SUBMISSION TO: EDUCATING THE NURSE OF THE FUTURE - THE INDEPENDENT REVIEW OF NURSING EDUCATION

27/06/2019

INTRODUCTION

Universities Australia (UA) welcomes the opportunity to make a submission to *Educating the nurse of the future*, the first independent nursing education review since 2002. The purpose of the review is to examine how nurse preparation can best meet the service needs of the future health system.

UA is the peak national body for Australia's thirty-nine comprehensive universities. This submission is from a whole of sector perspective and has focused on those terms of reference relevant to the sector overall. It has been developed in consultation with UA's Health Professions Education Standing Group (HPESG). HESPG comprises representatives from the Councils of Deans of all health disciplines, including the Council of Deans of Nursing and Midwifery (CDNM). UA refers the reviewer to CDNM's separate submission for additional information.

RESPONSE TO THE REVIEW (See Appendix A for the full Terms of Reference)

NURSE EDUCATION IN AUSTRALIAN UNIVERSITIES

Australian universities play an important role in delivering nurse education. Most[1] offer approved courses leading to Registered Nurse (RN) and Nurse Practitioner (NP) registration. Many also provide other approved pre and post-registration nurse specialisation qualifications and some additionally offer Enrolled Nurse (EN) education courses. However, the major focus of nursing education in Australian universities is the provision of approved degree courses leading to RN – and to a lesser extent NP – registration[2]. RN registration involves undertaking an approved Bachelor of Nursing (BN) degree. NP registration requires undertaking a Master of Nursing degree[3]. Many universities also provide other approved nurse specialisation qualifications, including midwifery, and bridging courses for overseas trained nurses at under- and postgraduate levels. EN registration involves undertaking an approved diploma of nursing course. This qualification is usually attained through the VET sector, however some dual-sector universities also offer EN courses.

ARTICULATION BETWEEN ENROLLED AND REGISTERED NURSES AND NURSE PRACTITIONERS

ENs, RNs and NPs are all distinct and different roles. While career progression from EN to NP is possible, each is a protected title which stands in its own right under the National Law[4] and each has its own well-defined scope of practice and responsibility. Students may choose one nursing role over another in order to work in a particular way, rather than see their qualification as a step on a nursing career ladder. However, course articulation can be useful in providing pathways across different roles where warranted.

[1] About 84% of Universities Australia's 39 members

[2] In 2017, there were 64,592 Bachelor of Nursing and 634 Postgraduate/Masters in Nursing enrolments in Australian universities. Source: Higher Education Information Management System (HEIMS) 2019

[3] Completion of an approved course is a necessary but not sufficient criterion for registration as an RN or NP. University courses are approved through accreditation by the Australian Nursing and Midwifery Accreditation Council against the NMBA's standards.

[4] Health Practitioner Regulation National Law Regulation 2018: HTTPS://BIT.LY/2N6PFZL

Requirements for registration for each different nursing role are mandated by the Nursing and Midwifery Board of Australia (NMBA). Undertaking an approved course of study is a component of registration and all approved Australian nursing courses have met these professional accreditation standards. However, other factors relevant to registration lie outside the remit of education providers. Course articulation is therefore only one component in considering nursing career pathways.

Universities generally have effective links between EN and RN (Bachelor of Nursing or BN) courses. Articulation models can be based on variations of: credit-transfer arrangements; nested awards; VET-university guaranteed pathways; and collaborative curriculum partnerships. For example:

- in dual sector universities and in universities offering EN courses through university colleges there is usually a seamless transition between the two;
- in other situations, EN qualifications are invariably recognised by universities through mutual recognition programs whereby at least twelve months advanced standing is provided allowing ENs to enter the BN course at year two; and
- in other cases, an offer is made to enter the BN course through an equivalent ATAR that takes the EN qualification into account.

How the articulation occurs is a decision for each individual higher education institution.

NMBA requirements for registration as an NP include current registration and experience as an RN and undertaking an approved Master of Nursing (MoN) qualification. Approved courses are offered by roughly two thirds of Australian universities and are available across all jurisdictions. However, one obstacle to undertaking MoN courses in Australia is the lack of a national system or policy approach to the allocation of Commonwealth Supported Places (CSPs) for postgraduate study[5]. Only some MoN courses attract Commonwealth subsidies. Many do not – and when this occurs, postgraduate nursing study must be fully paid for by the student. Further, NP and other postgraduate nurse specialisation roles are rarely linked to significant salary increases. These factors can impede the uptake of postgraduate qualifications in nursing but lie outside of the remit of higher education providers.

THE EFFECTIVENESS OF NURSE EDUCATION

Australian nursing qualifications for both pre- and post-registration programs effectively fulfil the requirements of the nursing charter(s) against which they are set out.

Pre-registration programs: The charter for pre-registration nursing programmes in Australia is to prepare beginning practitioners. Current approved Bachelor of Nursing (BN) degrees leading to registration as an RN are full and comprehensive degrees and adequately cover the range of nursing skills required for a newly qualified nurse to practice. BNs include a minimum compulsory clinical placement component of 800 hours; however some universities provide more than this and/or augment further clinical education with simulation approaches.

After successfully completing a BN, a newly qualified nurse is ready to enter the workforce as part of a health service team with other nurses and health professionals. They have the basic skills, competencies and capabilities to safely and effectively do the job they were educated and trained for – within their qualification's scope of practice. Without such knowledge and skills, they would not have been approved to pass their degree. These skills and competencies have already been practiced many times during their degree course. However, like most professions, greater capability and confidence arise as these skills are even further bedded down in the workplace.

There is a definite role for health services to manage, mentor and orient new graduates to their service when they commence and as part of a nurse's ongoing professional development. Formal transition to practice programs are one way to do this; however they do not need to be mandatory as multiple other effective

[5] Where CSPs are allocated, course costs to students are substantially reduced.

options exist. The way in which a new nurse's clinical skills and confidence are developed is ultimately a matter for the health service. It is useful, however, for health services and universities to have a realistic, shared and clearly articulated understanding and agreement of what a new graduate nurse at the start of their career looks like.

Post-registration programs: Postgraduate nurse training, either through postgraduate diplomas or through MoN degrees, similarly meet the nursing charters against which they are set. Postgraduate programs often provide deeper but more specialised knowledge in particular areas (e.g. paediatrics, child and family health, addiction medicine, aged care). Nurses undertaking such courses are already qualified RNs with some years of clinical experience. Nurses entering health service roles with such postgraduate qualifications already have well developed clinical skills and abilities. However, health services still need to provide orientation training, mentoring and continuing professional development to advanced practice nurses and NPs.

THE COMPETITIVENESS AND ATTRACTIVENESS OF AUSTRALIAN NURSING QUALIFICATIONS ACROSS INTERNATIONAL CONTEXTS

The competitiveness and attractiveness of Australian nursing qualifications can be considered from two main perspectives:

1. the ease and frequency with which Australian nurses are employed overseas; and
2. the demand for/numbers of international students undertaking nursing qualifications at Australian universities.

There is little available data in relation to point one. However, anecdotal evidence suggests that Australian RNs are employed with ease in many countries and in some cases, such as the UK, are actively sought out. The number of countries in which Australian nursing qualifications are automatically recognised is also a useful indicator. The NMBA is best placed to provide further information about this.

There has been a steady growth in the proportion of international students undertaking nursing courses in Australian universities in recent years – from 2.9 per cent of all nursing enrolments in 2001 to 13.5 per cent in 2017[6,7]. Various factors influence where international students choose to study. However, the quality of Australian nursing courses is likely to be one determinant. In 2019, ten of the 33 Australian universities offering nursing courses were in the top 50 world university rankings for nursing courses and a number of others were ranked within the top 100[8].

THE RESPECTIVE ROLES OF THE EDUCATION AND HEALTH SECTORS IN EDUCATING THE NURSING WORKFORCE

Nursing education, like most health professional education, is a shared responsibility between higher education providers and health services. In broad terms, universities focus on the educational component – that is, foundational, theoretical and clinical knowledge and clinical/skills development. Health services focus more on the training component – embedding and reinforcing clinical skills, health service/system culture, professionalism/working as part of a team and ongoing professional development. However, in reality, responsibility for many of these areas overlap. Responsibility for different education and training elements also varies depending on the model used for clinical education/placement: university facilitator model; health service supervisor model; or shared facilitation model.

Optimal education and training outcomes are more likely when health services and universities work collaboratively regarding graduate nurse skill requirements, clinical placements and quality supervision.

[6] This has been part of a general increase in nursing enrolments over time for both domestic and international students.

[7] This includes all nursing enrolments including BN, postgraduate and bridging courses but the main focus is BNs (RN courses).

[8] QS World University Rankings 2019: https://www.topuniversities.com/university-rankings/university-subject-rankings/2019/nursing

Clinical placement capacity and the need to expand placements to non-traditional settings to better address workforce need is a growing issue for universities and health services and an area in which supported partnership approaches can make a significant difference[9].

MEETING HEALTH SERVICE NEEDS

Health professional workforce is fundamental to health service delivery. Nurses are the largest health professional workforce in Australia[10]. Understanding the evolving education and training requirements of nurses – and other health professions – is key to providing effective care that meets changing community and health service needs.

Health workforce need is dynamic, affected by multiple factors including international, national and local situations, population change, disease profiles and models of care. It is also likely to change rapidly in the future with increasing technological development.

What the nurse of the future looks like within this dynamic and rapidly changing environment is unclear. What is clear though is that our whole health workforce will increasingly need to respond to:

- growing proportions of older people in the population;
- high levels of chronic disease;
- team based, consumer-focused models; and
- new modes of delivering and monitoring care (wearables, apps, telehealth).

Many of these approaches lie outside of traditional, hospital-based, acute care.

A greater need for nursing and other health professional workforce has already been identified in aged, primary, mental health and disability care, as well as in rural health services. (Nurses are Australia's most evenly distributed health workforce, however nurse shortages are growing, including in rural Australia.) Broader workforce signals also suggest that while lower skill, routine occupations are being replaced by automation, high skill, high touch occupations, management and leadership are workforce growth areas[11]. These are already critical skills in many health professions, especially nursing. As technology and AI broaden their reach, nursing and nurse education will likely need a greater focus on both:

- technology and working *with* machines; and
- areas of ability where humans dominate, such as critical thinking, creativity, consumer service, social perception/judgement, and communication.

How these factors translate overall to the volume, skills mix (including EN, RN, and NP numbers), advanced practice scopes, distribution and education of nurses and other health professionals needs careful consideration. It involves ongoing communication, planning, data gathering and linkage between the multiple stakeholders and tiers of government who work across the health, social services and higher education sectors. UA continues to recommend the establishment of an enduring mechanism that brings these elements and stakeholders together on a frequent basis to determine Australia's evolving health workforce and associated education and training needs.

Close, ongoing and timely dialogue between the National Nursing and Midwifery Education Advisory Network (NNMEAN), the NMBA, the Australian Nursing and Midwifery Accreditation Council (ANMAC), universities and other higher education providers is an important first step towards this goal and will be critical to

[9] TRACS to the Future: National Evaluation of Teaching and Research Aged Care Services (TRACS) Models, Final report 2015: https://bit.ly/2E3Chsh

[10] In 2017, 323,122 nurses and midwives were registered and employed in Australia, of which 245,269 were RNs. This is roughly three times more than the next largest category of registered and employed health workforce, medical practitioners (95,194 in 2017).

[11] Enterprise Skills and the future of Work. Dr Andrew Charlton. UA conference 2019: https://bit.ly/2KxLy1Z

understanding how best to translate Australia's evolving nurse workforce needs into educational requirements[12].

The current review of the Australian Qualifications Framework (AQF), while not specific to nursing, may also offer opportunity to revisit learning outcomes that better reflect the skills and qualities that the future nurse workforce will require.

Recommendations

UA makes the following recommendations to better align nurse education and training with health service and workforce needs:

1. **Expand clinical placements to non-traditional areas:** Most current nurse clinical placements occur within acute hospitals. Yet the majority of care is delivered outside of hospitals in the community, often in those settings of identified workforce need such as aged care. Increasing the number and duration of clinical placements in these non-traditional settings will help better educate, skill and distribute nurses to work in these areas[13]. However, many of these settings are not funded to teach students and/or face other barriers to student supervision[14]. Adequately resourced partnership approaches between these services and universities would support the expansion of placements in ways that better link nurse education and training with health, aged and disability service workforce needs.

2. **Provide clear signals from the COAG Health Council (CHC) to universities and health professional Boards about future nurse workforce and education needs:** The COAG Health council is already advised about workforce by various committees[15]. However, detailed communications about future workforce need – particularly what new skills and capabilities will be necessary within and across different disciplines – are lacking. Clear signals from the CHC would support the NMBA, ANMAC, universities and health services to work more closely to integrate relevant developments into clinical education and curricula. It would also support health services and universities to determine how they can best meet the upskilling, reskilling and new-skills needs of existing nurses through bridging courses, micro-credentials and/or other education and qualifications.

3. **Promote ongoing engagement and consultation between the Digital Health Agency, the Digital Health Cooperative Research Centre (CRC) and universities:** Timely and frequent communications about developments in digital health/technology to education providers will attune universities to the changing role of technology in healthcare and its concomitant impacts on nurse and other health professional education.

4. **Consider a greater focus on nursing in the Rural Health Multidisciplinary Training (RHMT) Program:** The RHMT program provides Department of Health (DOH) funding to a number of universities to support clinical training and health workforce outcomes in rural Australia through the University Departments of Rural Health and Rural Clinical Schools. The program's current review offers opportunity for expansion relevant to increased nurse/other identified health workforce needs.

[12] NNMEAN already brings some of these groups together to advise on the planning, education, employment and immigration of nurses and midwives in Australia. However, there is a place for broader engagement to determine how nurse education can be better linked with aged and disability service needs and to look at nursing in the broader context of overall health workforce need.

[13] It is well established that quality clinical placements are effective workforce distribution levers.

[14] Barriers include lack of space/infrastructure, restrictions/lack of clarity regarding MBS and NDIS payment claims for student supervision, Aged Care Funding Instrument (ACFI) restrictions on how recipient funds can be used, lack of supervision capacity

[15] The Health Services Principle Committee (HSPC) and The Australian Health Ministers Advisory Council (AHMAC)

APPENDIX A: REVIEW TERMS OF REFERENCE

Part 1 - to examine:

- 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.
- the competitiveness and attractiveness of Australian nursing qualifications across international contexts

Part 2 - to consider:

- the respective roles of the education and health sectors in the education of the nursing workforce

Part 3 - to make recommendations on:

- educational preparation required for nurses to meet future health, aged care and disability needs of the Australian community including clinical training
- processes for articulation between different levels of nursing
- mechanisms for both attracting people to a career in nursing (both male and female) and encouraging diversity more broadly

Part 4 - to have regard to:

- regional needs and circumstances
- national and international trends, research, policies, inquiries and reviews related to nursing education