How competency standards became the preferred national technology for classifying nursing performance in Australia

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KEY WORDS

Competence, classification, history, nurse

ABSTRACT

Objective
The aim of this study was to explore how competency standards came to be the preferred technology for classifying and nursing performance in Australia at the end of the 20th century.

Design
A genealogical approach to the history of the development of the Australian Nurse Regulatory Authorities Conference (ANRAC) Competencies (1990) is adopted.

Setting
The setting is Australia during the period of 1975 to 1990.

Subjects
Data was collected from minutes of ANRAC meetings, including ANRAC Competencies Committee meetings, government reports, a review of the literature on nurse assessment and competence, and interviews with five nurse leaders involved with the competencies development or regulation during this period.

Main outcome measure
Description of how competency standards came to be the preferred technology for classifying nursing performance in Australia.

Results
The emergence of a national competency standards technology is closely associated with the transfer of nursing education into the higher education sector, an expected shortage of skilled nurses, and microeconomic reform intended to position Australia as a world leader in a global economy. Through skilled rhetoric, nurse leaders established the need for national competency standards to address the issues confronting diverse social worlds while advancing the professional status of nursing through competency standards design.

Conclusion
The national nursing competency standards is a technology that addressed the confluent concerns of those interested in the social worlds of nursing education, nursing research, occupational regulation, professional guilds, and national economic productivity thereby privileging it among instruments to classify nurse performance.

INTRODUCTION

The emergence of national competency standards for registered and enrolled nurses in the late 20th century was the subject of intense debate circa 1990. Today, competence and competency standards are ubiquitous in nursing, so taken-for-granted that competence has become a natural way of conceptualising nursing performance. In a period of less than 20 years, the classification of nursing work, and therefore nurses, into categories has become de rigueur in education and regulation, as well as in workforce management.

In this history of the *ANRAC Competencies 1990*, now known as the *ANMC (2006) Competency Standards,* aims to make visible the work of making the standards possible by describing how the *ANRAC Competencies* came to be the preferred technology for classifying nursing performance in Australia.

LITERATURE REVIEW

In 2010, national legislation came into effect to establish and govern the Australian Health Practitioner Regulation Agency, which covers ten professions including nursing (AHPRA undated). The *ANMC (2006) Competency Standards* is one of several guidelines used by the national agency to do its work. This particular guideline has assumed significant power within Australian nursing communities, used for curriculum design; student assessment and continuing education, including procedural competence (Dugdale and Grealish 2010). Understanding the history of competency standards, and in particular how the seminal competency standards instrument was designed, can help nurses today recognise its strengths and limitations as an instrument for classifying nurse performance across a range of settings.

The decision to adopt competence as an organising framework in nursing was controversial and hotly debated in the 1990s (Chapman 1999; Chambers 1998; McAllister 1998; Milligan 1998; Cheek et al 1995; Alspach 1991; Ashworth and Morrison 1991). Its ubiquity as a working concept today belies this contentious introduction. The mainstream usefulness of the competency standards is observed in the recent development of a national toolkit for determining competence in undergraduate nursing students (Crookes and Brown 2010).

The search for ways to classify nurses as novice, competent, proficient, or expert or as competent/not competent is not uniquely Australian. Around the world, the development of instruments to measure competence and thereby classify nursing performance, have been chiefly founded upon operational performance and/or capability (Calman et al 2002; Redfern et al 2002). In a concept analysis of competency in nursing, Tilley (2008) concluded a lack of a clear definition for competence has impeded progress towards assessment of effective practices.

Bowker and Star (2000) claim that classifying work is essentially human work; it is undertaken in tacit as well as formal ways. We use categories to group materials on our desks and separate our laundry. When these classification systems are embedded in technical instruments, such as competency standards, those instruments become a black-box technology; we don't have to understand how they work to use them in our daily practice. But technical systems (like categorising systems) have social and political ramifications and reminding ourselves of this keeps a space open for exploration, change and flexibility (Bowker and Star 2000).

In their work on theory about standards development, Star and Lampland (2009) suggest that "small conventions adopted early on are both inherited and ramify throughout the system" (p. 15). Understanding the conventions that underpinned the first national competency standards can help people working with the instrument today to see both its usefulness but also its limitations. This research aims to show how the competency standards came to be the preferred technology for classifying nurse performance in Australia.

METHOD/METHODOLOGY

Attention to the historical timing of multiple discursive elements and changes in past ones "can reveal both the timing and contents of proposals for new ways to construct reality" (Clarke 2005, p.151). Analysis of discourse, focusing on a particular period in time can reveal how nursing performance came to be conceptualised as competence and competency standards rather than some other form. But some aspects of discourse never surface directly as texts therefore requiring other forms of evidence (Clarke 2005). Reviewing the iterations of instruments that pre-dated the *ANRAC Competencies 1990* and interviewing those who were active in the constructing work at the time can also reveal discourses that influenced the first published competency standards in 1990.

The data for this study included historical documents and publications (see table 1). Literature from 1900 to 1980 was sampled in ten-year periods from the collection held at the Australian National Library. The nursing literature from 1975 to 1990 was searched using key terms such as 'competence', 'assessment', and 'performance' and using references from other articles to identify seminal government reports. The minutes of ANRAC meetings and ANRAC Competencies Committee meetings were gathered from the Australian National Library archives and the offices of the Australian Nursing and Midwifery Council. The Executive Officer of the Australian Nursing and Midwifery Council gave permission to access these documents.

Table 1: Documents reviewed

Nursing literature 1975-1990
Government publications 1975-1990
Minutes of ANRAC meetings 1968-1990
Minutes of ANRAC Competencies Steering Committee meetings 1988-1990
ANRAC Competency Standards for the Beginning Registered Nurse 1988
ANRAC Competency Standards for the Beginning Registered Nurse 1990
The Royal Australian Nursing Federation Standards for Nursing Practice (1983)
The NSW Nurses Registration Board Competencies to be Developed in College Basic Nursing Programmes (1986)

Notes were taken for all documents, journal articles and reports. The author was peripherally involved as a member of a state regulatory board during some of this period and therefore reflexive comments were notated as well.

The first two iterations of the national competency standards published in 1988 and 1990 as well as two competency-based instruments identified in the ANRAC minutes as precursors to the *ANRAC Competencies*, were reviewed.

In-depth interviews were held with five nurse leaders who participated in competency development at some point during the study period. The University's Human Ethics Committee approved the methods for interviews. During the interviews notes were recorded about the social and political milieu as the informant recalled it, and these notes were later transcribed into a report. The transcribed report was forwarded to the informant for validation and then included in the study as data.

In the analysis stage, the national competency standards was treated as a technology and the number of connections that it commanded was mapped to illustrate how the technology became strategic. Situational analysis (Clarke 2005) was used to make the connections between the national competency standards, and the elements that created it, visible. Messy situational maps were developed to understand who and what were in the situation during 1975 to 1990. These were then turned into an ordered situational map, representing who and what mattered during this historical periods (refer to table 2). Then, several positional maps were developed to determine what elements made a difference and identify what elements were invisible and how that invisibility was accomplished. This was achieved by plotting the positions of various individuals, collectives, nonhuman actants, discourses, organisations and others, situating them in relation to each other and the national competency standards.

Table 2: Ordered situational map of competency standards 1975 to 1990

Individual actors Genevieve Gray Rosalie Pratt Margaretta Styles Rosemary Bryant Marilyn Beaumont Pat Staunton Ruth White Elizabeth Percival Christine Alavi Stephanie Fox Leo Bartlett	**Nonhuman actants** NRA prescribed curriculum State examinations Clinical skills assessment forms Sister's ward report Skills lists Standards for nursing practice (1983) Competencies Hospital based courses Tertiary based courses Nursing care plan ANRAC Competencies 1988 ANRAC Competencies 1990
Collective actors Royal Australian Nursing Federation College of Nursing Australia NSW College of Nursing Florence Nightingale Committee Australasian Nurse Regulatory Authorities Conference Australian Hospitals Association State NRBs Newly qualified nurses Nurse educators	**Implicated/silent actors and actants** Behavioural objectives Nursing research ICN Code of Ethics ICN endorsed WHO Health for All by 2000 (1977) ICN Regulation (1983/5) The Lamp Australasian/ Australian Nursing Journal Issues in Australian Nursing (1982) Issues in Australian Nursing 2 (1989) Standards (Burton 1978)
Discursive constructions of individual/ collective actors ANRAC formalised to second yearly event (1976) Relationship between Leo Bartlett and ANRAC Steering Committee (re publication) Reality Shock (Kramer 1974)	**Discursive constructions of nonhuman actants** Gray on accountability 1982, 1989 Benner on competencies 1984, 1987
Political/economic elements MOVEET/NBEET/VEETAC Skill shortage and migration policy 1986 NOOSR 1989 National Training Board 1990 Higher Education Sector	**Sociocultural/symbolic elements** Nurses as women Goals in Nursing Education 1974 Goals in Nursing 1982 Nursing in Australia: A national statement 1989
Temporal elements Professional project/ accountability and research Skills shortage in Australia Microeconomic reform Regulation Benner's From Novice to Expert 1984 National Competencies Project 1986 National Competencies Assessment Project 1988 Quality and audit	**Spatial elements** State vs national regulatory mechanisms Australia as part of global marketplace Australia as part of international nursing community RANF and CoNA based in Melbourne NSWCN based in NSW
Major issues/debates (usually contested) Transfer of nursing education into tertiary education sector (from hospitals) National regulation of nursing Competencies – behavioural objectives explicit or limiting?	**Related discourses (historical, narrative, and/or visual)** Quality movement Research in nursing Immigration of Masters and PhD prepared nurses International doctoral education in nursing movement in Western sector Sax Report 1984
	Other key elements Competency based training Individualised patient care

FINDINGS

Two themes emerged from this analysis. Firstly, the concept of competence and the development of competency standards technology were promoted to address the unique problems or issues in diverse social worlds. Secondly, the *ANRAC Competencies* was designed to advance the professional project in nursing, supporting the transfer of nursing into higher education.

Theme 1 – Competence and competency standards were co-constructed to address social and political concerns

The history of competence and national competency standards in Australia involved a complex network of influences and contingencies that were worked together to co-construct competence and the *ANRAC Competencies* as the 'right tool for the job'. People from many diverse social worlds were working to identify solutions to a myriad of problems that could be related to nurse performance (see table 3).

Table 3: Problems that could be addressed by competence

Problem/issue	Authors	Social world
Increase labour market efficiency and equity	Gonczi, Hager and Oliver 1990	Government/ management
Support periodic staff evaluation for retention, promotion or merit pay	Wandelt and Slater 1975 Alspach 1992 Schneider 1979 Gonczi, Hager and Oliver 1990	Management
Relate quality of performance to quality of care	Wandelt and Slater 1975 Williams 1989	
Establish public accountability	McAllister 1998 Gray 1982	Regulation
Prevent role erosion	Cameron 1989	
Provide a basis for the professional accreditation of college courses	Cameron 1989	
Identify areas for learning and professional development	Wandelt and Slater 1975 Schneider 1979 Alspach 1992 Girot 1993 Schwirian 1978 Cameron 1989 Percival, Anderson and Lawson 1994 McMillan, Bujack and Little 1995 McAllister 1998	Education
Provide a basis for researching different approaches to nursing education	Wandelt and Slater 1975 Schwirian 1978 Fitzpatrick, While and Roberts 1994 Dozier 1999	Research

By 1983, Australia was experiencing a shortage of nurses, and was actively recruiting nurses from other countries and from those who had 'retired' from nursing to stay home with children (Informant 1). The Federal government was working to improve Australia's economic position by attracting already qualified people into the skilled workforce. To achieve these outcomes, the Federal Government required a national standard for entry to the occupation of nursing. Competence and national competency standards were attractive to government and nurse leaders engaged government support for the development of the competency standards.

The federated model of regulation led to state resistance to a national approach to regulation, specifically resisting a national examination (ANRAC 1976), a national approach to registration (ANRAC 1978), and national behavioural/clinical competencies (ANRAC 1982). Each state/territory authority was convinced that its standards were the 'best' and were unwilling to change. Leading up to ANRAC 1986, there was two years of industrial action, a looming nursing skills shortage, and public criticism of nursing care since the transfer of nursing education had begun. The transfer of nursing education was well advanced and a significant nursing shortage had emerged due to the loss of paid student nurses in hospitals. At the 1986 ANRAC meeting, a national set of competencies that could be used to regulate nurses seemed a natural development.

Two internationally acclaimed publications during this period are thought to have influenced nursing leaders: the *International Council of Nurses Report on Regulation*, by Styles (1985), which advocated standards for regulation of the profession and Benner's (1984) *Novice to Expert*, outlining a competencies approach to categorising nursing practice. It is of note that Styles attended the 1990 ANRAC meeting as a guest of the Australian Nursing Federation.

At ANRAC 1988, the *ANRAC Competencies* were presented to the meeting and a research project to validate the competencies in clinical practice was commissioned, with financial support secured from the regulatory authorities, the Federal government, two Branches of the Australian Nursing Federation (Qld and SA), and the Florence Nightingale Committee. The commitment to the national competencies by a diverse range of interest groups was reinforced through these financial contributions. By 1990, the 18-month National Competencies Assessment Project was completed and a three-part report (Butler et al 1990) was accepted. A single instrument to determine competence, in the form of the competency standards became a vehicle to drive forth a national approach to regulation/registration.

Through their shared passion to professionalise the occupation of nursing, nurse leaders developed relationships through their work in hospitals, colleges of advanced education, professional and union organisations, regulatory authorities and government agencies. Individuals worked within, and collaborated across professional groups such as the Royal Australian Nursing Federation (RANF), the New South Wales College of Nursing (NSWCN), the Florence Nightingale Committee (FNC), and the College of Nursing Australia (CoNA) to make the transfer of nursing education into the higher education sector happen.

But the transfer of nurse education to the tertiary sector was not certain. Resistance to the transfer of nursing education was greatest from nurses educated in the hospital system (Dowdall 1979) and the general public. News, letters, and articles advocating the transfer of nursing education were regularly featured in *The Australian Nurses Journal* (Hart 1985; Lawrence 1983; Watson 1982; Woodruff 1980). Through such publications the interests of the government, regulatory and now the professional worlds were aligned.

By the 1980 ANRAC meeting, the increasing numbers of college-based entry to practice programs raised the concern that "...the examination of the practical component was being neglected...." (ANRAC 1980, p.23). A project commissioned by the NSW regulatory authority confirmed what most already knew: there were no times set for clinical assessment, assessors were rarely prepared for the task, and over 48 forms existed to assess nursing practice in NSW alone (White et al 1976).

Early tertiary-based courses were not required to offer the curriculum prescribed by the state regulatory authorities (Pelletier 1985; Gibbons 1982; Slater 1977; Harte 1976; Martin 1975; Richardson 1972) but they did need to get the graduates of these early tertiary courses fully qualified as registered nurses. For the colleges of advanced education, a clear outcome standard, rather than a prescribed curriculum, was an attractive solution that could inform curriculum design and negotiations with the profession and employers.

State-based nurse regulatory authorities were confronted with the regulation of an increasingly mobile and diverse nursing workforce. Issues related to cross-border nursing practice, de-registered nurses in one state found to be practising in other states, and the increasing numbers of qualified nurses coming from overseas and retirement due to government initiatives were challenging. Once the complete transfer of nurse education from hospitals to the higher education sector began in 1985, regulatory authorities acknowledged that there would "suddenly be hundreds of nurses, who have had different educational pathways, applying for registration at the same time each year" (Informant 3). By 1985, the need for a national approach to regulation was considered urgent.

The skilled rhetoric of nursing leaders and their ability to move across different social worlds to make the interests of the various social worlds align through the 'solution' of competence and competency standards was critical to this becoming the preferred method of classifying nurse performance. These nurse leaders worked long hours and with incredible effort to make a national standard that could meet the needs of multiple interests. They were active in professional and industrial organisations, and crossed over into regulation through participation on state regulatory boards. Their collective voices were effectively crafted into arguments to professionalise nursing and published in the seminal text, *Issues in Australian Nursing*, edited by Jenkins, King and Gray (1982). The text was prescribed in many post-graduate nursing courses, increasing the network of people working to advance the professional project.

Theme 2 - Advancing the professional project in nursing through instrument design

Bowker and Star (2000) suggest the socio-political influences in the design of a classification system can be made visible by studying what is left out of, and newly appears in, the final version of this system. Analysis of the first competency standards technology, in the form of the 1988 and 1990 ANRAC Competencies, was undertaken by comparing it to two other systems published in the preceding five years (RANF 1983, NSWNRB 1986). It was found that:

- The *NSWNRB Competencies* (1986) included a competency (objective) related to the performance of clinical procedures that was not included in the 1988 or 1990 ANRAC lists; and
- Six of the 14 behaviours under Standard 1 (professional obligations) in the *RANF Standards* (1983) were left out (see table 4).

Table 4: Elements left out of the final version of *ANRAC Competencies 1988*

Item	Document
Acts to rectify unsafe nursing practice (S1.4)	RANF 1983
Uses resources effectively and efficiently (S1.6)	
....and engages in peer review (S1.7)	
Participates in quality activities (S1.9)	
Participates in activities of the profession's organisations (S1.13)	
... promotes the profession to the community (S1.14)	
Demonstrate an ability to perform clinical nursing procedures (C2 objective)	NSWNRB 1986

Removing the four elements related to systems that control nursing practice increased the risk of proletarianization of practice, which is borne out in the following decade (Herdman 1998). During this period, many considered skills to be easily learned 'on the job' after graduation (Clare 1993); the ability to perform clinical procedures was lost in the final iteration of the competency standards.

Two new competencies appeared in the ANRAC (1988) list. These were:

- Demonstrates a satisfactory knowledge base (C1); and
- Assists individuals or groups to make informed decisions (C11).

The inclusion of 'satisfactory knowledge base' and the involvement of nurses in patient-decision making again reflects the privileging of higher education by making knowledge, and in particular critical thinking skills, required for decision-making, explicit. Through these inclusions, the pursuit of professional status could be justified.

Over the 18-month research into the competencies, there were a number of negotiations between the research team and the Competencies Committee regarding inclusions and exclusions on the competencies list. The changes shift over time and some are highlighted in Table 5. Through their fieldwork, the research team became aware of the limitations of the *ANRAC Competencies 1988*. The research team tried to represent what they inferred, from observing practice and talking with assessors, into competencies. The Competencies Committee made the final decisions about what remained in the list and had significant influence on the report submitted to ANRAC in 1990.

Table 5: Changes in NCAP competencies 1989 to 1990

November 1989	March 1990
Missing competencies identified and agreed to add: • Managing multiple patients; • Manager and leader skills for supervision; • Dealing with relatives, visitors and general public; • Expand nursing diagnosis in planning; • Therapeutic communication and counselling; and • Nurse as a role model.	Missing competencies identified and agreed to add: • Focus on environment; • Individuals and groups woven throughout; • Leadership and role model combined; • Nursing diagnosis replaced with systematic approach; • Communication; • Collaboration with health care team; and • Effectively manages care of multiple patients.
Missing competencies identified and not agreed to add: • Caring, empathy, sensitive; • Political action; • Patient as a passive actor inferred; and • Psychomotor competencies.	Missing competencies identified and not agreed to add: • Domains from NCAP or Williams (1989).

In analysing the difference between the two competencies lists, 1988 and 1990, professional bodies and the higher education sectors are advantaged by the inclusions. However, these new competency standards would disadvantage those clinical nurses educated in hospitals who did not necessarily practice using the nursing process, and who struggled through the nursing shortage to deliver the requirement for holistic nursing care (Herdman 1998). The promotion of competence and competency standards as the preferred method for measuring nurse performance had ethical and political ramifications.

In summary, the emergence of competence and the development of the national competencies were irrevocably linked to the transition of nursing education into the tertiary sector, and the emerging national skills shortage in Australia more generally. It involved the social worlds of professional nursing organisations, nurse regulatory authorities, tertiary education, and federal government policy. This was a rocky history, with tensions between the socio-political interests of different groups, and particularly the broader Australian community. The selection of competence and competency standards technology can be attributed to a small group of strong and energetic nurse leaders who shared a vision for a nursing profession grounded in higher education to improve the overall quality of health care for Australians.

DISCUSSION

In researching how competency standards came to be the preferred technology for classifying nurse performance, the social and political influences of the time are found to be more important to the final instrument design than the research undertaken in the Nurse Competencies Assessment Project. A long series of events, actions and agendas promoted by passionate nurse leaders, led to the co-construction of competency and competency standards for the classification of nursing performance. Resistance to a national regulatory approach by individual states, previously empowered by a federated approach to regulation of nurses, was overcome by the national challenges associated with an increasingly globalised world.

The agreement to competence and competency standards as the preferred method of classifying nurse performance was not easily settled. There were debates and pastiches recorded in minutes of meetings and strong arguments for and against competency-based assessment were recorded in professional journals and academic publications. But a small band of passionate and energetic nurse leaders moving across diverse social worlds were able to promote competence and competency standards as a solution to the problems faced by state regulatory authorities, higher education based diploma courses in nursing, professional nursing bodies, and government.

The exclusion of clinical skills from the *ANRAC Competencies* generated widespread concerns about the ability of the graduates of tertiary-based programs to work as a nurse (Reid 1994). The decision by the Competencies Committee, working closely with the research team, to not include any criteria related clinical skills in the final competency standards had significant impact on the transition, with subsequent investment by the health industry, particularly the public sector, in transition-to-practice graduate programs emphasising skill development.

This research study demonstrates that competence and competency standards are not a natural phenomenon, that their co-construction has been socially and politically influenced with subsequent ramifications for hospital-trained nurses and the wider health care system. Concerns from hospital-trained nurses about potential effects of the changes to the education system were effectively rendered invisible in the pursuit of the professional project, with reports about the experiences of hospital-trained nurses during the transition published much later (Herdman 1998). Through this type of research into competence and competency standards, a space is opened up for debate about how to classify nurse performance, providing flexibility and opportunities for innovation.

This research shows the political and ethical influences on the *ANRAC Competencies* as a classification system by showing who was advantaged by what was included and excluded in the competency lists. Bowker and Star (2000) argue the architecture of classification schemes is simultaneously informatic and moral. The list tabled at ANRAC 1988 primarily provided for the interests of the tertiary and regulatory sectors. The ways nurses engage with people's bodies, the dirty work (Lawler 1991), is not explicitly counted in the final list. The specific practices and skills of daily nursing work are excluded from the list; they are secondary to knowledge and critical thinking. The classification system potentially excludes hospital-trained nurses and the general public, two social groups who opposed the transfer of nursing education into the tertiary sector.

LIMITATIONS

While this historical analysis has set out to reveal the actions, events, and discourses at work during the time of competency standards development, it is also producing a set of understandings that legitimate certain social attitudes and practices, and is of itself an ethical act.

CONCLUSIONS

The original *ANRAC Competencies*, published in 1990, was designed to legitimate the occupation of nursing as a profession, consistent with the argument for the transfer of nursing education to the higher education sector. With further iterations over the last twenty years, the competency standards instrument is a widely accepted black-box technology, taken-for-granted as the natural way to classify nursing performance. This study has shown competence and competency standards became the preferred method of classifying nursing performance due to confluent social and political interests in a period of significant economic reform. Rather than a natural way of measuring nursing performance, it was co-constructed by a range of people from diverse social worlds to address their concerns and to advance the professional project in nursing.

RECOMMENDATIONS

The findings of this study provide a cautionary note to those who use competency standards in their daily work. Understanding competence and competency standards are not a natural expression of performance increases one's awareness of possible limitations when using this or related instruments. It is timely for nurse researchers to revisit competence as an organising framework for classifying nurse performance and understand the effects of this framework on individual nurses, organisations and the Australian healthcare system. Finally, while this research has shown how competency standards became the preferred instrument for classifying nurse performance, how the standards became to dominate performance classification technology in Australia also requires research.

REFERENCES

Alspach, G. 1992. Concern and confusion over competence. *Critical Care Nurse*, 12(4):9-11.

ANRAC Nursing Competencies Project. 1988. *Requirements for registration or enrolment of nurses in Australia*. Adelaide: South Australia Nurses Board.

ANRAC Competencies Project Steering Committee. 1988. *Report to state and territory nurse registering authorities*, July. Unpublished.

ANRAC Competencies Project Steering Committee. 1989. *Report to state and territory nurse registering authorities*, August. Unpublished.

Ashworth, P. and Morrison, P. 1991. Problems of competence-based nurse education. *Nurse Education Today*, 11(4):256-260.

Australian Health Practitioner Regulation Agency (AHPRA). Undated. http://www.ahpra.gov.au/About-AHPRA/Who-We-Are.aspx, accessed 16 June 2011.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1976. *Report of the meeting in Hobart Australia*. Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1978. *Report of the meeting in New Zealand*. Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1980. *Report of the meeting in Sydney Australia*. Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1982. *Report of the meeting in Canberra Australia*. Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1984. *Report of the meeting in Melbourne Australia*. Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1986. *Report of the meeting in Darwin Australia.* Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1988. *Report of the meeting in Brisbane Australia*. Unpublished.

Australasian Nurse Regulatory Authorities Conference (ANRAC). 1990. *Report of the meeting in Adelaide Australia*. Unpublished.

Australian Nursing Federation (ANF). 1990. *The regulation of nursing in Australia: towards 2000*. Melbourne: ANF. Presented at ANRAC 1990, Unpublished.

Australian Nursing and Midwifery Council (ANMC). 2006. *National Competency Standards for the Registered Nurse, 4e.* Dickson Australia: ANMC.

Benner, P. 1984. *From novice to expert: excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.

Bottorff, J.L. and D'Cruz, J.V. 1984. Getting the public involved in the tertiary change. *The Australian Nurses Journal*, 13(11):47-49.

Bowker, G. and Star, S.L. 2000. *Sorting things out: classification and its consequences*. Cambridge Massachusetts: MIT Press.

Butler, J. 1990. *ANRAC nurse competencies assessment project: report to the Australasian Nurse Registering Authorities Conference*. Brisbane: Assessment & Evaluation Unit, University of Queensland.

Calman, L., Watson, R., Norman, I., Redfern, S. and Murrells, T. 2002. Assessing practice of student nurses: methods, preparation of assessors and student views. *Journal of Advanced Nursing*, 38(5):516-523.

Cameron, S. 1989. Competencies for registration of nurses in Australia. In Gray, G. and Pratt, R., eds. *Issues in Australian nursing 2ed*. South Melbourne: Churchill Livingstone, p.209-224.

Chambers, M.A. 1998. Some issues in the assessment of clinical practice: a review of the literature. *Journal of Clinical Nursing*, 7(3):201-208.

Chapman, H. 1999. Some important limitations of competency-based education with respect to nurse education: an Australian perspective. *Nurse Education Today*, 19(2):129-135.

Cheek, J., Gibson, T. and Gilbertson, J. 1995. Competencies: really or merely useful? In Gray, G. and Pratt, P. eds. *Issues in Australian nursing 4ed*. Melbourne: Churchill Livingstone, p.29-44.

Clare, J. 1993. Change the curriculum or transform conditions of practice? *Nurse Education Today*, 13(4):282-286.

Clarke, A. 2005. *Situational analysis: grounded theory after the postmodern turn*. Sage: Thousand Oaks.

Crookes, P. and Brown, R. 2010. The development of a pre-registration nursing competencies assessment tool for use across Australian universities. Final Report 2010. ALTC: Strawberry Hills Australia.

Dowdall, P. 1979. Fears of the hospital trained nurse, her future mobility and international recognition. *The Australian Nurses Journal*, 8(7):39-41,48.

Dozier, A. 1999. Professional standards: linking care, competence, and quality. *Journal of Nursing Care Quality*, 12(4):22-29.

Dugdale, A. and Grealish, L. 2010. New modes of governance and the standardization of nursing competencies. In Higgins, V. and Larner, W., eds. *Calculating the Social: Standards and the reconfiguring of governing.* Palgrave McMillan, UK.

Fitzpatrick, J.M., While, A.E. and Roberts, J.D. 1994. The measurement of nurse performance and its differentiation by course of preparation. *Journal of Advanced Nursing*, 20(4):761-768.

Gibbons, A. 1982. A smooth transition to a tertiary diploma. *The Australian Nurses Journal*, 11(11):56-58.

Girot, E.A. 1993. Assessment of competence in clinical practice – a review of the literature. *Nurse Education Today*, 13(2):83-90.

Gonczi, A., Hager, P. and Oliver, L. 1990. *Establishing competency-based standards in the professions. National Office of Overseas Skills research paper no 1*. Canberra: DEET.

Gray, G. 1982. Accountability. In Jenkins, E., King, B. and Gray, G. eds. *Issues in Australian nursing.* Melbourne: Churchill Livingstone, 191-196.

Hart, G. 1985. College-based education background and bugs: why it has happened. *The Australian Nurses Journal*, 15(4):46-48.

Harte, C. 1976. Tertiary undergraduate nursing education in N.S.W. Cumberland sets out. *The Australian Nurses Journal*, 5(9):20-22.

Herdman, E. 1998. Knowledge without power: the professionalisation of nursing. In Keleher, H. and McInerney, F., eds. *Nursing matters: critical sociological perspectives*. Marrickville, Australia: Harcourt Brace & Company, p.29-46.

Jenkins, E., King, B. and Gray, G., eds. 1982. *Issues in Australian nursing*. Melbourne: Churchill Livingstone, p.144-151.

Lawler, J. 1991. *Behind the screens: nursing, somology and the problem of the body*. Melbourne: Churchill Livingstone.

Lawrence, M. 1983. Baccalaureate degree – the issue of entry to nursing practice. *The Australian Nurses Journal*, 12(8):50-51.

Martin, C. 1975. Milestone in education. *The Australian Nurses Journal*, 4(7):21-24.

McAllister, M. 1998. Competency standards: clarifying the issues. *Contemporary Nurse*, 7(3):131-137.

McMillan, M., Bujack, E. and Little, P. 1995. Competence: learning through assessment and appraisal. In Gray, G. and Pratt, R. eds. *Issues in Australian nursing 4*. South Melbourne: Churchill Livingstone, p.45-60.

Milligan, F. 1998. Defining and assessing competence: the distraction of outcomes and the importance of educational process. *Nurse Education Today*, 18(4):273-280.

New South Wales Nurses Registration Board (NSWNRB). 1986. *Competencies to be developed in college basic nursing programmes.* Sydney: NSWNRB.

Pelletier, D. 1985. College-based education background and bugs: optimising the transition. The *Australian Nurses Journal*, 15(4):48-49.

Percival, E., Anderson, M. and Lawson, D. 1994. Assessing beginning level competencies; the first step in continuing education. *The Journal of Continuing Education in Nursing*, 25(3):139-142.

Redfern, S., Norman, I., Calman, L., Watson, R. and Murrells, T. 2002. Assessing competence to practise in nursing: a review of the literature. *Research Papers in Education*, 17(1):51-77.

Reid, J.C. 1994. *National review of nurse education in the higher education sector, 1994 and beyond*. Canberra: Australian Government Publishing Service.

Royal Australian Nursing Federation (RANF). 1983. *Standards for nursing practice*. Melbourne: RANF.

Richardson, S.S. 1972. Does nursing education have a place in tertiary education? *The Australian Nurses Journal*, 1(9):16-18.

Schneider, H. 1979. *Evaluation of nursing competence.* Boston: Little, Brown, & Company Inc.

Schwirian, P.M. 1978. Evaluating the performance of nurses. *Nursing Research,* 27(6):347-351.

Star, S.L. and Lampland, M. *2009 Reckoning with standards.* In Lampland, M. and Star, S.L. (Eds) Standards and Their Stories: How quantifying, classifying and formalizing practices shape everyday life. Cornell University Press: London.

Slater, P. 1977. The beginning of a new era in nursing education in Australia. *The Australian Nurses Journal,* 6(6-7):7-10.

Styles, M. 1985. *Report on the regulation of nursing: a report on the present, a position on the future.* Geneva: ICN.

Tilley, D.D.S. 2008. Competency in nursing: a concept analysis. *The Journal of Continuing Education in Nursing,* 39(2):58-64.

Wandelt, M.A. and Slater, D. 1975. *Slater Nursing Competencies Rating Scale.* New York: Appleton-Century-Crofts.

Watson, J. 1982. Traditional v. tertiary: ideological shifts in nursing education. *The Australian Nurses Journal,* 12(2):44-46 & 64.

White, R., Dunstan, M., Poirier, S., Burns, E. and Sweetland, R. 1976. *Evaluation of the clinical performance of students of nursing in NSW: report for a project for the NSW Nurses Registration Board.* Sydney: UNSW Tertiary Education Research Centre.

Williams, L., 1989. *Report of the research project to develop role statements for nurses.* Brisbane: Queensland Board of Nursing Studies.

Woodruff, A. 1980. Nursing education beyond 1985. *The Australian Nurses Journal,* 9(8):34-36.