NNMEAN Response to Australian Universities Accord Discussion Paper

The National Nursing and Midwifery Education Advisory Network (NNMEAN) works with the Department of Health and Aged Care and the Commonwealth Government Chief Nursing and Midwifery Officer to provide advice on nursing and midwifery education and workforce issues in Australia. NNMEAN was established following agreement by Health Ministers in 2015.

The role of Network is to provide high level strategic advice to health ministers utilising an evidence-based approach to the planning and coordination of education, employment and immigration for nurses and midwives. This includes Nurse Practitioners (NPs), Registered Nurses (RNs), Enrolled Nurses (ENs) and Midwives.

Together with the Department and the Nursing and Midwifery Strategic Reference Group, NNMEAN provides advice on the education of nurses and midwives to meet the health needs of the Australian community, factors that affect nurses and midwives entering the workforce, how entry and development pathways can shape future careers, developing national supply and demand workforce reports, analysing health workforce reports to inform policy advice and strategy and other specific requests by health ministers.

Membership includes professionals with knowledge, experience and influence in the areas of workforce, education, policy and employment and is Chaired by the Commonwealth Government Chief Nursing and Midwifery Officer. NNMEAN membership consists of two jurisdictional Chief Nursing and Midwifery Officers, two university sector representatives, one vocational education and training sector representative, one private hospital employer group representative, one Australian Government education policy representative, one Congress of Aboriginal and Torres Strait Islander Nurses and Midwives representative, one Nursing and Midwifery Board of Australia representative and one Australian Nursing and Midwifery Accreditation Council representative.

NNMEAN can co-opt members if needed to provide expert advice. This includes establishing time-based working groups, which are chaired by a member.

Further information about the Network can be found here.

Response

Q1 How should an Accord be structured and focused to meet the challenges facing Australia's higher education system? What is needed to overcome limitations in the current approach to Australian higher education?

Q2 How can the diverse missions of Australian higher education providers be supported, taking into account their different operating contexts and communities they serve (for example regional universities)?

Q3 What should the long-term target/s be for Australia's higher education attainment by 2030 and 2040, and how should these be set and adjusted over time?

Q4 Looking from now to 2030 and 2040, what major national challenges and opportunities should Australian higher education be focused on meeting?

The ageing Australian population is experiencing increased incidence of chronic conditions and co-morbidities resulting in increased need to access the health and aged care systems. As Australians are also living longer with complex health conditions, Australian higher education needs to focus on skilling and educating enough health workforce to meet the care needs of all Australians. The

current supply and demand of the nursing workforce published by Health Workforce Australia in 2014, indicated a shortage of nurses in 2025 and 2030[1]. The current supply and demand study of midwives, published by the Department of Health and Aged Care in 2019, indicated a balance to oversupply of midwives in 2030[2]. While an updated nursing study is being developed by the Department of Health and Aged Care, the health system is struggling with worker fatigue and burnout across all health professions due to the COVID-19 pandemic. As the largest combined health professions in the workforce, nurses and midwives often bear the brunt of a tired and stretched health system.

Much reform of the health system is anticipated following reviews such as the Strengthening Medicare Taskforce review and the renegotiation of the National Health Reform Agreement.

Australians have a right to access quality and safe health care where and when they need it, and Australian higher education providers (HEP) need to be flexible and contemporary to educate the health workforce of the future.

An ageing midwifery workforce is experiencing negative compound annual growth (-0.6%) resulting in less midwives working more hours to meet the needs of women and people experiencing pregnancy and birth. Lack of innovation in models of care also impacts on this negative growth.

As is mentioned throughout the discussion paper, higher education needs to join with employers and professions to ensure they are developing workforces to meet the needs of Australian communities into the future. First Nations people continue to experience poorer health outcomes and inequalities in access to culturally safe services than other populations. Those Australians living in rural and remote communities also experience inequities in access to health care with associated poor outcomes. Higher education has a responsibility for educating culturally safe workforces and providing opportunities for students to experience work integrated learning (WIL) in rural and remote locations to enable greater choice in where to establish their careers on graduation.

Q5 How do the current structures of institutions, regulation and funding in higher education help or hinder Australia's ability to meet these challenges? What needs to change?

Funding for students studying nursing and midwifery may need to change. Universities make payments to health services and work integrated learning (WIL) providers to cover the costs of the placement and as pressure for placement places to support workforce growth increases, funding may need to be revisited. Students in these programs are expected to take leave from their employment to complete their WIL which challenges their ability to support themselves during these periods of minimum two weeks. Support in the form of bursaries or scholarships, particularly for students from rural and remote areas attending placements in cities or vice versa.

Access to WIL or professional experience placements (PEP) for nursing and midwifery practice experiences (MPE) for midwives is a clear barrier to building the nursing and midwifery workforces. As required under the Health Practitioner Regulation National Law Act 2009, nursing and midwifery education programs (as well as other health professions) are subject to additional accreditation requirements. This ensures that students who graduate from these programs can meet the relevant standards for practice governing their profession.

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[1] Australia's Future Health Workforce – Nurses. Available at: www.health.gov.au/resources/publications/nurses-australias-future-health-workforce-reports?language=en

[2] Australia's Future Health Workforce – Midwives. Available at: www.health.gov.au/resources/publications/midwives-australias-future-health-workforce-report?language=en

Students in registered nurse education programs are required to undertake a minimum of 800 hours of quality PEP, in a variety of settings, relevant to the curriculum, exclusive of simulation and not exceeding one-sixth of the hours undertaken outside of Australia.

For students of midwifery education programs, they are required to complete MPE in a variety of professional practice settings, relevant to the curriculum, exclusive of simulation and with no more than one-fifth of the MPE requirements being achieved outside Australia. In addition to their MPE, which varies between 960-2,000hours at the discretion of the institution, students are also required to complete a minimum of 10 continuity of care experiences (CoCE) engaging women across the childbearing continuum. Clinical hours associated with CoCE are in addition to and above the required practice hours for MPE.

Additionally, across the MPE and CoCE all midwifery students must demonstrate evidence of: minimum attendance at 100 antenatal episodes of care; act as primary birth attendant for 30 women who experience a spontaneous vaginal birth plus provide direct and active care to an additional 10 woman throughout the first stage of labour and, where possible, during birth regardless of mode; experience in caring for 40 women with complex needs across pregnancy, labour, birth, or the postnatal period; and attendance at 100 postnatal episodes of care with women and, where possible, their babies.

Q6 What are the best ways to achieve and sustain future growth in Australian higher education, given the changing needs of the population and the current pressures on public funding?

Consideration should be given to establish more campuses or support centres (in hub and spoke type models) in rural and remote locations to ensure students studying remotely or attending WIL in these locations are able to easily access and benefit from support services. Students studying in metropolitan areas may then find it easier to attend WIL in these places.

Strong focus from higher education in providing skills and knowledge in areas of workforce need such as aged care, mental health and primary care is needed to ensure graduates choose these areas to build their careers. Government is investing in providing support to HEP and postgraduate opportunities to build these workforces, but the skills and knowledge development is the responsibility of HEP. Partnering with communities and consumers to understand issues impacting the health of their communities can help influence the balance of this content across the country.

Strong consumer representation in curriculum development will help achieve this.

Q7 How should the mix of providers evolve, considering the size and location of existing institutions and the future needs of communities?

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?

The interface between EPs and employers could be strengthened. Employers want graduates to be work ready on entering the profession, seemingly without understanding they enter the professions as novices needing support and mentoring to continue their career progression.

Consideration could be given to HEPs partnering with employers across the health sector to provide continued support and mentoring to graduates through formal transition to practice programs (TTP) or even more importantly for those graduates who are unable to secure a TTP. For example Queensland Health are currently working in an academic industry partnership with a large education provider (EP) for RN’s transitioning to cancer care nursing. Clinical nurse educators are working with

academics on the developing the transition program. Successful completion contributes credit points toward an AQF8 qualification

A coordinated national approach to TTP placement and partnerships between employers and HEPs could help to identify gaps in the market and assist in filling TTP positions in rural and remote areas and the private health system, thus removing the onus on the student/graduate to identify these roles outside of the public system application process.

Q9 How should Australia ensure enough students are studying courses that align with the changing needs of the economy and society?

To meet the demand of the health system, consideration by the Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council, needs to be given to alternatives to achieving skills and knowledge for nursing and midwifery such as simulation and how this can be a substitute for PEP and MPE hours to enable more students to enter programs.

HEPs and VET education providers (VEP) should be engaging with each other and high schools and colleges to ensure learners are aware of career pathways in nursing and midwifery and what subjects will assist their learning towards these qualifications.

HEPs and VEPs could also engage with employment providers to ensure those looking for work are able to consider studying towards a career in nursing or midwifery with additional supports for those choosing this pathway. Additionally, supporting pathways of education from VET through to University to engage school students, First Nations people and disadvantaged job seekers. HEPs and VEPs could be engaging with regional economic development authorities to create more local opportunities for study and then work.

Q10 What role should higher education play in helping to develop high quality general learning capabilities across all age groups and industries?

Q11 How should Australia boost demand from people to study in the higher education system?

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

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

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

For the nursing and midwifery professions, there needs to be an alignment of the evidence between hours of clinical placement required to ensure work ready graduates and actual hours mandated by universities. No high-level evidence exists to support current benchmarks or the optimal use of minimum practice when developing entry to practice nursing and midwifery programs. Currently there is no evidence to support best practice in terms of minimum practice hours. Further, the use of block placements of between 4-8 weeks, impacts some student's ability to undertake placement as they struggle with cost-of-living impacts and employers who are reluctant to release them for these placements.

Strong evidence (randomised controlled trials) from the American education system shows that high-fidelity simulation as a substitute for traditional PEP resulted in no differences in nursing knowledge, clinical competence or overall readiness for practice at graduation and at follow up

points following graduation.[3] There have been calls for this study to be replicated in the Australian context prior to implementation within the Australian education system, it is not clear if progress has been made towards this or, if it is necessary in order to make changes, given the demand for both nursing and midwifery workforces and the difficulties securing PEP and in particular MPE for midwives. Most midwifery education programs are oversubscribed with access to MPE being one of the barriers to more students entering the program.

There is a cost to health services in placing nursing and midwifery students including fees for licenses for them to access electronic systems and training for staff to appropriately support students. This cost is partially offset through Teaching, Training and Research (TTR) funding, which is a component of the National Health Reform Agreement Block Funding. The Teaching Training and Research funding is very beneficial to the Department to support education/clinical training/exposure. This allocation is an estimate of the additional cost of teaching and training, as no known model currently exists that adequately identifies the true cost of undertaking TTR during direct patient treatment.

Q15 What changes are needed to grow a culture of lifelong learning in Australia?

Development of affordable micro-credentials relevant to nursing and midwifery would greatly assist these professions in their lifelong learning journeys.

As part of maintaining their registration, nurses and midwives are required to complete a minimum of 20 hours per year of continuing professional development, more if they hold an endorsement such as that of a NP or endorsed midwife.

Q16 What practical barriers are inhibiting lifelong learning, and how can they be fixed?

Lifelong learning by way of postgraduate education is not prioritised as an affordable investment for nurses and midwives. Return on investment, i.e., increased salary due to additional qualifications vs cost of gaining qualification, is often low. Anecdotally in nursing and midwifery there is an emphasis on postgraduate practical experience (e.g., time spent in job since graduation) for career advancement rather than postgraduate qualification or other forms of lifelong learning like micro-credentials.

More practically, increased cost of living is an impacting factor inhibiting lifelong learning in sectors that require practicum or time spent away from paid employment to complete. This increased cost of living is not offset commensurately by available bursaries, scholarships or CSPs.

Q17 How should better alignment and connection across Australia's tertiary education system be achieved?

Q18 What role should reform of the AQF play in creating this alignment?

Q19 What would a more effective and collaborative national governance approach to tertiary education look like?

Q20 How can pathways between VET and higher education be improved, and how can students be helped to navigate these pathways?

Stronger relationships between VET sector EPs and higher education providers (HEP)s to facilitate articulation between qualifications. Enrolled nurse qualifications are completed in the VET sector

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[3] Hayden, J., et al., The NCSBN national simulation study: A longitudinal, randomised, controlled study replacing clinical hours with simulation in prelicensure nursing education. Journal of Nursing Regulation, 2014. 5(2): pp. s3–s40.

and are strongly linked to building the registered nurse workforce. Furthermore, the First Nation's workforce also has links to the VET sector and articulation of pathways from Aboriginal and Torres Strait Islander Health Practitioner to registered nurse or midwife is integral to workforce growth in this area. Many of these relationships exist but could be strengthened across the country. These relationships could be enhanced to further include opportunities for students from a variety of health professions to attend WIL as a group, further enhancing opportunities for interprofessional learning and understanding and integration of multidisciplinary approaches to health care in pre-registration education.

The Commonwealth Chief Nursing and Midwifery Officer is leading the development of a National Nursing Workforce Strategy (Strategy) in partnership with Victoria and in collaboration with all jurisdictions. An aim of the Strategy is to articulate career pathways in nursing, including from Aboriginal and Torres Strait Islander health practitioners and workers and positions that aren't regulated like assistants in nursing, personal care workers and disability support workers.

Q21 How can current examples of successful linkages between VET and higher education be integrated across the tertiary education system?

Q22 What role do tertiary entrance and admissions systems play in matching learners to pathways and supporting a sustained increase in participation and tertiary success?

Q23 How should an Accord help Australia increase collaboration between industry, government and universities to solve big challenges?

An Accord should encourage and facilitate collaboration between industry, government, and universities. It should not dwell on causes of issues and challenges but be strategic and future focussed and challenge the status quo.

The Accord should align with and amplify the Coalition of Peaks' expectation of community partnership agreements setting expectation for HEPs in their engagement with Aboriginal and Torres Strait Islander communities, whose Country/ies are occupied by the university. This will support exploration of different ways of working with local Aboriginal and Torres Strait Islander communities to invest in their intellectual and political sovereignty.

Q24 What reforms will enable Australian research institutions to achieve excellence, scale and impact in particular fields?

Q25 How should Australia leverage its research capacity overall and use it more effectively to develop new capabilities and solve wicked problems?

Q26 How can Australia stimulate greater industry investment in research and more effective collaboration?

Q27 How can we improve research training in Australia including improving pathways for researchers to gain experience and develop high-impact careers in government and industry?

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?

The nursing and midwifery professions in Australia are female dominated with approximately 88% of these workforces identifying as female. A wide range of interventions need to be considered to support students to consider higher education such as flexible and affordable childcare arrangements and bursaries to support cost of living. In addition to a wider understanding of the

needs of specific population groups. Both financial and social support is required for rural and remote students to attend PEP and MPE in metropolitan locations as many need to take leave from employment, find alternative accommodation options while away from home and access alternative care arrangements for family. Similarly for First Nations students, HEPs need to acknowledge cultural requirements for absences such as Sorry Business and have tolerances built into education programs to allow for such events. First Nations students often report experiences of racism during their studies, HEPs have a responsibility of ensuring Culturally Safe campuses, teaching and admin staff and placement providers. Significant efforts should be made to ensure non-First Nations staff are specifically trained in Cultural Safety for First Nations peoples and that the onus for training and teaching of relevant content isn't placed only on First Nations people.

Flexibility of learning, including for PEP and MPE is necessary to allow students to earn a living while studying. Students are expected to take time off from paid employment during PEP and MPE and while this is explicit in student handbooks, the realities of not earning a wage while on placement impacts student welfare and ability to complete education programs. Particularly in a female dominated workforce, there is a preference for study and working part-time. These part-time options do not extend to PEP and MPE and should be considered for all WIL in degrees.

Q29 What changes in provider practices and offerings are necessary to ensure all potential students can succeed in their chosen area of study?

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

Q31 How can the costs of participation, including living expenses, be most effectively alleviated?

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?

Q33 What changes to funding and regulatory settings would enable providers to better support students from under-represented groups in higher education?

Q34 How should the contribution of higher education providers to community engagement be encouraged and promoted?

Q35 Where providers make a distinctive contribution to national objectives through community, location-based or specialised economic development, how should this contribution be identified and invested in?

Q36 What regulatory and governance reforms would enable the higher education sector to better meet contemporary demands?

A stronger and more timely focus on accurate data of student enrolments in education programs will allow better informed development of policy and funding opportunities. Availability of accurate and timely student data is especially important for workforces experiencing acute or sustained shortages such as nursing and midwifery.

Q37 How could a more coherent and dynamic national governance system for higher education be achieved?

Q38 How can the Accord support higher education providers to adopt sector-leading employment practices?

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

Q40 What changes are needed to ensure all students are physically and culturally safe while studying?

The structure of academia continues to display legacy of the historical patriarchal system on which it was designed. These structural and institutional remnants of history place individuals and under-represented groups at risk due to unfair, inequitable or discriminatory policies in the academic arena. Innovation in academic policy is required to identify areas that expose students to vulnerability and deliberate efforts should be made to deconstruct historical norms and embed Culturally Safe and physically safe frameworks for all students and staff.

Q41 How should research quality be prioritised and supported most effectively over the next decade?

Q42 What settings are needed to ensure academic integrity, and how can new technologies and innovative assessment practices be leveraged to improve academic integrity?

Q43 How should the current recovery in international education be managed to increase the resilience and sustainability of Australia's higher education system, including through diversification of student enrolments from source countries?

Q44 How can the benefits of international education be shared broadly across the system, including in regional areas, and what level of reporting should there be?

Q45 How should the contribution of different institutions and providers to key national objectives specific to their location, specialist expertise or community focus be appropriately financed?

Q46 How can infrastructure development for higher education be financed, especially in regional and outer urban locations?

Q47 What structure of Commonwealth funding is needed for the higher education sector for the system to be sustainable over the next two decades?

Q48 What principles should underpin the setting of student contributions and Higher Education Loan Program arrangements?

Q49 Which aspects of the JRG package should be altered, and which should be retained?

The JRG changes to the student contribution for nursing led to a decrease of funding for nursing education programs of approximately $1700 per student. This is a significant loss of funding for programs when multiplied by nursing students nationally. Education providers are required to pay placement providers for taking students. This reduction in funding for nursing programs has made access to PEP more difficult for nursing students and should be reversed or other funding increased to cover the gap.