**ENAS**	**EN**	**AIN**
Examples										
Care and Maintenance of IV Therapy	Annual Appraisal based on Risk Assessment	Risk-Assess	Yes	Risk-Assess	Yes	Yes	Yes	Yes	Yes	N/A
Peripheral Intravenous Cannulation (PIVC)	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	N/A	N/A	N/A
Venepuncture	Annual Appraisal based on Risk Assessment	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	N/A	N/A	N/A
PDP for Team Leaders	Annual Peer Review within PDP	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	N/A	N/A	N/A
Preceptor Program	Annual Peer Review within PDP	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess
Shift Coordination	Annual Peer Review within PDP	N/A	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	Risk-Assess	N/A	N/A	N/A

References

Ackerman, M. H., Norsen, L., Martin, B., Wiedrich, J., & Kitzman, H. J. (1996). Development of a model of advanced practice. *American Journal of Critical Care*, 5: 68-73.

Aitkin, R.L., Faulkner, R., Bucknall, T. & Parker, J. (2002). *Aspects of Nursing and Midwifery Education: The Types of Skills and Knowledge required to meet the changing needs of the labour force involved in nursing – Literature review.* Commissioned Research Project for the Commonwealth Department of Education, Science and Training.

Alden, K. & Durham, C. (2012). Integrating reflection in simulation: structure, content, and process. In G. Sherwood, & S. Horton-Deutsch (Ed.), *Reflective Practice: Transforming Education and Improving Outcomes* (pp. 149-168).Indianapolis, US: Sigma Theta Tau International.

Aon Hewitt. (2012). *Best-in-Class Succession Management: Who Will Take the Baton?* Lincolnshire, Illinois: Top Companies for Leaders Research.

Arnold, J. (2016). *Coaching Skills for Leaders in the Workplace: How to unlock potential and maximise performance.* London, UK: Little Brown Book Group.

Association of Public Health Nursing Management (ANDSOOHA). (n.d.) *Caring, Connecting, Empowering: A Resource Guide for Implementing Nursing Mentorship in Public Health Units in Ontario.* Ontario, Canada: Ontario Ministry of Health & Long-Term Care.

Association of Queensland Nursing and Midwifery Leaders (AQNML). (2013). *AQNML Mentoring Framework and Toolkit.* Brisbane, QLD: AQNML.

Australian Clinical Supervision Association (ACSA). (2015). Definitions of Clinical Supervision. Brisbane, QLD: ACSA.

Australian College of Operating Room Nurses (ACORN). (2016). *ACORN Standards for Perioperative Nursing in Australia* (14th ed.). Lyndoch, South Australia: ACORN.

Australian College of Critical Care Nurses. (ACCCN). (2015). *ACCCN Practice Standards for Critical Care Nurses* (3rd ed.).

Australian College of Mental Health Nurses (ACMHN). (2010). *Standards of Practice in Mental Health Nursing.* Deakin West, ACT: ACMHN.

Australian Council on Healthcare Standards (ACHS). (2012). *EQuIPNational Guidelines: Standard 13 Workforce Planning and Management.* Sydney: NSW: ACHS.

Australian Council on Healthcare Standards (ACHS). (2017). *National Safety and Quality Health Service (NSQHS) Standards* (2nd ed.). Sydney: NSW: ACHS.

Australian Government. (2010). *National Standards for Mental Health Services.* Canberra: Commonwealth of Australia.

Australian Human Resources Institute. (2018a). Learning and Development.

Australian Human Resources Institute. (2018b). *Organisational Development.*

Australian Nursing and Midwifery Federation (ANMF). (2014). *ANMF Professional Paper – Is it advanced or expanded practice?*

Australian Nursing and Midwifery Federation (ANMF). (2016). *ANMF Position Statement – Re-entry to the nursing and midwifery workforce.*

Australian Public Service (APS). (2012). Australian Public Service (APS) Workforce Planning Guide, Canberra: Australian Government.

Australian Qualification Framework Council. (2013). *Australian Qualifications Council* (2nd ed.).

Bandura, R.P. & Lyons, P. (2017). Coaching to enhance self-regulated learning. *Human Resource Management International Digest,* 25(4): 3-6.

Baraz, S. Memarian, R. & Vanaki, Z. (2015). Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *Journal of Education and Health Promotion*, 4: 52.

Bengtsson, M. & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: Development of a continuous professional development course – A qualitative study Part 1. *BMC Nursing*, 14(51): 1-7.

Bersin by Deloitte. (2014). Bersin by Deloitte Research: *Effective Succession Management Tied to Strong Employee Engagement and Retention.* New York, NY: Deloitte Consulting LLP.

Besner, J., Doran, S., McGillis Hall, L., Giovanetti, P., Girard, F., Hill, W., Morrison,J. & Watson, L. (2005). *A Systematic Approach to Maximizing Nursing Scopes of Practice*. Ottawa: Canadian Institute of Health Research.

Bifarin, O. & Stonehouse, D. (2017). Clinical Supervision: an important part of every nurse's practice. *British Journal of Nursing, 26*(6): 331-335.

Billett, S. (2001). *Learning in the workplace; Strategies for effective practice*. Australia: Allen and Unwin.

Billett, S. (2004). Workplace participatory practices: Conceptualising workplaces as learning environments. *Journal of Workplace Learning,* 16(6), 312-324. doi: 10.1108/13665620410550295

Billett, S. (2016). Learning through health care work: premises, contributions and practices. *Medical Education,* 50(1): 124-131. doi: 10.1111/medu.12848.

Bolman, L.G. & Deal, T.E. (2017). Reframing organizations: artistry, choice, and leadership (6th ed.). Hoboken, NJ: Jossey-Bass.

Bond University. (2018). *Academic Coaching Workshops: Coaching @ Bond.* Robina, QLD: Bond University.

Booker, C. (2011). *An exploration of factors that influence end of career nurses' decision making regarding their workforce participation.* Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy School of Educational Leadership, Faculty of Education Australian Catholic University Brisbane, Australia.

Booker, C., Turbutt, A. & Fox, R. (2016). Model of care for a changing healthcare system: are there foundational pillars for design? *Australian Health Review*, 40(2), 136–140. doi: 10.1071/AH14173.

Bowen, A., Fox, R. & Burridge, C. (2012). Preceptorship – Making A Difference. *Journal of Nurses' Staff Development, 28*(2), E12 – 5.

Brewer, A.M. (2016). *Mentoring from a Positive Psychology Perspective.* Geneva, Switzerland: Springer International Publishing. doi: 10.1007/978-3-319-40983-2_2

Bridges, R.P., Herrin, D., Swart, T., McConnell, M.T. & Toma, M. (2014). Creating an Innovative Educational Structure to Support Best Practice Among Novice Nurses. *The Journal of Continuing Education in Nursing, 45*(2), 60-64.

Calo, T.J. (2008). Talent Management in the Era of the Aging Workforce: The Critical Role of Knowledge Transfer, *Public Personnel Management, 37*(4), 403-416.

Carlson, E., Pilhammar, E. & Wann-Hansson, C. (2010). Time to precept: Supportive and limiting conditions for precepting nurses. *Journal of Advanced Nursing, 66*: 432-441.

Carrick, L., Clarke, S. & Thompson, J. (2008). Solving the Leadership Dilemma: Where will nursing's next leaders come from? *The Pennsylvania Nurse, 63*(1): 12-13.

Cacciattolo, K. (2015). Defining Workplace Learning. *European Scientific Journal, 1*(May): 243-250.

Centres for Disease Control and Prevention. (2013). *A Guide to Help Ensure Use of Evaluation Findings.* Atlanta, GA: US Department of Health and Human Services.

Chichester, M. (2011). Lifelong Learning, Part 2 – Pursuing your BSN and Beyond. *Nursing for Women's Health, 15*(2): 171-175.

Cleary, M., Horsfall, J., O'Hara-Aarons, M., Jackson, D. & Hunt, G.E. (2011). The views of mental health nurses on continuing professional development. *Journal of Clinical Nursing, 20*: 3561-3566.

Cochran-Smith, M., & Lytle, S. (2001). Beyond certainty: Taking an inquiry stance on practice. In: A. Lieberman & L. Miller (Eds.), *Teachers caught in the action: Professional development that matters.* New York: Teachers College Press.

Cole, P. (2012). *Linking effective professional learning with effective teaching practice.* Melbourne, VIC: Australian Institute for Teaching and School Leadership.

College of Registered Nurses of Nova Scotia (CRNNS). (2015). *Interpreting and modifying the Scope of Practice of the Registered Nurse.* Halifax, Canada: CRNNS.

Collins, J. (2009). Education Techniques for Lifelong Learning: Lifelong Learning in the 21st Century and Beyond. *RadioGraphics, 29*: 613-622. doi: 10.1148/rg.292085179

Collins. (2018). 'lifelong learning'. *Collins English Dictionary*. Sydney, NSW: HarperCollins Publishers.

Conway, J. & McMillan, M. (2015). Professional career development: development of the capable nursing professional. In Chang, E & Daly, J. (Ed.), *Transitions in Nursing: Preparing for Professional Practice* (pp. 309-328). Chatswood, NSW: Elsevier Publishers.

Courtney-Pratt, H., FitzGerald, M., Ford, K., Marsden, K. & Marlow, A. (2012). Quality clinical placements for pre-registration nursing students: a cross-sectional survey of undergraduates and supervising nurses. *Journal of Advanced Nursing, 68*(6): 1380–1390.

CPS HR Consulting. (2017). *Succession planning: Preparing for your agency's future.* Sacramento, CA: CPS HR Consulting.

Daley, B. (2001). Learning and professional practice: A study of four professions. *Adult Education Quarterly, 52*(1): 39-54. doi:10.1177/074171360105200104

Daly, W.M. & Carnwell, R. (2003). Nursing roles and levels of practice: A framework for differentiating between elementary, specialist and advancing nursing practice. *Journal of Clinical Nursing, 12*: 158-167.

Davis, K. (2015). *The influence of workplace culture on nurses' learning experiences: a systematic review of the qualitative evidence.* Submitted in fulfilment of the requirement of the degree of Master of Clinical Science (Evidence Based Healthcare) School of Translational Health Science, Faculty of Health Sciences, The University of Adelaide, Australia.

Dean, H.D., Myles, R.L., Spears-Jones, C., Bishop-Cline, A. & Fenton, K.A. (2014). A Strategic Approach to Public Health Workforce Development and Capacity Building. *American Journal of Preventive Medicine, 47*(5): S288-S296.

Deloitte. (2016). Succession management—Developing the next generation of Federal leaders. New York, NY: Deloitte Development LLC.

Department of Education, Training & Employment (DETE). (2014). Standards for professional development. Brisbane, QLD: Education Queensland, Queensland Government.

Department of Health. (2013). *Review of Australian Government Health Workforce Programs.* Canberra, ACT: Commonwealth of Australia.

Department of Health & Human Services (DHHS). (2014). *Transition to Practice Framework for Nurses and Midwives.* Hobart, Tasmania: Tasmanian Government.

Duff, B., Gardner, G. & Osborne, S. (2012). An integrated educational model for continuing nurse education. *Nurse Education Today,* 34(2014): 104-111.

Dweck, C.S., Walton, G.M. & Cohen, G.L. (2014). *Academic Tenacity: Mindsets and skills that promote long-term learning.* Seattle, Washington: Bill & Melinda Gates Foundation.

Earle, V, Myrick, F. & Yonge, O. (2010). Preceptorship in the intergenerational context: an integrative review of the literature. *Nurse Education Today. 31*(2011): 82-87.

Edwards, J.S. (Ed.). (2015). *The Essentials of Knowledge Management.* London, UK: Palgrave Macmillan.

Edwards, S. (2017). Reflecting differently. New dimensions: reflection-before-action and reflection-beyond-action. *International Practice Development Journal, 7*(1): 1-14.

Ehrich, L. (2013). *Developing Performance Mentoring Handbook.* Brisbane, QLD: Department of Education, Training and Employment.

El Haddad, M. (2016). *Grounded theory examination of the perspective of practice and education sectors regarding graduate registered nurse practice readiness in the Australian context.* Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy thesis, School of Nursing, University of Wollongong.

Elmore, R. E. (2000). Building a New Structure for School Leadership. Albert Shanker Institute.

Eraut, M. (2000). Non-formal learning and tacit knowledge in professional work. *British Journal of Educational Psychology, 70*(1): 113-136.

Fahey, C., & Monaghan, J. (2005). Australian rural midwives' perspectives on continuing professional development. *The International Electronic Journal of Rural and Remote Health, Research, Education, Practice and Policy.*

Federation University. (2014). *LT1432 Learning Pathways Policy.* Ballarat, NSW: Federation University Australia.

Ferraro, J.M. (2000). *Reflective Practice and Professional Development.*

Fischer, G. (2014) Supporting Self-Directed Learning with Cultures of Participation in Collaborative Learning Environments. In E. Christiansen, L. Kuure, A. Mørch, & B. Lindström (Ed.), *Problem-Based Learning for the 21st Century - New Practices and Learning Environments* (pp. 15-50). Aalborg, Denmark: Aalborg University Press.

Flinders University. (n.d.). *What is Induction and Orientation and Why is it Needed?*

Fox, R. (2013). *The role and contribution of the Queensland public sector employed nurse educator: A grounded theory study.* Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy School of Nursing and Midwifery, Faculty of Health Sciences Institute of Health and Biomedical Innovation Queensland University Of Technology Brisbane, Australia.

Fox, R; Henderson, A. & Malko-Nyhan, K. (2005). They survive despite the organisational culture not because of it – A longitudinal study of new staff perceptions of what constitute support during transition to an acute tertiary facility. *International Journal of Nursing Practice. 11*: 193-199.

Ganser, T. (2000). An ambitious vision of professional development for teachers. In NASSP. *Bulletin, 84*(618), 6-12. doi: 10.1177/019263650008461802

Gardner, G., Chang, A., Duffield, C. (2007). Making nursing work: breaking through the role confusion of advanced practice nursing. *Journal of Advanced Nursing, 57*(4): 382–391, doi.org/10.1111/j.1365-2648.2006.04114.x.

Gardner, G., Duffield, C., Doubrovsky, A. & Adams, M. (2016). Identifying Advanced Practice: A national survey of a nursing workforce. *International Journal of Nursing Studies, 55*(2016): 60-70.

Garvin, D., Edmondson, A. & Gino, F. (2008). Is yours a learning organization? *Harvard Business Review,* March: 109-116.

Gifford, J. & Yarlagadda, R. (2018). Employee engagement and motivation. Wimbledon, UK: Chartered Institute of Personnel & Development (CIPD).

Glen, S. (2000). Critique of the graduate nurse: An international perspective. *Nurse Education Today, 20*: 20–25.

Gopee, N. (2008). *Mentoring and Supervision in Healthcare*. London, UK: Sage Publications.

Gravells, A. (2016). *Principles and Practices of Quality Assurance: A guide for internal and external quality assurers in the FE and Skills Sector.* London, UK: SAGE Publications Ltd.

Gray, A. (2016). Advanced or advancing nursing practice: What is the future direction for nursing? *British Journal of Nursing, 25*(1): 8-13.

Grindel, C.G. (2004). Mentorship: a key to retention and recruitment. *Medsurg Nursing: Official Journal Of The Academy Of Medical-Surgical Nurses,* 13(1): 36-37.

Groves, K.S. (2007). Integrating leadership development and succession planning best practices, *Journal of Management Development, 26*(3): 239-260.

Grundy, C. (2017). *The Importance of Succession Planning*. London, UK: Association of Professional Staffing Companies (APSCo).

Haggerty, C, Holloway, K. & Wilson, D. (2013). How to grow our own: an evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemporary Nurse. 43*(2): 162-171.

Hall, D.T. & Moss, J.E. (1998). The New Protean Career Contract: Helping organizations and employees adapt, *Organizational Dynamics, 26*: 22-37.

Hayes, H., Scott, V., Abraczinskas, M., Scaccia, J., Stout, S. & Wandersman, A. (2016). A formative multi-method approach to evaluating training. *Evaluation and Program Planning, 58*: 199-207.

Health and Care Professionals Council (HCPC). (2017). *Continuing professional development and your registration*. London, UK: HCPC.

Health System Performance Assessment (HSPA). (2017). *Reporting and communicating: Practical guide for policy makers*. Brussels, Belgium: European Commission – Health and food Safety.

Heartfield, M., Gibson, T., Chesterman, C. & Tagg, L. (2005). *Hanging from a String in the Wind: Mentoring for Nurses in General Practice: Final Report.* Department of Health & Ageing: Commonwealth Government.

Henderson A., Fox, R. and Malko-Nyhan, K. (2006). An Evaluation of Preceptors' Perceptions of Educational Preparation and Organizational Support for Their Role. *The Journal of Continuing Education in Nursing, 37*(3): 130-136.

Henderson, A., Fox, R. & Armit, L. 2008. Education in the clinical context: Establishing a strategic QHNMSDF to ensure relevance. *Collegian, 15*: 63-68.

Higginbottom, K. (2014). Effective succession management results in improved employee engagement. *Forbes, Nov 20, 2014*.

Hilli, Y., Melender, H.L., Salmu, M. & Jonsén, E. (2014). Being a preceptor – A Nordic qualitative study. *Nurse Education Today, 34*: 1420-1424.

Hughes, A.J. & Fraser, D.M. (2011). 'SINK or SWIM': The experience of newly qualified midwives in England. *Midwifery, 27*: 382-386.

Huybrecht, S., Loeckx, W., Quaeyhaegens, Y. De Tobel, D. & Mistiaen, W. (2011). Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today, 31*(3), 274-278. doi:10.1016/j.nedt.2010.10.022.

Innovation & Growth. (2012). *A Guide to Succession Management,* Nova Scotia Public Service Commission.

International Confederation of Midwives (ICM). (2013). *Essential Competencies for Basic Midwifery Practice*. The Hague, Netherlands: ICM.

International Confederation of Midwives (ICM). (2014). *International Code of Ethics for Midwives*. The Hague, Netherlands: ICM.

International Council of Nurses (ICN). (2012). *ICN Code of Ethics for Nurses*. Geneva, Switzerland: ICN.

Interprofessional Ambulatory Care (IpAC) Unit. (n.d.). Reflective practice: a tool to enhance professional practice. Perth, WA: Edith Cowan University.

James, A. & Chapman, Y. (2010). Preceptors and patients - the power of two: nursing student experiences on their first acute clinical placement. *Contemporary Nurse, 341*: 34-47.

Jayatilleke, N. & Mackie, A. (2012). Reflection as part of continuous professional development for public health professionals: a literature review. *Journal of Public Health, 35*(2): 308–312.

Jenkins, D. & Spence, C. (2006). *The Career Pathways How-to-Guide*. Brooklyn, NY: Workforce Strategy Center.

Jones, J. (2006). Clinical Supervision in Nursing. *The Clinical Supervisor, 24*(1-2): 149-162.

Jones, R. (2015). *The effectiveness of workplace coaching: A meta-analysis of learning and performance outcomes; scale development; theoretical model of individual differences and longitudinal study.* Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy, Business School - Aston University: Birmingham, England.

Kalinski, B.S. (Eds.). (2014). Professional Education. Encyclopedia of Business and Finance (3rd Ed.). New York City, New York: Macmillan Reference USA.

Kalischuk, R.G., Vandenberg, H. & Awosoga, O. (2013). Nursing preceptors speak out: An empirical study. *Journal of Professional Nursing, 29*: 30-38.

Kallenbach, J.Z. (2016). On being a Preceptor. In J.Z. Kallenbach (ed.), *Review of Hemodialysis for Nurses and Dialysis Personnel* (pp. 332-337). St Louis, Missouri: Elsevier.

Katsikitis, M., Mcallister, M., Sharman, R., Raith, L., Faithfull-Byrne, A. & Priaulx, R. (2013). Continuing professional development in nursing in Australia: Current awareness, practice and future directions. *Contemporary Nurse, 45*(1): 33-45. doi: 10.5172/conu.2013.45.1.33.

Ke, Y.T., Kuo, C.C. & Hung, C.H. (2017). The effects of nursing preceptorship on new nurses' competence, professional socialization, job satisfaction and retention: A systematic review. *Journal of Advanced Nursing (JAN)*, 73: 2296–2305.

Kelly, J. & McAllister, M. (2013). Lessons students and new graduates could teach: A phenomenological study that reveals insights on the essence of building a supportive learning culture through preceptorship. *Contemporary Nurse, 44*:170-177.

King, W.R. (Ed.). (2009). *Knowledge Management and Organisational Learning.* London, UK: Springer Science.

Kinsella, E. (2010). Professional knowledge and the epistemology of reflective practice. *Nursing Philosophy, 11*(1), 3-14.

Kippers, W.B., Poortman, C.L., Schildkamp, K. & Visscher, A.J. (2018). Data literacy: What do educators learn and struggle with during a data use intervention? *Studies in Educational Evaluation, 56*: 21-31.

Kirkpatrick, J.D. & Kayser Kirkpatrick, W. (2016). *Kirkpatrick's Four Levels of Training Evaluation*. Alexandria, VA: ATD Press.

Kitto, S., Goldman, J., Schmitt, M.H. & Olson, C.A. (2014). Examining the intersections between continuing education, interprofessional education and workplace learning. *Interprofessional Care,* Early Online: 1-3.

Laal, M. (2011). Lifelong learning: What does it mean? *Procedia - Social and Behavioral Sciences 28*(2011): 470–474. doi: 10.1016/j.sbspro.2011.11.090.

Lamoureux, K. (2009). Succession Management. *Leadership Excellence, 26*(6): 18.

Leeds Metropolitan University. (2009). *Writing and using good learning outcomes*. Leeds, UK: Leeds Metropolitan University.

Leners, D.W., Wilson, V. W., Connor, C. & Fenton, J. (2006). Mentorship: increasing retention probabilities. *Journal of Nursing Management, 14*(8): 652-654.

Liverpool John Moores University (LJMU). (2015). *Personal Development Planning Policy.* Liverpool, UK.

Longe, J. & Narins, B. (Eds.). (2017). The Gale Encyclopedia of Nursing and Allied Health (4th Ed.). Farmington Hills, Michigan: Cengage Gale Learning.

Lynch, K., Akridge, J.T., Schaffer, S.P. & Gray, A. (2006). A framework for evaluating return on investment in management development programs. *International Food and Agribusiness Management Review, 9*(2), 54-70.

Lyth, G. (2000). Clinical Supervision: a concept analysis. *Journal of Advanced Nursing, 31*(3): 722-729

MacNaughton, G. (2003). Reflecting on early childhood curriculum. In G. MacNaughton, *Shaping Early Childhood* (pp. 113-120). England: Open University Press.

Mann, K., Gordon, J. & MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in health sciences education, 14*(4): 595–621.

Mark, B.A., Salyer, J. & Wan, T.T.H. (2003). Professional Nursing Practice: Impact on Organizational and Patient Outcomes. *Journal of Nursing Administration, 33*(4): 224–234.

Martin-Misener, R. & Bryant-Lukosius, D. (2014). *Optimising the Role of Nurses in Primary Care in Canada.* Ottawa, Ontario: Canadian Nurses Association (CNA).

Massey University. (2017). *Performance and Development Planning website.* Auckland, New Zealand.

Mathews, P. (1999). Workplace learning: Developing an holistic model. *Learning Organisation Journal, 6*(1), 18-29. doi: 10.1108/09696479910255684.

Matthews, J.H. (2012). Role of Professional Organizations in Advocating for the Nursing Profession. *OJIN: The Online Journal of Issues in Nursing, 17*(1).

Matua, G.A., Seshan, V., Savithri R. & Fronda, D.C. (2014). Challenges and strategies for building and maintaining effective preceptor-preceptee relationships among nurses. *Sultan Qaboos University Medical Journal, 14*(4): e530-536.

Maxwell, B. (2014). Improving workplace learning of lifelong learning sector trainee teachers in the UK. *Journal of Further and Higher Education, 38*(3): 377-399. Doi: 10.1080/0309877X.2013.831036

McCusker, C. (2013). Preceptorship: professional development and support for newly registered practitioners. *Open Learning Zone. 23*(12): 283-287.

McIlveen, P. (2009). Career development, management, and planning from the vocational psychology perspective. *In: Collin, Audrey and Patton, Wendy, (eds.) Vocational psychological and organisational perspectives on career: toward a multidisciplinary dialogue.* Career Development Series (3). Sense Publishers, Rotterdam, Netherlands, pp. 63-90.

McLaughlin, M., & Zarrow, J. (2001). A teacher engages in evidence – based reform: Trajectories of teachers' inquiry, analysis and action. In A. Lieberman & L. Miller (Eds.), *Teachers caught in the action: Professional development that matters.* New York: Teachers College Press.

McMahon, M., Patton, W. & Tatham, P. (2002). *Managing lifelong learning and work in the 21st century,* DETYA: Canberra.

Medd, W. (2011). Coaching for research in UK higher education institutions: a review, Vitae. Cambridge: Vitae.

Mehdaova, E.A. (2017). *Strategies to Overcome the Nursing Shortage.* Submitted in fulfilment of the requirement of the degree of Doctor of Business Administration - Walden University: Minneapolis, MN.

Mental Health Coordinating Council (MHCC). (2008). Mental Health Recovery - *Philosophy into Practice: A workforce development guide (Workforce Development Pathway 8 – Supervision, Mentoring & Coaching)*. Rozelle, NSW: Mental Health Coordinating Council.

Metro North Hospital and Health Service (MNHHS). (2014a). *Mandatory and Legislative Training for all staff policy.* Brisbane, QLD: MNHHS.

Metro North Hospital and Health Service (MNHHS). (2014b). *MNHHS Performance and Development Planning (PDP) Information Manual for Nurses, Midwives and Assistants in Nursing.* Brisbane, QLD: MNHHS.

Metro North Hospital and Health Service (MNHHS). (2014c). *Metro North Hospital and Health Service Education and Workforce Development Outcomes Report.* Metro North Hospital and Health Service: Brisbane.

Metro North Hospital and Health Service (MNHHS). (2015a). *MNHHS Succession Management and Mentoring Framework for Nurses and Midwives.* Brisbane, QLD: MNHHS.

Metro North Hospital and Health Service (MNHHS). (2015b). *MNHHS Succession Management and Mentoring Toolkit for Nurses and Midwives.* Brisbane, QLD: MNHHS.

Metro North Hospital and Health Service (MNHHS). (2015c). *MNHHS Framework for Lifelong Learning for nurses and midwives working within Metro North Hospital and Health Service (MNHHS).* Brisbane, QLD: MNHHS.

Metro North Hospital and Health Service (MNHHS). (2016). *Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) Application Guide.* Brisbane, QLD: MNHHS.

Metro North Hospital and Health Service (MNHHS). (2017a). *MNHHS Nursing and Midwifery Education and Workforce Development Action Plan 2017 – 2020.* Metro North Hospital and Health Service: Brisbane.

Metro North Hospital and Health Service (MNHHS). (2017b). *Choosing your Nursing and Midwifery Career Pathway website.* Metro North Hospital and Health Service: Brisbane.

Metro North Hospital and Health Service (MNHHS). (2017c). *Nursing and Midwifery Career Pathways Factsheet.* Metro North Hospital and Health Service: Brisbane.

Ministerial Council for Education, Early Childhood Development & Youth Affairs (MCEECDYA). (2014). *Australian Blueprint for Career Development.* Canberra, ACT: Commonwealth of Australia.

Ministerial Taskforce on Clinical Education & Training Steering Committee. (2007). *Ministerial Taskforce on Clinical Education and Training Final Report.* Brisbane, QLD: Queensland Government.

Moore, J. (2017, August 4). The Critical Importance of Succession Planning. *HR Daily Advisor.*

Morgan, A., Cullinane, J. & Pye, M. (2008). Continuing professional development: Rhetoric and practice in the NHS. *Journal of Education and Work, 21*(3), 233-248. doi: 10.1080/13639080802214100

Morgan, G. (2009). Reflective practice and self-awareness. *Perspectives in Public Health, 129*(4):161-2.

Morley, M. (2013). Preceptorship Handbook for Occupational Therapists (3rd ed.). London, UK: College of Occupational Therapists Ltd.

Morton-Cooper, A. & Palmer, A. (2000). Mentoring, *Preceptorship and Clinical Supervision. A Guide to Professional Support Roles in Clinical Practice* (2nd Edn). London, UK: Blackwell Science Ltd.

Muir, J., Ooms, A., Tapping, J., Marks-Maran, D., Phillips, S. & Burke, L. (2013). Preceptors' perceptions of a preceptorship programme for newly qualified nurses. *Nurse Education Today, 33*(6): 633-638.

Mulford, B. & Silins, H. (2010). Organisational Learning in Schools. In P. Peterson, E. Baker & B. McGaw (Ed.), *International Encyclopedia of Education* (3rd ed.) (pp. 143-150). Oxford, UK: Elsevier.

Murphy, G., & Calway, B. (2008). Professional development for professionals beyond learning. *Australian Journal of Adult Learning, 48* (3), 424-444.

Myrick, F. & Yonge, O. (2005). *Nursing Preceptorship. Connecting Practice & Education.* Philadelphia: Lippincott Williams & Wilkins.

National Health Work Taskforce (NHWT). (2009). Health workforce in Australia and factors for current shortages.

National Scientific Council on the Developing Child. (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. Cambridge, MA: Harvard University.

Nelson, S., Turnbull, J., Bainbridge, L., Caulfield, T., Hudon, G., Kendel, D., Mowat, D., Nasmith, L., Postl, B., Shamian, J., Sketris I. (2014). *Optimizing Scopes of Practice: New Models for a New Health Care System.* Ottawa, Ontario: Canadian Academy of Health Sciences.

Ng, L.C., Tuckett, A.G., Fox-Young, S.K. & Kain, V.J. (2014). Exploring registered nurses' attitudes towards postgraduate education in Australia: an overview of the literature. *Journal of Nursing Education and Practice, 4*(2): 162-170. doi: 10.5430/jnep.v4n2p162.

Ng, L.C.H. (2016). *Exploring registered nurses' attitudes to postgraduate education for specialty practice in Australia.* Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy, School of Nursing, Midwifery and Social Work - University of Queensland: Brisbane, Queensland.

Nielsen, K., Finderup, J., Brahe, L., Elgaard, R., Elsborg, A.M., Engell-Soerensen, V., Holm, L., Juul, H. & Sommer, I. (2017). The art of preceptorship. A qualitative study. *Nurse Education in Practice,* 26: 39-45.

Noland, L. (2018). *The Largest Business Benefits of Having Motivated Employees.* Innovation Enterprise Ltd.

Nova Scotia Public Service Commission. (2015). *Mentoring Program Guide,* Halifax: Province of Nova Scotia.

Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) (2016). Brisbane, QLD: Queensland Industrial Relations Commission (QIRC).

Nurses and Midwives (Queensland Health) Award – State 2015 (2017 State Wage Case Reprint). Brisbane, QLD: Queensland Industrial Relations Commission (QIRC).

Nursing and Midwifery Board of Australia (NMBA). (2006). *National competency standards for the midwife.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2007). *A national framework for the development of decision-making tools for nursing and midwifery practice.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2014). *Nurse practitioner standards for practice.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2015). *Assessment of nursing and midwifery applicants for re-entry to practice.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2016a). *Continuing Professional Development Registration Standard.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2016b). Guidelines: *Continuing Professional Development.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2016c). *Enrolled nurse standards for practice.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2016d). *Registered nurse standards for practice.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2016e). *Fact sheet: Advanced nursing practice and specialty areas within nursing.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2017). *Registration Standards website.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2018a). *Code of conduct for midwives.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2018b). *Code of conduct for nurses.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2018c). *Code of conduct for nurses and Code of Conduct for Midwives Fact Sheet.* Melbourne, VIC: NMBA.

Nursing and Midwifery Board of Australia (NMBA). (2018d). *Midwife standards for practice.* Melbourne, VIC: NMBA.

O'Connor, B. (2004). The workplace learning cycle: A problem-based curriculum model for the preparation of workplace learning professionals. *Journal of Workplace Learning, 16*(6), 341-349. doi: 10.1108/1113665620410550312

Office of the Chief Economist. (2015). Choosing appropriate designs and methods for impact evaluation. Canberra, ACT: Department of Industry, Innovation and Science – Australian Government.

Office of the Chief Nursing and Midwifery Officer (OCNMO). (2013a). *Strengthening health services through optimising nursing: Strategy and action plan (2013–2016)*. Brisbane: Queensland Government.

Office of the Chief Nursing and Midwifery Officer (OCNMO). (2013b). *Registered Nurse Professional Practice in Queensland: Guidance for practitioners, employers and consumers*. Brisbane: Queensland Government.

Office of the Chief Nursing and Midwifery Officer (OCNMO). (2014). *Mandating Qualifications for Specialised or Advanced Practice Registered Nurses*. Brisbane: Queensland Government.

Office of the Chief Nursing and Midwifery Officer (OCNMO). (2016). *Business Planning Framework: a tool for nursing and midwifery workload management* (5th ed.). Brisbane: Queensland Government.

Ogbu, J.O. & Osanaiye, J.I. (2017). Impact of Employee Training on Organizational Performance: A Study of Selected Insurance Firms in Abuja-Nigeria. *European Journal of Business and Management, 9*(14): 64-72.

Paradise, A. & Patel, L. (2009). *The ASTD 2009 state of the industry report*. Alexandria, VA: American Society for Training and Development.

Paull, M., Whitsed, C. & Girardi, A. (2016). Applying the Kirkpatrick model: Evaluating Interaction for Learning Framework curriculum interventions. In *Purveyors of fine learning since 1992. Proceedings of the 25th Annual Teaching Learning Forum*, 28-29 January 2016. Perth: Curtin University.

Pennell, K. (2010). The role of flexible job descriptions in succession management, *Library Management, 31*(4/5): 279-290.

Phillips, C., Kenny, A., Esterman, A. & Smith, C. (2014). Does the choice of pre-registration paid employment impact on graduate nurse transition: An Australian Study. *Nurse Education Today. 34*(2014): 532-537.

Pockett, R., Napier L. & Giles, R. (2013). *Critical Reflection for Practice*. In A. O'Hara & R. Pockett (Ed.), Skills for Human Service Practice (2nd ed.). (pp. 9). South Melbourne, Australia: Oxford.

Pool, I., Poell, R., & Cate, O.T. (2012). Nurses' and managers' perceptions of continuing professional development for older and younger nurses: A focus group study. *International Journal of Nursing Studies*, 50, 34-43.

Pritchard, J. & Becker, K. (2009). Succession management as a knowledge management strategy. *In: Enhancing the innovation environment: Proceedings of the 10th International CINet Conference*, 6-8 September 2009, Brisbane, Australia.

Queensland Government. (2008). *Evaluation of Learning and Development Activities Guideline. How do we know the program really works?* Brisbane, QLD: Queensland Government.

Queensland Government. (2011). *Code of Conduct for the Queensland Public Service*. Brisbane, QLD: Queensland Government.

Queensland Health. (2004). *Queensland Health Mentoring Framework for Nurses*. Brisbane, QLD: Queensland Government.

Queensland Health. (2009). *Clinical Supervision Guidelines for Mental Health Services*. Brisbane, QLD: Queensland Government.

Queensland Health. (2010). *Queensland Health Preceptor Program*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2011). *Building Blocks of Lifelong Learning: A Framework for nurses and Midwives in Queensland*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2012). *Transition Support Programs User Guide* (Adapted for MNHHS context). Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2013a). *Strengthening health services through optimising nursing – strategy and action plan (2013-2016)*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2014a). *Department of Health Strategic Plan 2014-2018 (2015 update)*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2015). *Workforce Diversity and Inclusion Strategy 2017-2022*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2016a). *Health Service Plans and Strategies website*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2016b). *My health, Queensland's future: Advancing health 2026*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2016c). *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2016d). *Clinical Services Capability Framework website*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2017a). *Health and Wellbeing Strategic Framework 2017 to 2026*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2017b). *Advancing health service delivery through workforce: A strategy for Queensland 2017 to 2026*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2017c). *Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017–2020*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2017d). *Leadership Development Pathway*. Brisbane, QLD: Department of Health (Qld) – Prevention Division.

Queensland Health. (2017e). *Human Resource Policy G9: Performance and Development.* Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2017f). *Human Resource Policy G11: Performance Improvement*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2018a). *Human Resource Policy G6 (QH-POL-183): Orientation, induction and mandatory training*. Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2018b). *Nursing and Midwifery Education Model.* Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2018c). *Queensland Health Performance, Capability and Recognition website.* Brisbane, QLD: Department of Health (Qld).

Queensland Health. (2018d). *Queensland Health Guide for managers: Career Success Plan (CSP)*. Brisbane, QLD: Department of Health (Qld).

Queensland University of Technology (QUT). (2015a). *Advanced Standing Precedent List*.

Queensland University of Technology (QUT). (2015b). *Credit for Prior Learning*.

Quinn, F.M. & Hughes, S.J. (Eds.). (2013). *Principles and practices of Nurse Education (6th ed.)*. Cheltenham: Nelson Thornes Ltd.

Raban, B., Nolan, A., Waniganayake, M., Ure, C., Brown, R., & Deans, J. (2007). *Building Capacity Strategic professional development for early childhood practitioners.* Melbourne: Thomson Social Science Press.

Rafferty, A.M., Xyrichis, A. & Caldwell, C. (2015). *Post-graduate education and career pathways in nursing: a policy brief*. London, UK: King's College London.

Registered Nurses' Association of Ontario. (2007). *Professionalism in Nursing*. Toronto, Canada: Registered Nurses' Association of Ontario.

Registered Nurses' Association of Ontario. (2014). *Full and expanded scope of practice*. Toronto, Canada: Registered Nurses' Association of Ontario.

Reio, T. G., Jr. (2010). The ongoing quest for theory-building research methods articles [Editorial]. *Human Resource Development Review, 9*, 223-225.

Reio Jr, T.G., Rocco, T.S., Smith, D.H. & Chang, E. (2017). A Critique of Kirkpatrick's Evaluation Model. *New Horizons in Adult Education & Human Resource Development, 29*(2): 35-53.

Rennie, I. (2009). Exploring approaches to clinical skills development in nursing education. *Nursing Times, 105*(3): 20-22.

Riddle, D.D., Hoole, E.R. & Gullette, E.C.D. (Eds). (2015). *The Centre for Creative Leadership Handbook of Coaching in Organisations*. San Francisico, CA: Jossey Bass.

Rischel, C. (2013). Professional Development for Oncology Nurses: A Commitment to Lifelong Learning. *Oncology Nursing Forum, 40*(6), 537-539.

Ross, K., Barr, J. & Stevens, J. (2013). Mandatory continuing professional development requirements: what does this mean for Australian nurses. B*MC Nursing, 12*(9): 1-7. doi: 10.1186/1472-6955-12-9.

Rothwell, W.J. (2010). *Effective Succession Planning - Ensuring leadership continuity and building talent from within* (4th ed.). New York, NY: AMACOM – American Management Association.

Rush, K.L., Adamack, M., Gordon, J., Janke, R. & Ghement, I.R. (2013a). Orientation and transition programme component predictors of new graduate workplace integration. *Journal of Nursing Management, 2013*: 1-13.

Rush, K.L., Adamack, M., Janke, R. Gordon, J. & Ghement, I.R. (2013b). The helpfulness and timing of transition program education. *Journal for Nurses in Professional Development. 29*(4): 191-196.

Sawatzky, J.V. & Enns, C.L. (2009). A mentoring needs assessment: validating mentorship in nursing education. *Journal of Professional Nursing, 25*(3): 145-150.

Schmets, G., Rajan, D. & Kadandale, S. (Eds.). (2016). *Strategizing national health in the 21st century: a handbook.* Geneva: World Health Organization (WHO).

Schön, D. (1987). *Educating the Reflective Practitioner.* San Francisco: Jossey-Bass Inc., Publishers.

Schoonbeek, S. & Henderson, A. (2014). Shifting Workplace Behaviour to Inspire Learning: A Journey to Building a Learning Culture. *The Journal of Continuing Education in Nursing, 42*(1), 43-48.

Scott, C.L. (2015). The Futures of Learning 3: What kind of pedagogies for the 21st century? *Education Research and Foresight Working Papers*. Paris, France: United Nations Educational, Scientific and Cultural Organization (UNESCO).

Scottish Social Services Council (SSSC). (2014). *Mentoring: Supporting and Promoting Professional Development and Learning.*

Scottish Social Services Council (SSSC). (2016). *Supervision Learning Resource.*

Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Doubleday/Currency.

Shinners, J.S. & Franqueiro, T. (2015). Preceptor skills and characteristics: Considerations for preceptor education. *The Journal of Continuing Education, 46*(5): 233-236.

Shuffler, M.L., Salas, E. & Xavier, L.F. The design, delivery and evaluation of crew resource management training. In E.L. Wiener, B.G. Kanki, R.L. Helmreich & J.M. Anca Jr. (Ed.). *Crew Resource Management* (pp. 205-232). San Diego, CA: Elsevier Science & Technology.

Simmonds, P. (2003). Continuing professional development and workplace learning 2: CPD and you – how CILIP is meeting the continuing professional development needs of its members. *Library Management, 24*(3): 169-170. doi: 10.1108/01435120310464899.

Sjukhusläkaren (2005). Policy statement on continuing medical education and continuing professional development [Online].

Skees, J. (2010). Continuing education: A bridge to excellence in critical care nursing. *Critical care Nursing Quarterly, 33*(2): 104-116.

Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S. & Whitley, R. (2014). Uses and abuses of recovery: Implementing recovery-oriented practices in mental health systems. *World Psychiatry, 13*(1): 12-20.

South African Qualifications Authority (SAQA). (2015). *Continuing Professional Development (CPD) Practices in Recognised Professional Bodies.* Pretoria, South Africa: SAQA.

South Australia (SA) Health. (2014). *Nursing and Midwifery Capability and Self Development Framework.* Adelaide, SA: Government of South Australia.

Spacey, J. (2017). 8 Types of Organizational Knowledge. *Simplicable*.

Stella, S. (2012). *Lifelong Learning - Education and Training - Learning and Teaching Methodology*, FIG Working Week 2012, Knowing to manage the territory, protect the environment, evaluate the cultural heritage. Rome, Italy, May 2012, 6-10.

Stoll, L. (2004). Leadership learning: Designing a connected strategy, IARTV Seminar Series Paper, 135: August, IARTV.

SuccessFactors. (2018). *Importance of performance management process & best practices to optimize monitoring performance work reviews/feedback and goal management.* Sydney, NSW: SAP Company.

Sweeney, B. (2013). *Success through Succession: A Review of Recent Literature.* Queen's University IRC: Ontario, Canada.

Sydney Local Health District (SLHD). (2017). Clinical Nurse/Midwifery Educator Professional Development Pathway (2nd ed.). Sydney, NSW: NSW Government.

Tetrick, L.E. & Camburn, M.K. (2004). Organizational Structure. *Encyclopedia of Applied Psychology, 2004*: 747-753.

Thorne, S.E. (2006). Nursing Education: Key Issues for the 21st Century. *Nurse Education Today, 26*: 614-621.

Tight, M. (1996). *Key Concepts in Adult Education and Training,* London: Routledge.

Tiwaken, S.U., Caranto, L.C. & David, J.J.T. (2015). The Real World: Lived Experiences of Student Nurses during Clinical Practice. *International Journal of Nursing Science, 5*(2): 66-75. doi: 10.5923/j.nursing.20150502.05.

Trede, F., Sutton, K. & Bernoth, M. (2015). Conceptualisations and perceptions of the nurse preceptor's role: A scoping review. Nurse Education Today, 36(Jan): 268-274.

Underhill, M. (2017). Succession planning: Are you innovative or stuck in the mud? *HRM* (4 January 2017). Melbourne, VIC: Australian HR Institute.

University of New South Wales (UNSW). (2015). Academic Mentoring Program – Guidelines for participants. Kensington, NSW: UNSW.

University of Southern Queensland (USQ). (2004). *Evaluation in Instructional Settings Study Book*. Toowoomba, QLD: USQ.

Valizadeh, S., Borimnejad, L., Rahmani, A., Gholizadeh, L. & Shabazi, S. (2016). Challenges of the preceptors working with new nurses: A phenomenological research study. *Nurse Education Today, 44*(9): 92-97.

Victorian Public Sector Commission. (2015). Great managers, great results: *Development framework for Victorian Public Sector Managers*. Melbourne: Victorian State Government.

Ward, A. & McComb, S. (2017). Precepting: A literature review. *Journal of Professional Nursing, 33*(5): 314-325.

Wendler, M.C., Olson-Sitki, K. & Prater, M. (2009). Succession planning for RNs: implementing a nurse management internship. *Journal of Nursing Administration, 39*(7-8): 326-333.

Weselby, C. (2014). Nurse Preceptor: A Vital Role. *Wilkes University Nursing Community Journal*.

White, D., Oelke, N.D., Besner, J., Doran, D., McGillis Hall, L. & Giovannetti, P. (2008). Nursing Scope of Practice: Descriptions and Challenges. *Nursing Leadership, 21*(1): 44-57.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M. & Walker, C. (2013). Supporting newly qualified nurses in the UK: a systematic review of the literature. *Nurse Education Today*. 33(4): 370-377.

Whitehead, B., Owen, P., Henshaw, L., Beddingham, E. & Simmons, M. (2015). Supporting newly qualified nurse transition: A case study in a UK hospital. Nurse Education Today, 36(1): 58-63.

Whitehead, D., Welch Dittman, P. & McNulty, D. (2017). Leadership and the Advanced Practice Nurse: The Future of a Changing Health-Care Environment. Philadelphia, PA: F.A. Davis Company.

Williams, J. & Rosenbaum, S. (2004). *Learning Paths Increase Profits by Reducing the Time it Takes Employees to Get Up-To-Speed*. San Francisco: Pfeiffer.

Young, L., & Patterson, B. (Eds). (2007). Teaching nursing. Developing a student centered learning environment. Philadelphia, PA: Lippincott Williams & Wilkins.

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