CDNM COUNCIL OF DEANS OF NURSING AND MIDWIFERY (Australia & New Zealand) Creating The Future 30 Years

31 August 2023

**Submission to the 2023 Australian Universities Accord Review Panel**
**in response to the Interim Report published in July 2023**

## Executive Summary

The Council of Deans of Nursing and Midwifery (Australia & New Zealand) (CDNM) is the peak organisation that represents the Deans and Heads of the Schools of Nursing and Midwifery in universities that offer undergraduate and postgraduate programs in nursing and midwifery throughout Australia and New Zealand. Universities are an important pipeline for the future nursing and midwifery workforce. CDNM supports the Accord's aims of rapidly increasing university places. CDNM welcomes the opportunity to respond to the Accord Interim Report. Our response to the interim report complements our response to the Accord discussion paper.

*This submission will focus on three key areas:*

1. Clinical placements
2. National governance: towards a coherent tertiary system
3. National regional university

## 1. Clinical placements

To meet the nursing and midwifery workforce demand, and projected growth into the future, there is an urgent need to increase the number of university places available for nursing and midwifery entry to practice courses. However, there is a lack of available clinical placements in a range of health settings, with mental health and antenatal placement types being very difficult to secure due to the capacity of placement providers to ensure adequate supervision for students. Coupled with increasing competition for placements between education institutions, these challenges are constraining the ability of universities to respond adequately to the current workforce challenges.

CDNM members report that student progression is often delayed due to placement unavailability. Placement allocation is arbitrary, and venues change the number of places offered annually so this makes planning difficult.

CDNM members are unable to significantly increase student intakes in nursing and midwifery degrees without a solution that addresses the supply and range of clinical placements. One solution offered is that clinical placement capacity is reviewed at the state level with each health provider, public and private, being mandated to contribute to placing students as an investment in their future workforce.

*Section 2.2.4: Supporting students to undertake placement.*

*CDNM supports the Accord's suggestion of financial support or stipend for nursing and midwifery students undertaking mandatory placements. Careful consideration of these arrangements is needed, including whether changes are required to provisions within the Fair Work Act relating to payment for vocational placements.*

Placement blocks prevent students from undertaking paid employment and create issues if venues request long blocks. CDNM recommend the federal government consider a stipend to alleviate placement poverty, similar to the non-means tested bursary that health students in Scotland receive.

**Placement poverty**

- **Financial Burden:** Students are burdened by the cost of leaving their jobs temporarily, covering accommodation and managing living expenses while away. This financial strain contributes to stress, pressure, and low progression and retention rates. Industries have a responsibility to support their future workforce.
- **Geographical Challenge:** Students struggle financially to attend placements far from their local area. This is a concern for rural and remote universities, as it affects their ability to serve the workforce needs in rural and remote regions.
- **Government Support:** The costs associated with mandatory placements, including accommodation and travel, require better government support.
- **Impact on Progression:** Students who cannot afford placements and miss them, can lead to potential failure and hindered course progression. This delay prevents timely entry into the nursing workforce or increases attrition.

In summary, placement poverty poses significant financial challenges to students undergoing clinical placements, affecting their well-being, progression, and the future healthcare workforce.

**Cost of placements**

The cost of nursing and midwifery clinical placements for universities has increased. The notion of paying for placements is relatively recent since Health Workforce Australia (HWA) was funded for this, and then disbanded. It is a requirement in professional practice standards that every nurse & midwife contributes to education, so the cost of placing students should be negligible as it is inherent in roles. Hospitals are funded for service and students contribute to that service.

A national approach to reducing the duplication and waste in accessing, administering and supporting placements would help to improve accessibility and supply.

- **Recent Change**: The concept of paying for placements has been relatively new since the disbandment of Health Workforce Australia (HWA), which previously received funding for this purpose. Professional practice standards mandate that nurses and midwives contribute to education, making the cost of placing students part of their roles. Hospitals are funded for service, with student contributions being integral.
- **Barriers to Expansion**: High placement costs could hinder the growth of nursing placements. The lack of transparency in costs between different educational institutions is an issue. There's also a disparity in costs between nursing and medical placements, with medical placements often being cheaper.
- **Accountability Gap**: Hospitals receive substantial funds for providing placements, but there's a lack of clear accountability mechanisms at the hospital and state levels for ensuring the quality of placements and senior-level clinical supervision.
- **Uniform Costing**: Standardised placement costs should be implemented nationwide.
- **Supervision Issues**: Some Health Service Providers (HSPs) charge for clinical facilitation but then reduce clinical staff, leaving students with inadequate supervision. Education providers are already paying for supervision, and the quality of supervision remains uncertain.

In essence, the rising costs of placements, their inconsistent nature, and the lack of transparent accountability pose challenges to nursing education and the quality of clinical training.

**Suggestions for improvement**

- Explore new and flexible models for student placements, and the establishment of sustainable interdisciplinary service-focused placement models that address the identified needs of health organisations and local communities, such as workforce shortages, gaps in service delivery and benefits to patient care.
- Add value for sites and student learning by reconfiguring student placements, currently undertaken mainly in short blocks between 2-6 weeks, to follow the flow and needs of a workforce, including weekend and after-hours rosters and extend the placement duration. The Broken Hill University Department of Rural Health (UDRH) is already leading pilots of extended duration for nursing, to enhance the integration of students into local communities, and health and service-learning sites and for efficiencies in resourcing and managing student placements.
- There is also a need to review the current nursing facilitation model of a 1:8 ratio, resulting in universities paying substantially for health services facilitators, which can, in the case of externally employed staff, offer little control over quality, but with universities carrying all the risks.
- Establishing positions in health services that are funded or co-funded by universities is another approach that should be pursued with placement partners, to help build and sustain long-term clinical placement capacity. These positions reflect the unique needs of health sites and their communities. With resources allocated proportionate to any clinical placement plans agreed to over a 3 to 5-year period, this model can help ensure quality and certainty of placements with the partnering health sites.
- Universities, including University Centres for Rural Health (UCRH) and University Departments of Rural Health (UDRH) partners, and industry should continue their focus on deepening engagement across multiple disciplines in metropolitan, regional centres and rural and remote areas, and utilise funding models that meet desired clinical placement allocations aligned with local health needs and expand opportunities for extended placements.

In summary, high and varied placement costs, along with associated indirect expenses, impact both institutions and students, leading to financial challenges in clinical education.

**Placement issues capacity**

- **Challenges with Correctional Services Placements**: Institutions have attempted to arrange placements in correctional services due to their valuable learning opportunities. However, obtaining these placements is difficult, and at times, student progress has been hindered due to placement unavailability.
- **Unpredictable Placement Allocation**: Allocation of placements seems arbitrary, and venues alter the number of spots they offer each year, making effective planning a challenge.
- **Issues with Placement Blocks**: Placement blocks limit students' ability to take on paid employment, and complications arise when venues require extended placement periods. With the average age of students being 28, many have additional caring responsibilities and there is a lack of provision for part-time placements.
- **Insufficient Placement Opportunities**: There aren't enough available placements for the number of students. Additionally, some facilities prefer certain universities, causing students to bypass nearby facilities for out-of-area placements.
- **Difficulty with Specialised Placements**: Securing placements in mental health and antenatal settings proves particularly tough, possibly due to limited provider capacity to adequately supervise students. More government-funded initiatives similar to those in the aged care sector are needed to support students in these placements.

**Suggestions for improvement**

- **Exploring New Placement Models**:
    - Investigate flexible placement models that cater to the needs of health organisations and communities.
    - Develop interdisciplinary service-focused placements that tackle workforce shortages, service delivery gaps, and improve patient care.
    - Provision of part-time placements.
- **Outcomes-Based Curriculum vs. Mandated Clinical Hours**:
    - The shift towards an outcomes-based curriculum is an important consideration.

    - Focusing on achieving specific competencies and learning outcomes, rather than rigidly mandated clinical hours, can lead to more flexible and effective nursing and midwifery education.

- **Enhancing Placement Value**:
    - Restructure placements to align with workforce schedules, including weekends and after-hours rosters.
    - Extend placement durations to promote better integration into local communities and healthcare settings.
    - Broken Hill UDRH's extended duration pilot for nursing could serve as a model for this approach.
- **Revamping Facilitation Models**:
    - Review the current facilitation model with a 1:8 ratio in nursing placements.
    - Consider alternatives to universities heavily funding health service facilitators, aiming for better control over quality, while sharing risks.
- **Creating Dedicated Positions**:
    - Collaborate with placement partners to establish funded or co-funded positions within health services.
    - Allocate resources based on agreed-upon clinical placement plans spanning 3 to 5 years.
    - This approach ensures quality placements and sustainable partnerships.
- **Strengthening Engagement**:
    - Continue to deepen engagement among universities, UCRHs, UDRHs, and industry across various disciplines.
    - Utilise funding models that align with local health needs to expand opportunities for extended placements.

- **Reconsidering 'Make-Up' Time**:
    - Reevaluate the concept of 'make-up' time for students who've met objectives previously.
    - Current practices, which involve booking additional placements to compensate for missed hours, incur substantial costs for universities.
    - A review could alleviate financial burdens on both universities and students and reduce 'placement poverty'.

In summary, implementing these recommendations could lead to more adaptable and effective student placement experiences, improved collaboration with placement partners, and reduced financial strain on students and institutions alike.

**Benefits of Implementing Stipends:**

1. **Equity and Access:** Introducing stipends addresses issues of equity by providing financial support to all students, regardless of their financial situation. This levels the playing field, allowing all students to fully engage in their placements without financial constraints.
2. **Financial Challenges:** Many students struggle with financial hardships during placements as they cannot work, leading to issues like childcare costs, travel expenses, and accommodation fees. For international students, access to subsidised accommodations may not be available, causing additional financial burden.
3. **Attrition Prevention:** Financial difficulties during placements can lead to student attrition. By offering stipends, students can better manage their finances, reducing the likelihood of dropping out due to financial stress.
4. **Employment Flexibility:** Stipends allow students to focus on their placements without relying on casual employment for income. This enhances their well-being and academic performance.
5. **Progression and Timely Completion:** Many nursing and midwifery students work full-time while studying. Stipends could help students maintain stability in their employment and education, potentially leading to more timely progression and completion.

6. **Reduction of Placement Poverty:** Stipends would alleviate the phenomenon of "placement poverty" that students face when they're unable to work during placements, ultimately benefiting their financial stability.

**Concerns and Counterarguments:**

1. **Cost Concerns:** Some argue that stipends could significantly increase the costs of programs, making them financially unsustainable. It's crucial to assess the impact on program viability and explore sustainable funding options.
2. **Equity in Stipends:** Ensuring that international students receive the same stipend level as domestic students is important, as international students also contribute to the Australian nursing workforce.
3. **Alternative Solutions:** Exploring creative alternatives from other countries, like co-op tax credits and wage subsidies, can provide insights into sustainable ways to support students during placements without excessively burdening institutions.

**Suggestions for Implementation:**

1. **Uniform Stipend:** Consider providing a standardised stipend for all students based on placement duration, irrespective of their financial level.
2. **Equitable Support for International Students:** Extend stipend benefits to international students to acknowledge their contribution to the nursing workforce.
3. **Creative Alternatives:** Investigate innovative solutions like co-op tax credits and wage subsidies, which have been successful in other countries, to create a sustainable model for student support during placements.
4. **Equity Priority:** Ensuring equity should be the driving force behind stipend implementation, aiming to neutralise placement costs for students through various mechanisms, such as additional supplements for those receiving allowances.
5. **Accreditation and Funding Link:** Consider aligning clinical placement KPIs required for accreditation with funding received by hospitals, aged care, and other service providers for hosting students.

In conclusion, the establishment of principles and standards for student stipends during placements has the potential to address financial challenges, promote equity, and enhance the

overall quality of student experiences in healthcare placements. However, careful consideration of cost, equity, and alternative solutions is essential for successful implementation.

## 2. National governance: towards a coherent tertiary system

*Section 3.1 - National governance: towards a coherent tertiary system*

*CDNM welcomes the focus on national governance to build a coherent national tertiary system. There are already existing well-developed pathways between the VET and higher education sectors for nursing. Indeed, some Universities already deliver VET courses in nursing. The VET sector however is very prescriptive in the development of curriculum which makes reverse alignment between higher education difficult.*

**Positive Aspects of Alignment:**

1. **Streamlined Pathways:** Aligning HE and VET systems can create more streamlined pathways for students, allowing for smoother transitions and reduced redundancy in learning.
2. **Preparation for University:** Providing preparatory elements within VET courses can better equip students for the demands of higher education.
3. **Professional Pathways:** Aligning the two sectors can create more accessible pathways for students to enter higher education while ensuring better preparation for professional roles.

**Points for Consideration:**

1. **Maintaining Quality:** While alignment is favourable, the focus should remain on maintaining high standards in both HE and VET programs. Ensuring that new pathways do not compromise educational quality is essential.
2. **Apprenticeship vs. University Model:** There is a concern that aligning too closely might lead to an apprenticeship-style model, potentially affecting the perception and value of university education programs.
3. **Diverse Entry Criteria:** Ensuring that entry criteria remain appropriate for the demands of the profession while avoiding a "race to the bottom" to increase student numbers, should be a priority.

4. **Differentiating Programs:** While administrative alignment could be beneficial, differentiating programs based on graduate attainment and AQF standards, especially considering the free TAFE system, should be taken into account.
5. **Cognition and Practice:** When aligning programs like nursing, it is important to acknowledge the difference in required cognitive skills and practice between Enrolled Nurses (Ens) and Registered Nurses (RNs).
6. **Integrity of Purpose:** Clear parameters are essential to maintain the integrity of both sectors and their distinct purposes.
7. **Pathways Already Exist:** Some comments highlight that pathways between the sectors, particularly in nursing, already exist. Careful consideration should be given to how further alignment would improve these existing pathways.

In conclusion, the idea of aligning HE and VET systems in tertiary education holds promise for creating more accessible and integrated pathways for students. However, it's crucial to strike a balance between streamlining pathways and maintaining the quality, integrity, and differentiation of both sectors.

## 3. National Regional University

*3.1.1.6 A New National Regional University*

*The CDNM appreciates the focus on regional, rural and remote education, particularly as it relates to the nursing and midwifery workforce. There are well-documented gaps in access to high-quality health care for these communities. Whilst recognising the many challenges regarding the ongoing sustainability of regional universities, there are already some well-developed models of nursing and midwifery education that serve this population and also offer choices to students. CDNM therefore does not support the development of a national regional university.*

*There are, however, some aspects of provision that could be improved:*

1. **Attracting Students:** Creating additional specialised regional study hubs could attract more students to pursue nursing and midwifery education in these areas. Funding needs to be reviewed to support regional, rural and remote students to undertake placement if they need to travel either to metro areas or to other regional areas to gain the variety of clinical exposure necessary to meet the criteria for registration.

2. **Quality Oversight:** Having tertiary providers oversee programs through study hubs could ensure program quality, while extending access to education for regional communities.
3. **Regional Expertise:** Regional universities are better equipped to understand and address the unique needs of their areas compared to metropolitan institutions.
4. **Placement Pressure:** Concerns have been raised about the potential for increased competition for placements, which could strain universities' ability to provide complete learning experiences.
5. **Existing Collaborations:** Existing regional universities and University Departments of Rural Health (UDRHs) already fulfil the role of regional study hubs effectively.
6. **Satellite Campuses:** There is concern that new study hubs might lead to the establishment of small satellite campuses in regions with limited resources, potentially impacting program offerings and student experiences.

In summary, CDNM does not support the development of a National Regional University. But propose the creation of additional study hubs for nursing and midwifery education to existing universities that have the expertise and collaborations in the regional space. This approach could strengthen the regional workforce and provide better educational opportunities. Careful consideration is necessary to ensure that any new initiatives align with the unique needs and goals of nursing and midwifery education in regional areas.

In summary, new funding models should consider a holistic approach, encompassing various educational providers, targeting priority areas, and adequately supporting nursing and midwifery education with equitable funding. Additionally, exploring innovative models like transition-ready final years and cost-based financial modelling can lead to better outcomes for both students and the healthcare system.

# Appendix 1

**Costing range**

- **High Placement Costs**: Placements are expensive, averaging around $85-90 per day.
- **Variation in Victorian Costs**: In Victoria, costs range from $56 to $98 per student per day, differing between public and private settings. A private institution attempted to charge $105, but negotiations led to the continuing payment of $98 per student per day in 2023, likely rising to $102 in 2024.
    - Public: $56.36 to $71.24
    - Private: $65.71 to $98.00
- **Adjusted DoH Rate**: In 2023, the Department of Health (DoH) set the rate at $67.68 for a 7.6-hour shift. Given that nursing shifts are typically 8 hours, this translates to $71.24.
- **State Differences**: Placement costs vary among states, with some as high as $95 per student. Concerns arise as the clinical facilitators provided by health services might be reassigned for patient care, affecting students' clinical experiences and university accreditation with ANMAC.
- **Allocation of Funds**: As an example, the largest portion of a member university's budget, $6 million, is directly allocated to placement costs. These public funds essentially become part of the income for public and private hospitals, essentially shifting costs. Other placement types, like aged care and community groups, usually don't charge.
- **Varied Payments**: Payments for clinical placements range from $0 to $110 per student per shift. This doesn't cover indirect costs for education providers (administration, student training, orientation, learning support, legal agreements) and students (lost income, travel expenses, regional placement costs, training, vaccinations, and childcare).