

Council of Deans of Nursing and Midwifery (Australia & New Zealand) (CDNM) response to the Australian Universities Accord discussion paper

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 in universities that offer undergraduate and postgraduate programmes in nursing and midwifery throughout Australia and New Zealand.

The CDNM aims to ensure the maintenance of quality standards of university education for nurses and midwives, to be the voice of tertiary education for nurses and midwives, to lead and represent those who provide tertiary education to nurses and midwives and to promote the public image of nursing and midwifery.

CDNM Member Institutions are comprised of 36 Australian and 6 New Zealand Universities. CDNM members engage with local, national and international communities to be the voice for Nursing and Midwifery from the higher education sectors on education, practice development and research and research training both nationally and internationally, and fostering quality standards of university education for nurses and midwives.

More information about CDNM is available at <https://www.cdnm.edu.au/>.

The CDNM has identified the following four sections of the *Australian Universities Accord* to provide feedback on:

1. Collaboration with industry
2. Clinical Placements
3. Creating opportunity for all Australians
4. Student support

CDNM seeks to make recommendations for Government, the sector, and other relevant stakeholders about delivery of a higher education system for nursing and midwifery that meets the nation's current and future needs.

The recommendations from CDNM include how an Accord could build stronger working relationships across the system, strengthen the nation's placement system, and increase opportunities for under-represented groups in Australia.

We have chosen to address the following questions in the Accord discussion paper.

Challenges and opportunities for the higher education system

Q8 What reforms are needed to promote a quality learning environment and to ensure graduates are entering the labour market with the skills and knowledge they need?

At the Federal Government level, the disciplines of nursing and midwifery staddle both the Department of Education and the Department of Health and Ageing. In addition, each state/territory jurisdictions are also key stakeholders. Arising from these different bureaucratic structures are competing tensions.

Reforms needed to promote a quality learning environment ensuring graduates enter the labour market with the skills and knowledge they need include moving from input-driven to output-focused learning models and providing resources for required programmatic assessment.

Q12 How should an adequate supply of CSPs be sustained and funded, as population and demand increase?

Commonwealth Supported Places (CSPs) funding has been reduced to universities (\$1400 per student) for nursing and midwifery although the cost of offering entry to practice Bachelor and Master's degrees have increased due to cost of clinical placements (see Q14 & 49). CSPs are also needed as a workforce retention strategy – with universities ideally situated to collaborate with industry to identify postgraduate programs and higher degree research training as a mechanism to retain the existing workforce. While universities have the discretion where to allocate CSP, in variably this is largely at undergraduate degrees.

The provision of Commonwealth supported places (CSPs) should be linked to workforce data. However, since the disbanding of Health Workforce Australia (HWA), there is no national data on the nursing and midwifery workforce. In addition, there is a dearth of modelling by state/territory jurisdictions. The Federal Department of Health and Aged Care has just recently announced a National Nursing Workforce review, and there are plans for a National Midwifery Workforce review. Additionally, the Education Commission and GAT agencies should collaborate to manage the anticipated CSPs demands.

We recommend that:

- CSP caps be removed for identified workforce shortages such as nursing and midwifery.
- Universities tasked with increasing CSP places as a workforce retention strategy for those identified workforces.

Collaboration with industry

Q13 How could an Accord support cooperation between providers, accreditation bodies, government and industry to ensure graduates have relevant skills for the workforce?

At present universities are responsible for meeting accreditation requirements although because of the clinical placement arrangements with industry, there is no mechanism to ensure the quality of clinical placements and supervisors.

We recommend that:

- A shared model of education between providers, accreditation bodies, government, and industry to ensure graduates have relevant skills for the workforce. This model would incorporate governance and shared risk.

Q14 How should placement arrangements and work-integrated learning (WIL) in higher education change in the decades ahead?

Australia will need over 300,000 additional health workers by 2026 (UA estimated figure; only available estimate – see also above). Despite the lack of modelling, one estimate is a projected shortfall of 85,000 nurses by 2025 – current annual graduation rate (16,000 nurses nationally) will need to almost double to meet the projected shortfall. Commonwealth funding to universities does not consider the imposed cost by both public and private sector

providers on universities for clinical placements. The current transparent reporting model required by Deloitte's only factors in clinical facilitation models where the facilitators are employed by the university, direct payment to industry partners is not captured in the transparent costing requirements. Daily costs for a nursing student, for example, can range from \$67 per student per day (VIC) to >\$92 per student per day (QLD). Clinical placement costs account for approximately 26% of CSP income per nursing student. In addition, staff are needed across the various sectors just to arrange placements and to processes invoicing. Other health disciplines (or indeed other disciplines) do not pay industry to have WIL.

As nearly all nursing and midwifery students (approximately 60-70% mature entry) undertake part-time/casual paid employment to support themselves while at university, there is considerable 'placement poverty' amongst these students while on WIL. For instance, 40 hour/week WIL plus concurrent study typically means that students are unable to earn a living. This situation is exacerbated when the placement is located away from home. Students then not only cannot earn but have the added expenses of travel, accommodation, and subsistence while at the same time maintaining their home expenses. There are few scholarships available to support non-medical students.

We recommend that:

- Federal Departments of Education and Health and Aged Care collaborate so that workforce modelling can predict entry targets needed for a workforce pipeline – this will also support CSP allocations.
- Federal government departments (education and health & aged care) identify why there are costs for WIL and options to remove costs or remove disparities between disciplines.
- Consider establishing a national pricing cap on WIL for all health disciplines.
- Introduce WIL bursaries/scholarships for nursing and midwifery students (e.g. Austudy while on placement) with additional support for those undertaking WIL in rural/remote locations AND for rural students undertaking a metropolitan placement.

Creating opportunity for all Australians

Q28 What is needed to increase the number of people from under-represented groups applying to and prepared for higher education, both from school and from other pathways?

For around 30 years, there has been an established pathway between VET and university for nursing (enrolled nurse to registered nurse) as well as other pathways for Cert III aged care workers and/or Aboriginal Health Workers. Recognition of prior learning occurs with credit awarded where relevant. For instance, VET qualified enrolled nurse enters 2nd year Bachelor of Nursing. There is, however, a disincentive via Job Ready Graduate Scheme and the reduced CSP funding coming to universities to expand this pathway due to the greater WIL costs in 2nd and 3rd year of the degree.

Q30 How can governments, institutions and employers assist students, widen opportunities and remove barriers to higher education?

Substantial financial barriers to higher education exist in nursing and midwifery courses. Courses need to be flexible in terms of curriculum delivery and work-integrated learning components.

Q32 How can best practice learning and teaching for students from under-represented groups be embedded across the higher education system, including the use of remote learning?

New models of flexible online learning need to consider and prioritise the professional socialisation of the student cohort across the curriculum, which includes knowledge and theory-orientated lessons, simulation-based learning and work-integrated learning.

The removal of opportunities for students to interact in person via the delivery of online learning has the potential to undermine humanistic approaches to learning and teaching and practice.

The curriculum must prioritise learning opportunities for students to interact, use functional English and professional language, demonstrate professional behaviours, and practise relational skills. These are essential not optional or serendipitous learning experiences and must be integrated across the curriculum.

Quality and sustainability**Q39 What reforms are needed to ensure that all students have a quality student experience?**

Educator reforms are needed to ensure that all students have a quality student experience. This is related to the current high level of casualisation, with an estimated 87% of teaching conducted by casual staff. There is an apparent lack of investment in professional development for casual staff onboarding. Suggested reforms involve reducing churn in tenured staff and generational investment in staff progression and succession planning, as well as developing clear pathways for the promotion of teaching-focused staff.

Q 49 Which aspects of the JRG package should be altered and which should be retained?

JRG reduced the cost of studying nursing and midwifery for students, but the government contribution to CSPs did not compensate for the shortfall in funding to universities. The JRG funding model has resulted in a loss of \$1400 per student for nursing and midwifery degrees. Coupled with the Deloitte's 'transparent costing' model excluding the true cost of placement, and thus the overall cost of offering entry to practice Bachelor and Master's degrees have not been adequately accounted for in the JRG (see Q12 & 14).

We recommend that:

- The Federal Department of Education to conduct revised costing studies of entry to practice nursing and midwifery Bachelor and Master's degrees to take into account the true costs of producing professionally registered nurses and midwives fit for the future workforce.