

**The Australian College of Children and Young People's Nurses**

**Coordinated submission to the  
Independent Review of Nursing Education  
Educating the Nurse of the Future**

**26<sup>th</sup> June 2019**

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To: Emeritus Professor Steven Schwartz AM  
Educating the Nurse of the Future  
Independent Review of Nurse Education  
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The Australian College of Children and Young People's Nurses (ACCYPN) provides this submission on behalf of its members to the Educating the Nurse of the Future -Independent Review of Nurse Education.

ACCYPN wishes to provide comment against the Terms of Reference of the review, to highlight concerns from ACCYPN members regarding current nurse education and recommendations for future nurse education.

#### **ACCYPN Member concerns raised regarding current Nurse education:**

- There are concerns about the low ATAR score of students entering nursing education programs needing 70 as a base line to succeed and universities allowing lower scores at entry are seemingly setting students up to fail.
- The large number of students with inadequate numbers of permanent staff to support students. There are reports of a large proportion of teaching which is covered by casual staff who may have limited investment and training in educational practice.
- Reports that academic staff with over 1000 students in 1st year 1st semester and no administration or IT support leading to poor quality teaching and limited support for students.
- Students not being supervised on clinical placements by RNs - a way to address this may be to make it compulsory for RNs to supervise as part of registration renewal so then seeing supervision as an asset rather than a burden.
- University accepting students with English language skills scores of 6 or 6.5 when they need 7 to register.
- The lack of anatomy and physiology, drug interactions, disease progression and patients centred care knowledge at the completion of course of study. It is suggested to make the course nationally 4 years and make tutorials compulsory.
- Additionally, this issue may be addressed by national exit exams on anatomy and physiology, drug calculations and disease progression compulsory before registration can be obtained.

#### **ACCYPN Members specific concerns regarding nurse education for children and young people's community nursing:**

- Soon to graduate 3rd year undergrads are regularly placed in the "community" in the Child Health Service for either 2 or 4 weeks for their "paediatric" placement.
- Children and young people's nursing is a speciality nursing practice
- During these placements they have minimal if any hands-on experience, their learning objectives are vague,
- Students are understandably more focused on finishing their degrees and always express their concerns related to their ability to find job when they do graduate.
- There have been reports that on several occasions undergraduate students have been advised (during their community placement) by their facilitator that as they had failed recent assessment they will not be able to progress with their placement or their studies. It is concerning that students can get so near the end of their course of study and then potentially be asked to leave.
- Undergraduate students vary in their degree of interest when in the community and it is unclear as to the value it adds to their paediatric knowledge and skill set.
- On occasions undergraduate students where English is their second language are finding the program very challenging, and it is concerning that student have progressed to third year without support or at least respectful honest feedback.

Nursing is a critical profession central to the functioning of the health care system and needs to meet national and international standards.

#### **ACCYPN Member Response to the Terms of reference:**

##### **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**

Current university preparation of registered nurses is comprehensive and addresses practice knowledge, skills and attitudes. These are taught within the context of the university clinical laboratory which ensures students can safely practice their skills with mannikins prior to performing skills with real patients/clients in the clinical setting. Clinical

placements ensure students practice under the supervision of a registered nurse preceptor and clinical facilitator to confirm safety and competence. Assessment completion guarantees a safe practitioner.

However, the expectation of registered nurses being able to perform at a high level on graduation is concerning, as nurturing and further integration into the health care setting is required. Early RNs still require supervision within a team. The health care setting requires further resourcing to ensure these early registered nurses are not counted as staffing for their first year in practice. This will ensure that their first practice year is safely traversed with learning occurring regarding how to recognise the deteriorating patient, how to solve conflict situations, how to maintain awareness of monitoring and supervision of patients and other team members etc.

Furthermore, further resourcing and/or monitoring of the university sector is required to ensure all students receive the use of their allocation of government funding and fees paid.

The average class size and span of control of the Lecturer in Charge of a unit continues to expand. Despite increasing student enrolment, the increase in fees does not result in more staffing at the grass roots level of lecturing and teaching. Many academic staff (for clinical laboratory and tutorial sessions) are employed casually/sessional in insecure positions, by which they difficulties in maintaining an adequate income from their chosen profession of teaching nursing. Increasing casualisation creates a burden on permanent academic staff who have less time to invest in teaching and conveying professional attitudes and values. Their time is spent more and more on administrative tasks and electronic learning preparation and management, rather than face to face teaching and meeting with students. Government supervision or standards are required to ensure universities do not allocate student funding inequitably by means of extremely high salaries to Chancellors, Vice-Chancellors and executive staff, at the expense of adequate numbers of permanent academic staff involved in teaching and research.

The articulation between enrolled nursing and registered nursing is good with appropriately planned pathways in most universities.

Of major concern is the lack of paediatric and child health nursing (children and young people's nursing) content being taught/covered in most undergraduate nursing courses. Separate paediatric units of study drift in and out of favour within Bachelor of Nursing courses. Curricula which aim to "incorporate the lifespan" within each unit of study usually fail due to a lack of knowledge and awareness of younger and older people by many academic staff. Ideally, specialised paediatric and aged care academic staff and clinicians should be providing teaching and curriculum input into each nursing qualification across the country.

### **Factors that affect the choice of nursing as an occupation, including for men**

Nursing still bears the historical perception of being a female style of profession and is still a female-dominated profession. Female nurses perform highly appropriately in all roles, including executive roles. However, there is often a lack of recognition of (female) nurses as being just as or more so accomplished and professional as (male) personnel from other professions such as medicine or engineering. Recognition of nurses is important for nursing to be seen to be as valued as other professions to both women and men. Sporting heroes are celebrated and recognised far more than nurses, yet a nurse's day to day work will touch thousands of lives across a lifetime.

### **The role and appropriateness of transition to practice programs however named.**

Transition to practice programs are very important and should be conducted as a partnership across the health care and higher education sector. While the theoretical concepts for basic nursing are covered within their initial nursing qualification, newly graduated nurses will need to study contextual theory and skills relevant to their practice area. A nursing qualification prepares one as a generalist graduate and yet each ward/setting has its own speciality (surgical, medical, cardiac, paediatric etc). It is recommended that a graduate year where nurses complete a transition to practice program be aligned with a graduate certificate in a nursing speciality to ensure appropriate advancement of a nurse's career and recognition of the extra study and learning being undertaken at that time. Education is not the speciality of the health care sector, so ideally a jointly run or recognised transition to practice program should be offered to ensure students are studying in the postgraduate space of the higher education sector.


### **Additional comments**

#### **ACCYPN Members recommend:**

- Children and young people's nursing be recognised as a stand-alone speciality.
- Student nurses are supported to specialise after the first 18 months of study which also enables placements to be appropriately allocated.
- Paediatric units should be incorporated into education and all units should be for compulsory attendance. Where units of study are non-compulsory attendance, students are not inclined to attend with the potential that new graduate nurses are being employed with limited knowledge of nursing children.
- Longer clinical placements. Some student have only 2 weeks which is inadequate.

- Ensuring that all Preceptors/Mentors hold the appropriate qualification to do the job and are provided with education and training.
- More appropriate clinical placements – placements with non-nursing community organisations are inadequate preparation. In addition, clinical placements in aged care facilities do not adequately prepare nurse for caring for children and young people. Clinical placements must be supervised by Registered Nurses.
- Extending the length of the degree to four years, with the fourth year being utilised with transitioning into practice through working in clinical practice.
- Standardising the nursing degree to have a national nursing degree.
- In looking to the future, it is important to review any other programs (e.g. blue-sky programs) to meet the needs of nursing into the future- not just examine the ones we have now.
- In thinking about the future- we may need to consider the education of nurses more broadly than just being provided by education and health involved in education for example: Nurse Unit Managers may need training by industry and nurses may need education through cultural groups if they are working in rural/remote Aboriginal and Torres Strait Islander communities or by specific CALD groups

ACCYPN thanks you for this opportunity to contribute to this important review of nurse education.

Signed:   
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Chair, Board of Directors  
Australian College of Children and Young People's Nurses

Date: 26/6/19