![qnmu — Queensland Nurses & Midwives' Union]

Submission to

Australian Government

Review of Australia's Higher Education System

April 2023

submission

Contents

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Australian Government for the opportunity to comment on Review of Australia's Higher Education System.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our over 70,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of

classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU. As the Queensland state branch of the Australian Nursing and Midwifery Federation, the QNMU is the peak professional body for nurses and midwives in Queensland.

Through our submissions and other initiatives, the QNMU expresses our commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity and ensure the voices of Aboriginal and Torres Strait Islander nurses and midwives are heard. The QNMU supports the Uluru Statement from the Heart and the call for a First Nations Voice enshrined in our Constitution. The QNMU acknowledges the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

Recommendations

The QNMU recommends that the federal government:

- consider the progression of a broad strategic workforce planning process, involving both the university and VET sectors, to develop strategies to address current and emerging workplace shortages and which better, and sustainably, balance demand and supply workforce issues.

- initiate discussions with Universities, the VET sector and peak bodies such as the QNMU to consider strategies through which issues such as career pathways and RPL could be addressed.

- consider strategies to formalise, between universities and Ahpra, the provision of detailed data regarding the attrition and graduation rates in nursing and midwifery courses, to better inform health workforce planning strategies.

- urgently review the intersection between paid employment in health settings and the operation of clinical placements.

Overview

The University sector is extremely important to the health sector, delivering research outcomes to support health practice, including in the Australian specific context, as well as the education of much of the future health workforce. Thus, the QNMU reinforces its strong overall support for both the research and teaching functions of Australia's university sector. It is also highlighted that with the changing environment continued progress in medical approaches is critical – as we have seen through COVID 19. Thus, our universities must maintain their research focus to be a part of

international efforts and ensuring that Australia have access to the latest developments in health care.

A key issue of particular relevance to the QNMU is that of the current and future health workforce. Thus, the focus of this submission is around aspects relating to the university sector in regard to the education and training of future staff – with this occurring both in the university and Vocational Education and Training (VET) sectors.

Specific issues addressed cover:

- The current shortage of nursing and midwifery staff – attraction and retention:
  - Systemic issues
  - Role issues
- Training and education needs
  - Transition of staff across the TAFE to Higher Education systems
  - The need for consistency in Recognition of Prior Learning (RPL)
  - Long term workforce planning
- The contribution of higher education to the Australian economy
  - Benefits to Australia from broader participation in higher education
  - Benefits from and responsibility for higher education
- Managing at the TAFE/Higher Education interface
  - Course accreditation
  - Skills and Competencies
  - Attraction of the future health workforce

1. Meeting Australia's knowledge and skills needs, now and in the future.

Skills needs

There is a significant and widely recognised skills gap in the health and aged care areas both in Australia but also internationally. A recent report from the International Council of Nurses (ICN) highlights the worldwide nature of the shortage of nurses, arguing that "evidence indicates that the current state of the nursing workforce should be considered as a global health emergency" (ICN, 2023, p.4). Interestingly a 2014 Australian Government sponsored long term workforce planning initiative (Health Workforce Australia, 2014, p.3) forecast:

> In the medium to long-term, Australia's demand for nurses will significantly exceed supply (with a projected shortfall of approximately 85,000 nurses by 2025, or 123,000 nurses by 2030, under current settings).

Similar recent findings (Deloittes, 2015, p. 46) highlights the health sector as the second largest sector (after education and training) needing the largest increase in graduates over the next 10 years. The aged care sector legislated requirement for an RN 24/7 in residential aged care facilities (RACF) has been unsuccessful to date, due

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to the inability of RACF to fully recruit to these legislated minimum RN requirements. A projected gap we are seeing very clearly today. Thus, the focus of this submission is on the interface of the nursing and midwifery in the University sectors.

Building numbers in nursing and midwifery

Clearly this is an important objective given current and future workload assessments.

While the discussion of the balance between the systems issues and workplace environment is not the focus of this review, any consideration of increasing numbers in nursing and midwifery needs to recognise issues that impact on attraction and retention – otherwise significant effort targeted at the level of university planning to increase both intake and graduation numbers cannot be effective. For women entering these areas, factors around work/life balance, including the effect of variable hours, costs of childcare, and long-term financial security issues, will continue to impact on retention.

Universities delivering on employment needs

On the one hand Universities express their success around employment:

> Universities are producing the skilled workers the Australian economy needs, with new government data showing graduates are finding work faster and earning more than they were 12 months ago. (Universities Australia, 2022)

The data does show some variation in short term employment outcomes – for example, in the short-term doctors achieve 92.9% employment compared to 77.4% for nurses. Interestingly, the graduate outcomes survey also identified health as one of the highest areas of destinations of undergraduates undertaking further full-time study, with in the health area 31.4% and 23.8% in 20021 and 2022 respectively (QILT, 2022, p.32).

A widely recognised concern in the area of nursing and midwifery is in student retention. Gaynor et al. (2007) in an across Queensland study found attrition rates over the 3 year program between 9.7% and 41.8% with an average level of 24.50%. A further staffing related issue is around the transition of students from their university education into the workforce. Pullen and Ahchay (2022) in a Brisbane based study found in the transition program from the undergraduate degree into an RNs' role the breadth and depth of clinical practice during placement was important in the success of moving into that position.

The Australian Health Practitioner Regulation Agency (Ahpra) currently does not publicly provide data on the number of students entering undergraduate nursing or midwifery course. Further Ahpra does not provide the number of graduates from these courses to determine attrition rates.

Thus, while university data on graduate outcomes shows good rates of employment – perhaps not surprising in an environment currently experiencing significant shortages, other information does raise some areas needing ongoing attention if the projected demands for future workforce needs are to be met – including graduate numbers and graduate capacity.

The issues raised highlight that the path to adequate future staffing ranges from initial entry into training – whether university or the VET sector – and then the movement of those staff into the health workforce. The economic value of such additional skills is widely recognised, e.g., a recent Central Queensland University Australia (CQU) study, conducted in QH Hospital and Health Services (HHS) state-wide between 2018 and 2021, found Queensland's Nurse Navigators improved quality of life, reduced hospital stays and saved Queensland taxpayers $110M a year (QNMU, 2021).

To capture the full benefits of such skills and experience a stronger focus on retention will also be important, with the scope for career progression. Issues with progression, depending on the initial career position, through the university system, can include:

- A shift from an EN to RN/Midwife position with the completion of a Bachelor of Nursing or Midwifery, supported by more formalised RPL;
- It has been reported approximately 50% of graduating paramedics have been unable to secure employment as a paramedic in Queensland. This is a significant cohort of graduates who are interested in health and aged care and could be incentivised through scholarships and RPL to complete a shortened (to 1 year) Bachelor of Nursing or Midwifery course; and
- Incentives, including RPL, for RNs to undertake a Nurse Practitioner Master's program (or midwifery equivalent), to enhance expertise. An example of this is the Royal North Shore Hospital, Sydney two-year trial of a Nurse Practitioner Fellowship Program, successfully preparing Nurse Practitioner candidates to work in Intensive Care Units.

Potential Link of nursing and midwifery courses to STEM

In considering how to build numbers in the nursing area, one aspect that bears consideration is the classification of nursing. There is increasing discussion of the relevance of nursing in the STEM area, with nursing courses including science, technology and mathematics subjects. Such a shift could also provide some additional incentive to encourage entry to nursing as a career (Green & John, 2020).

It is broadly recognised that increasing the participation of girls in STEM areas is of value – with smaller numbers entering associated professions. And this is an area of increasing debate, particularly given that in a nursing or midwifery degree a range of key STEM subjects are included. As highlighted by Green and John (2020) there are also major advantages in such a recognition regarding incentives for girls entering

these professions thus another strategy that could assist in easing the significant shortage in nursing.

## Higher Education sector needs to be better integrated into workforce planning

Universities see a major part of their role in the delivery of skilled workers, supporting economic growth (Universities Australia, 2022). However, the scope of how universities contribute has changed, including through the impact of the neoliberal agenda. This includes a shift from a clearly hierarchical post school and higher education sector (including the VET sector), following Dawkins White Paper on Universities in 1988 where Universities and CAE's effectively merged becoming part of the unified national system of education (Rodan, 2016). Since that time the role of the VET sector has also changed. This shift is particularly notable in the area of nursing and midwifery.

While in the past the VET and university sectors have been seen as separate, they are increasingly linked, either formally, with formal agreements between VET providers and universities, or recognised transition pathways. For example, a nurse might begin their training doing a Diploma of Nursing, becoming an EN. Later in their career they might complete a Bachelor of Nursing through a university, becoming an RN. More efficient articulation between the sectors is critical to make such movement a viable option for many ENs in the field.

Interestingly a recent report by Deloitte (Deloitte, Australia, 2015) on universities identifies areas of future waves of growth, thus opportunities for Australia through our university system (see figure below). Not only is the identified future wave in health an opportunity for the university sector, but it also represents a challenge for the management of workforce in the economy in the health sector. With such a growth area likely, without extensive planning there will be major pressures on the health workforce, and the delivery of services to the economy.

To be able to identify and respond to such opportunities and challenges it is important that ongoing cross sectoral workforce planning processes, such as the HealthWorkforce Australia Report (HealthWorkforce Australia, 2014), are undertaken.

Figure 3.1: Australia's current, next and future waves of growth, 2013–2033
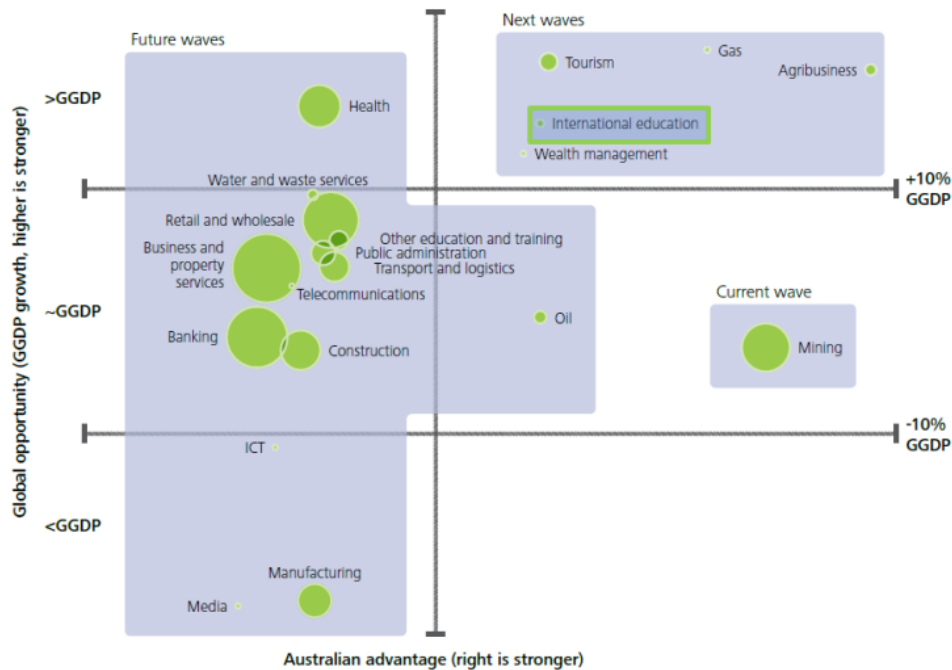
Source: Deloitte Access Economics (2014a)

2. Access and opportunity.

It is generally recognised that a university education delivers significant benefits at the individual level, but there also are significant social and economic benefits for Australia. For example, as noted by Deloitte Australia (2015, p.7) in commenting on Universities role:

> The role that universities play in contributing to the socio-economic prosperity of nations transcends the contribution of their operations to GDP and employment, as significant as these contributions are in their own right. International evidence demonstrates that strong university sectors are associated with stronger economies and higher standards of living.

And while Australia is facing future skills shortage in areas such as health, the cost of university education is seen out of reach for many, and we may well be missing the opportunity to capture the skills of those coming from less socio-economically advantaged families who, with some support, could enter this field through the various pathways available.

In identifying strategies to enhance the future health workforce there are a number of aspects that should be considered:

- Broad strategies for attracting people into the sector, thus also across different levels, including from school leavers – and providing incentives to capture a greater share of this group.

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- Recognition of the specific needs of groups such as First Nations students, and regionally located students – these groups often face greater constraints accessing university but add significant value to the workforce.
- The provision of detailed information on pathways into current and future careers, and the support available to students to access these.

Finally, discussed briefly in the next section, there is a value in exploring financial incentives to address many of the constraints raised here.

3. Investment and affordability.

The cost of education and training will always be a factor in students making future study decisions, likely to place a constraint on the entry of people from lower socio-economic areas, in part due to the cost of education. This raises the question of the role of government in education. As clearly there are significant benefits to the society from greater participation the government has a capacity to support enrolments, with a first step in this the cost of fees or subsidies to students – as opposed to accrued HECs debts – and such incentives could then target high priority area of study.

Two recent incentives that address some of these constraints include the recent Fee Free TAFE (Department of Employment and Workplace Relations, 2023; Department of Employment, Small Business and Training, 2023) and around 10,000 undergraduate nursing and midwifery scholarships available for new domestic students, as well as transition scholarships to move from an EN to RN qualification in Victoria (Health Victoria, 2023). Both these approaches will incentivise initial or further study in the nursing and midwifery areas, discussed further below.

A final consideration around incentives to encourage new nursing students is in the management of clinical placement. While this is a critical part of their training – with students currently required to complete around 800 hours for a Nursing degree and over 1600 hours for a dual degree – such unpaid work does place additional; financial pressures on students and thus is a disincentive to entering the area. For most students some form of work across their study, including during placements, is essential. During Covid some use of nursing and midwifery students was made in hospitals in Victoria (Nine News, 2022). The potential to consider future strategies to utilise these skills formally within the system, while a complex issue, would seem to be an area justifying serious consideration.

4. Governance, accountability and community.
5. The connection between the VET and higher education systems.

In the nursing and midwifery area a key entry pathway is through the TAFE system, with the highest qualification being a Diploma in Nursing leading to a role as an EN. According to the Department of Health and Aged Care there were 286,149 RNs, 5,364 Midwife only, 20,990 with dual registration and 54,193 ENs registered and employed

in Australia in 2021 (Department of Health and Aged Care, 2022). This represents a significant contribution to the Health Workforce from both the University and also the VET sector. Of particular interest here is the potential for further between sector interaction through the capacity for ENs to transition to an RN (or Midwife) position through the completion of a university degree.

Transition Pathways

Such pathways can assist students moving across systems, particularly after initial qualifications from the TAFE system and then working within the health system.

For those beginning their career through the TAFE system the next step to the University system can be both complex and expensive. Thus, the availability of RPL is very significant – firstly valuing the EN for the skills they have developed but also on a more practical level ensuring some cost effectiveness and efficiency in the process.

Consistency of transition processes between VET and University systems

A decision to transition from an EN position to that of an RN or midwife is an important step and offers or should offer a practical pathway for people coming to nursing through the TAFE system. Typically, people come to this after a considerable time as an EN, thus familiar with the hospital and health environment and the role of nursing. Key issues in this step with be the ease of moving into this training. Nursing is generally a 3-year degree. But this means the costs of study and of supporting oneself – and often a family – during the study. Thus, this is never an easy path, but issues associated with limited RPL can exacerbate this.

Under the AQF Framework the Nurses and Midwifery Accreditation Council (ANMAC) indicates that the maximum credit for an AQF 5 program (e.g., a Diploma of Nursing) linked to a 3-year Bachelor's degree (i.e. B Nursing, AQF 7) would be 33.3% - or for 1 year of study (ANMAC, 2013). This clearly provides University discretion regarding credit allowed. However, detailed information on the availability of such transition pathways is needed by prospective students to allow career planning and choice.

An example of the difference students currently face can be seen when considering university nursing degrees. On the one hand the University of Southern Queensland provides an automatic 8-unit (equivalent to 1 year) exemption for a registered EN with appropriate accreditation (University of Southern Queensland, 2023). However, although other universities may offer similar exemptions this was not readily evident in a quick scan of several other universities.

It is also recognised that universities must maintain their standards – of critical importance in the health area, where all professionals require Ahpra accreditation.

Thus, while accessing RPL is suggested to be a relatively standard process, it clearly is far more difficult when there are not agreed processes, or the application is relying on a claim of demonstrated experience. This is also more difficult when there is a

longer time gap between the two periods of study. In a recent research report on the integration of VET and Higher Education (Hodge & Knight, 2021) it was found difficult to develop highly integrated VET and Higher Education qualifications. From this study, and models of integration identified (Hodge & Knight, p.11) it is suggested that a reasonable approach may be the "consecutive" one (see figure below), with this involving some cross course mapping, and engagement with providers in both the VET and Higher Education Sectors.

Figure 1   Typology of models of integrated qualifications
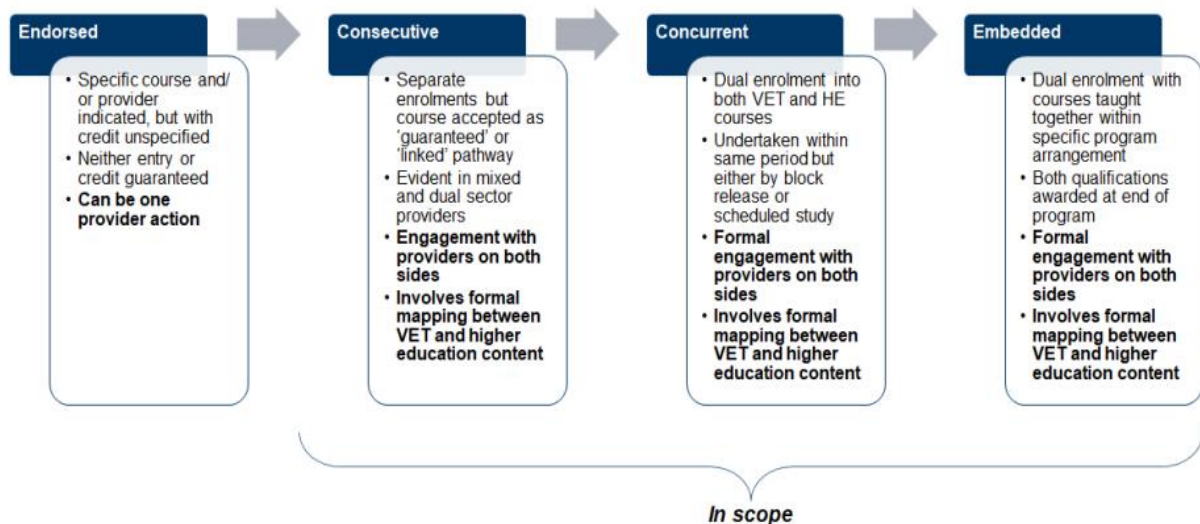
However, in undertaking such mapping it is important that formal accreditation of courses be undertaken to ensure that there is no compromise in learning outcomes.

In progressing the development of such strategies it would be practical to look to a formal process, initiated by the Government, and including a number of key players – in particular representations of the TAFE and University sectors as well those with a responsibility for the accreditation of courses – in the health area this would mean the Australian Nursing and Midwifery Accreditation Council (ANMAC), which would also provide some employer perspective to the process.

6. Quality and sustainability.

The importance of adequate funding for the higher education sector is highlighted. The contribution of international students is also recognised. Of particular relevance here is the role of higher education in the Australian economy. This is a public good aspect thus needs government support to be effective.

7. Delivering new knowledge, innovation and capability.

The contribution of skills and knowledge from the university sector to the health sector and to the Australian economy is significant. At the everyday level, as was clear through the pandemic, hospitals, and their health professional staff provided invaluable support. And these staff are largely trained through the university system. Further, universities also make a very highly significant contribution in keeping Australia's health systems of the forefront of international knowledge.

The importance of this contribution is recognised and valued, now and into the future.

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