australian nursing federation

Submission to Department of Education, Science and Training Review of the impact of the *Higher Education Support Act 2003*

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Review of the impact of the *Higher Education Support Act 2003*

Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses, with branches in each Slate and Territory of Australia. The ANF is also the largest professional organisation in Australia, with a membership of over 150,000 nurses, 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 nurses and nursing.

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

Issues

The quality of Australian nursing education is recognised with an excellent international reputation producing nursing graduates to work in every sector of the health care industry. Recently however that reputation and the ability of nursing education providers to provide quality education to a sufficient number of nursing students to meet workforce demand is under threat as the shortfall in funding is forcing some universities to abandon nursing courses in favour of more lucrative or better income producing disciplines.

There is a widely held view in the nursing profession that the current funding models, the discipline groupings, relativities within the funding cluster mechanism, and the pipeline arrangements are disadvantageous for nursing and midwifery.

Question 1

Do the current funding arrangements adequately reflect broad discipline relativities?

The current funding cluster arrangements currently favour some health disciplines, such as medicine over the other health professions, such as nursing. This disparity is anachronistic and should be addressed. The resources required to teach the health sciences to nursing and allied health students each year are similar to those for medical students. However, schools of nursing and allied health receive considerably smaller funding allocations per student per year from the Australian Government than medical schools. Addressing this disparity would also assist in the development of units for interdisciplinary education that could be shared across the health professions; a strategy that is increasingly favoured as a vehicle to assist in the development of collaborative practice between health professionals, and is associated with improved workforce retention rates and better patient outcomes.[1]

The current funding clusters do not reflect the costs associated with the provision of clinical education and while Australian Government funding for clinical practicum has increased, there remains a shortfall between the funding and associated costs for clinical placements for nursing students. The funding for each of the disciplines should therefore be increased to address this shortfall.

The review of the cluster funding mechanism does not address funding issues that are specific to nursing such as the capping of HECS fees for nursing, which has had the unfortunate consequence of acting as a disincentive for universities in offering nursing courses as the Australian Government funding is not enough to cover the costs associated with the discipline. While the capping of HECS fees advantages students; it unfortunately disadvantages universities and is reported to be affecting the ability of universities to deliver quality programs. This situation obliges universities to cross subsidise courses such as nursing from other courses and fees from fee paying domestic and international students, a situation which is inappropriate and unsustainable.[2]

Addressing the gap in funding between course costs and the total level of funding must be a priority to avoid this cross-subsidisation, and this should be addressed with the development of a new funding model that reflects the real cost of providing a nursing, or any other degree.[3]

Question 2

Are individual disciplines placed in appropriate clusters? Are there any undesirable consequences of the placement of specific disciplines in particular clusters?

There are now serious concerns in the nursing profession about the sustainability of nursing programs unless the funding arrangements and policies are reviewed to cover the full costs of providing nursing education. It is recommended that the full costs of clinical education are included in the funding, and the funding amount is increased to the equivalent of that of medicine.

Nursing education is a high cost course, because of the vitally important clinical education that is undertaken in hospitals and other health facilities. Both the costs of providing clinical education and the acute shortages of available clinical placements are acting as a serious disincentive for nursing education providers to continue to deliver nursing programs.

There are particular shortages of clinical placements for first year nursing students; for students to undertake placements in rural and remote areas; for undergraduate and postgraduate international students; and for nursing in specialty areas, such midwifery, sexual health, mental health, psychiatric nursing, high dependency, paediatric, community health, drug and alcohol, and maternal and infant care.[4]

The shortages of clinical placements are so acute that at times graduations are being delayed to allow students to complete clinical placements following the completion of their course. Recent increases in university places for nursing students has increased the pressure on clinical placements, but it has not been accompanied by an increase in the availability of places, nor of appropriately trained supervisors. Universities are reporting that the costs of clinical placements and supervision and ongoing shortages of available clinical placements are limiting the number of university places being offered by some universities. Some universities are being obliged to pay health services as an incentive to accept students on clinical placements; Queensland Health for example, charges universities $39.51 per student. One of the risks of this arrangement is that universities and certain organsiaotns may become linked via a payment and income stream thus potentially limiting the breadth of placement types.

The costs of clinical placements are affecting the provision of nursing courses by some universities and the funding needs to be adjusted to reflect the real costs.

Question 3

Should the number of clusters change? What would be the advantages or disadvantages? If the number of clusters were to change, how should disciplines be grouped within those clusters?

The issues that need to be addressed are not necessarily about where disciplines sit with the cluster but to do with the funding that is attached to each discipline.

Question 4

How have higher education providers used funding under specific measures, such as the additional funding for nursing units of study that was introduced in BAF to assist with the costs of supporting clinical training?

The ANF is of the view that a requirement for the funding that is made available for nursing units of study is that it is used by the recipient university for those courses and not incorporated into general revenue.

Question 5

Should the current standard pipelines for most new Commonwealth supported places across most disciplines be kept? Does it unduly constrain providers in the provision of new places?

The funding of Commonwealth supported places using a four year 75% pipeline arrangement is not appropriate for nursing courses as there is a better than average retention rate in nursing courses; this should be funded at 80% for the first year, and 90% thereafter.

Question 6

If the current model were to be largely retained, should any further exceptions be made?

It is the ANF's view that the funding model needs review and a different model developed which reflects the real costs of providing education to each of the disciplines. The relative funding model was developed in the 1980's and reflects historic funding patterns. It is not based on any contemporary evidence regarding the real or relative costs of delivering education for the various disciplines. A review by a body such as the Productivity Commission would be an appropriate method of investigating funding models and making recommendations for a new model that can deliver funding to ensure the sustainability of Australia's education sector and the health workforce.

references

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