

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.

Enrolled and Registered Nurses are members of the nursing profession that are integral to public safety and meeting increased health demands into the future. Currently, the education of Enrolled Nurse is undertaken in the VET sector with Registered Nurse education at AQF 7 level. There is an established and recognised disconnect between these education providers. The VET sector has accreditation with ASQA and is dominated by a focus on 'trade' rather than profession. Under these standards our future EN workforce are required to have 'assessors & trainers' (not academics) and postulate that an EN with a Certificate in training & assessment is suffice. The notion that a RN (despite a higher qualification) does not meet this ASQA standard is contradictory to our nursing professional Standards. It appears ludicrous that a RN with a doctorate is deemed not to meet ASQA standards. Equally, that the clinical placement experience must be supervised and assessed by RNs yet are not eligible to teach in the VET sector.

In addition, VET sector programs must deliver a National Curriculum that is inflexible to adapt to current pedagogical/andragogical approaches and slow to react to changes in health priorities and changes in health care environments. In addition, there is a predominant focus on technical skills more than cognitive. This has led to difficulties in articulation into AQF 7 educational Programs, where 'bridging courses' have to be devised on entry, which increases cost and time for both the student and academics. According to VET standards, students must be given 3 attempts to pass any stage which reinforces a rote learning approach. Hence, on articulation to the tertiary sector is a challenge as students are required to develop the critical thinking and problem-solving skills to meet professional practice in health care contexts.

The disconnect between educational preparation of ENs and RNs is further exacerbated by a perception that ENs are task trained and RNs are educationally prepared.

As one profession, future workforce development requires a clear articulated pathway from EN entry into higher degrees at higher education level, that scaffolds educational requirements that imbue the critical thinking, analysis and problem-solving standards

determined by our nursing profession. This consistency in education would increase efficacy and efficiency in our future workforce graduates.

Nurse Practitioner education and uptake within Australia has been hampered by political interventions and a requirement to work 'under' a doctor. This is on the assumption that the NP student can be 'accepted' and 'endorsed' by the doctor. The role of NP is meant to be professional nursing focused and regulated. At the completion of this education there is not a great availability of positions. Within the rural and remote contexts, this role is crucial to mitigate this already vulnerable population. Areas that do have NP have demonstrated benefits for the public. However, the restrictive nature of NP is based on a 'specialisation' (Diabetes, Emergency) which means that as a NP you cannot take this endorsement to any other context. Having said that, the NP who is rural/remote is a specialist generalist. There needs to be consideration (obviously along with the extant literature) on educational preparation and implementation that will contribute to towards better health outcomes.