I am a registered nurse of over 20 years’ experience. I am also a nurse educator, teaching enrolled nurse students. During my time working as a registered nurse, I have been privileged to work with many enrolled nurses, and have supported many student and graduate registered and enrolled nurses as a mentor and team leader. Graduate registered nurses need time to integrate skills and practice in the workplace, and this usually takes years. They require effective support to grow and develop these skills. Providing the required level of support can be challenging when the ward is busy, and workload pressures are always increasing. Sometimes wards are staffed solely with registered nurses who are all less than 5 years graduated. There are many studies demonstrating that nursing staff inexperience leads to poorer health outcomes.

I believe that an experienced enrolled nurse (EN), working for over 5 years, is a significantly greater asset to the workforce than a new graduate registered nurse (RN). We should recognise the asset we have in our experienced enrolled nurses, and re-numerate them appropriately. This may help to retain enrolled nurses as enrolled nurses, which would in the end still lead to a cheaper workforce.

We should recognise this hands on experience when supporting enrolled nurses to transition to registered nursing. There should be greater recognition of an experienced enrolled nurse’s critical thinking and time management. Clinical placement hours should be reduced, at least by the number of hours required for training as an EN, more so for very experienced EN’s. Many EN courses have extended the length of time for study to 2 years. The level of knowledge and skill demonstration required for enrolled nurses to be successful in their training is significant. My experience has been that EN students are far better prepared and work ready on graduation. The responsibility an enrolled nurse has is far greater than a student nurse, at any level. The enrolled nurse is a registered practitioner, fully responsible for their actions and practice, answerable to the NMBA and AHPRA.

This leads to my proposal that, in order to become a registered nurse, we should have a process that students attend 2 years training as an Enrolled nurse. At this point, the Qualified Enrolled nurse can work in the health care system, supported to grow and develop as a junior member of the team. Experience on the ward should be recognised and re-numerate up to the equivalent of a second year RN. The qualified EN may then choose to go on to further study to become a registered nurse, with a further 2 years study required, but reduced clinical placement requirement and recognition of years of experience contributing to this.

Benefits of this proposal would be:
1) Faster preparation of nurses ready to join the workforce, once qualified as an EN
2) Retention of qualified enrolled nurses, having recognition of skills and knowledge, and being appropriately rewarded.
3) A greater ability to apply theory to practice in study at university, meaning greater depth of learning
4) Less support required for RN graduates required, as they would have experience as an EN, and the transition to RN would not require the intense “sink or swim” system we currently have, which leads to quick burnout and loss of some amazing potential nurses.
5) Clear pathways for development and growth in the workforce.

Thank you for taking time to consider my discussion.