

## **Review of Nursing Education: Educating the Nurse of the Future**

### **The Terms of Reference for the Review**

- the effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery
- factors that affect the choice of nursing as an occupation, including for men
- the role and appropriateness of transition to practice programs however named and
- the competitiveness and attractiveness of Australian nursing qualifications across international contexts.

The Review will also have regard to regional needs and circumstances and national and international trends, research, policies, inquiries and previous reviews related to nursing education.

## **1. Bachelor of Nursing Program**

### **1.1 Enrolment / Attracting quality students**

Consider the introduction of a mandated minimum ATAR (or equivalent) for enrolment in a Bachelor of Nursing. Currently, ATAR scores required to enter BN courses are driven by demand. Some universities enrol students with an ATAR equivalent to 30%. Mandating a minimum ATAR (for example of 60%) will raise the quality of those entering the profession.

Consider the introduction of mandatory mathematics and biology in Year 11, as a prerequisite for enrolment in Bachelor of Nursing courses. Data at this university suggest that 1<sup>st</sup> year students struggle most with biology and drug calculations. Mandating completion of mathematics and biology will help prepare students for the content they require within the degree.

### **1.2 Workforce planning**

Government / department of health guidance to be provided to the Universities regarding maximum numbers required per year to meet workforce needs / positions available in graduate nurse programs (GNP). Limiting the number of student positions offered will raise the quality of those entering the profession (by increasing competition for places) and ensure students who complete have employment opportunities.

### **1.3 Course content and delivery**

The existing course accreditation standards are arguably too broad and open to interpretation. University providers can place emphasis on any area which will result in inconsistency of graduate preparedness. Rather than a prescriptive approach (as seen in the UK), it would be preferable for that course requirements to include a breadth and balanced spread of content areas. Adequate stakeholder input into course content and delivery, through formal and informal mechanisms is required. Workforce planning, trends and issues in care delivery, should inform course content and delivery.

### **1.3.1 Course duration**

Four-year degree: The Australian Qualifications Framework (AQF) indicates that the volume of learning in a Bachelor degree is 3 years. The addition of a 4th year of study is equivalent to the workload volume in Honours. This is likely to result in many universities deeming the course to be labelled 'Honours'. This is already occurring in many 4 year degrees. Graduates of these types of 'Honours' degrees are not set up to undertake research in any meaningful way, and this is likely to detract from current traditional Honours to PhD research pathways.

Additionally, all accredited courses have been deemed to meet the current course standards, and therefore deliver all requisite information. There is no evidence that quality suffers as a result of the 3-year degree, and no consensus that content is missing in the 3 year degree, and therefore no justification for an additional year.

### **1.3.2 Mode of delivery**

A minimum volume of face to face learning hours in any one BN program should be mandated. Currently, there is significant variation in course delivery, ranging from primarily online to primarily on campus and face to face. There are key skills in nursing that cannot be taught or assessed in an online learning environment. Examples include, verbal and non-verbal communication, professional behaviour and most clinical skills. We are concerned that currently there are existing courses that are too heavily reliant on online and off-campus learning.

### **1.3.3 Discrete content**

Currently there are two specified required topic areas mandated to be delivered discretely. The requirement for a discrete Indigenous health unit contradicts the preferred approach of integrating material across a curriculum. Moreover, the mandating of Indigenous content seems unbalanced in view of the diverse Australian cultural mix. In addition, the emphasis on discrete mental health care and WIL experiences fail to recognise that mental health is experienced across the broad and varied range of health care settings. University providers should have the ability to deliver this content as it best integrates with their curriculum.

The Bachelor of Nursing degree is a generalist degree to reflect registration which covers the care of people across the lifespan, in the community and acute care settings. Mental health and disability are issues in the generalist population that should be addressed in a generalist curriculum. Issues across the lifespan for men and women, birth, childhood, adolescence, aging and death should also be included.

## **1.4 Articulation pathways**

Students studying Bachelor of Nursing courses can no longer exit as Enrolled Nurses. We suggest that a recognised pathway be established to add flexibility to workforce

numbers. There could be specific guidance provided outlining the content and skills required in the BN to enable students to pathway to work as ENs.

### **1.5 Work Integrated Learning (Clinical placement)**

The quality of work integrated learning needs to be more closely regulated. Currently, there is no evidence regarding the number of hours of WIL necessary to achieve requisite standard. The quality of the WIL experience is more relevant than the volume of hours. It is important there are clear learning objectives, varied experiences, supportive supervisors, and clear communication between the university and health service. The quality of student supervision, exposure to required experience, opportunities for interprofessional learning in the clinical space are essential. The university provider must take responsibility for sourcing and oversight of the WIL experience. There needs to be adequate mapping of the variety of clinical placement for existing programs to ensure a well-rounded generalist graduate. Students' who find their own clinical placement are unlikely to be able to source the variety and quality we might expect from a more structured program.

Additionally, in Victoria, the cost of WIL is prohibitive, at approximately \$70 per student per day (minimum cost for 800 hours = \$7,000). Standardised costings across Australia would provide equity for education providers. Accreditation standard 8.6 states "Academics, nurse clinicians and other health professionals engaged in supervising and supporting students during workplace experiences are adequately prepared for this role and seek to incorporate contemporary and evidence-based Australian and international perspectives on nursing practice". As most supervisors in workplace experience are employed by the health service it is difficult for the universities to ensure this standard is met.

## **2 Graduate Nurse Program (GNP)**

While graduates of a three-year Bachelor of Nursing can be registered as nurses, it is important to recognise the significance of the GNP, which enables novice registered nurses to consolidate nursing theory and practice in a supported setting. The existing GNP guidelines are both vague and not enforceable, which leads to significant variability in: rotations, study days, and expected work. We suggest a set of Standards to guide consistent delivery and importantly, that every graduate has the opportunity to complete a GNP. Additionally, the GNP should be available via ComputerMatch to international students who completed study in Australia.

## **3. Nurse Practitioner**

### **3.1 Volume of learning in a Master's degree**

The Australian Qualifications Framework (AQF) dictates that a Masters Degree by coursework (level 9 of AQF) such as the Nurse Practitioner Masters, has a volume of learning equivalent to 1 – 2 years of full-time study. This volume of learning can be reduced as follows:

- Where a level 7 qualification in the same discipline is already held by the applicant, the volume of learning can be reduced to 1.5 years of full-time study,
- Where a level 8 qualification in the same discipline is already held by the applicant, the volume of learning can be reduced to 1 year of full-time study.

The Standards for Nurse Practitioner state that students must hold a Graduate Certificate in their specialty prior to enrolment. Using the AQF, this Graduate Certificate should be recognised and credit provided, but the NMBA have denied such credit, forcing students to complete 3 years of full-time study, equivalent in workload to Level 10 of the AQF (Doctoral degree).