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nursing federation

Submission to the National Health Workforce
Taskforce - Discussion paper: clinical
placements across Australia: capturing data and
understanding demand and capacity

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is also the largest professional and industrial nursing and midwifery organisation in Australia, with a membership of over 170,000 nurses and midwives, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors.

The ANF's core business is the industrial and professional representation of our members and the professions of nursing and midwifery.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans' affairs, education, training, occupational health and safety, industrial relations, immigration, foreign affairs and law reform.

The ANF is pleased to make submission to the study on *Health Education and Training – Clinical placements across Australia: capturing data and understanding demand and capacity*. We have reviewed the Discussion Paper developed by the National Health Workforce Taskforce (NHWT) and note the purpose of the paper which is to “seek to investigate the current systems across jurisdictions that generate and collect data regarding the demand for clinical placement”. The ANF response provides comment on the feasibility of a national clinical placement data collection system and issues influencing the sustainability of clinical placements as these relate to the nursing profession.

The issue of undergraduate clinical placement is one which affects all of those involved in the health profession and as such consultation should not be limited to only those currently responsible for placing students and providing placements. Stakeholder consultations should include professional nursing and midwifery organisations responsible for workforce planning and policy development, who are well positioned to provide background, evidence and recommendations to inform the work of the Taskforce.

In nursing and midwifery, consultations should include the Chief Nursing and Midwifery Officer; the ANF, the Australian Nursing and Midwifery Council (ANMC), the Council of Deans of Nursing and Midwifery (Australia and New Zealand), the Royal College of Nursing Australia, the Australian College of Midwives and the Congress of Aboriginal and Torres Strait Islander Nurses; the Coalition of National Nursing Organisations (CoNNO) currently consisting of 51 national nursing specialist nursing organisations whose purpose is to provide a forum for discussion, consultation and development of future directions in nursing; and the Australian and New Zealand Council of Chief Nurses. Consultation with nursing and midwifery students should also be undertaken with a number of the abovementioned organisations well placed to facilitate their input.

2. Issues

2.1 Increased undergraduate places

The NHWT discussion paper gives due acknowledgement to the current state of play in Australia where measures to increase the numbers of undergraduate places for health professionals (nursing, medical, and allied health) have resulted in pressures in the health system to meet the clinical placement requirements of their educational preparation. It can be foreseen that current pressures can only lead to an unsustainable clinical education process, for students of programs which necessarily demand practical experience for clinical skills and professional judgement acquisition. Matching demand for clinical placements with the supply by health and aged care providers is reaching critical levels, necessitating consideration of a more sensible and sustainable approach to the provision of clinical experience.

It is noted, however, that the discussion paper is only giving consideration to clinical placements for undergraduate university courses, namely those for registered nurses. It does not include clinical placements for enrolled nursing students in the Vocational Education and Training (VET) sector and post graduate students. In order to truly understand demand and capacity, it is imperative that all clinical placement data is captured. Although clinical objectives vary greatly, in many instances, clinical placements in the same areas are sought for all undergraduate nursing students. Education providers offering courses leading to registration in the university sector are competing for the same placements as education providers offering courses leading to enrolment in the VET sector. Clinical placement data should also be collected for undergraduate midwifery students and all post graduate nursing specialty placements to ensure nationally consistent processes and to maximise placement capacity.

2.2 National Health Workforce Agency

The Council of Australian Governments (COAG) meeting of November 2008 agreed to the establishment of a national health workforce agency¹. The ANF supports the development of a body which is intended to take a central role in strategic planning for the health workforce. Specifically, as noted in the National Health Workforce Taskforce discussion paper, the agency's role will include 'to support the clinical training of undergraduates in health'.

2.3 Reform Agenda

In any discussion on the clinical component of undergraduate education for health professionals it is important to make note of the current suite of reforms being undertaken by the Australian Government, including the work of the National Health and Hospital Reform Commission, the National Preventative Health Taskforce, the Maternity Services Review, and the National Primary Health Care Strategy External Reference Group.

These working groups highlight the diversity of practice settings for health professionals and thus the potential scope of exposure for clinical experience for undergraduate students in health professional university programs. This is particularly so for nursing, as the largest single component of the health sector.

A level of complexity is added to the scope of clinical placements though when one takes into account the professional requirements for supervision of these students in their clinical placements, and by members of their specific profession; as well as the placement of students from non-university education providers, such as Enrolled Nurses from the Vocational Education and Training (VET) sector.

2.4 Nursing Education

The National Review of Nursing Education (NRNE) (2002) *Our Duty of Care Report*² highlighted the essential need for clinical experience in nursing and midwifery educational preparation. The Review considered that resource constraints around clinical placements were putting at risk the quality of nursing undergraduate programs and noted the inequity between funding arrangements for medicine and nursing, in which nursing receives much less per student per year for clinical placement activities. The Review thus made a recommendation (Recommendation 24) that additional funds be devoted to supporting the clinical experience component of undergraduate education for nurses. In relation to clinical education funding the recommendation also included the need to “promote State and Territory based cooperative arrangements between those sectors preparing nurses for initial registration and those employing them” and “include some assistance to students, particularly for those who are disadvantaged by the high costs of attending clinical placements”.³

The National Nursing and Nursing Education Taskforce (N³ET) carried forward Recommendation 24 from the NRNE in its report *Commonwealth funding for clinical practicum: A report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia* (2006).⁴ This report noted that a strategic approach needed to be developed for “the allocation of clinical placements that ensures both equity and access for students, quality educational outcomes and innovation through collaborative partnerships”. It further noted that “an agreed methodology will account for and apportion the costs and benefits of clinical practicum for all stakeholders and industry partners, so that a sustainable approach to clinical practicum can be established”.

Currently there is considerable variation across States and Territories as to the minimum requirement by Nursing and Midwifery Regulatory Authorities in the accreditation of undergraduate programs, in relation to clinical placement hours.⁵ The ANMC has a program for development of national standards to position nursing and midwifery for the National Registration and Accreditation Scheme, scheduled for commencement in 2010. One of these projects is the development of national standards for the accreditation of education programs leading to registration as a nurse. These standards, completed and currently awaiting sign off by the ANMC Board, will ensure there is national consistency of hours for clinical placement in undergraduate programs.

Clinical practicum is described in the N³ET report as “a range of activities including observation of clinicians at work, direct patient care (caseload management) under supervision, case studies, simulated and laboratory sessions, discussion groups and tutorials, reflective journaling, research and data collection from records”.⁶ As indicated in this description, simulation is only one element of clinical practicum as defined by N³ET. The ANMC in developing the National Accreditation Standards for courses leading to registration and enrolment as a nurse, has acknowledged the importance of simulated experience however has not included simulation in the definition of clinical placement (defined as professional experience placement).⁷ The ANF stresses that where simulation is included in a student’s professional experience that it be complementary and in addition to clinical placements in practice areas. The student may learn technically correct ways of completing procedures in a simulated environment however requires the practice area to contextualise for learning clinical judgement.

2.5 Funding for Clinical experience

As has been outlined earlier the issue of funding for clinical placements for undergraduate nursing students was considered by the NRNE and the N³ET reviews. N³ET referred the matter to the Higher Education Review which resulted in an increase in Commonwealth financial contribution to institutions offering nursing courses. There was an acknowledgement in this funding decision that “the additional funding will be required to be directed towards the costs associated with clinical practice in nursing ...”.⁸ Any funding increases occurring since that time have fallen short of the true cost to education providers and health service providers for clinical placements for undergraduate nurses.⁹ There has been a trend recently for private and some public sector organisations to charge training providers a fee to provide clinical placement for students. This fee is over and above the training providers cost of providing clinical facilitation for students.

The COAG announced in November 2008 a commitment to providing funding directly to subsidise clinical training places for nursing and midwifery. In its pre-budget submission to the government ANF estimated a shortfall of about \$3,000 per student per year for clinical education.¹⁰

Capacity and access to nursing and midwifery clinical placements, particularly in rural areas, would improve if students were assisted with the costs of accommodation and transport necessary to undertake the placement. Currently the assistance provided to rural nursing students is only given if the student has an interstate placement. This funding situation should be amended.

2.6 ANF policy on nursing education

The ANF policy statement titled *Nursing education: registered nurse*¹¹ includes the following pertinent points relating to clinical placements:

Adequate clinical education must be provided to students so they can acquire the clinical skills necessary to meet the competency standards. Staffing levels and skills mix in facilities providing clinical placement for students must be adequate so that the learning experience is optimised.

Clinical placements for registered nurse education, either undergraduate or post graduate, require active and positive collaboration between the health and education sectors and sufficient resources to assist education providers and facilities in which clinical education occurs to deliver a quality learning experience.

Formal mechanisms to support dialogue, interaction and the development of collaborative arrangements between the health and education sectors should continue to be developed and strengthened. The development of professorial units or similar arrangements which combine academic and practice based education and research are supported. (2007)

2.7 Quality of clinical placements

The ANF considers that the most critical feature of clinical learning for all health disciplines is its quality. In particular, when nursing and midwifery students experience well managed clinical placements in a positive learning environment, they are more likely to want to stay in the health workforce. Governments therefore have a prime responsibility to ensure that the elements required to achieve quality clinical placements for nursing and midwifery students are in place and include the following:

- Appropriately facilitated placements
- Accountability of both education providers and health services and acceptance of responsibility by students, health services and education providers
- Development of clinical schools in health services so that the infrastructure to support quality facilitated clinical learning is available

3. National data collection

The ANF supports the concept of national data collection to quantify clinical placement demand from education providers, and to quantify current health system capacity for clinical placements.

While previous efforts to obtain information from universities have not proven successful, tying data requests to clinical placement funding, with built in incentives, could be an approach to improve compliance. Additionally, efforts should be made to design data capture tools which are easy to navigate and with the possibility of some degree of migration of already collected data by facilities – both education providers and health services providers. The system should not replace or dismantle existing relationships for clinical placements, many of which are long standing and advantageous to the health service, education providers and students involved.

ANF is supportive of the NHWA taking as a core role the management of the national data collection, and using this data for workforce planning and policy development. Principles and policies developed at the national level could then be applied, consistent with local influences and context, at the jurisdictional level. The Agency would need to provide education and training on the national data collection system for health service providers, education providers and undergraduate students requiring clinical placement.

4. Clinical Placement System

The ANF supports a national framework for clinical placement of students which is fair and equitable. There should be a centralised method for coordinating nursing and midwifery undergraduate clinical placements data and availability, with implementation at a jurisdictional level. Some placement opportunities are lost due to late cancellations. A jurisdictionally centralised and nationally consistent clinical placement database would allow for health service and education providers to pass on and pick up these available clinical places quickly and effectively as required.

The ANF considers that processes for collection and sharing of data should be established in such a manner as to not disrupt the relationships between the education providers and the health services providing clinical placements.

In its submission to the National Health and Hospitals Reform Commission, the ANF made the following observations and recommendation.¹²

The final issue that must urgently be addressed is the perceived lack of clinical placement for undergraduate nursing students. Clinical placement is an important part of the educative process for nurses. Too often we hear there are not enough clinical places, although with deeper examination recently it has been found that in New South Wales and South Australia that there are plenty of places available but the way the placement is organized lacks co-ordination and leadership.

Currently in New South Wales the Chief Nurse has implemented a centralised system for allocation and tracking of clinical placement and although in its infancy already it is proving an invaluable tool for ensuring that all nursing and midwifery students have access to high quality well timed exposure to the clinical setting.

The ANF's recommendation on this was to "establish a centralised method for coordinating nursing undergraduate clinical placement".

5. Overall response to discussion paper questions

5.1 Capturing demand

The data elements as outlined in the discussion paper are supported. In addition, there needs to be capture of the nature of the supervision (such as, who will provide the supervision and how it will be undertaken); and the item on location of the placement should include the students' travel accommodation requirements (this can assist in planning for funding).

5.2 Capturing supply and demand

Due to the extreme variability across existing and potential clinical placement sites it is important that systems determining capacity take into account skill mix in the facility, size of the facility, and acuity of the client base. It is critical then that consultations include personnel in the health service at the level of the clinical placement.

Quality and integrity of data can be enhanced by implementing standardised terminology for all users of the information management system. This again will require wide consultation across users in the development of this terminology to achieve consistency and user friendly data elements.

The implementation of a common data base for clinical placements across a jurisdiction, and feeding into a national system, brings a desired level of sharing of data which gives transparency to the process. Input of health service facilities into a common system will give more accurate assessments of both demand and capacity for clinical placements, and potentially more easily highlight placements either not being utilised currently or being underutilised. Additionally, data interrogation could reveal issues/problems encountered both by health education providers and their students (for example, where an aged care facility might consistently be denying students access for not having criminal history checks), or health service providers (for example, where a student shows a pattern of not presenting for placements).

5.3 Data inputs and outputs

There is considerable merit in the development of a national approach to a clinical placement management system. It is most likely that new systems would need to be developed to capture all necessary data. However, principles and guidelines would need to be developed for the local jurisdictional level to support these new systems, or the integration of existing systems where this is possible.

The clinical placement management system needs to be flexible enough to be able to be used across the tertiary and primary health care spectrum so that health service providers can relate to the system and easily identify how they can link in and participate as clinical placement providers.

6. Conclusion

The ANF is pleased to see that the National Health Workforce Taskforce is investigating the issues around clinical placements across Australia and welcomed the opportunity to review the consultation document concerning capturing data and understanding demand and capacity.

Clinical placements are a vital component of undergraduate nursing and midwifery educational preparation. Positive experiences by students mean that there is a high likelihood that they will be retained in the nursing and midwifery workforce on graduation. Measures to improve the management and funding of clinical placements will enhance the clinical experience of undergraduate students of nursing and midwifery programs.

In summary, the ANF supports the development of a national data collection for quantifying clinical placement demand from education providers and current health system capacity for clinical placements; and the implementation of clinical placement systems at jurisdictional level for managing undergraduate nurses to assist in optimising their clinical experience in practice areas.

References

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3. Ibid, p167
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5. Ibid, p24/25
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7. Australian Nursing and Midwifery Council (2008). Draft 3 National Accreditation Standards and Criteria – Registered Nurse. Available at http://www.anmc.org.au/projects/current_projects.php. Accessed on 9 February 2009.
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