



australian
nursing federation

Submission to the Health Education and Training
– Clinical training – governance and
organisation discussion paper

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1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial nursing and midwifery organisation in Australia. With Branches in each State and Territory, the ANF has 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.

Industrial and professional representation of our members and the professions of nursing and midwifery is the core business of the ANF.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans' affairs, education, training, research, 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 training – governance and organisation*. We have reviewed the discussion paper developed by the National Health Workforce Taskforce (NHWT), with its purpose to investigate future directions for governance and organisation of clinical education for health professionals in Australia.

The ANF response provides comment on some of the issues relevant to the organisation and governance of clinical education including the preferred governance model, from those presented in the discussion paper, which would be of most value to the nursing and midwifery professions.

2. Issues

Clinical education is a critical component of undergraduate education for students of nursing and midwifery programs. Theoretical concepts from the sciences and from nursing theorist perspectives need to be supplemented in the learning experience with practical application, for reinforcement of information studied. The ANF is therefore pleased to see the emphasis being placed by the NHWT on issues pertaining to clinical education including governance and organisation of aspects such as placements of students, in its global health workforce strategies.

2.1 National Health Workforce Agency

The ANF notes the intention for the new national health workforce agency proposed by the Council of Australian Governments in November 2008¹, to be established by July 2009. As stated in our submission to the NHWT regarding the *Clinical placements across Australia: capturing data and understanding demand and capacity* discussion paper (February 2009), the ANF supports the creation of this body which is intended to take a central role in strategic planning for the health workforce. The suggested commitment for the agency's role to include support for the clinical training of health professional undergraduates in health is welcomed.

2.2 Organisation of clinical experience

The Australian Nursing and Midwifery Council (ANMC), in developing national Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia, has highlighted the importance of integration of theory and clinical/professional experience.² Professional experience is defined as “Any nursing learning experience, including in simulated environments or on professional experience placements, that assists students to put theoretical knowledge into practise.”³ It should be noted that simulated experience has not been included by the ANMC in its definition of ‘professional experience placement’ (clinical placement), which is described as:

*the component of nursing education that allows students to put theoretical knowledge into practice within the consumer care environment. It includes, but is not limited to, the hospital setting, and may include general practice, remote and rural health clinics, and community care environments.*⁴

The ANMC document stresses the critical need for formal relationships to be developed between education providers and health services to enhance clinical/professional placement experiences, and outlines elements of this relationship:

*Collaboration and consultation among key stakeholders are important to informed curriculum design, good course organisation and productive partnerships for sound placements for students to gain professional experience. Research indicates that good partnerships between the education provider and health service providers in organising placements for students to gain professional experience contribute significantly to a positive experience for the student and positive learning outcomes. A partnership can be considered ‘good’ where communication and information sharing systems between the two sectors are established, where there is a shared vision of professional experience, where respect is demonstrated across the sectors, and where approaches to care incorporate the community – utilising the consumer’s knowledge of their chronic conditions, for instance, to educate students.*⁵

Further, that the relationship include “articulation of a joint commitment to and a shared philosophy of education, roles and responsibilities, and equal and reciprocal involvement in the partnership.”⁶ In terms of local level governance models, Judith Clare⁷ and her fellow researchers suggest there be formal documents of agreement between the parties responsible for the clinical/professional experience, and ANMC supports this approach which provides evidence of policies developed for the relationship and commitment to quality outcomes for the students.⁸

The ANF, in its policy statement titled *Nursing education: registered nurse*⁹ considers that the organisation of clinical placements could be strengthened by “the development of professorial units or similar arrangements which combine academic and practice based education and research”. Such arrangements seek to create an environment of innovation in patient care and management through evidence-based nursing practice, an excellent environment of supported learning for undergraduate students of nursing and midwifery. An important feature of many of these research/education centres found across the country is the emphasis on working in multidisciplinary teams and undertaking interdisciplinary research. This approach to enhancing clinical learning can be seen to be of particular benefit for the clinical experience of undergraduate students. Some examples include: the Acute Care Nursing Professorial Unit, the Mental Health Professorial Unit, and the Child and Adolescent Health Professorial Unit, all between the University of Technology Sydney (UTS), and the local area health service in Sydney; Peter MacCallum’s nurse-led clinic for prostate and bladder cancer; and the creation of Clinical Chairs of Nursing between many universities and health service providers to strengthen the nexus of clinical practice and clinical research in nursing and midwifery – some of these have generic clinical research titles and some are in specific areas of practice such as: women’s health, midwifery, aged care, alcohol and other drugs, tropical health, mental health, and palliative care. The ANF strongly supports the funding, development and proliferation of education/research units between education providers and health services and the role these can play in promoting an evidence-based learning environment for clinical placements of students across geographical areas and as a means of professions being able to take a greater degree of responsibility for clinical education.

2.3 Funding for clinical experience

In our submission to the NHWT regarding the *Clinical placements across Australia: capturing data and understanding demand and capacity* discussion paper (February 2009), the ANF highlighted issues relating to the governance of clinical experience for undergraduate students in terms of funding. The ANF wishes to reiterate concerns about the costs of accommodation and transport necessary to undertake placements quite distant to a student’s place of residence, particularly placements in rural or remote locations. The ANF requests that issues of funding inequity between students of different disciplines, and funding for (and availability of) accommodation and travel, be given serious consideration in the deliberations of the NHWT on the governance and organisation of clinical training.

2.4 Governance of clinical experience

The ANF considers that a critical feature of the governance of clinical learning for health professionals is to set processes in place to assure quality of that experience. The ANF maintains that governments have a prime responsibility to develop and fund the elements required to achieve quality clinical placements, which for nursing and midwifery students include (but are not limited to):

- Appropriately resourced placements (including supernumerary status for students, availability of clinical supervisors and educators, availability of accommodation)
- 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 (such as designated tutorial facilities)

The collection of data, as discussed in the previous consultation paper from NHWT will be a valuable tool in the governance of clinical education by providing vital information for workforce planning and policy development by the new National Health Workforce Agency (the Agency). Principles and policies developed at the national level could then be applied at 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 to improve consistency of information gathered.

With reference to the governance models proposed, the ANF supports the 'facilitative model' which, according to the discussion paper, would focus on 'leadership, best practice and innovation'. The aim to address the 'current gap by leading governance policy, innovation and best practice in clinical education' is supported, as is the role of negotiating relationship principles between health services and education providers. This model best fits with the ANF view that the national body provides a national approach to setting standards to be applied across the country with latitude for local level management of clinical placements.

The ANF maintains that a national approach to the development of overarching policy relating to clinical education including placements will have benefits for students of nursing and midwifery education programs, as well as for education providers and health services.

Specifically the ANF supports a centralised method for co-ordinating nursing and midwifery undergraduate clinical placements at a jurisdictional level, where local knowledge and locally created formal agreements for clinical/professional experience placements would be managed according to nationally developed policies. This would mean that in jurisdictions in which extensive work has already been undertaken to set up successfully managed clinical education systems, these processes could be retained (albeit with some modification according to the nationally developed policies). This would achieve both minimal disruption to education providers, health services and students and optimal educational outcomes.

Placing the responsibility for negotiation of clinical placements at the national level could potentially increase the pool of settings for such experience and maximise existing placement areas.

Conclusion

The ANF is pleased to see that the National Health Workforce Taskforce is investigating the issues around clinical education, including placements, across Australia, and has welcomed the opportunity to review the discussion paper relating to clinical training – governance and organisation.

Clinical placements/professional experiences are a vital component of undergraduate nursing and midwifery educational preparation. Positive experiences by students from well organised placements mean that there is a high likelihood that they will be retained in the nursing and midwifery workforce on graduation. Measures to improve the governance and organisation of clinical education can only enhance the clinical experience of undergraduate students of nursing and midwifery programs.

In summary, the ANF is supportive of the development of the proposed ‘facilitative model’ for the governance and organisation of clinical education at a national level, with the allocation and co-ordination of clinical/professional placements at a central jurisdictional level. This provides for the continuation of existing successful systems and the development of new systems, which accord with nationally consistent standards.

References

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3. Ibid p19
4. Ibid
5. Ibid p22
6. Ibid
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