

# National Nursing and Nursing Education Taskforce



## Maximising Education Pathways

A report on maximising education pathways for nurses and midwives in Australia



The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET)  
December 2006





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Australian Health Ministers' Advisory Council

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## Executive summary

The National Review of Nursing Education (the Review) identified that career pathways are linked to education and training pathways for nurses and midwives. Currently, education for nurses and midwives is conducted in the vocational education and training (VET) sector for enrolled nurses (EN/Division 2 registered nurses in Victoria) and the higher education sector (HES) for registered nurses and midwives. Qualification linkages enable individual learners to move from one qualification to another on efficient and effective learning pathways, and underpin career progression for nurses, midwives and other health care workers. Similarly, access to a nursing/midwifery career through a range of entry points provides a range of opportunities for people to pursue a career in nursing.

While it was evident at the time of the Review that there were recognised and established pathways for people entering nursing, the Review identified a number of issues influencing the availability of effective articulation pathways for nurses, midwives and health care workers in related fields, including:

- Awarding credit for experience and previous study is a developing feature of nursing education. While articulation pathways already exist, there are issues around maximising credit and the lack of infrastructure to support individuals who wish to progress through the system.
- Approaches to credit transfer and transition vary across Australia and within each state and territory, and are highly dependent on curriculum design.
- There is no framework which demonstrates that EN competencies are an identifiable subset of the competencies for registered nurses.
- Currently, courses for ENs are not part of a national training package, although there are packages for some certificates 11 and 111, which articulate into EN training (Note: work is currently underway by the Community Services and Health Industry Skills Council and the Australian Nursing and Midwifery Council to develop EN competencies for incorporation in the Health Training Package).

The aim of this suite of work is to promote strengthened career transitions and to enable opportunities for development in the education and training of registered nurses, midwives, and health care workers transitioning to a nursing career. Much of this work has been preliminary, investigating the current context to identify where opportunities currently exist, to explore issues arising and future wider application.



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The findings of this work include that:

- There is a range of entry opportunities to a career in nursing or midwifery that are now widely available.
- Whilst the Ministerial Council on Education, Employment Training and Youth Affairs (MCEETYA) *Good Practice Principles for Credit Transfer and Articulation from VET to Higher Education* are widely promoted and accepted, there remains significant variation in the amount of credit to which ENs, holders of VET qualifications in other health streams and graduate entrants from various health and other disciplines are entitled.
- There is sufficient precedence to indicate that credit transfer between Bachelor of Midwifery programs and Bachelor of Nursing programs can be maximised. Further national dialogue is warranted to develop a uniform understanding of the shared elements of these programs as a basis for credit arrangements, as more programs are being introduced across Australia. This is an issue that merits more attention in the future.
- Research suggests that ENs and holders of health and other degree qualifications make the transition to undergraduate nurse education successfully when programs are customised to the competencies and strengths they bring with them. **Setting students up for success** at the point of entry through careful selection processes and a curriculum designed to accommodate their strengths, competencies and learning needs, and then **supporting students for success** through early risk identification and targeted program supports are vital.
- While recognition of prior learning (RPL) is promoted as a mechanism for articulating to further qualifications, it is not widely offered for nursing programs either in VET or the HES. There would be benefit in further exploring the barriers to implementing RPL, and whether an independent competency assessment service would have application in this situation.
- Commencement of the revised Health Training Package, including national qualifications for ENs, will provide a consistent base for making decisions with respect to ENs (articulating to enrolled nursing and from enrolled nursing qualifications).
- There are a number of complex issues for jurisdictions in considering the option of a pathway to licensing and practice as an EN for Bachelor of Nursing students part way through their studies. While there may be evidence of demand for this pathway to practice, the workforce impact is not substantial and there are other models of student employment which provide similar clinical learning and employment opportunities that merit exploration.

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- It is clear that the various standards and course requirements of the nursing and midwifery regulatory authorities (RAs) impact on credit entitlements, as do those of individual universities. It is also likely that with the introduction of a national scheme for the accreditation of courses for registration purposes under the COAG health workforce reform agenda (for all health disciplines), that some of the anomalies and inconsistencies in process and policy from a regulatory perspective will be addressed. The work that is being undertaken by the ANMC to develop national standards for accrediting courses, particularly with respect to credit transfer and RPL, will provide a solid foundation for reaching future agreement.
  - The MCEETYA *Draft Principles for Good Practice Information on Credit Transfer and Articulation* are widely endorsed by higher education providers of nursing education. However, at this point, information is not always readily accessible to assist student decisions. In the interests of procedural fairness and ensuring successful outcomes for students, greater transparency around credit transfer and recognition of prior learning (RPL) policies, the processes for applying for credit and RPL, and the criteria for making decisions at the institutional level is warranted. There would be benefit in education providers considering a credit/RPL precedent policy and register or list as a mechanism for making credit information available and transparent and to promote consistency both by individual institutions and across higher education providers, in subsequent credit decisions.
  - As articulation, credit and RPL arrangements impact on entry to practice and career progression in the health workforce, greater consistencies (or discussion of the issues) in the future would ideally be brokered through a national group comprising of representatives of the RAs (or the nursing/midwifery professional panel of the national registration body for health professionals, however styled), higher education and training providers, professional bodies and other key stakeholders, including government groups (eg. the Chief Nurses and the Health Workforce Principle Committee).

With respect to Nurse Practitioners (NPs), there continues to be considerable investment and interest in implementing nurse practitioner (NP) roles in health services across Australia. The barriers to achieving this include difficulties resulting from different education preparation across the states and territories. As part of this project, some focussed work on NPs was undertaken.

The outcome of this work was the proposal of 10 principles for making decisions about minimum or mandatory educational requirements for progressing to NP. Uptake and support of these principles by RAs, training providers, professional groups and government agencies would address the pressing need for consistency and flexibility in the educational pathways for licensing (or authorising) practice at this level. These include:

1. Recognition as a NP is dependent on demonstrating ANMC NP core competencies.
2. A master's level qualification best meets the demands of NP practice.
3. NP master's degree programs are competency based.

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4. Programs designed specifically for NPs are the most efficient pathway to recognition as an NP.
  5. Recognition of prior learning/qualifications is maximised to streamline the educational preparation of NPs.
  6. Decisions about demonstration of competency via another NP pathway are to be evidence based.
  7. Evidence-based policy is required to achieve national consistency and quality in regulatory decisions about NP authorisations.
  8. A national approach to the accreditation of NP master's degree program is required.
  9. Life-long learning by all NPs is central to the achievement of health outcomes for the Australian community.
  10. The intersection of Midwifery practice and NP practice needs further attention.

The principles acknowledge that Australia is in a transitional phase at present, but that it is timely to focus on consistent national direction, one that firmly positions the role for the next decade.

In highlighting these findings and outcomes the Taskforce acknowledges that the current education and regulatory context is in a state of flux and reform. There are a number of changes in progress, and while the outcomes of these are as yet uncertain, it is foreseeable that they will have an impact on articulation pathways and career opportunities for nursing and other health careers. The most important of these is the Council of Australian Government (COAG) endorsement and commitment to implement national schemes for the registration of health professionals and for the accreditation of courses for registration purposes. Together these national schemes will provide a framework for greater consistency in nursing regulation and education, which will in turn provide a clearer and more-stable platform for articulation between educational qualifications.

# N<sup>3</sup>ET Membership

## **Chair**

Adjunct Professor Belinda Moyes

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## **Nominee of the Australian Minister for Health and Ageing**

Ms Rosemary Bryant  
Executive Director  
Royal College of Nursing, Australia

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## **Nominee of the Australian Minister for Education and Training**

Professor Jill White  
Dean, Faculty of Nursing, Midwifery and Health  
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## **Nominee of the Ministerial Council for Education, Employment, Training and Youth Affairs**

Professor Pauline Nugent  
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Deakin University, Victoria

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## **Nominees of State and Territory Health Ministers**

Professor Mary Chiarella  
Chief Nursing Officer  
Department of Health, NSW  
(Nov 2003-Jul 2004)

Adjunct Professor Kathy Baker  
Chief Nursing Officer  
Department of Health, NSW  
(since Aug 2004)

Ms Fiona Stoker  
Principal Nursing Adviser  
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## **Nominees of the Australian National Training Authority Ministerial Council**

Ms Katherine Henderson  
Deputy Chief Executive Officer  
Department of Employment, Education & Training, NT  
(Nov 2003-Feb 2004)

Ms Di Lawson  
Chief Executive Officer  
Community Services and Health Industry Skills Council

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## **Nominee – Private Sector**

Ms Sue Macri  
Executive Director  
Australian Nursing Homes & Extended Care Association (NSW)

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# Acronyms

ACM	Australian College of Midwives (previously ACMI)
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials Committee
AHWWG	Aboriginal Health Workforce Working Group
ANF	Australian Nursing Federation
ANMC	Australian Nursing and Midwifery Council
ANTA	Australian National Training Authority
AQF	Australian Qualifications Framework
AQTF	Australian Quality Training Framework
ATSI	Aboriginal and Torres Strait Island
AUQA	Australian Universities Quality Agency
AVCC	Australian Vice-Chancellor's Committee
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses
CDNM-ANZ	Council of Deans of Nursing and Midwifery - Australia and New Zealand
COAG	Council of Australian Government
CPL	Credit precedence list
CS&HISC	Community Services and Health Industry Skills Council
DEST	Department of Education Science and Training
DMF	Decision-Making Framework
EN	Enrolled nurse
HDR	Higher-degree research
HECS	Higher-Education Contribution Scheme
HEP	Higher-education provider
HES	Higher-education sector
HSP	Health service provider
HTL	Health Training Package
HTL07	Revised Health Training Package
IRG	Industry Reference Group
MCEETYA	Ministerial Council on Education, Employment Training and Youth Affairs
MR	Mutual recognition
N <sup>3</sup> ET	National Nursing and Nursing Education Taskforce

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NBSA	Nurses Board of South Australia
NBV	Nurses Board of Victoria
NCP	National Competition Policy
NCVER	National Centre for Vocational Education Research
NHWSF	Australian Health Ministers' National Health Workforce Strategic Framework
NP	Nurse practitioner
NPWPDS	Nurse Practitioner Workforce Planning Data Set
NQC	National Quality Council
OPNA	Office of the Principal Nurse Adviser
RA	Nursing and midwifery regulatory authorities
RCNA	Royal College of Nursing Australia
RM	Registered midwife
RPL	Recognition of prior learning
RN	Registered nurse
RTO	Registered training organisation
RTS	Research Training Scheme
STA	State training authority
STEP	Structured Training and Employment Project
TAFE	Tertiary and further education
TEN	Trainee enrolled nurse
TTMR	Trans-Tasman mutual recognition
VET	Vocational education and training

# Education Pathways to a nursing career

## National Review of Nursing Education

*Our Duty of Care*, the report of the National Review of Nursing Education (2002), was developed in response to concern related to projected nursing and midwifery workforce shortages over the next ten years. Nurses and midwives are the largest professional health workforce group within the Australian health care system, contributing to the delivery of services across the full spectrum of health, aged care and community service settings. Implementing measures to address workforce shortages is therefore a priority for the Commonwealth, State and Territory Governments, and has been a focus of the work referred to the National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET/the Taskforce) between 2004 and 2006.

Nursing and midwifery are regulated health professions and both require high levels of post-secondary education to meet the educational requirements for entry to practice. Qualifications for registered nurses (RNs) and midwives (RMs) are delivered through the university sector (higher education providers (HEPs)), while enrolled nurses (ENs, second tier nurses or Division 2 registered nurses in Victoria) complete qualifications through the Vocational Education and Training (VET) sector. Training for both nurses and midwives is rigorous and must meet the standards set by the nursing and midwifery regulatory authorities (RAs).

*Our Duty of Care* found that education pathways for nurses and midwives facilitated career directions and identified opportunities for entering nursing<sup>1</sup> at various levels of education (see Figure 1). It was noted that at the time of the report, awarding credit for experience and previous study was a developing feature of nursing education. While articulation pathways existed, the report identified issues around maximising credit and the lack of infrastructure to support individuals who wish to progress through the system. Importantly, the report stressed that there needs to be flexibility in the educational pathways for entering and pursuing a nursing or midwifery career so that there are opportunities for people to enter careers in these discipline areas at different points of their working lives.

To promote career transitions and opportunities for development in the education and training of care assistants, health workers, enrolled nurses, registered nurses, midwives, nurse practitioners, nurse educators and nurse managers, education providers should seek ways to:

- a) maximise the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) in enrolment processes
- b) in consultation with local Aboriginal and Torres Strait Islander (ATSI) communities, improve articulation pathways for ATSI people.

The *Our Duty of Care* report recommended that:

The Australian, State and Territory Health Ministers referred this recommendation to the Taskforce to be progressed in consultation with industry and education providers.

<sup>1</sup> The *Our Duty of Care* report used the term nurse and nursing to refer to enrolled nurses, registered nurses and midwives in whatever capacity they are employed within health, eg. clinical practice, education, management and administration, research, quality, risk management, change management and project and government and policy (p.47)

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With respect to Part b) the Ministers noted that the Australian Health Ministers' Advisory Council (AHMAC) had established the Aboriginal Health Workforce Working Group (AHWWG) to progress these matters and the recommendation was referred to that group for action with liaison between AHWWG and the Taskforce.

In the context of this work, the Taskforce also considered parts b) and c) of Recommendation 34 of the *Our Duty of Care* report which called for the Taskforce to promote employment of student ENs through models of education and training such as traineeships, and to work with the Commonwealth to expand traineeships in rural areas as an entry to care work and nursing. Given the limited resources available to the Taskforce, these recommendations have been progressed in tandem.

## **Purpose and scope of the work**

The Taskforce's role in this work has been to promote strengthened and enabled career transitions and opportunities for development in the education and training of RNs, RMs and people seeking a career in nursing and midwifery, through maximising recognition of prior learning and credit arrangements. This report provides an overview of the activities and outcomes of the Taskforce in this matter and highlights issues meriting further consideration and action to maximise education pathway opportunities in the future.

### **The N<sup>3</sup>ET approach**

The Taskforce was established as a lead vehicle to promote change in nursing and midwifery in Australia. In saying this, it is acknowledged that to be successful, the stakeholders need and want to be involved in framing and implementing change. Key to work undertaken by the Taskforce has been a commitment to consultation, communication and engagement with interested stakeholders, particularly those stakeholders positioned to act and to sponsor activities. In this case, the Taskforce worked in partnership with the key stakeholder groups to progress inquiry into identified areas of interest.

While it was evident at the time of the National Review of Nursing Education that there were recognised and established pathways for people entering nursing and midwifery, the report identified a number of complexities and issues influencing the availability of effective articulation pathways for nurses, midwives and health workers in related fields. Further background review by the Taskforce confirmed the issues raised in the report and identified that in the current context there are a number of tension points for consideration, including that:

- Approaches to credit transfer and transition vary across Australia and within each state and territory, and are highly dependent on curriculum design;
- Regulation of entry to practice programs by the RAs has a bearing on articulation possibilities and credit arrangements;
- At the time of this report, work was underway, led by the Community Services and Health Industry Skills Council and the Australian Nursing and Midwifery Council (ANMC) to develop EN competencies for inclusion in the Health Training Package<sup>2</sup> (HTP);



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- Since *Our Duty of Care*, there has been growth in Bachelor of Midwifery programs and interest in capitalising on shared elements of these programs as a basis for credit arrangements;
  - There is increasing interest in articulation from higher education to programs in the VET sector, as well as from VET to higher education. However, there are professional proclivities that discourage articulation in the reverse direction (from higher education to VET);
  - In the context of workforce shortages, there is interest in exploring if there are opportunities for Bachelor of Nursing students to seek enrolment and paid employment as ENs part way through their studies;
  - With the introduction of nurse practitioners (NPs) in some jurisdictions, there is a pressing need for consistency and flexibility in the educational pathways for licensing (or authorising) practice at this level.

### **Work groups**

In the interests of expediting outcomes for this recommendation, five work groups were formed to work concurrently on identified issues and activities:

- Pathways for entering nursing at various levels of education;
- Cross-sector articulation and credit arrangements, and credit arrangements at post-registration and/or postgraduate level;
- Pathways to progress to nurse practitioner;
- Pathways for Bachelor of Nursing students to enrol as ENs;
- Articulation between a Bachelor of Midwifery and a Bachelor of Nursing.

The workgroups were chaired by members and/or nominees of the Council of Deans of Nursing and Midwifery – Australian and New Zealand (CDNM-ANZ), and supported by the Taskforce Secretariat. Membership of the groups comprised self-selected representatives of key stakeholder groups such as RAs, government departments, HEPs – including senior nursing and midwifery academics and Deans, VET sector providers of EN training, professional groups, such as the Royal College of Nursing Australia (RCNA) and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), and colleges, such as the Australian College of Midwives (ACM, previously ACMI). Details of work group membership are included in Appendix 1.

The purpose of the work groups was to bring together representatives of the key stakeholder groups with an interest in education pathways and their impact on workforce. Principally, the work aimed to develop an informed understanding of the current issues including barriers, complexities and challenges to optimal pathways, and to identify options, opportunities and strategic directions to maximise education pathways for nurses and midwives in the future. The Terms of Reference, including an outline of the activities of the groups is included in Appendix 2.

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The work of each group was underpinned by the understanding that these issues are complex and interrelated and therefore effective communication between groups was required where there were overlapping interests and activities. The following sections of this report synthesise the findings and outcomes of the workgroup activities.

### The language of the report

Working with diverse stakeholder groups to arrive at an agreed direction, action or a harmonised view is inherently problematic, particularly when the interests of stakeholders diverge. Nursing and midwifery education occupies the murky intersection of professional, regulatory, government, education and health sector and public interests.

It was apparent early in this work that, while the stakeholders were all interested in optimising educational pathways, they used different language in the discussion or ascribed different meanings to the same terms.

For example, there are several nuances to the meaning of *competency* when used by education providers in the higher education and VET sectors and by nurses and midwives. Within the VET sector, competency refers to the ability to perform tasks and duties to the standard expected in employment. Units of competency are components of competency standards, and are statements of key functions or roles in a particular job or occupation. These are the building blocks of qualifications in the VET sector.

Within the higher education sector (HES), competency is often used quite generally in the context of education and units of curriculum to refer to the demonstration of *proficiency* that usually requires evidence of the application of theoretical principles to practice, and may refer to elements of practice/performance, such as clinical skills. For example, the student may be required to demonstrate competency in the management of intubated/ventilated patients, or to develop competency in the insertion of intravenous cannulae.

In contrast, the ANMC has developed **competency standards** for RNs, Midwives, NPs and ENs in the domains of professional practice; Professional and Ethical Practice, Critical Thinking and Analysis, Management of Care and Enabling<sup>3</sup>. These are the core competency standards which all nurses must be able to demonstrate for registration.

To avoid confusion, therefore, one of the first steps in this work was to agree, where appropriate, on a lexicon or glossary of terms to be used by the work groups and in this report. These are included in Appendix 3, with several key terms discussed below. For the most part, the glossary terms have been drawn from the Department of Education Science and Training (DEST) glossary<sup>4</sup>, the DEST glossary of Australian Vocational Education and Training Terms<sup>5</sup> and in some cases, terminology from the National Centre for Vocational Education Research (NCVER).

For the most part, these terms are used consistently through all DEST policy documents, including the Australian Qualifications Framework (AQF). DEST recognises that in taking on responsibility for former Australian National Training Authority (ANTA) functions, there are some minor discrepancies in terminology, and further work is required to arrive at one set of educational terminology that resonates with all stakeholders across health and education.

<sup>3</sup> ANMC Competency Standards for the Registered Nurse and Competency Standards for the Enrolled Nurse are located on the ANMC website  
<http://www.anmc.org.au/?event=1&query=website/Publications/National%20Standards/ANMC%20Competency%20Standards.htm>

<sup>4</sup> [http://unistats.anu.edu.au/Codes/DEST\\_Glossary/fa\\_glossary.htm](http://unistats.anu.edu.au/Codes/DEST_Glossary/fa_glossary.htm)

<sup>5</sup> [http://www.dest.gov.au/sectors/training\\_skills/policy\\_issues\\_reviews/key\\_issues/nts/glo/atoe.htm](http://www.dest.gov.au/sectors/training_skills/policy_issues_reviews/key_issues/nts/glo/atoe.htm)

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It has, however, been important to acknowledge that the various stakeholder groups have quite different and established understandings for some of the key concepts such as competency, so where this is the case, to promote better understanding, the glossary demonstrates differences in the ways key terms are used by different groups.

### **Nurses and midwives**

The National Review of Nursing Education (2002) *Our Duty of Care* report uses the terms nurse and nursing to refer to ENs (Division 2 registered nurses in Victoria), RNs and midwives 'in whatever capacity they are employed within health, eg. clinical practice, education, management and administration, research, quality, risk management, change management and projects, and government and policy' (p.47).

The Taskforce has been cautious in its response to the recommendations from *Our Duty of Care*, to acknowledge that midwifery is recognised as a distinct professional group within the regulatory frameworks of several jurisdictions. This report refers to both nursing and midwifery as distinct health disciplines, but also focuses on the issue of articulation between courses leading to registration for the two groups.

### **Licensing**

For the purpose of this report, licensing refers to the statutory licensing of nurses and midwives by processes such as registration, enrolment and other forms of recognition, endorsement or authorisation on the register or rolls maintained under a state or territory's legislation for the regulation of nurses and midwives (or health practitioners). Licensing is not a term used in the legislation in Australia. In this report, a generic term has been used, as it is evident that the states and territories use different mechanisms (and terms) for authorising and regulating similar groups of health practitioners.

### **Education pathways**

Nurses and midwives in Australia complete entry to practice qualifications in the higher education and VET system. Qualifications gained through this system come under the AQF.

The AQF has been developed to provide a national unified system for qualifications from the three education sectors in Australia – schools, VET (TAFE and private providers), and higher education (universities). There are thirteen qualification levels in the AQF; currently in Australia, RNs and RMs complete a minimum Bachelor of Nursing degree (AQF 7) for registration and entry to practice, and ENs complete either a certificate IV (AQF IV) or diploma (AQF V) in the VET/technical and further education (TAFE) sector<sup>6</sup>.

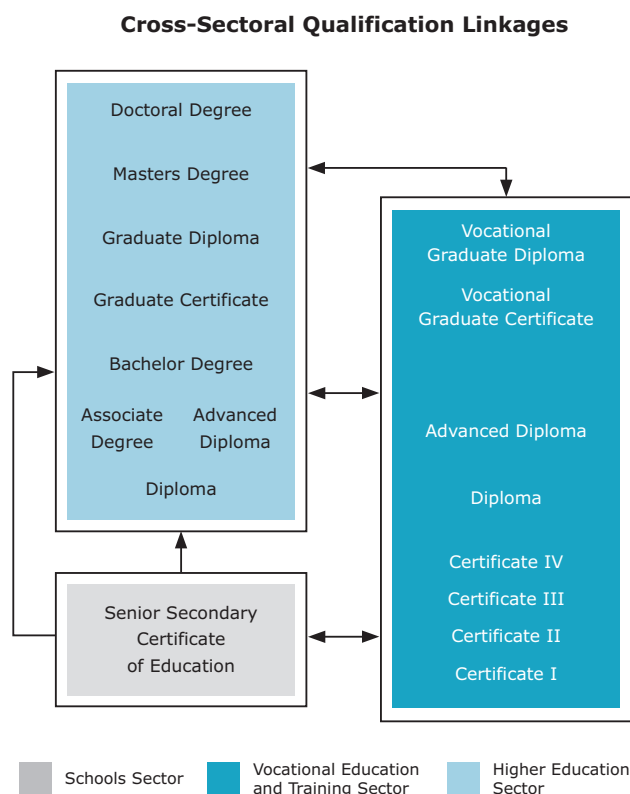
Qualifications in the AQF link with each other in a range of learning pathways between schools, VET providers and universities as learning and career ambitions require. It is possible to progress from one level of qualification to another within a particular sector (eg. certificate IV to diploma at TAFE), or from one sector to another (eg. a diploma at TAFE to a bachelor degree at university) depending on results and institutional policies. The progression from one level to another is called articulation. Depending on the qualification and field of study, credit (also called advanced standing) may be gained based on previous course attainment for part of the next course.

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<sup>6</sup> Under the MCEETYA protocols, TAFE providers may be accredited to provide bachelor degree programs. At present, there are no TAFE providers accredited to deliver Bachelor of Nursing or Midwifery programs, although this raises new and different possibilities and challenges for nursing pre-registration education and articulation pathways. Discussion of this issue is however beyond the scope of this report. Whereas universities are self-accrediting institutions; ie. they have autonomy to internally accredit programs of study with an award in the AQF. TAFE providers must seek accreditation of the program by the state authority.

The AQF makes a specific commitment to flexible, transparent and systematic learning pathways and to the removal of boundaries between educational sectors. It therefore encourages cross-sectoral linkage programs. Under the AQF, articulation and credit transfer mean that students can gain qualifications by following different education and training pathways.

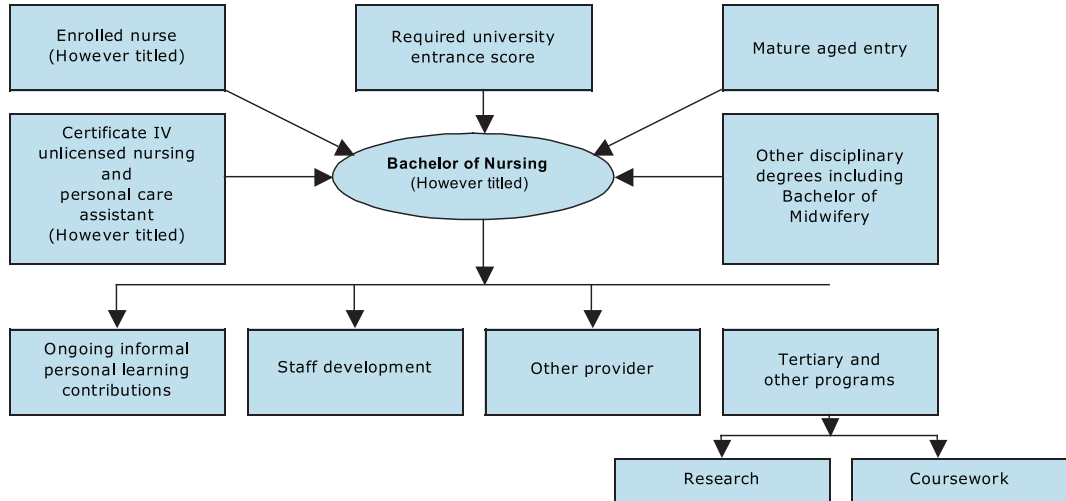
**Figure 1. Education pathways**



Reproduced from the AQF website [http://www.aqf.edu.au/learn\\_employ.htm#learningpathways](http://www.aqf.edu.au/learn_employ.htm#learningpathways)

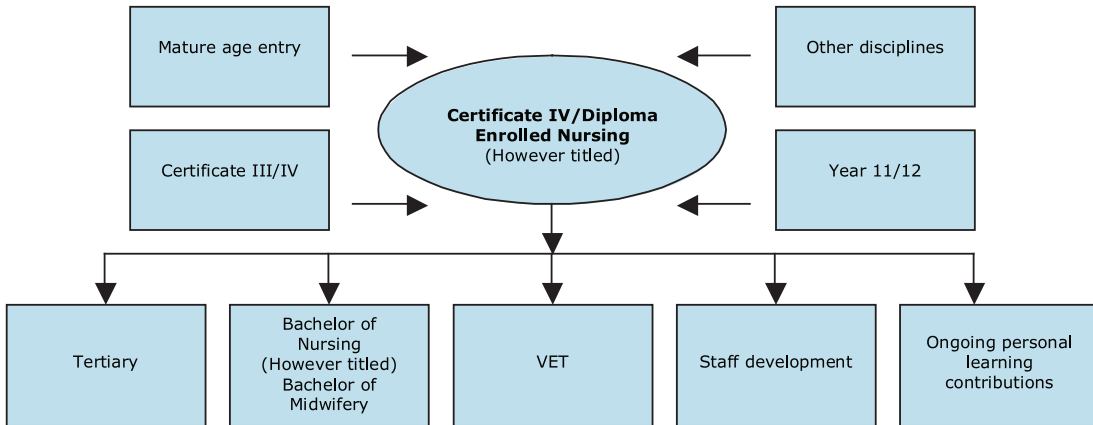
*Our Duty of Care* identified that there are opportunities for entering nursing and midwifery at various levels of education, both through the university sector (Figure 2.) and the VET sector (Figure 3.). Many people commence nursing or midwifery qualifications as school leavers, but this is not always the case. They may also choose a nursing or midwifery career through adult entry pathways, through a graduate entry pathway, or by articulating between qualifications in a range of related health streams/disciplines and nursing qualifications. This includes cross-sector articulation (from VET to university or in reverse from university to VET).

**Figure 2. Entry Points and learning options for enrolled nurses**



Reproduced from Figure 6.1 National Review of Nursing Education 2002 *Our Duty of Care*, p. 140

**Figure 3. Entry points and learning options for registered nurses**



Reproduced from Figure 6.2 National Review of Nursing Education 2002 *Our Duty of Care*, p. 140

Initial registration and entry to practice marks the beginning of a nursing or midwifery career. Nursing and midwifery work has changed considerably over time. Developments in technology, shifting community demographics, the move to the HES and the escalating cost of providing health services have all contributed to the constantly-evolving role of nurses and midwives in the community. Careers in nursing and midwifery therefore offer myriad opportunities to work in diverse roles in a range of hospital and community settings both in Australia and overseas.

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*Our Duty of Care* pointed out that there are also many post-registration career paths for nurses and midwives. Not only can nurses and midwives progress to more senior clinical roles in health services with increasing autonomy and responsibility for their practice, they can develop expertise in specialised areas of practice<sup>7</sup>, and can also draw on their foundations in nursing and midwifery as they pursue career directions in management, research, education, training and academia, government policy, project management, information technology, and population health (to mention just a few areas). The diverse skill sets that nurses and midwives bring are highly valued and portable.

Further education in these areas provides additional, advanced or specialised knowledge, skills and competence. In some instances, such as NPs and post-registration midwifery practice, further qualifications may be required for licensing or statutory authorisation purposes. In most other cases, qualifications and additional formal training reflect industry or professional standards, but are not mandatory for working in specialised areas of practice.

Formal qualifications are, however, an important way of demonstrating competency to practice in a regulated profession (and a regulated industry) and for developing expertise in specialised areas of practice. While the Australian Government supports education for eligible Australian citizens, participating in formal education and training also requires a considerable personal investment. Therefore, it is important that both individuals and the Australian community get the best value and maximum benefit from their investment. With so many career directions, it is also important that there are flexible pathways for entering nursing and midwifery, and for articulating to other training and qualifications to support career options and choices. One way to do this is to maximise credit entitlements and recognition of prior learning (RPL) as people articulate between qualifications and education sectors, so that unnecessary duplication of educational components is avoided, whilst still preserving the integrity of individual qualifications.

#### **Recognition of prior learning and credit**

RPL and credit transfer both offer alternative pathways to an award or qualification in the AQF. They are distinguished by the way they relate to learning achieved through formal education and training (credit transfer) and learning achieved outside the formal education and training system (RPL):

- RPL is an assessment process that assesses an *individual's* non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes, competency outcomes, or standards for entry to, and/or partial or total completion of a qualification; and
- Credit transfer assesses the *initial* course or subject that the individual is using to claim access to, or the award of credit in, the destination course to determine the extent to which it is equivalent to the required learning outcomes, competency outcomes, or standards in a qualification. This may include credit transfer based on formal learning that is outside the AQF.

<sup>7</sup> The National Nursing and Nursing Education Taskforce has responsibility for developing a framework for nursing specialisation which reflects contemporary strategic directions in health workforce and professional development.

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RPL is more common in the VET sector, but has not yet been applied extensively by providers to EN training.

While it is accepted practice for universities to award credit where elements of curricula are substantially equivalent, a number of challenges and tensions present in formalising credit arrangements between preparatory courses for nurses and midwives and those from other health discipline areas, such as:

- Health discipline courses both within and across universities are not generally constructed around generic or shared units of curriculum, and clinical units, while sharing elements of theory, often have different practice and clinical performance requirements and outcomes, making it difficult to identify elements of equivalence for the purpose of awarding credit.
- Australia does not currently have a set of national standards for the accreditation of courses leading to nursing registration. Hence, the RAs have varying requirements and policies with respect to credit arrangements and recognition<sup>8</sup>.
- There are tensions in balancing the requirements for comprehensive education and training that meet required quality standards and the need to be responsive in providing training to prepare the health workforce to meet emergent service delivery needs.

## The changing health and education landscape

In approaching this work, the Taskforce was mindful of the time elapsed between tabling the *Our Duty of Care* report and commencement of the Taskforce's program of work. As with other health professional groups, nursing and midwifery education and training does not occur in isolation, and much has changed in the landscape in the intervening time. The practice demands on new nurses are continually evolving in response to changes in the way health services are delivered, and there is continuous system pressure to ensure nurses and midwives are prepared with the knowledge, skills and competence to provide safe and quality services, and to continue to develop professionally as practice changes in the future.

Education providers have been responsive to these contextual pressures, and the nature of education for the disciplines has changed, so that nurses and midwives are adequately prepared for practice and to ensure the disciplines keep pace with the needs of the health care industry. Consequently, there have been many developments in education and training, which provide for better articulation pathways to enter and pursue a career in nursing or midwifery. Therefore, as a first step, the Taskforce sought to understand the contemporary education context to frame its understanding of articulation practices.

At a national level, there is acknowledgement that a range of innovative measures is needed to address existing and projected health workforce shortages, including shortages of nurses, midwives and other health professionals, and that this may include the development of new health worker roles, and professional flexibility in the negotiation and realignment of professional boundaries (Australian Health Ministers' Conference 2004).

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<sup>8</sup> Such inconsistencies are likely to be addressed through national schemes for the registration of health professionals and for the accreditation of courses for registration purposes.

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There have also been government policy developments in health at a national level, such as the endorsement of the Australian Health Ministers' National Health Workforce Strategic Framework (NHWSF) by the Australian Council of Governments (COAG) (July, 2006), and COAG's support for the directions outlined in the Productivity Commission report on Australia's Health Workforce (2006), including implementation of a national registration scheme for health practitioners and a national course accreditation scheme (Council of Australian Governments 2006). These directions flag high-level interest and commitment in pursuing national, streamlined approaches to the regulation and preparation of the health workforce.

Formal post-secondary education in the VET and university sectors plays a crucial role in preparing nurses and midwives for the future. These sectors are also continuously in a state of dynamic flux, responding to government policy directions and initiatives geared at maximising educational outcomes from public spending on education for the benefit of the Australian community, as well as industry and professional demands. Since the National Review of Nursing Education (2002), and as a result of the Higher Education Review (2002), there has been substantial reform to the Commonwealth Government (through the DEST) policy and funding framework for higher education.

Further reform has included the transfer of ANTA functions to the DEST on 1st July 2005, to facilitate the government's broader policy aimed at integrating and streamlining education pathways. Importantly, DEST has produced Good Practice Principles (Appendix 4) for cross-sector articulation and for information transparency, which have been endorsed by the Ministerial Council for Education, Employment, Training and Youth Affairs (MCEETYA). Concurrent with the Taskforce's work in this area, DEST was investigating how the Good Practice Principles were being implemented at the institutional level for a range of disciplines.

### **Nursing as a National Priority Area**

In 2004, as part of the Australian Government's 'Backing Australia's Future' policy, nursing was identified as one of two (the other being teaching) National Priority Areas targeted for additional support as a mechanism to allow the Australian Government to respond to areas of labour market shortage. The range of support measures include funding to create new undergraduate nursing places in universities, including places with an aged care and mental health focus, additional funding to universities towards the costs of clinical placements for nursing undergraduates, a cap on the Higher Education Contribution Scheme (HECS) for nurses, scholarships and other support mechanisms for undergraduate students in rural and remote areas.

It is widely recognised that these measures alone will not be sufficient to meet anticipated nursing and midwifery workforce shortages, and that innovative solutions to recruitment and retention of the nursing workforce, including providing professional development opportunities, are needed to ensure effective outcomes for public investment in this area. Articulation pathways that offer students maximum credit entitlements are one part of the solution to workforce demand. They are attractive to students and employers and make efficient use of education dollars as they reduce both the time and cost associated with preparing new health professionals.



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## Regulation of nursing and midwifery education

Nursing and midwifery education in Australia is highly regulated, located at the intersection of health and education regulatory frameworks, mutual recognition legislation and National Competition Policy (NCP). As with all regulated health professions, professional regulatory authorities set standards for educational programs leading to licensing and also standards for program providers. At the same time, program providers must meet the quality and accountability requirements of either state or Commonwealth education authorities (depending on the source of funding). Combined, these systems contribute to protecting public safety and engendering public confidence in the professions by ensuring high standards of education and accountability for publicly-funded education and training. At the same time, regulation of professional qualifications and training acts as a barrier to entry to professional practice and may affect supply of qualified health professionals.

### Professional regulation

Under Australia's federated system, the regulation of health professionals is a function of state and territory-based legislation. There is currently variation between the states and territories, but essentially the models of legislation in place provide for the protection of the public (or public interest) through the primary functions of:

- Registering appropriately qualified people (and maintaining the register). That is, only registrants may use the titles protected under the Act, eg. registered nurse, midwife or enrolled nurse (among others);
- Determining the qualifications for entry to practice in different parts of the register (this includes setting standards for or accrediting programs and program providers);
- Setting standards of professional practice (which may include determining the scope of practice for different groups of nurses and midwives, or setting limitations to practice);
- Managing complaints of professional misconduct.

Fundamentally, these functions ensure high professional standards and assist in managing the risks associated with professional practice. The RAs are essentially the community's gatekeepers in relation to ensuring that registered or enrolled nurses and midwives are competent and suitable to practice, and the profession's gatekeepers by controlling the mobility and flexibility of nurses and midwives to move seamlessly across jurisdictions to meet workforce needs (National Nursing and Nursing Education Taskforce, 2006).

RAs therefore have an important legislated role in protecting the public and affording the community the confidence that nurses and midwives are well qualified for their roles. In the event of poor performance, the community has confidence that the RA has the power to investigate and impose sanctions or assist the nurse or midwife to obtain the professional development opportunities they require, or to address any difficulties affecting their ability to practice (Carlton, 2003; National Nursing and Nursing Education Taskforce, 2006).

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## The regulatory environment

In making regulatory decisions and standards, the RAs are required to consider a range of national workforce issues and Commonwealth policies and/or legislation such as competition policy and mutual recognition legislation.

### National competition policy (NCP)

The introduction of the NCP in the 1990s and the attendant requirement for each jurisdiction to review legislation to minimise anti-competitive elements that do not have strong public interest foundations meant that legislation regulating nurses and midwives underwent significant reform, which continues today with a move towards more rational and consistent regulatory regimes (National Nursing and Nursing Education Taskforce, 2006). At present, legislation reform occurs on a state-by-state basis, and is driven by state priorities and the local legislation reform agenda. This makes amendments to legislation in the national interest difficult to agree and coordinate.

### Mutual Recognition legislation

Commonwealth Mutual Recognition (MR) legislation<sup>9</sup> mandates the recognition of individuals moving between jurisdictions on the basis of equivalent occupations. The effect of MR legislation is that people who work in a registered occupation in one jurisdiction can freely enter an equivalent occupation in other jurisdictions. The individual does not need to meet the requirements of the other jurisdictions regarding qualifications and experience to be registered in that occupation.

Under MR legislation, registration includes all forms of licensure, approval and other forms of authorisation in each state and territory, irrespective of the legislative framework. Occupational equivalence is assessed by comparing *authorised activities* to determine whether those activities are substantially the same. Where there are small differences between activities for like occupational groups, RAs can (and should) establish equivalence by placing conditions on registrants to enable them to practice safely within the occupation. The burden of responsibility for determining equivalence rests with the RA and there is provision for the individuals to have *temporary* registration to practice while their application is being considered<sup>10</sup>.

Mutual recognition is therefore a key platform to facilitate the mobility of the health workforce. It can in effect, however, magnify the disparities that exist between regulatory frameworks across the states and territories, especially where educational qualifications have been used to establish a professional category or authorisation.

### Regulation reform

It is important to note that the regulatory landscape for health professions is dynamic and continually shifting with the various regulation reform programs of the jurisdictions and in line with Commonwealth directions. A major finding of the Productivity Commission after reviewing the operations of more than ninety health professional RAs was that:

*Diversity in these state-based systems leads to variations in standards across the country, results in administrative duplication and can impede the movement of health workers across jurisdictions notwithstanding the operation of mutual recognition. (Australia's Health Workforce report 2006 p xxv)*

<sup>9</sup> MR legislation applies to States and Territories in Australia. Similarly the Trans-Tasman Mutual Recognition Act applies to trade and occupations between Australia and New Zealand. When MR is used in this document, it refers to both Acts, unless otherwise specified.

<sup>10</sup> More information about the process steps and obligations for regulatory authorities in relation to obtaining registration under the MRA can be found at [http://coag.gov.au/mra/legislation/mra\\_legislation\\_parta4.htm](http://coag.gov.au/mra/legislation/mra_legislation_parta4.htm)

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The Productivity Commission (2006) promotes the view that 'when a health professional is required to be registered to practice, that should be on the basis of uniform national standards for that profession...' and that standards should include '...Education and training qualifications recognised by the national accreditation board...' (Australian Government Productivity Commission 2005, p. 140-142).

The findings of the Taskforce's regulation and legislation mapping (2006) similarly show that there are as many differences as there are similarities in the way regulatory functions are carried out by the RAs, leading to a confusing proliferation of regulatory process and professional standards, particularly in the area of educational standards for entry to practice and progressing into areas of practice specialisation.

The inescapable conclusion of the mapping exercise is that significant community and professional benefits would derive from the RAs working towards national uniformity in regulatory and governance standards (National Nursing & Nursing Education Taskforce 2006; National Nursing & Nursing Education Taskforce 2006).

### **Educational standards for entry to practice as a nurse or midwife**

In 2006, most regulated health professions in Australia had national mechanisms for the accreditation of courses leading to licensing or registration. Core features of these national accreditation mechanisms include:

- A body appointed for that purpose, and managing the process on behalf of the state/territory RAs (eg. the Australian Medical Council);
- Nationally-agreed standards for the accreditation of programs for licensing of the various categories within the discipline, and for specialised areas of practice with statutory recognition;
- A central register of accredited programs and a communication process with the RAs; and
- Automatic recognition by the state/territory RAs of accredited programs as meeting local requirements for licensing, whereby an individual may undertake a program in one jurisdiction and seek recognition and licensing in another.

Nursing and midwifery lag behind in this endeavour. At present, each jurisdictional RA has its own requirements and standards for programs leading to licensing. For the most part, these standards deal with matters such as:

- Course length and AQF level for entry to practice;
- Substantive content and proportion devoted to particular content areas (eg. aged care, mental health, ATSI health, cultural sensitivity);
- Theoretical and clinical components;
- Standards for clinical practicum, including setting and supervision arrangements;
- Assessment criteria;
- Institutional and course governance (eg. information transparency);
- Rules around articulation, recognition of prior learning and credit transfer

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While there are obvious similarities, the differences between the eight RA standards have, at times a marked impact on the structural barriers to MR, mobility, innovation and flexibility of the nursing and midwifery workforce<sup>11</sup> and do not appear to be founded in any substantial evidentiary base.

While there is the possibility of cross-border or reciprocal process for the accreditation of programs, it is far from the norm. At the time of this report the ACT Nursing and Midwifery Board was the only RA that recognised nursing and midwifery courses on the basis that they are recognised by other nursing and midwifery RAs. Among many other aspects, the diversity in curriculum standards and requirements, the unevenness in the mix of clinical and theoretical requirements, the differing processes and expertise used for reviewing programs and settings and a lack of transparency in decision making create barriers to recognition across jurisdictions (National Nursing and Nursing Education Taskforce, 2006).

The findings of the Taskforce legislation and regulation mapping exercise make a strong case for a streamlined approach to recognition of qualifications leading to registration and enrolment across the jurisdictions to enable qualifications recognised in one jurisdiction to be similarly recognised in the others.

The ANMC has taken up this challenge and commenced work in 2006 to develop a national framework for the accreditation of programs leading to registration and enrolment in Australia, with a view to having an agreed framework in place by the end of 2006<sup>12</sup>. The work of the Taskforce in this area highlights that a national or centralised approach will require the development of a set of national principles for a common approach to the recognition of courses, curricula and settings in nursing and midwifery, and it will need an effective system to support this; that is, a central register of accredited and recognised courses. This would significantly reduce the impediments to the mobility of nurses and midwives in Australia, and would likely yield significant cost savings and efficiencies for regulatory authorities and course providers alike. National principles should aim to bring uniformity to the standards and requirements of courses with respect to recognition of prior learning and credit arrangements and should optimise opportunities to develop course articulation pathways as more and different qualifications in health and community services are developed.

It is, however, unclear at this point whether the work by the ANMC will continue in its present form, given COAG's commitment to implement national schemes for the registration of health professionals and for accrediting courses for registration purposes, which would undoubtedly bring consistencies to course accreditation processes and standards for professional groups across Australia and also across the various health professions.

### Articulation rules

Table 1 summarises briefly the various course accreditation requirements of the RAs with respect to credit transfer and RPL, which were in place at the time of this report.

<sup>11</sup> These differences are outlined in Map 9 of the Atlas for Legislation and Regulation of Nursing and Midwifery Practice in Australia (2006) and discussed in the Taskforce report **Moving Towards Consistent Regulation of Nursing and Midwifery Practice in Australia** (2006)<sup>11</sup> available from the N3ET website [www.nnnet.gov.au](http://www.nnnet.gov.au)

<sup>12</sup> Whether this work will continue in its present form in light of the COAG determination to support a scheme of national course accreditation, remains unclear at the point of preparing this report.

**Table 1. RA credit transfer and RPL requirements**

State	Credit and RPL stipulations
ACT	<b>RPL is to be considered on a case-by-case basis.</b>
NSW	<p>Programs must:</p> <ul style="list-style-type: none"> <li>• have policies in regard to Recognition of Prior Learning (RPL)/Recognition of Current Capabilities of Competencies (RCCC)</li> <li>• have explicit planned credit for particular groups of students (Nurses &amp; Midwives Board of NSW, 2003; Nurses &amp; Midwives Board (NSW), 2005 ).</li> </ul> <p><i>Where an institution offers planned credit transfer or recognition of prior learning (eg guaranteed credit for a completed EN qualification, the arrangement must be approved by the Board. Education providers need to demonstrate that the automatic granting of credit will not compromise standards.</i></p> <p>Documentation to indicate the relationship of units/subjects in the bridging course to the units/subjects for which credit/advanced standing will be granted.</p>
NT	Course accreditation standards require that policies are in place that clearly identify the requirements for admission, advanced standing and special entry categories. The course should identify possible career pathways and recognition of prior learning (Health Professions Licensing Authority – Northern Territory 2005).
QLD	<p>Policies support flexible entry requirements for cohorts of students currently under-represented in nursing or midwifery.</p> <p>Courses are available to support quality education for students from culturally and linguistically diverse <b>groups, including but not limited to ATSI Australians</b>, students entering a course with advanced standing and other groups currently under-represented in nursing or midwifery.</p>
SA	<i>No information available from the NBSA website and none provided by NBSA.</i>
Tas	The course delivery method is reflective of contemporary educational theory (Nursing Board of Tasmania 1999).
Vic	<p>Course regulations and policies require that procedures for course admission clearly identify criteria for advanced standing and recognition of prior learning and the implications of exemptions/credit on the course as approved (Nurses Board of Victoria 2005).</p> <p>NBV has a Recognition of Prior Learning Policy/Credit Transfer Policy which places restrictions on credit entitlements including:</p> <ul style="list-style-type: none"> <li>• The Nurses Board of Victoria accepts the assessment and acknowledgement of relevant and verifiable nursing and midwifery theoretical and clinical competencies acquired in the preceding <b>five years</b> prior to enrolling in the accredited course. Subjects which are normally provided by servicing departments, such as psychology, sociology, human bioscience, may be recognised up to ten years prior to enrolment.</li> <li>• Where RPL or credit transfer is granted, the Board must be satisfied that students have undertaken equivalent education (individual mapping of course components is required).</li> <li>• RPL assessment should be undertaken by a qualified RPL assessor from the relevant discipline.</li> <li>• A maximum of 66% of equivalent nursing studies within an accredited course may be granted.</li> </ul>

State	Credit and RPL stipulations
Vic cont.	<ul style="list-style-type: none"> <li>The nursing or midwifery clinical component requirements must be demonstrated and competencies met in an <b>Australian context</b>. NBV reserves the right to not recognise clinical practice (nursing and/or midwifery) undertaken overseas if deemed not equivalent.</li> </ul> <p>For Division 2 programs,</p> <ul style="list-style-type: none"> <li>The NBV accepts the assessment and acknowledgement of nursing theoretical content undertaken at another approved education provider offering the statewide accredited course in Victoria. This content must have been successfully completed in the <b>five years</b> prior to enrolling in the accredited course.</li> <li>formal assessment processes must be followed to establish evidence of competence, with the assessment criteria based on ANC Competencies for the Division 2 registered nurse. The total amount for the clinical component of the competency granted for RPL should be <b>no greater than 50% per competency</b>. This should apply to a student who has undertaken prior nursing experience in the relevant area of nursing.</li> </ul>
WA	<p>RPL is seen not as an issue for the Board, but for the education provider, except with respect to NPs:</p> <p>Courses should demonstrate flexible processes sufficient to reflect the diversity of the NP role. As well, a course should allow for:</p> <ul style="list-style-type: none"> <li>Recognition of prior learning;</li> <li>Articulation pathways into and from a NP course.</li> </ul>

For the most part, the RAs were not overly prescriptive about articulation, requiring that education providers had policies and procedures in place to ensure fairness and the competency of graduates upon completion. The DEST Good Practice Principles were generally recognised and the Australian Vice Chancellors' Committee (AVCC) credit entitlements were acknowledged as a sound and consistent basis for credit and RPL decisions.

The Nurses Board of Victoria (NBV) had implemented a somewhat more prescriptive approach as a result of an audit of 1400 student transcripts undertaken over the December 04 to January 05 period. The audit revealed that 10% of transcripts indicated non-compliance or variation from the NBV standards, including incomplete transcripts, block credit awarded without record of the subjects for which credit was granted, discrepancies between credit points and subjects for which credit was awarded, and lack of substantiating evidence for credit transfer. To address these issues and ensure that new graduate nurses are competent in the substantive content areas of accredited programs, the NBV developed its Recognition of Prior Learning Policy/Credit Transfer policy (EXEPOLO17), which placed restrictions on credit entitlements and stringent reporting requirements on universities.

It is noted that this policy was contentious with HEPs and sparked considerable debate, particularly with respect to whether RA standards should be outcome-focussed or should drill down to this level. Some HEPs argued that the granting of credit is a matter for education providers and is about educational integrity and process.

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At least one other RA has flagged interest in developing a similar policy. Although the rest of the RAs are less prescriptive in their policies, there is anecdotal evidence to suggest that at the operational level, the expectation is that education providers align their RPL and credit policies and practices with the AVCC guidelines, the MCEETYA Good Practice Principles and the AQF national RPL Principles.

Nevertheless, there is considerable pressure from industry and from the jurisdictions for greater standardisation in approaches to awarding credit. The ANMC project to develop a national accreditation framework presents a timely opportunity to develop nationally-uniform policy on RPL and credit that is both flexible and ensures professional competency outcomes. With many universities developing relationships and partnerships with universities internationally, there are increasing opportunities for students to complete clinical practicum in a range of settings overseas. The status of overseas clinical practice needs to be clarified and agreed at a national level.

With increases in undergraduate training places across Australia and concomitant demands on the health system for clinical practicum places, there is exploration of innovative approaches to program delivery. These issues present some key quality challenges for regulators that merit consideration at the national level so that educational programs can change to keep pace with the changing health and education environment.

### **Professional competency standards as a basis for credit**

Regardless of qualification, all nurses and midwives must demonstrate professional competence for licensing/registration and practice as a beginner-level nurse (or midwife). Competence in the regulatory context infers having the knowledge, skills and capability to practice in a professional capacity.

Programs of study for nurses across Australia utilise the ANMC competencies as a foundation for education and they are the cornerstones of the competency units developed for ENs in the revised HTP (HLT02). By accrediting a program of study, RAs accept that graduates of the program have met the requirements for registration, including requirements for competency standards. In most states, a certificate of attainment, testamur or transcript is sufficient evidence, although training providers may also be required to sign a statutory declaration attesting to the achievement of competency to support a student's applications for enrolment.

The required competency levels for registration as a nurse or midwife in Australia are articulated in the ANMC Competencies for Registered Nurses (2005), Enrolled Nurses (2002), Nurse Practitioner (2005) and Midwives (2006), and have been agreed by the RAs (with the exception of NSW where the situation is less clear), thus forming the benchmark for licensing. The ANMC competency standards detail the professional attributes, skills, knowledge and attitudes expected of nurses and midwives at entry to practice, ie. how the nurse or midwife is expected to practice and his/her capacity to practice. These competencies have application in diverse nursing roles in a range of health service settings and with a variety of clients/groups. They are structured into professional domains rather than discrete clinical skills or tasks as indicators of competence.

While the ANMC competency standards articulate the standards required of different levels of nurses, they do not provide an unequivocal foundation for establishing articulation pathways between qualifications or for awarding credit for articulating across sectors. This is largely because the EN competencies are not expressed as a discrete subset of RN competencies.

While this is the case, there are consistencies in the domains of competence for RNs and ENs and it is evident that ENs engage in common activities such as assessing patients/clients, planning care, providing elements of care, evaluating the outcomes of care and reviewing the care plan (see Table 2.). There is also an expectation that RNs provide supervision and direction to ENs in providing care for clients with an unstable health condition or with complex needs, inferring that RNs are fully conversant with and have capability encompassing, and indeed exceeding, EN entry-to-practice competency levels<sup>13</sup>.

**Table 2. ANMC Competency domains**

Enrolled Nurse competency domains	Registered Nurse competency domains
<ul style="list-style-type: none"> <li>Professional ethical practice</li> </ul>	<ul style="list-style-type: none"> <li>Professional practice</li> </ul>
<ul style="list-style-type: none"> <li>Critical thinking and analysis</li> </ul>	<ul style="list-style-type: none"> <li>Critical thinking and analysis</li> </ul>
<ul style="list-style-type: none"> <li>Management of care</li> </ul>	<ul style="list-style-type: none"> <li>Provision and coordination of care</li> </ul>
<ul style="list-style-type: none"> <li>Enabling</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative and therapeutic practice</li> </ul>

Further detail is provided in Appendix 5.

It is generally during the clinical component of a training program that students consolidate their learning and demonstrate professional competence for the purposes of meeting the requirements for registration. Assessing competence is a complex matter and a source of confusion and concerns for training providers and health service staff. There is rarely a direct correlation between a professional competence and a unit of competence. In most education programs, the domains of professional competence are assessed across a number of units of curriculum and must be demonstrated through successive episodes of clinical practicum. This makes it difficult to base credit entitlements on achievement of professional competence.

## Regulation in the education sector

While course accreditation by RAs clearly has a vital role in ensuring that education programs prepare health practitioners for competent practice, there is also a rigorous system to assure quality in higher education and VET systems. Together, these dual systems provide the Australian public with the confidence that higher education and VET providers are meeting expected educational standards and outcomes for nurses and midwives.

<sup>13</sup> The corollary of this argument is that RNs must at some point in their pre-registration training also satisfy the competency standards for ENs, making it possible to demonstrate these competencies for the purpose of licensing as an EN.



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## Higher education

Quality assurance in Australia's HES is based on a strong partnership between the Commonwealth, State and Territory Governments and the HES<sup>14</sup>. Self-accrediting institutions, most of which are universities, are empowered by government to accredit their own programs of study, including courses for health professionals such as nurses and midwives. Entry-to-practice nursing degrees in Australia are provided in every instance by self-accrediting universities or providers (eg. private universities). When a nursing course is offered by a university, or other self-accrediting provider listed on the AQF Register of Authorities Empowered by Government to Accredit Post-Compulsory Education and Training, it has been accredited by that institution. Self-accrediting institutions are also responsible for their own academic and quality assurance standards.

The Australian Universities Quality Agency (AUQA) is responsible for auditing the quality of Australian universities. The agency also audits the activities of State/Territory accreditation authorities and their compliance with the National Protocols for Higher Education Approval Processes.

An audit is of the whole organisation and therefore addresses the effectiveness of the organisation's quality systems for all its activities and scrutinises the claims of institutions against their own mission and objectives. Part of the audit process may be to inquire as to the extent that guidelines, codes of practice or codes of conduct relating to specific aspects of higher education (eg. MCEETYA's *Good Practice Principles for Credit Transfer and Articulation from VET to Higher Education*), have been adopted or adapted, and to investigate the extent to which the institution's objectives in this regard are being met (Australian Universities Quality Agency 2006)<sup>15</sup>. AUQA has also developed a Good Practice Database as a means of promoting good quality practices.

While universities can accredit their own awards, they do not have legislated authority to confer professional accreditation for entry to professional practice in nursing or midwifery. This authority rests with the RAs. Therefore the two systems of accreditation (professional and education) work in tandem to ensure the quality of nursing and midwifery education. While this is the case, at times dual processes create a burdensome workload for schools of nursing and midwifery in meeting the requirements for university accreditation, as well as the RA's requirements. Historically, RAs have not confined accreditation requirements to professional content and outcomes, but have imposed standards related to educational and institutional process and practice. There is certainly opportunity for greater coordination and synchronisation of accreditation timeframes and timelines to reduce duplication and overlap in the accreditation processes, documentation and associated resources.

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<sup>14</sup> The Australian Higher Education Quality Assurance Framework describes the role of the partners, the AQF and Australian Universities Quality Agency (AUQA) in quality assurance in Australian higher education.

<sup>15</sup> <http://www.auqa.edu.au/qualityaudit/auditmanuals/index.shtml>

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## Quality in vocational education and training

The Australian Quality Training Framework (AQTF) provides the basis for Australia's nationally-consistent, high-quality VET system.

National recognition is the cornerstone of the AQTF. The principle of national recognition features in both sets of the AQTF standards and its implementation is critical to the operation of a nationally-consistent VET system. National recognition has two elements, which are national recognition of registered training organisations and national recognition of qualifications and statements of attainment, thereby enabling individuals to have national portability of qualifications (Department of Education Science and Technology 2005). Among other elements, the AQTF provides Guidelines for Course Developers and Standards for State and Territory Registering/Course Accrediting Bodies to ensure that accredited courses have been developed in accordance with contemporary national educational standards for VET. For example, the development process includes broad consultation with key stakeholders, including approval by relevant professional or industry regulatory authorities. This ensures that only programs that are endorsed by industry and regulators can be offered.

Like universities, VET providers of EN programs are often faced with dual accreditation systems. They must be approved or accredited at the state level by the state training authority (STA) to add a program to their *Scope of Training*. Secondly, they may only provide accredited programs, ie. programs that have been approved or authorised for delivery at either state or national levels and are on the National Training Register. In addition, RTOs must seek approval from the relevant RA to deliver the program. Lastly, the curriculum (ie. the RTO's interpretation of the qualification) may need to be approved by the RA, creating an additional layer of documentation and approval.

There are further hurdles for education providers seeking to offer the same program in more than one jurisdiction where the accreditation processes and requirements (particularly for the professional regulators) may vary considerably between jurisdictions.

There is merit in the context of the ANMC project to develop a national accreditation framework, in considering rationalising and streamlining accreditation requirements and ensuring consistencies, synchrony and synergies between dual accreditation systems and consistency across jurisdictions. There would also be merit in RAs putting in place MR arrangements, whereby accredited programs (and program providers) are automatically recognised by the other RAs.

## Articulation within the VET sector

At the time the Taskforce was undertaking its investigation, the Community Services and Health Industry Skills Council (CS&HISC) was developing national qualifications for ENs for incorporation in the revised HTP. This was in response to Recommendation 21 of the National Review of Nursing Education. The Taskforce was directed by Health Ministers to monitor progress on this work and has managed this through membership of the Industry Reference Group (IRG) for the project.

Although the work was not completed at the time of this report, it is likely that the outcomes will have implications on articulation opportunities, credit arrangements and recognition processes within the VET sector. The Taskforce deferred further consideration of issues in this area pending completion and endorsement of the EN competencies. The following discussion presents a brief summary of progress and highlights several issues that merit further consideration.

### National qualifications for enrolled nurses

Enrolled nursing education in Australia is currently carried out in the VET sector in each state/territory. However, there has not been a uniform or nationally-standardised training program. As a consequence, EN qualifications have not been included in the HTP, which incorporates nationally-approved qualifications at various AQF levels for a diverse range of health workers.

The states and territories have instead developed courses and qualifications for licensing purposes specific to each jurisdiction. Although there are many similarities between these entry-to-practice programs in that all must meet the ANMC competencies for ENs, there are also significant differences in qualification levels, and length and content of course, particularly with respect to preparing ENs for administering medications. This is largely due to the differing expectations of the EN's role and capability (scope of practice) at entry-to-practice, and each RAs' educational standards/requirements to ensure competency for licensing. One of the sequelae of the differences in EN education is that it is difficult and messy to work out credit arrangements for ENs articulating to higher education and it is similarly difficult to map out articulations between qualifications in health streams and EN programs.

That ENs in different jurisdictions have quite different education and training requirements and different scopes of practice. This has been a source of confusion as nurses and midwives, employers, the public and RAs grappled with the issues surrounding MR of ENs and the complexities of articulated education pathways. In recognition of this issue, Recommendation 21 of the *Our Duty of Care* report (2002) proposed:

*To provide links to other training and to develop national consistency for the education and training of ENs:*

- a) *the ANCI (now the ANMC) and Community Services and Health Training Australia (now the Community Services and Health Industry Skills Council) should meet as a matter of urgency to ensure the ANCI competencies for ENs are incorporated in existing or new Australian National Training Authority sponsored training packages*

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*b) in establishing the appropriate level of qualification, account should be taken of the training requirements for evolving models of care and changes in supervisory practice, including those related to medication administration and new EN specialisations.*

The CS&HISC and the ANMC have had joint responsibility for this work. The Taskforce was directed to monitor progress, tracking the project through participation on the IRG for the ENs Competencies Project, which occurred in parallel with the review of the Health Training Package<sup>16</sup>.

The Taskforce's interest in this work relates to its potential impact on a number of key activity areas in the Taskforce's work plan. Principally, national qualifications for ENs (as for other groups of nurses and midwives) are a key component in a nationally-consistent framework for nursing and midwifery practice in Australia<sup>17</sup>. It is likely that national qualifications for ENs, which are part of the HTP, will also provide a foundation for arriving at a more-uniform and nationally-agreed approach to articulation pathways within VET and across sectors, and a foundation for developing streamlined and consistent MR processes.

Information about the HTP and the EN Competencies Project is available from the CS&HISC website at <http://www.CSHISC.com.au>. In summary, at the time of this report, Draft 3 of the Health Training Package, including the draft competencies and qualifications for ENs had been signed off by the CS&HISC Board and key national stakeholders, and had been successfully passed at the State Training Authority teleconference evaluation on 14 December 2006. Final amendments were being made in preparation for referral to the National Quality Council (NQC) for endorsement.

Following NQC endorsement, State, Territory and Commonwealth Training Ministers are required to sign-off on the package. The new HTP (HLT07) will then be available for implementation from the date of ministerial sign off.

The HLT07 incorporates two qualifications (a certificate IV and a diploma) for entry to EN practice, which will be taken up by the jurisdictions in accordance with local roles and scope of practice of ENs. An advanced diploma qualification is also included, which enables ENs to develop knowledge and skills in nursing practice areas such as critical care, palliative care, aged care, perioperative nursing, chronic illnesses, rehabilitation, paediatrics, mental health, rural and remote area nursing, sexual and reproductive health, pathology, counseling, alcohol and drug, disability and leadership.

Although the certificate IV is not fully 'embedded' in the diploma there is clear articulation between the two qualifications and there is differentiation between enrolled nursing functions at the certificate IV and diploma levels. These competencies provide a degree of flexibility to meet local/jurisdictional requirements for entry-to-practice including two options for incorporating medication electives into the certificate IV qualification and a range of other electives selected in line with specific packaging rules.

<sup>16</sup> The Health Training Package HLT02 integrates the **National Competency Standards** (419 Units of Competency across 66 qualifications) the **Qualifications Framework** that defines the national qualifications for the industry, and **Assessment Guidelines** to ensure the specific needs of the industry are met.

<sup>17</sup> Recommendation 4: Nationally-consistent scope of practice of the *Our Duty of Care* report (2002).

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The EN competencies in HLT02 are closely aligned with the ANMC National EN Competency Standards, which are the national benchmark for licensing in all states and territories in Australia. The Taskforce is confident that these qualifications will bring greater consistency to EN training in Australia and will provide clarity and transparency for nurses and midwives, employers, the industry and regulators, with respect to the differences in qualifications and practice capability at the point of entry to practice. The structure of the qualifications offers further opportunity for jurisdictions to modify their entry-to-practice requirements (eg. change from a certificate IV to a diploma) in the future to meet changing industry and professional expectations.

That there will be two qualification levels for licensing across Australia creates a number of issues for the RAs particularly. While qualifications are used by RAs to indicate competency for entry to practice, they do not circumscribe the extent of EN practice following licensing. ENs, like other nurses, continue to develop their practice skills and knowledge through experience, self-directed learning, on-the-job training, formal qualifications and other professional development activities. There will clearly be a need for further national dialogue and agreement by the RAs to determine how, in the short term, MR will be managed fairly, transparently and in a way that facilitates, rather than hinders, mobility and full utilisation of the workforce.

In the longer term, the EN competencies provide a mechanism for harmonizing EN entry to practice requirements in the context of developing national schemes for registration and course accreditation.

They will also provide a platform for national dialogue on articulation opportunities between enrolled nursing qualifications and qualifications in other health and community streams, eg. the (draft) Certificate III in Health Services Assistance, which provides the training for workers such as assistants in nursing, nursing support workers, allied health assistants and patient support workers (however titled). As these workers commonly provide assistance to and work under the supervision and direction of nurses (or allied health professionals), the feasibility of recognising common competency elements or units in order to promote a pathway to a nursing career merits exploration.

### **Articulation opportunities**

Articulations and credit arrangements between a range of other qualifications, such as those for ATSI health workers, allied health assistants and aged care workers (Community Services Package), also merit exploration through national dialogue to arrive at national agreement about articulation opportunities. There is certainly precedence to support articulation and credit transfer between these types of qualifications in the HES, which would provide a foundation for articulation pathways in VET. For example, applicants with a Certificate IV in Aboriginal Health Work applying to Charles Darwin University are eligible to apply for one-year advanced standing towards the Bachelor of Nursing program. University of Canberra has a formal arrangement in place with Canberra Institute of Technology whereby 27 credit points are awarded for the Advanced Diploma of Naturopathy and nine credit points for the Diploma of Remedial Massage.

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The Taskforce's experience is that there is considerable resistance within the nursing discipline and by the RAs to awarding credit in nursing programs for training acquired in other disciplines, health streams or through community services training, and similar resistance to allowing customisation of nursing competencies for incorporation in non-nursing qualifications. There is an entrenched view that the uniqueness of nursing competencies and education must be preserved to maintain the integrity of the discipline and to prevent erosion of nursing roles in health service settings.

This issue is no closer to being resolved with the new EN qualifications. Despite the green-field opportunity presented by the review of the HTP, greater articulation between qualifications in a range of the health streams has not been a primary consideration driving the design of qualifications in the package.

The contemporary reality is evidence that new and different roles for health workers, which overlap with traditional nursing roles, are being developed and training programs for these roles are also quickly evolving. In the context of a changing health workforce, the validity of views with a strong professional interest base merit close scrutiny and unpacking. Development of clear articulation pathways with fair and transparent credit arrangements provides a mechanism for recruiting workers with training and experience in health work to nursing careers. Approaching national dialogue on this matter by putting professional interests aside would augur well for positive outcomes that might benefit the health workforce and ultimately improve service delivery.

## **Articulation pathways for Aboriginal and Torres Strait Islander people**

Early in this project, the Taskforce consulted with the Chair of the Aboriginal and Torres Strait Islander Health Workforce Working Group<sup>18</sup> to ensure that the work of the Taskforce on education pathways was consistently aligned with the directions from the group and gave consideration to the issues of the ATSI people (see Part b of Recommendation 12).

ATSIHWWG was established to oversee implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (2002), which was endorsed by the AHMAC in May 2002. The Framework contains 42 strategies to improve the workforce in ATSI health care and presents a 5-10 year reform agenda to build a competent health workforce to address the health needs of ATSI peoples. The 2002-03 report on implementation of the strategies highlights the important role that ATSI people in various health worker roles play in providing culturally-sensitive services to ATSI people and communities.

In addition, considerable work on recruitment and retention of ATSI nurses in the health workforce had been undertaken by the ATSI Nursing Education Working Group established by the Office for Aboriginal and Torres Strait Islander Health and the CDN-ANZ. The 'gettin em n keepin em' report made 32 recommendations about nursing education and ATSI people, which are summarised in Appendix 6. The recommendations focus on strategies to improve the recruitment and retention of ATSI students in nursing (and midwifery) education and strategies to facilitate career paths for ATSI health personnel.

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It is interesting to note that there are several entry-to-practice nursing programs that have been developed to target ATSI students and with a particular focus on meeting the health needs of ATSI people (Ballarat University in Victoria and the University of Sydney). There are also more than 34 training institutions offering programs (certificate III to bachelor degree programs) in ATSI health, some with a clinical component<sup>19</sup>. These programs open up a myriad of articulation opportunities between health streams and for recruitment of ATSI people with health and other qualifications to nursing and midwifery that have, as yet, not been widely explored or exploited.

Further investigation highlighted that education pathways and opportunities are priorities for the Australian Government and both DEST and ANTA had been undertaking work to promote opportunities for ATSI people, not only in nursing but across the spectrum of higher education and VET training. The Taskforce noted that the report ***Partners in a Learning Culture: A national strategy Australia's National Aboriginal and Torres Strait Islander Strategy for vocational education & training 2000-2005*** outlined objectives and strategies for achieving participation in VET for ATSI people,; achieving increased culturally-appropriate and flexible delivery training and developing closer links between VET outcomes for ATSI people and industry and employment. The final report of the mid-term review (2004) tracked progress towards the objectives in the strategy and highlighted a number of ongoing issues requiring attention.

As part of programs such as the ***Youth Pathways Program*** and the ***Pathways into Health*** program, DEST prepared a range of materials to promote and assist young ATSI people to pursue careers in health. The 'No Shame: Careers in Health' (2002) booklet<sup>20</sup>, for example, features the stories of young ATSI people who have gone on to study in areas such as medicine, dietetics, nursing and epidemiology, and who in turn make a valuable contribution to the health of their communities.

It was also noted that through DEST, the Australian Government sponsored a number of projects, including the ***Nursing Initiative in Schools*** (2002/04), which aimed to improve secondary school students' career transitions into nursing, health and aged care careers through a range of vocational educational models and strategies that involve strong industry and community partnerships.

Originally funded through the Enterprise and Career Education Foundation, the Nursing Initiative in Schools built on the achievements of the Aged Care Project (2000/02) and was followed by the 'Pathways into Health' project which aimed to attract ATSI school students into careers in health through workplace learning initiatives. This project (April 2004 to November 2004) engaged key stakeholders across health and education sectors and in collaboration, developed and implemented strategic models to introduce ATSI students in secondary schools to the myriad careers in the health sector. The project developed demonstration models on four sites in Queensland (Brisbane, Cairns, Ipswich and Townsville). The report on the project<sup>21</sup> gives the full details of the activities and outcomes of the models and demonstrates effectiveness of collaborative partnerships in devising educational solutions for local situations.

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<sup>19</sup> [http://www.healthinonet.ecu.edu.au/html/html\\_ourservices/ourservices\\_courses.htm#batc](http://www.healthinonet.ecu.edu.au/html/html_ourservices/ourservices_courses.htm#batc)

<sup>20</sup> No shame; Careers in Health booklet can be found on the DEST website at <http://www.dest.gov.au/archive/schools/careers/NoShamebook.pdf>

<sup>21</sup> Pathways into health report <http://www.cshisc.com.au/docs/upload/PathwaystoHealth-21Sept04.pdf>

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Particularly, the Pathways into Health project focussed on raising ATSI students' academic foundations to enable them to move smoothly from school into VET or higher education to take up fulfilling careers in the health care sector. Findings from this project are instructive for developing strategies to attract and retain young ATSI people into nursing and midwifery by establishing appropriate pathways through VET in schools and School-based New Apprenticeship programs.

Given the initiatives in the area of VET in schools and ATSI people with respect to nursing and careers in health, the above issues were not pursued further in this project. However, the Taskforce envisages that there is a prime opportunity with completion of the HTP, for further national dialogue to strengthen articulations and credit arrangements between qualifications and competencies for ATSI health workers and ENs in both VET and HES.

### **Traineeship opportunities**

The *Our Duty of Care* report identified that traineeships provide a pathway into health and nursing careers whereby students can be employed in the health and aged care services while undertaking formal recognised training. Apprenticeships are one way of combining employment and training leading to nationally-recognised qualifications. The report proposed promotion of employment of student ENs through models of education and training such as traineeships and through expanding traineeships in rural areas as an entry to care work and nursing.

In the early stages of this work, the Taskforce explored the extent, to which traineeships or New Apprenticeship programs for ENs had been implemented, and the barriers to and opportunities for further expansion, particularly in rural areas (part c of Recommendation 34).

Under the *New Apprenticeship Program* (to June 2006), prospective students were required to find employment as a trainee EN through local New Apprenticeship Centres or through health services (and not through their training provider), and attend TAFE or their training provider part time to complete an off-the-job training component. Trainees are paid a 'training wage', which is in line with other trainees and are paid for their theoretical learning time. Eligible employers may apply for funding support through Commonwealth Incentive programs. Eligible students may also apply for personal support through a raft of Commonwealth support schemes.

The uptake and introduction of traineeship or apprenticeship models of training for ENs has been slow, with apprenticeship programs approved for offer only in Victoria (17 accredited TAFE and RTO providers) and NSW (1 TAFE provider) and previously in Tasmania, (however this program is not currently on offer in 2006). In NSW, numbers of enrolments are extremely low (6 in 2005). In Victoria, thirteen traineeship programs/training providers have been approved by the NBV. For example, in 2006, RMIT had 120 trainees in six training groups completing training over two years.



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Traineeship providers suggest these types of programs for ENs continue to provide sound education that meets the requirements for registration and offer benefits to both students and employers. These programs have appeal for mature-aged students without previous qualifications who have family and home commitments, especially as a training wage is provided and the program may be offered part time.

However, they have also identified a number of key issues that have impeded wide-spread implementation and merit further consideration to enable further uptake of this training option:

- Trainees are employed in health and aged care settings, but may be required to complete further clinical practicum in a range of service settings to meet the requirements of the RA. The administrative burden associated with this requirement has restricted RTO and course approvals.
- Eligibility for Commonwealth employer incentives is restricted to **new** trainees without qualifications in excess of a certificate II. This has limited traineeship opportunities for mature-aged students with previous qualifications, such as a certificate III from the Community Services or Health Industry Training Packages. Employers are more likely to take on trainees with incentives and support.
- Government policy up to June 2006 has not provided for employer incentives for traineeships offered at a diploma level. This has impeded the development of traineeship programs in jurisdictions where a diploma is the entry-to-practice requirement.
- Financial and commercial considerations for training providers related largely to the intensive resources required to meet the training provider's responsibilities towards trainees and employers, especially in the context of multiple and varied employers.

Following commencement of this project, there have been a number of changes to government policy in this matter. Australian Apprenticeships is the new name for the scheme formerly known as 'New Apprenticeships', which was in place at the commencement of this project. Under the scheme, the Australian Government provides an incentives and personal benefits program to support both employers and trainees<sup>22</sup>.

From July 1 2006, the Australian Apprenticeships Incentives Program provides supports for eligible students and employers for traineeships offered at a range of levels from certificate II to diploma to help reduce the real cost of training. The program also includes a range of financial incentives targeting employers in rural and regional areas, such as the Rural and Regional Skills Shortage Incentives. Disappointingly, despite nursing being identified as a NPA within the HES, enrolled nursing diplomas have not been targeted for support in 2006/07. According to DEST, this is largely because enrolled nursing qualifications currently do not meet the Commonwealth criteria for support under this new initiative. This has certainly been a key consideration for state and territory governments in their deliberations in relation to the EN Competencies Project. It is unclear at this point whether, with incorporation in the HTP, enrolled nursing qualifications at a diploma level will qualify for targeted support in the future.

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<sup>22</sup> More extensive information on incentives and personal assistance is available from the Australian Government's Australian Apprenticeship website - <http://www.newapprenticeships.gov.au/about/>

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State funding, as distinct from Commonwealth funding, for employment models of training for ENs is also worthy of consideration. A partnership approach between State Governments (departments of education and health) and employers would maximise opportunities and share the costs associated with training. An example of this model is in NSW where students apply for EN training positions with area health services, which employ them and pay a training wage for the duration of program. Trainee ENs complete a 12-month course, including 15 weeks of lectures through TAFE and clinical experience as required by the NSW Nurses and Midwives Board. Funding support for employers is provided through the Department of Health (NSW) and the NSW Department of Education.

Most recently, the NSW Department of Health introduced the Structured Training and Employment Project (STEP) as part of the NSW Aboriginal Nursing and Midwifery Strategy to increase the number of indigenous nurses in NSW. The primary objective of STEP is to increase employment opportunities for indigenous Australians, by providing funding for packages of tailored assistance, including structured and accredited training (preferably leading to formal qualification), that enable employers to provide long-term jobs. STEP provides an opportunity to support health services in employing indigenous people in the TEN program. Funding has been provided from the Department of Education and Workforce Relations to support 32 indigenous TEN positions<sup>23</sup>.

In the future, employment models could be customised to target groups of health workers holding certificate III qualifications in health and allied health assistance and certificate IV qualifications in other health and community streams, articulating to enrolled nursing. Complemented by a formal RPL program, training could be expedited and the costs of training reduced while providing an entry to a nursing career for these workers in a way that recognises existing workplace competencies.

## **Recognition of prior learning opportunities**

RPL processes differ from credit transfer processes in that RPL involves an assessment of an *individual's* non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes, competency outcomes, or standards for entry to, and/or partial or total completion of a qualification (Ministerial Council on Education 2002).

The fragmented approach to EN training in Australia to date has been a major impediment to introducing RPL processes on a broad scale for health workers articulating to EN education. However, there has also been a reticence within nursing and midwifery and the RAs to recognising that other health workers may share knowledge, skills and competence with nurses and that there may be overlap in work roles and responsibilities that might be recognised through RPL processes.

Where formal RPL programs have been implemented on a large scale in other areas of service delivery, they have provided a structured solution to recognising current competence and assessing where further training is required.

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An example of this is where the Victorian Government identified that up-skilling care workers in disabilities services was a priority and essential to delivering quality services in the community sector in Victoria. A Learning and Development Strategy was introduced and funded by the Victorian Department of Human Services (DHS) with the aim of creating a learning culture in the disability sector. The strategy promoted a consistent approach to learning and development for both non-government and government service providers through access to qualifications pathways for workers, with recognition of current competency.

Disability care workers in accommodation services, many of whom had no formal qualifications were targeted for up-skilling to the minimum Certificate III and IV in Community Services (disability work) qualification from the Community Services Training Package. The program was funded through the Commonwealth Traineeship/New Apprenticeship program. The funding was directed to the DHS, which developed strategic networks with TAFE and other HEPs to facilitate recognition of the current competency process and training as required. Over the duration of the funded program, access to Commonwealth funding and flexible traineeship packages resulted in over 1,000 existing and new staff enrolling in the program. Between 2000 and 2004, student enrolments under the traineeship schemes increased 768%.

The success of the Victorian DHS RPL program for disability workers stems from the strong partnership formed between government, employers and training providers and a strategic use of both state and commonwealth funding support.

With completion of the EN competencies and the HTL07, there is a timely opportunity to explore through national dialogue with key stakeholders, the viability and possibilities for implementing RPL processes to expedite EN training. Based on the success of the Victorian model for disability workers, there may be significant benefits in governments providing funding support to structured RPL programs to promote recruitment to the nursing workforce in certain settings.

RPL relies on qualified and experienced RPL assessors assessing individuals with respect to their competence and making recommendations about further training requirements. One option might be for independent competency assessment services to provide this service, rather than assessors affiliated with VET providers, so that recommendations for further training are made in relation to EN competencies, rather than particular courses.

## Cross-sector articulation

The *Our Duty of Care* report (2002) identified that ENs are an available pool of health workers to transition to the registered nurse workforce through articulated education pathways. The report concluded that at the time, cross-sectoral articulation was a developing feature of nursing education and recommended that further opportunities for ENs to bridge to bachelor of nursing qualifications should be explored.

Since this time, MCEETYA has adopted the DEST Good Practice Principles which provide guidance on credit transfer and articulation from VET to higher education, and also guidance around good practice information on credit transfer and articulation. Importantly, these principles apply nationally to credit transfer and articulation arrangements for all disciplines by recognised VET and HEPs. The principles are intended to give students reasonable assurance that they will be able to pursue education pathways which recognise previous work and study outcomes, and give appropriate credit where these relate to further studies. They also assist HEPs to balance the needs of students' and institutions' commercial considerations. The principles are outlined in full in Appendices 4 and 8.

The AVCC has also developed, with a number of participating universities, national credit transfer arrangements for holders of TAFE qualifications in thirteen broad fields of study including enrolled nursing. Accordingly, students who have completed a diploma or a Certificate IV in Enrolled Nursing are entitled to apply for:

- 33% credit for a diploma, in a related three-year undergraduate course, or
- 25% credit for a diploma, in a related four-year undergraduate course, or
- 16.5% credit for a nursing certificate IV, in a nursing degree course only.

Higher levels of credit may be available for an advanced diploma<sup>24</sup>. Entitlements are contingent on:

- admission being gained to the university's undergraduate course by meeting all the usual selection criteria and course pre-requisites;
- meeting the university's requirements on time expired since TAFE studies;
- professional body rules about the granting of credit; and
- meeting any requirements of the university on the level of your achievement in TAFE studies.

Credit granted may not necessarily be in the form of block credit (ie. exemption from year one of the university course), because of differences in course structures between universities and TAFE. Information from the AVCC website indicates that 21 universities participate in the TAFE-university credit transfer scheme, although mapping undertaken by the Taskforce for this project shows that in 2006, nearly all of the 34 universities offering pre-registration nursing programs provided at least some form of articulation opportunity for ENs<sup>25</sup>.

<sup>24</sup> AVCC National TAFE-University Credit Transfer Schemes  
[http://www.avcc.edu.au/content.asp?page=/policies\\_programs/teaching\\_learning/credit\\_transfer/scheme/](http://www.avcc.edu.au/content.asp?page=/policies_programs/teaching_learning/credit_transfer/scheme/)

<sup>25</sup> Credit transfer is also offered by a number of universities for students holding degree qualifications from other health streams and other disciplines and in some cases holders of VET qualifications in other disciplines

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The Taskforce workgroups audited the websites of the 34 universities offering pre-registration nursing programs to obtain a clearer picture of the practical implementation of credit arrangements for ENs and others. The data creates a contemporary profile of university policies and arrangements in place in terms of credit transfer and their congruence with the Good Practice Principles. The brief summary in Appendix 7 of the credit arrangements that are offered to ENs by the various universities shows that there is a great deal of variation between the way credit is managed at the institutional level and the quality of information that is provided to students via the university websites. Some of the major differences include:

- The credit amount offered for students with various EN qualifications (and variance with the AVCC guidelines);
- Whether credit is offered to all ENs, regardless of where they undertook their EN qualifications, or whether credit applies only to identified qualifications from particular TAFE institutions or qualifications gained in a particular jurisdiction;
- Time limits applied to qualifications (eg. a qualification gained within the last 5 years);
- Type of credit awarded, eg. block, specified or individual credit (a number of universities identify that credit is based on individual assessment, but do not include information regarding the criteria applied to decisions);
- Criteria applied to eligibility for credit, eg. whether the student must be currently enrolled and practicing as an EN (or whether eligibility for enrolment meets the criteria);
- RPL granted for EN competence as indicated by current enrolment in a jurisdiction for those without a qualification gained through VET, and whether ENs from other jurisdictions are similarly entitled.

The mapping also shows that HEP package delivery of their Bachelor of Nursing programs quite differently and some offer customised (eg. abridged or condensed) programs specifically for ENs, while others offer exemptions from units or assessment tasks in existing programs on offer.

### **Maximising the likelihood of success**

Despite widespread implementation of articulation pathways for ENs, universities participating in dialogue on this issue anecdotally reported that credit arrangements do not always translate to an unproblematic or streamlined transition and that these students and their education providers often experience difficulties that impact on students' likelihood of successful progression and completion.

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Articulation and credit arrangements are based on assumptions that ENs have acquired knowledge, skills and competence through both formal education/qualifications and workplace training/experience that are substantially equivalent to elements of the educational outcomes of Bachelor of Nursing programs. At the institutional level, how this translates to credit entitlements depends on the assumptions that are made about the entrants' competence and the design of the pre-registration program. For example, it might be assumed that students with recent qualifications have up-to-date theoretical knowledge and academic skills, while students with a long history of clinical practice and perhaps older qualifications might have experiential knowledge and current clinical skills. Both provide firm, but *different* foundations on which to build and develop the required competencies for the registered nurse and therefore have implications for the type of credit that is awarded.

However, several universities argued that as the ANMC EN competencies are not a discreet sub-set of the RN competencies, the knowledge content of curriculum areas is not sufficiently equivalent to that required in bachelor degree courses and therefore does not form a sufficient basis for articulation. There was also a strong view that training in the VET sector does not prepare graduates with the academic skills to operate effectively in higher education with substantial credit. Credit therefore should not be awarded on this basis.

In practice, establishing competency or curriculum equivalence, especially in the context of so many different EN qualifications and RN programs, is problematic for universities. EN and RN programs are packaged differently for delivery. For example, both the ANMC EN competencies and the vocational competencies identified in VET programs may be taught and assessed across a range of units or subjects in the program. (*Competency Element 1.1 Demonstrates knowledge of legislation and common law pertinent to enrolled nursing practice* may be assessed across all theoretical and clinical units). It is similarly the case in Bachelor of Nursing qualifications that the RN competencies are not taught or assessed through discrete units of curriculum, but threaded through the program and assessed at a number of levels, including through clinical practicum.

To address these issues, universities have developed a variety of approaches to increase students' likelihood of success. These fall into two categories – those that set students up for success and those that support them for success.

### Setting students up for success

With the exception of only a small proportion of HEPs, there is widespread acceptance that the MCEEYA Good Practice Principles provide a solid and fair foundation for credit and RPL arrangements for ENs enrolling in Bachelor of Nursing programs. However, the variation in qualifications, experience, knowledge, skills and competence that each EN brings mean that prospective students enter with quite different capability levels. With demand for EN articulation programs exceeding availability, universities are at liberty to be highly selective and to set entrance criteria and admission hurdles that maximise the likelihood of success for students, for example

- Limiting eligibility to ENs with specified qualifications (from a state or institution);

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- Customising programs to articulate with specific programs from certain institutions;
  - Setting hurdle tasks to screen candidates, such as the requirement to pass the Universities Medical Admissions Test;
  - Providing, or directing prospective candidates to undertake, bridging programs;
  - Providing self-directed learning packages covering pre-requisite knowledge content;
  - Providing clear and explicit information about the pre-requisite knowledge required to be successful.

While these measures certainly improve outcomes for successful candidates, they also limit opportunities for ENs not meeting such narrow criteria.

In line with the Good Practice Principles, there should be transparent information about the key selection criteria and pre-requisites so that prospective students understand the basis for selection decisions. When places are limited universities will necessarily select the most suitable candidate and a variety of factors may be taken into account.

#### **Embedded qualifications**

The design of qualifications and models of course delivery are clearly critical to enabling cross-sector articulation with maximum credit entitlements. Finding ways to bridge the disconnection between the operations of VET and higher education qualifications is to design 'nested' qualifications, or qualifications that are fully or partially embedded within higher qualifications. To date, there are no fully embedded qualifications, providing the bridge between EN and RN programs. In part, this is due to many of the issues outlined in the previous discussions – the disconnect between EN and RN competencies; the gap between the certificate IV and Bachelor of Nursing (AQF 7) academic requirements and outcomes; the variation in EN qualifications for entry to practice and the RN program design; and professional reticence and resistance.

It is fair to say that embedding qualifications retrospectively is near to impossible and is an easier task when starting with a blank slate for both qualifications. Partnerships between VET and HEP in such endeavours are more likely to yield outcomes that have educational integrity and continuity and meet the requirements of RAs and the professions. Several dual sector institutions are giving consideration to designing embedded programs once the new EN qualifications have been endorsed for delivery.

A recent development that also requires some consideration is that, under the MCEETYA protocols, TAFE institutions may now be accredited to provide bachelor qualifications in the same way as private universities. Under the process, TAFE is accredited as a HEP of certain qualifications. This is not a blanket accreditation and TAFEs are not 'self accrediting' in the same way as universities. A number of TAFEs are accredited HEPs of bachelor degree programs in other disciplines. TAFE providers of both EN and RN qualifications might be ideally positioned to develop fully-nested or embedded qualifications.

At the time of this report, there were no TAFE providers of Bachelor of Nursing or Midwifery qualifications, although a number were investigating the feasibility of this option in the context of developing programs for ENs based on the new EN qualifications.

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Whether the delivery of Bachelor of Nursing and/or Midwifery qualifications in the VET sector would have wide acceptance by the nursing and midwifery community and the RAs is as yet untested. There is certainly a strong professional sentiment that educating RNs and midwives in the VET sector would be a retrograde step in the long journey towards the professional recognition of nurses and midwives and would therefore not be in either disciplines' best interests. This argument alone is not sufficient reason to avoid exploring the VET option, especially if this pathway provides the same quality outcome in a graduate who meets all the requirements for registration.

There are, however, also key concerns around the capacity of TAFE institutions to provide the quality and standard of education required to meet the ANMC competency standards for RNs and midwives, particularly in the area developing research knowledge, skills and attitudes. There is a strong view by academic leaders that best practice in nursing and midwifery hinges on sound research. This means that students not only need to know how to access research findings and they need to develop skills in critically appraising research to determine its relevance and applicability. They need to be able to engage with research-related activities in the clinical area. Furthermore they need to develop a professional appreciation for the place and importance of research in the shifting health landscape. To do this well, students need to be immersed to a positive and thriving research culture where their academic leaders, experts and instructors have more than a theoretical understanding of research – they are active researchers. A positive research culture is more likely to filter through to nursing and midwifery education in universities where research is part of the core business.

It is unclear at this point whether further guidance on the matter of research (and other similar issues) will come from the ANMC national framework for course accreditation. In the meantime, the RAs will need to give consideration to individual applications by TAFE providers (accredited as HEPs of Bachelor of Nursing programs), and in doing so, there is a case for making transparent the criteria that are the basis for making these decisions. There would also be benefit in clarifying the sequencing of the dual accreditation processes so that students are not misled and enrol in programs that may not lead to registration as a nurse or midwife.

It would be fair to say that while the nested or embedded approach to streamlining qualification pathways appears efficient and appealing for students and education providers alike, there will need to be further dialogue to resolve key funding, quality and outcome issues. One argument is that embedded qualifications shift part of the cost burden of educating RNs from the Commonwealth with its primary responsibility for funding higher education, to the states and territories, which have responsibility for funding education in the TAFE sector. It is not clear at this point whether the jurisdictions would be supportive of directions with the potential to impact on jurisdictional VET budgets.

### **Supporting students for success**

Several universities where ENs were granted credits or exceptions from the six-semester Bachelor of Nursing program, or where the EN selection criteria was broad, identified that their assumptions about the entry capability of students did not always hold true, and that students in accelerated or abridged programs often needed high levels of support and intervention to succeed.



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There was agreement that to ensure student success, supports needed to be provided in various forms, such as study skills, research skills and assignment writing workshops to build students' academic skills. Early intervention methods were also advised to identify students at risk of failure or dropping out. Often one-on-one or small group instruction and additional clinical experience were required to achieve success for these students.

While student services or faculties may assist in providing some of these supports for all students, for some universities providing additional student supports beyond the normal framework of support creates an additional burden for the school and faculty staff and a drain on the school's resources – at times, to the point where the cost-effectiveness of programs is questioned. This is a serious consideration for schools of nursing. Again, where there is great competition for available places, universities are likely to choose the best candidates – those with the highest and most recent qualifications and the most recent clinical practice – and this is likely to limit opportunities for others.

A clear message conveyed through dialogue with universities is that not all ENs are capable of going on to complete further qualifications. ENs are valued members of the health workforce and their role should not be diminished or depreciated. As more strategic approaches are taken to the planning and development of the health workforce, there will be many opportunities for ENs to develop knowledge and skills in specialised areas of practice, to take on new roles and responsibilities and to work productively in the health care team to provide services to the Australian community.

### **Victorian Mapping Articulation Pathways Project (2006)**

The Victorian Mapping Articulation Pathways Project (92002) was completed following conclusion of the Taskforce's activities and term, but merits inclusion in this report as the findings challenge some of the assumptions that circulate and create barriers for EN articulation to Bachelor of Nursing studies. The project, undertaken in 2006 by the Victorian Community Services and Health Industry Training Board (2006) and sponsored by the Office of Training and Tertiary Education, Department of Education and Training (Victoria), explored in depth current articulation arrangements in Victoria between Division 2 training programs and university Bachelor of Nursing programs.

Amongst the findings of this report, the survey of training and education providers indicated that:

- *While articulation arrangements are unclear and allow some discretion, there is no evidence that holders of the certificate IV are disadvantaged or discriminated against.*
- *Certificate IV holders are admitted to Bachelor of Nursing places in slightly-higher proportion than other cohorts (22% of applicants/25% of entrants). However, a significant barrier to admission cited was certificate IV results not being released from RTOs in time for application and universities not accepting incomplete results.*

- *At admission to undergraduate nursing courses, certificate IV holders received greater credit than other cohorts. Despite universities claiming that difficulty in comparing certificate IV qualifications with undergraduate curriculum was the greatest barrier to credit transfer, credit offered for the certificate IV varies from 6-18 months, with 12 months being the most common amount offered. Universities appeared not to greatly distinguish between RTOs, but placed greater store on graded assessment and the achievement of consistently good grades by students. All but one RTO provided graded assessments. It is noteworthy that Victorian universities award significantly greater credit to students with certificate IV than many interstate universities give to students with a Diploma in Nursing.... Typically Victorian credit amounts to 33% of the Bachelor of Nursing course....*
- *Certificate IV entrants are significantly more likely to complete the Bachelor of Nursing than other cohorts, with a 93% completion rate (other cohorts – 86%). This compares very favourably with the national rate of 79% (2002)<sup>26</sup>. Financial and time constraints were listed as the most significant reason cited for not pursuing a Bachelor of Nursing and for failure to complete the course. Academic ability was not a significant factor. According to this study, the only areas where certificate IV holders under-performed, the rest of the cohort was in high achievement: certificate IV holders were slightly less likely to be in the top quartile.*
- *At enrolment in the certificate IV, 30% of applicants stated their intention to pursue Division 1 studies.*

(Community Services and Health Industry Training Board 2006 pp. 3-4)

*Findings of note include that:*

*More than half of the RTOs responding to the survey had agreements in place (although some informal) with universities regarding credit arrangements.*

*Eleven of the nineteen RTOs do not receive requests for, nor do they render assistance to universities for the assessment of prior learning of certificate IV graduates.*

*71% of RTOs indicated that the basis for determining credit transfer/exemption is discretionary.*

*94% of RTOs indicated that certificate IV graduates did not receive the same amount of credit in the applications to different universities.*

*75% of the VET respondents indicated that universities commonly offered six to twelve months credit or exemption for certificate IV.*

*University admission processes for certificate IV applicants are not consistent, transparent or easy to understand. The study finds that this does 'not equate to an arbitrary or unfair process. Universities exercise a degree of professional judgement in determining the merits of an applicant's academic ability' (p.41).*

(Community Services and Health Industry Training Board 2006 pp. 21-42)

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*Note: the study does not comment on:*

- *Credit arrangements or RPL entitlements for currently practicing Division 2 registered nurses qualified prior to introduction of the certificate IV program;*
- *Credit arrangements for Division 2 nurses or ENs from other states with diploma-level qualifications.*

The study concludes that 'upon consistent performance in the certificate IV, there is every indication that a certificate IV holder can gain admission to university with significant advanced standing... It would appear that the high levels of anxiety and pessimism about certificate IV articulation are unjustified' (p.4).

Such a high proportion of new certificate IV graduates seeking enrolment immediately in Bachelor of Nursing programs (31% in Victoria) is worthy of note and highlights for further consideration the issue of the source of funding for training Division 1 registered nurses and whether the cost of training a Division 1 registered nurse through this pathway is in part shifted from the Commonwealth to the state.

With the introduction of the new HTP including the EN competencies, there is a timely opportunity for universities and EN training organisations to work productively and collaboratively together to map the competency outcomes against those of Bachelor of Nursing programs and to use this information as a basis for making agreed, informed and consistent credit decisions. There will be some urgency to undertake this task with the introduction of national registration and course accreditation schemes, so that there are greater consistencies in the articulation opportunities and entitlements for ENs in the future .

Greater transparency in the processes for applying for entry and for credit and the way credit decisions are made will greatly assist students to make informed decisions in choosing a university provider of Bachelor of Nursing education.

## Graduate entry pathways

The National Review of Nursing Education (2002) found that graduate entry for people with degree qualifications in other disciplines was one of the clear pathways to a nursing career. In investigating current articulation arrangements, the Taskforce workgroups identified that in the time since the Review, there had been a marked increase in opportunities for graduates holding qualifications in a range of disciplines to articulate to a career in nursing or midwifery. These are usually represented as **graduate entry programs/pathways** and depending on the qualification/s held at entry, students may be entitled to substantial credit.

The purpose of this arm of the Taskforce's work was to gauge the extent to which graduate entry pathways are available, the types of credit arrangements and entitlements for students and opportunities to increase access to nursing via these pathways for graduates keen to pursue a career in nursing.

### Graduate entry pathways to Bachelor of Nursing programs

At least 13 universities provided information on their websites about graduate entry pathways or customised programs for graduates or holders of degree qualifications. Table 3 gives an overview of those universities that currently provide graduate entry pathways to nursing or midwifery or programs along with the type and range of credit offered.

**Table 3. Graduate entry pre-registration programs**

University Name	Graduate entry/pre-registration programs
University of Canberra	<i>Block credit entitlements:</i> Graduates enter the Bachelor of Nursing program and they are awarded credit depending on their previous degree; eg. A graduate of a science degree with a human biology structure is offered the equivalent of one year block credit; similar block credit entitlement is offered for other degrees, eg. Bachelor of Arts degree – however the units credited differ to that of the science. Individual credit based on academic transcripts and course content is also available and assessed individually. Course advice to enrolling and inquiring students is available to assist student decisions.
Flinders University	Two-year graduate entry course (accelerated program) – not available as part of a combined degree for graduates with a bachelor degree in a discipline other than nursing; holders of three-year diplomas are also considered.
La Trobe University	Bachelor of Nursing – Two-year program designed for university graduates holding a bachelor degree.
The University of Melbourne	An accelerated two-year program is offered for graduates.
Queensland University of Technology	BN Grad Entry offered – for bachelor degree holders obtained within the last ten years; two years full time; customised course.
University of South Australia	University students who have already completed one year or more of study at another university can transfer or apply to enter a program at UniSA. Credit for equivalent subjects is recognised.

University Name	Graduate entry/pre-registration programs
University of Southern Queensland	The Bachelor of Nursing (Post-Registration) is designed for registered nurses with either a Certificate or Diploma of Nursing who wish to gain a Degree in Nursing. The program consists of eight courses, each of one unit.
University of the Sunshine Coast	Credit will be awarded for previous study, particularly in areas directly related to the program in which prospective students seek to enrol. Credit to the value of up to 16 courses of 24 courses of a university degree will be awarded for relevant completed degrees.
The University of Sydney	Bachelor of Nursing (Indigenous Australian Health) A qualified Aboriginal Health Worker, or relevant field, eg. Indigenous Health, Community Development, will be eligible for credit towards the degree.
University of Tasmania	Pre-registration two-year Bachelor of Nursing program – accelerated program, as various units are completed during summer. Passes in subjects or units in other courses (completed or otherwise) in this university or another approved tertiary institution (or other approved professional examining body) may be credited towards the degree.
University of Technology Sydney	Master of Nursing pre-registration program for graduate entrants.
Victoria University	Graduate entry – two-year customised program.
University of Western Sydney	Graduate entry – two- year full-time program To be eligible to undertake the course, applicants must have completed an undergraduate degree with a focus in the biological sciences

Compiled from information on graduate entry programs available from university websites.

From this summary, there are four main types of graduate entry programs/pathways:

- Individual credit offered for equivalent units of curriculum in the 6 semester BN program – an individual approach;
- Block credit depending on the type of previous qualifications and program content;
- An abridged graduate program: eg. A four-semester program which excludes elements of curriculum contained in the first qualification;
- An accelerated graduate program – condensing the entire curriculum into four semesters. This model assumes that graduates have a greater capacity to master the program than those new to tertiary study.

In addition, one university offered a Masters of Nursing Pre-registration Program, as an entry-to-practice qualification and pathway to first registration for graduates.

Eligibility and credit entitlements varied considerably across universities. Some programs offered graduate entry only to health or science graduates, while others offered graduate entry to graduates from any discipline.

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At the time of this report, most universities had arrangements in place for awarding credit for equivalent academic units of study at an undergraduate level, which were in line with individual university policies on credit and application procedures. However, this information was not always readily available from university websites. In many cases, information regarding credit entitlements and application processes was forwarded to prospective students only on request or inquiry.

Where graduate entry programs were offered, this was usually in the more-established schools of nursing and midwifery with greater student numbers, a larger and more diverse academic faculty, and well-established partnerships with health service providers (HSPs) for clinical learning, breadth and diversity in course offerings at both undergraduate and postgraduate levels. The smaller and establishing schools of nursing were more likely to be consolidating and growing their core programs to provide a firm foundation for future diversification.

While decisions about individual credit entitlements were generally made at the faculty or school level and involved professional discretion, they were largely based on careful appraisal and cross-mapping of qualifications and content to determine suitability and fair credit while preserving the integrity of the qualification and fostering student success and completion.

In general, greater transparency and uniformity in the criteria applied to awarding credit and processes for applying, would assist prospective students in making informed decisions in choosing a HEP and would ensure equity, fairness and greater consistency.

### **A credit precedence list**

One option to promote consistency in granting credit is to create and make available a credit precedence list (CPL)<sup>27</sup> or register, specifying precedents approved or negotiated through formal arrangements with other institutions concerning credit transfer. Course coordinators/administrators who have made a credit determination in accordance with the rules of the university or faculty register the amount of credit granted for that category of prior study or learning on the CPL. This would not exclude applications for credit on their individual merit, but would provide a mechanism for bringing greater consistency to credit processes for students both within a university and across universities.

## **Articulation between Bachelor of Midwifery and Bachelor of Nursing**

There are currently two main educational pathways for entering midwifery practice in Australia: firstly, through a Postgraduate Diploma in Midwifery for those who are RNs, and secondly, through a Bachelor of Midwifery (or double-degree/dual degree combined or integrated with a Bachelor of Nursing or other degree program). Often labelled 'direct-entry midwifery', Bachelor of Midwifery programs are designed to prepare graduates, who may not also be RNs, with the competence to meet the regulatory requirements for registration or authorisation to practice midwifery in the host jurisdiction. No prerequisite post-secondary qualifications are required for entry and students may apply for entry directly following successful completion of year 12 studies.

While there is recognition of midwifery as a separate and distinct discipline from nursing, there is also agreement that the two disciplines share dimensions of knowledge, practice and competence, which provide the foundation for developing articulation and credit arrangements between the two preparatory programs.

In this environment, one of the key challenges emerging with the implementation and planned introduction of new Bachelor of Midwifery programs in a number of states/territories is to provide appropriate and fair credit arrangements for students making course transitions and for graduates pursuing new career directions that recognise shared or common competence and knowledge areas.

The purpose of this arm of the Taskforce's work was to gauge the extent to which credit arrangements between Bachelor of Midwifery and Bachelor of Nursing programs had evolved since introduction of this relatively new pre-registration pathway for midwives in Australia and to identify further opportunities for streamlining articulation.

### Providers of Bachelor of Midwifery programs

Bachelor of Midwifery degrees provide a relatively new pathway to practice in Australia and are consequently not available through HEPs in all jurisdictions. Table 4 presents an overview of the Bachelor of Midwifery programs currently on offer and indicates where new programs are being developed.

**Table 4. Bachelor of Midwifery programs - entry to practice in 2007**

University	Course	Commenced	First graduates to workforce	Credit arrangements
Australian Catholic University	Bachelor of Midwifery	2002	2005	Individual credit: Certificate IV in Health (Nursing) holders are eligible for up to 4 units and Bachelor of Nursing holders are eligible for the maximum 50% credit entitlement (Note: 30% of the course content is shared with the Bachelor of Nursing program).
Deakin University – Vic	Double bachelor degree	2007	2010	Nursing/Midwifery – commencing 2007.
Flinders University – SA	Bachelor of Midwifery	2000	2003	Entry pathway for registered nurses – requiring them to complete one year (or equivalent) of full-time study.

**Table 4 cont. Bachelor of Midwifery programs - entry to practice in 2007**

University	Course	Commenced	First graduates to workforce	Credit arrangements
Latrobe University – Vic	Double bachelor degree			<i>(Bachelor of Nursing/Bachelor of Midwifery – 4 year degree.)</i> There are no agreed block credits or graduate entry pathways for this program.
Monash University – Vic	Bachelor of Midwifery	2003	2006	Entry pathway for certificate IV holders; holders of a Bachelor of Nursing are awarded 50% credit.
RMIT – Vic				Planning a Bachelor of Midwifery for 2008/09.
University of Queensland	Bachelor of Midwifery	2007	2010	
University of Canberra				Planning a Bachelor of Midwifery to commence in 2008.
University of South Australia	Bachelor of Midwifery	2003	2006	No advertised block credit entitlements: Students who are holders of a previous degree may apply for individual credit for similar course contents in the Bmid program; maximum credit entitlement is 66%; do not appear to be formal agreements in place for credit for VET diploma of nursing.
University of Technology Sydney	Bachelor of Midwifery	2005	2008	
Victoria University	Bachelor of Midwifery	2002	2005	Students are entitled to apply for credit transfer and for RPL: there is no recognised arrangement for credit for the Cert IV in health; there is no credit transfer identified for holders of the BN; the BN and BMid programs share three (3) common units of study.

Current as at January 2007: Source Australian College of Midwives website  
<http://www.midwives.org.au/default.asp>



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While it is apparent that there is ongoing interest in establishing new Bachelor of Midwifery programs (see above), it is unclear at this point if the demand for the Bachelor of Midwifery is being driven by people seeking a career in midwifery, by professional midwives with an interest in promoting direct-entry pathways to midwifery practice, or by maternity services seeking a remedy for actual and projected workforce deficits. At this point, there is insufficient evidence pointing to the workforce and service delivery impact of these programs, as new graduates only began entering the workforce in 2003 (although anecdotally, there are high employment rates reported for graduates in metropolitan and major regional maternity services).<sup>28</sup>

Arguably, the Bachelor of Midwifery is a shorter and focussed pathway to midwifery practice and therefore provides a viable solution to maternity services workforce shortages. There is, however, a counter view that utilising midwives (who are not also nurses) in the delivery of maternity services necessitates reengineering models of service delivery (and models of staffing).

In contrast, traditional postgraduate pathways require a minimum of five years of higher education to gain registration as a midwife. The double/dual degree model allows students to study both nursing and midwifery at undergraduate level and prepares them to register and practice in either one or both capacities, while providing a shorter educational pathway than would be required for a nurse to complete a postgraduate diploma. It is argued that dual registrations give graduates more versatility in the workforce, particularly in rural health services.

Credit entitlements and arrangements for Bachelor of Midwifery programs are a developing feature of the educational landscape and consequently vary across universities. For the most part, in line with individual university credit policies, students are entitled to apply for credit transfer for equivalent units of study. Applications are mostly assessed individually at the program level by program coordinators. However, the precedents for this credit are not well documented and have not resulted in established block credit arrangements between VET qualifications.

Several program models share common curriculum components with the Bachelor of Nursing programs. Based on the concept of shared knowledge and competence, they award up to 50% credit to holders of Bachelor of Nursing qualifications. From the information available, universities did not offer graduate entry pathways with block credit entitlements for holders of other degrees such as Bioscience or Arts. In line with individual institutional credit arrangements/agreements for the Bachelor of Nursing, several universities give up to four units of credit to holders of a Certificate IV in Health (Nursing), (it is unclear if the credit entitlement would be greater if the student was a holder of a Diploma in Nursing). There is no evidence of block credit arrangements for enrolled nursing qualifications at this point. In contrast, one university's policy was **not** to grant credit to ENs as the content of the Bachelor of Midwifery program was highly specialised.

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<sup>28</sup> The first Australian Bachelor of Midwifery program commenced at Flinders University in 2000 and their first cohort of students graduated and sought registration in 2003. In Victoria, Bachelor of Midwifery programs commenced in 2002 and the first cohort of graduates registered in 2005.

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Several universities reported that they did award credit to ENs up to the full entitlement and that these individuals succeeded in their studies. As discussed previously, transparency of information regarding entitlements and the basis on which credit decisions are made is important to student choice and procedural fairness. The concept of a CPL or register as discussed above would have similar application and bring greater consistency to decisions and credit arrangements for Bachelor of Midwifery programs.

## Bachelor of Nursing to enrolled nurse pathway

With nurse workforce shortages currently experienced across Australia, there is increasing attention to the role of ENs as valuable members of the nursing team in the delivery of health services. In some health settings, eg. aged care, there are acute shortages of RNs, and ENs play a key role in the delivery of care. There is also a view that ENs can be better utilised in the health workforce and that their role and skills set can be developed so that they can work safely and competently with clients in a range of new roles, settings and services.

However, similar to other categories of nurses, ENs are in short supply. This arm of work sought to understand if there are opportunities for students in bachelor degree programs to enrol as second tier nurses part way through their preparatory program.

Historically, in some Australian states/territories there were pathways for students in RN programs to enrol with their RA part way through their program and engage in paid employment as an EN. It was considered that at a designated point in the RN preparatory program (eg, following completion of 12-18 months) that students would have attained the knowledge, skills and competence equivalent to those required for EN beginner-level practice. Following successful completion of an examination, usually set by the RA or a training organisation recognised by the RA, students would be entitled to apply for enrolment.

Where this occurred, nursing students were generally trained in hospital-based training programs and were part of the paid nursing establishment. Therefore, it was not uncommon for nursing students to be employed and to work as both a student nurse in a hospital-based training course and as an EN, either with the same employer or another HSP.

With the transition of RN programs to the HES, and enrolled nursing to the VET sector in the 1980s – 1990s, this regulatory/registration practice became redundant.

In 2004, as part of a broader campaign by the Victorian Government to recruit and retain nurses, the legislation was amended so that the NBV could recommence registration of Bachelor of Nursing students as Division 2 registered nurses (ENs in other states). This was seen as one measure to augment the nursing workforce, as well as providing benefits for students of nursing who would be able to engage in paid employment in their chosen field under supervision while continuing their Bachelor of Nursing studies.

Nursing is the largest professional health workforce group in Australia and has the largest training base (eg. in 2004 more than 8,200 domestic students commenced Bachelor of Nursing studies across Australia<sup>29</sup>). Hence, Bachelor of Nursing students comprise a large pool for recruiting ENs to the workforce. The Taskforce therefore resolved to explore the outcomes of the Victorian approach with a view to considering if there are similar opportunities for the other states and territories. In approaching this, a number of issues including the viability and impact of this pathway to practice on a long-term basis have been considered.

<sup>29</sup> Higher Education statistics series for 2004, includes full-time and part-time student numbers: <http://www.dest.gov.au/NR/rdonlyres/BB843761-4865-4898-A6DE-B91614D5E5D2/4215/'Tbl 60'!A1>. In 2003, 5200 students completed nursing courses leading to registration.

## The Victorian situation

Mapping of State and Territory Government legislation and regulation of nurses undertaken by the Taskforce in 2006 reveals that the NBV is the only RA currently with a process in place for Bachelor of Nursing students to apply for licensing as a second-tier nurse (EN or Division 2 registered nurse)<sup>30</sup>. In Victoria, the Nurses Act 1993 was amended in 2004 to make express provision for this to occur.

*S6 (2) A person is qualified to be registered in division 2 of the register if that person –*

- (a) has successfully completed a course approved by the Board or an examination set by the Board or, if the Board so requires, both a course approved by the Board and an examination set by the Board, or*
- (b) in the opinion of the Board, has a qualification that is substantially equivalent or is based on similar competencies to a course or examination to which paragraph (a) applies;...*

[Nurses Act 1993 \(Vic\)](#)

Mapping also identified that although there are no express provisions within the relevant health professional legislation for other states/territories, there is latitude to interpret the provisions so this can occur (Appendix 8). It is noted that express provisions are not contained in the new Victorian Health Professionals Registration Act 2005, scheduled for commencement in June 2006. However, DHS advises that interpretation of existing provisions would provide the NBV with discretionary power to continue with this licensing practice. In saying this, it is acknowledged that administration and interpretation of the Act is the responsibility of the RA, and each RA acts on its own independent legal advice in matters such as this.

In implementing this amendment to licensing, the NBV identified a number of factors posing potential risks to the public safety and in response, developed a process, policy and guidance as part of a risk management strategy. Key points from the NBV information<sup>31</sup> for applicants infers that for students to be eligible they must:

- Successfully complete the Bachelor of Nursing degree to the predetermined point;
- Complete a module on the role and function of the Division 2 registered nurse; and
- Demonstrate competence in the clinical environment using a tool based on the Australian Nursing Council National Competency Standards of the EN. (see Appendix 5).

The NBV also stipulates that applicants must be continuing or currently enrolled in a Bachelor of Nursing program to seek licensing through this pathway. Former students who have withdrawn from the Bachelor of Nursing program, having successfully completed to the predetermined point, are not entitled to apply for licensing through this pathway, but must instead apply to a VET provider of EN training for RPL.

<sup>30</sup> It should be noted that NSW and SA both have industry employment models whereby Bachelor of Nursing students may be employed by a health service in an unregulated capacity, (eg. in SA as a pre-registration nursing assistant).

<sup>31</sup> (the status of this information is unclear as the document is not identified as an NBV policy and does not appear in the registration policy section of the website)

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The NBV advises that the predetermined point for eligibility may be different for each university, depending on the structure of the Bachelor of Nursing program. Universities are responsible for setting the point, which is currently at the end of second year of the Bachelor of Nursing for all Victorian universities.

The NBV has produced a set of guidelines for the conduct of modules, but it is up to each university to further develop the module for delivery. The Board does not accredit these modules as it does other programs leading to licensing. The responsibility, in this case, rests with universities to ensure that students have met the competency standards and the module assists in this process. Universities or VET providers may conduct the module, although some universities have formed partnerships with VET/TAFE providers, which design and then conduct the module. The module may be structured as a one-day course or a series of workshops. Content varies depending on students' competency gaps, which in turn vary depending on the structure of each Bachelor of Nursing program (ie. what has been completed in the first two years of the program). Students are required to pay a fee to complete the module (eg. \$280 for the full-day program). All but one university in Victoria have made arrangements to facilitate this pathway for their Bachelor of Nursing students.

Students must be assessed for competency against the ANMC competencies for ENs. The NBV has developed a tool to assist with assessment of clinical competence. Providers may develop their own tools provided that they are based on the NBV tool. Students may be charged an additional fee for an assessment of competence. For example, one university charges students an additional fee of to have EN competencies assessed while students are on clinical placements as part of their Bachelor of Nursing program.

Ultimately, regardless of which institution delivers the module, the university is responsible for attesting that the student's competence is commensurate to that of a Division 2 registered nurse.

### **Outcomes**

NBV reports that to mid-May 2006, 241 Bachelor of Nursing students had successfully sought licensing through this pathway, although no specific data is kept on this cohort, and beyond monitoring the root cause of any complaints of professional misconduct that might arrive, there is no benefit or foundation for tracking this cohort of registrants.

There is evidence of ongoing demand for the Division 2 modules by successive cohorts of third-year Bachelor of Nursing students. Anecdotal reports suggest that students are finding this pathway beneficial and attractive as a path to paid employment. In addition, they form relationships with an employer, which increases their opportunities for employment as a Division 1 registered nurse.

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In the longer term, the overall workforce impact of this pathway to practice is likely to be limited. Victorian universities enrol approximately 1770 third-year students per year (variable)<sup>32</sup>, but only a small number so far have chosen to do the module and to register. Costs involved with the module, assessment and registration may be a disincentive for those already with employment outside the industry or in other capacities in health (eg. as a care worker or patient care assistant). There is no data at this point to indicate whether registrations translate to employment in the industry, or how much work in the industry individuals take on, given that they are continuing students. Universities do not routinely monitor this data. At present, they are not aware of an increased incidence of attrition from BN programs for students who have Division 2 registration, although this would warrant monitoring in the future. They are also unable to report at this point if having employment as a Division 2 registered nurse influences the achievement of RN competencies in any way.

At the time of this report, the Bachelor of Nursing – to Division 2 registration pathway was available to students from the Bachelor of Nursing program. Whether students from the Bachelor of Midwifery program would also be eligible to apply for Division 2 registration, or at what point in the program this might occur, has not been tested or considered. Given that for at least some providers of the Bachelor of Midwifery program, the two qualifications share common core components, there would be merit in mapping the competency trajectories and outcomes to determine if this is a viable possibility.

### Issues arising from the Victorian experience

Despite indicators of success in Victoria with this initiative, other jurisdictions are not pursuing a similar path. Several RAs have indicated that they will not consider or endorse enrolment via this pathway. A number of concerns and arguments underpin this reluctance, including:

- Difficulties determining the point at which EN competencies have been attained within the Bachelor of Nursing program, given variations in Bachelor of Nursing program design, variations in scope of practice for ENs and differing qualifications requirements for ENs across Australia.
- The ANMC competency standards for ENs stand alone and are not promoted as a subset of the RN competencies. As universities (and faculty) specialise in preparatory education for RNs, they do not have sufficient familiarity with the training and competency requirements for ENs. In the Victorian system, however, it is the university that is ultimately responsible for signing off on the student's competence as an EN.
- The RN-EN mechanism is seen as a pathway to licensing without formally-recognised qualifications within the AQF. An EN enrolled via this mechanism, who subsequently withdraws from the Bachelor of Nursing program, would be disadvantaged when pursuing further education at a future date, as they are not the holder of a recognised qualification which might entitle them to apply for credit. Recognition processes may be an option for re-entering education, though there would be a cost involved.

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- Several RAs consider that specific legislative provisions would be required to authorise the RA to enrol via this mechanism. Given the limited workforce impact, there is insufficient evidence to put a case to justify legislation amendment.

While these are valid concerns, the precedence set by Victoria suggests that none of these issues are insurmountable. In the context of projected workforce shortages, there would be merit in the jurisdictions giving further consideration to this option as a pathway to practice and to exploring innovative alternatives to facilitate educational success.

### Student employment models

If one of the key drivers behind the Bachelor of Nursing to EN practice pathway is to provide students with employment opportunities within the industry in supported clinical environments where their skills can be utilised and further developed, then the viability of student employment models for this purpose should also be investigated. It is beyond the scope of this report to fully investigate student employment options, although recent work on this issue highlights it as one that merits further consideration. Student employment models are in place in a range of health services in several states. However, in some jurisdictions they are based on employment of student nurses as unlicensed health care workers:

- NSW Health has established an agreement with the New South Wales Nurses' Association where a framework has been put in place to employ final-year undergraduate nursing students under the classification of Assistant in Nursing.
- The Northern Territory (NT), in partnership with the Territories branch of the Australian Nurses Federation (ANF), has recently implemented a pilot program where undergraduate nursing students have been employed as assistants in nursing.
- In 2004, the Department of Health, South Australia released a report; *Employment of the Final Year Undergraduate Nursing Student Implementation Review Report, (2004)* in response to the introduction of a new classification in nursing where undergraduate nursing students were incorporated in the 2001 Nurses' Public Sector Enterprise Bargaining Agreement. This classification permits third or final year undergraduate nursing students to seek part-time or temporary employment in the final year of their Bachelor of Nursing.
- ACT Health has also released a consultation paper putting forward employment opportunities for undergraduate nursing students. ACT Health acknowledges that many students work part-time in non-health related areas and as such, there may be opportunities for these students to be employed as students within the health care sector.

In Victoria, there is a small number of 'student fellowship' programs in place in both the public and private sector. These programs have been negotiated with employers and the ANF, which has a supportive position statement on the employment of undergraduate students of nursing (and undergraduate students of midwifery) and satisfy the ANF's industrial considerations.

**Table 5. ANF Student Fellowships: Industrial considerations**

Employed for a minimum of one shift per week, for a maximum of 24 hours on a permanent part-time capacity. Continuity of service entitlements occur if program participants are appointed to the hospital's Division 1 graduate program.
All terms and conditions of employment, apart from salary, are those applied to a Division 1 registered nurse under the provisions of the Nurses (Victorian Health Services) Award.
Staffing allocation on a shift-by-shift basis will take into account both occupancy and patient acuity. Workload ratios are calculated on a student nurse assuming no more than 0.5 of a registered nurse allocation.
Consideration is given to ward selection – permanent EFT is near establishment for award-agreed ratios, suitable staff skill mix and a culture which supports learning. Ward/unit selection will be on a voluntary basis, ie. students will only be placed in wards with agreement of the NUM and ward staff, and in specialist areas, (eg. theatre, ICU and emergency) only in the final semester of study.
Students are under the direct supervision of a registered nurse and have a clear position description.

[Based on the ANF workplace template](#)

In the student fellowship model, students gain paid clinical experience in a supported and supervised environment and consolidate their learning through continuous employment with one HSP. Students complete their undergraduate course with more than double the required exposure to clinical learning opportunities (as stipulated by the NBV in course accreditation standards) and have opportunities to practice new skills as their training progresses. Recent evaluation of these models suggests that students benefit from continuity of venue and staffing, and gain a sense of belonging to the team and the organisation. Multidisciplinary learning is strengthened and student confidence as a team member increases. Students are socialised into the role of the Division 1 registered nurse, rather than being employed as unregulated workers or Division two registered nurses, thereby reducing the likelihood of role ambiguity. Further benefits include that students develop a sense of belonging to the organisation, resulting in increased graduate recruitment rates.

Whilst student employment appears a viable alternative to the Bachelor of Nursing to enrolled nurse pathway, a number of considerations merit close scrutiny and further investigation. These include concerns regarding equitable access to the program and the perception that some students will be advantaged; whether current models could be expanded to other service settings such as community, aged care and maternity services, and whether paid time in the student fellowship can be counted as accredited clinical learning time.



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## **Articulation from higher education to vocation education and training**

Two recent studies by the National Centre for Vocational Education Research (NCVER), 'Two-Way Traffic' (2005) and 'Crazy paving or stepping stones?' (2006), investigated learning pathways within and between VET and higher education across Australia (Harris, Sumner et al. 2005; Harris, Rainey et al. 2006). These studies both reported significant movement from higher education to the VET sector (across the diverse range of discipline areas represented by the participants in the study).

While there is a professional argument in support of nurses and midwives seeking higher education aligned to a career escalator, there are also alternative arguments to support skills diversity as a factor influencing career development, job satisfaction and workforce retention. In many cases, career opportunities for nurses and midwives are not dependent on the incremental accumulation of higher qualifications, but on broadening the base of knowledge, skills and competence as a basis for career diversification. For example, an RN with postgraduate qualifications in emergency may seek to develop a skill set in plaster technology, an RN with expertise in respiratory management may seek to develop a skill set in sleep technology, or an RN who is the holder of a bachelor degree may seek a Certificate IV in Workplace Training and Assessment to be able to assess the competence of student ENs. Furthermore, as 'hybrid' roles evolve that combine nursing competencies with other health and discipline skills sets, there is likely to be increasing demand for training at a base level that is complementary to nursing.

There is a place for further training for nurses who hold bachelor and higher-degree qualifications, which is focussed on developing the skill sets and competencies required to perform specific roles. There would be benefit in exploring and developing further training options in the VET sector for nurses as a viable professional development pathway that opens up career options and opportunities.

## Pathways to nurse practitioner

Currently, there is variation across the states and territories in the post-registration educational qualifications required by RAs for endorsement/recognition<sup>33</sup> as a NP and, until November 2005, there was no national agreement on the core competencies for NP practice. Without national agreement on these matters, pathways to NP practice have become fragmented and idiosyncratic to each state or territory.

At the same time, Commonwealth MR legislation<sup>34</sup> mandates the recognition of registered professionals, including NPs, moving between jurisdictions on the basis of occupational equivalence (as opposed to equivalent qualifications). So, whilst MR is intended to promote easier cross-border movement of health professionals, it can in effect highlight the disparities between different regulatory systems, particularly when determining the criteria for establishing occupational equivalence.

Current differences in minimum education requirements for NPs potentially result in:

- Confusion within nursing and midwifery as well as other health professions and employers, about the role and contribution of NPs to the health system;
- Undermining of public confidence in the role;
- Perceptions of different standards for the recognition of NPs from other jurisdictions who may have different levels of preparation, as a result of MR legislation;
- Inefficiencies and missed opportunity to further develop and utilise the NP role in health service delivery.

At this early stage of the NP role development in Australia, there would be benefit in moving towards greater consistency in the various RA requirements for NP authorisation<sup>35</sup>. With this in mind, the purpose of this arm of the Taskforce's work was to investigate:

- The current pathways to NP and the issues associated with each pathway;
- The regulatory frameworks for accrediting individuals and educational courses for NPs;
- How decisions about minimum education requirements for NPs are made within the current regulatory environment.

The findings and outcomes of this work are synthesised into ten principles to guide decisions about educational requirements and pathways for NPs to achieve greater national consistency.

These principles will ensure that diverse and inclusive pathways to NP level are available, greater national consistency in entry to NP educational requirements is achieved, and that a balance is reached between a qualification level that engenders public confidence in the expert status of the NP and one that provides an appropriate minimum educational preparation for NP practice.

Given the complex federated governance model in Australia, consideration has also been given to how the principles can be applied and areas where a strategic focus will contribute to a coherent and sustainable NP model.

<sup>33</sup> The regulatory process differs across jurisdictions and is variously referred to as registration, endorsement and authorisation to practice as an NP. In this document, the generic term recognition is used to refer to all these processes. Details of the different state and territory approaches can be found in: National Nursing & Nursing Education Taskforce (2005). Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes.

<sup>34</sup> MR legislation applies to states and territories in Australia. Similarly, the Trans-Tasman Mutual Recognition Act applies to trade and occupations between Australia and New Zealand. When the term MR is used in this document, it encompasses both Acts unless otherwise specified.

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This section of the report should be read in conjunction with the N<sup>3</sup>ET *Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes* (2005), the N<sup>3</sup>ET *Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia* (2006) and the N<sup>3</sup>ET *Towards Consistent Regulation of Nursing and Midwifery in Australia: A select analysis of the legislation and professional regulation of nursing and midwifery in Australia Final Report* (2006).

## Nurse practitioner practice – different to advanced practice

In Australia, a nurse practitioner is:

*A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills, and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise<sup>36</sup> (Australian Nursing and Midwifery Council (no date).*

NP practice differs from advanced nursing practice in a number of ways and includes areas that are arguably not part of the traditional nursing repertoire. *Nurse Practitioner* is a regulated title and additional legislative provisions have been enacted to authorise aspects of NP practice such as prescribing. This independent authority diverges from advanced practice roles, which include a delegation or dependant function such as *initiating a limited range of medications* in accordance with standing orders or protocol approved by another health professional who has the authority to prescribe.

Research has demonstrated that there are identifiable skills, knowledge and attitudes that can define the core role and practice standards for the NP (Gardner, Carryer et al. 2004). These standards build upon existing standards of advanced practice nursing and relate to three core areas:

- **Dynamic practice** that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations.
- **Professional efficacy**, whereby extended practice is structured in a nursing model and enhanced by autonomy and accountability.
- **Clinical leadership** that influences and progresses clinical care, policy and collaboration through all levels of health service.

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<sup>35</sup> N<sup>3</sup>ET is undertaking work on national standards for NPs as it implements Recommendation 5 from the National Review of Nursing Education (2002) *Our Duty of Care* (2002).

<sup>36</sup> This definition is accepted by all RAs in Australia. State/Territory Government and nursing/midwifery organisation definitions may vary.

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There are also indications that the professional and practice competencies related to these standards are embedded in a method of practice that draws upon attributes related to a level and style of practice that is different from the known and customary nursing roles and scope of practice. For some NPs currently in clinical roles, the skills related to these competencies have been developed over time and honed through working in the extended practice role with support from a mentor. Others have attained these competencies through undertaking postgraduate education.

The results from the ANMC Nurse Practitioner Standards research (Gardner, Carryer et al. 2004) relating to preparation for the NP role, give strong support for masters degree preparation for entry to practice as a NP. The research found masters level preparation for NPs justified on two levels. Firstly, the findings supported the need for strong educational preparation in order to meet the demands of the role. Secondly, credibility with both the community and other health disciplines as to the preparedness of NPs was identified. The findings are supported by the international literature where there is a strong trend to recommending master's degree programs for advanced practice and therefore NP education.

Despite this unique, contemporary research, there are different minimum educational requirements for NPs in Australia in those states and territories where the role has been implemented. This situation has arisen in the absence of a national approach to the development and implementation of the NP.

### **Determining minimum requirements for nurse practitioners**

In Australia, specific state and territory legislation determines the professional regulation of nurses and midwives. In addition to protecting titles and registering/enrolling suitable individuals, a number of jurisdictions have specific provisions to allow RAs to recognise individuals as NPs. Alternatively, existing provisions that allow RAs to authorise a 'special area of practice' have been used to accommodate NP recognition without the need for legislative change (National Nursing & Nursing Education Taskforce 2005).

The specific legislative framework in each state and territory shapes how NP recognition and registration occurs. In some cases, NP's are managed as a specific and separate part of the register and in other cases they are have an additional endorsement on their registration. Further, how a jurisdiction interprets powers when legislation is silent also differs and there are examples of the same silence being interpreted as enabling a specific approach when in another jurisdiction it is taken to mean the opposite.

As indicated in Table 6, the relevant state and territory legislative provisions usually relate to the RAs role in assessing the '*qualifications*' or '*qualifications and experience*' required to be placed on the roll or register. To do this, RAs develop instruments that detail the requirements for recognition/registration of individuals, as well as the evidence to demonstrate that an applicant meets the requirements (National Nursing & Nursing Education Taskforce 2006). The explicit level of educational qualification under the AQF<sup>37</sup> for a NP is not generally specified in legislation<sup>38</sup>.

<sup>37</sup> For more information about the AQF, refer to Appendix 6.

<sup>38</sup> An exception is the newly-enacted Health Professionals Regulations 2004 ACT, in which the schedule for nursing specifies a Master of Nurse Practitioner.

**Table 6. Heads Of Power For Determining Educational Requirements For Nurse Practitioners**

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
ACT	<i>Health Professionals Regulation 2004 ACT</i>	3.7 [Act, s 23 (c)]	<p>3.7 Specialist areas and suitability to practise requirements—</p> <p>(1) A person meets the requirements for registration in the specialist area of nurse practitioner if the person—</p> <p>(a) is a registered nurse; and</p> <p>(b) has graduated from a master of nurse practitioner program approved by the board or another nursing and midwifery regulatory authority; and</p> <p>(c) graduated from the program, or practised nursing in the area of nurse practitioner, within the 5-year period before the day the person applied for registration.</p> <p>(2) However, the board may register a person who does not satisfy subsection (1) in the specialty area of nurse practitioner if satisfied that the person—</p> <p>(a) is a registered nurse; and</p> <p>(b) is a graduate of a program in a place other than the ACT or a local jurisdiction that is substantially equivalent to a master of nurse practitioner program mentioned in subsection (1) (b); and</p> <p>(c) is entitled to practise nursing as a nurse practitioner (or in a substantially equivalent position) in that place.</p>
NT	<i>Health Practitioners Act 2004 NT</i>	S 32	<p><i>Authorisation to practise in restricted practice area</i></p> <p>(1) A registered health practitioner may apply for an authorisation to practise in a restricted practice area if the health practitioner –</p> <p>(a) has the qualifications, training and experience determined by the relevant Board in respect of the area of practice; or</p> <p>(b) has qualifications, training and experience that the relevant Board considers to be at least substantially equivalent to those determined by it under paragraph (a).</p>
NSW	<i>Nurses and Midwives Act No 9 1991 NSW</i>	S19A S20	<p>...if the Board is satisfied that the person has sufficient qualifications and experience to be entitled to be authorised to practise as a nurse practitioner.</p> <p>...if the Board is satisfied that the person has sufficient qualifications and experience to be entitled to be authorised to practise as a midwife practitioner.</p>

**Table 6 cont. Heads Of Power For Determining Educational Requirements For Nurse Practitioners**

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
QLD	<i>Nursing Act 1992 Qld</i>	S 77	<i>Authorisation to practise</i>  (3) An individual may be authorised to practise nursing in another area of nursing if the person is the holder of a qualification recognised by the council.
SA	<i>Nurses Act 1999 SA</i>	S23  S16	1) Subject to this Act, a person is eligible for registration as a nurse on an appropriate part of the register if the person—  (a) has qualifications approved or recognised by the Board for the purposes of registration under this Act; and  (b) has met the requirements determined by the Board to be necessary for the purposes of registration under this Act; and  (c) is a fit and proper person to be a registered nurse.  4) Special practice areas will be those fields of nursing (in addition to the fields of midwifery and mental health nursing) that, in the opinion of the Board, require recognition under this Act as fields of nursing that require nurses who practise in those fields without supervision to have special qualifications, experience and authorisation.
TAS			***Not yet Determined***
VIC	<i>Nurses Act 1993 Vic</i>	S8B	(1) If the Board is satisfied that a nurse registered under Division 1, 3 or 4 of the Register has satisfactorily completed a course of study and undertaken clinical experience that, in the opinion of the Board, qualifies the nurse to use the title nurse practitioner, the Board may endorse the registration of the nurse and specify in the endorsement the category or categories of nurse practitioner recognised by the Board with respect to which the nurse practitioner is qualified to use the title.

**Table 6 cont. Heads Of Power For Determining Educational Requirements For Nurse Practitioners**

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
WA	<i>Nurses Act 1992 WA</i>	S22A	<p><i>Registration of nurse practitioners</i></p> <p>(1) Any person who applies to the Board and satisfies it that he or she complies with the requirements of subsection (2) shall, subject to this Act and on payment of the fee prescribed under section 31, be registered under this section as a nurse practitioner in division 1 of the register.</p> <p>(2) The requirements referred to in subsection (1) are that the person —</p> <p>(a) is registered, or entitled to be registered, as a nurse under section 22 in division 1 of the register; and</p> <p>(b) holds an approved educational qualification.</p>
		S22	<p>(1) A natural person who applies to the Board and satisfies it that he or she complies with the requirements of subsection (2) shall, subject to this Act and on payment of the fee prescribed under section 31, be registered under this section as a nurse; and the Board shall cause the name of that person to be entered in the register.</p> <p>(2) The requirements referred to in subsection (1) are that the person —</p> <p>(a) has not been convicted of an offence the nature of which renders the person unfit to practise as a nurse;</p> <p>(b) has a sound knowledge of the English language both written and oral;</p> <p>(c) has —</p> <p>(i) practised as a nurse; or</p> <p>(ii) completed a refresher course in nursing, approved by the Board, within the 5 years preceding his or her application under this section; and</p> <p>(d) holds an approved educational qualification.</p> <p>(3) A natural person who applies to the Board and satisfies it that he or she is currently registered as a nurse in another State or in a Territory shall, subject to section 26(2) and the other provisions of this Act and on payment of the fee prescribed under section 31, be registered under this section as a nurse and the Board shall cause his or her name to be entered in the register.</p>

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How RAs determine what is an appropriate qualification or appropriate experience varies and these decisions are not always transparent. Historically in Australia, RAs have consulted with a range of stakeholders, including recognised experts and interested parties, to assist them in forming a decision about the requirements for NP endorsement/authorisation. The way the consultations are conducted, the specific relationship between a Board and the State/Territory Government, and the prevailing regulatory environment will all impact on how such decisions are made. There are no legislation requirements about how (or if) such consultation should occur and no specific requirements or national agreements which mandate that a RA consider what another jurisdiction has in place (National Nursing & Nursing Education Taskforce 2005).

### **Nurse practitioner regulation and competition policy**

In the current context, RA requirements in relation to educational preparation and experience for entry to practice as a NP need to meet the test of public interest as applied through National Competition Policy. As there are different education levels currently accepted across Australia, a clear case must be made firstly for a nationally-consistent qualification level, and secondly for a preferred qualification level (determined through this process). The pressure on current health, aged care and community sectors to meet burgeoning demand while workforce supply is constricting, require that such decisions do not disadvantage the community by placing a professional group's aspirations ahead of the public interest. Put another way, if NPs can provide safe, comprehensive care to a range of clients, and there is a demonstrated need for that level of care, then what is the most efficient, safest way to have NPs in the workforce?

### **Nurse practitioners and mutual recognition**

Under MR arrangements, individuals working in a registered occupation in one jurisdiction can freely enter an equivalent occupation in other jurisdictions. This means that professionals such as NPs do not need to satisfy the requirements of the other jurisdictions regarding qualifications and experience in order to be registered in an equivalent occupation.

The consideration of applications for recognition as an NP under MR or Trans-Tasman MR is framed by notions of both *registration* and *equivalence*. A detailed examination of MR arrangements affecting NPs is beyond the scope of this document, although the principles that underpin MR legislation have relevance for the recognition of domestic applicants. Ideally, decisions about registration and recognition of individuals should be embedded in a policy framework that is coherent and integrated.

In some cases, the requirements of MR seem at odds with state-based policy relating to recognition of individuals. This disconnect may occur because the focus of MR is on the activities that make up the occupation. For RAs, the qualification is a principle indicator of occupational competence. Without a national, strategic approach to how MR is operationalised, local, reactive decisions about individual cases may become the basis of regulatory policy.



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## Regulation reform and nurse practitioners

A number of health systems are currently exploring issues related to the regulation of health professionals and some jurisdictions have commenced a program of reforming the way health professionals are regulated. In addition to NCP and MR, drivers for these regulatory reforms include:

- Public concern/exposure of 'failures' of the prevailing self-regulation system (including Bristol, Shipman and Patel cases);
- Public dissatisfaction and perceptions of the conflict of RAs in dealing with complaints about health professionals;
- Concerns about complexity, inconsistencies and duplication in individual regulatory structures.

More recently, the national approach to health workforce detailed in the National Health Workforce Strategy (Australian Health Ministers' Conference 2004), which promotes the exploration of closer professional working relationships, inter-professional education and emergent roles has been released. This strategy is likely to influence the debate about how professional groups are regulated.

In the main, the reforms aim to realise the following:

- Greater consistency and accountability across professional regulatory bodies;
- Increased involvement of 'lay' persons in the governing bodies of RAs;
- Streamlining of the arrangements for regulation of health professionals;
- Separation or redistribution of some of the current roles of Boards, such as professional conduct hearings.

The recent Productivity Commission Study also highlighted the need for far-reaching reforms in the education and regulation of the health workforce. Undoubtedly, these wider reforms affecting the health workforce will include scrutiny of existing regulatory arrangements for NPs.

## Current pathways and educational requirements for nurse practitioners

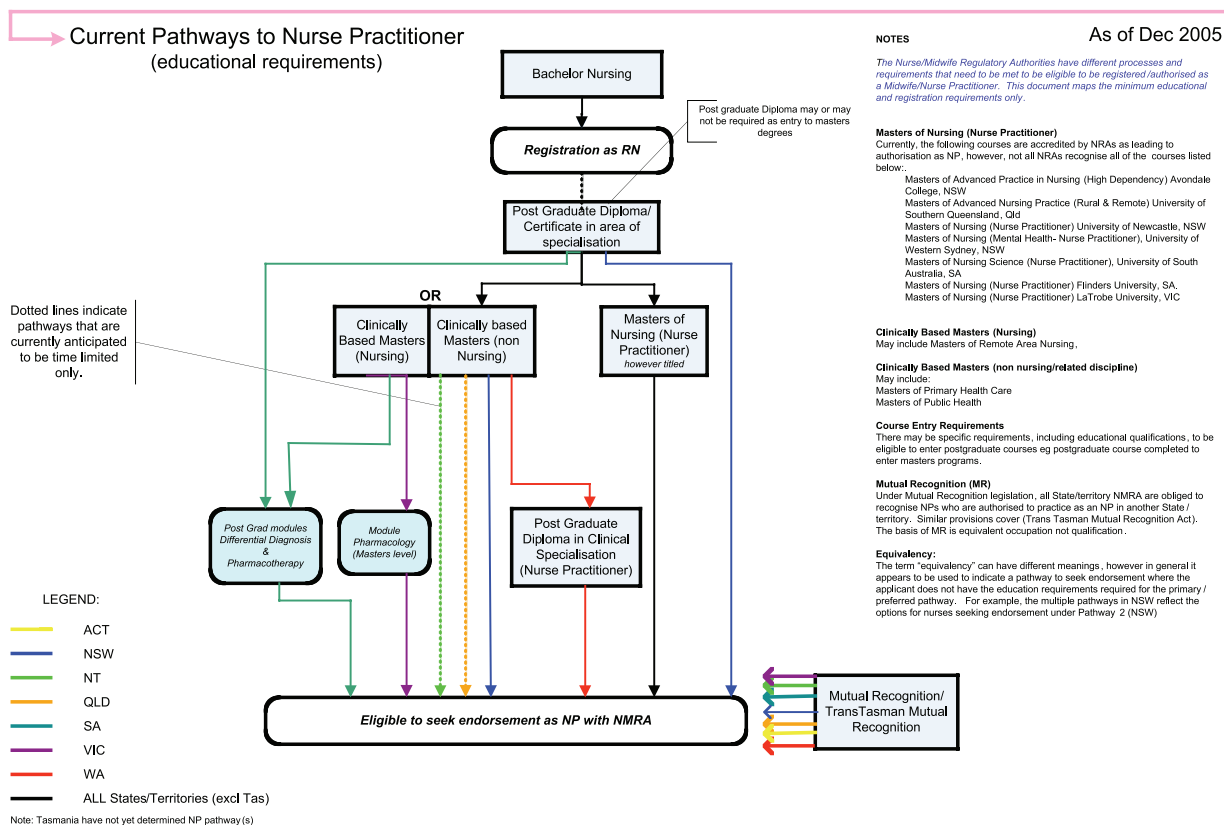
A recent mapping of NP education requirements in Australia by the Taskforce revealed that there were variations in the post-registration educational qualifications required by RAs for endorsement/recognition as a NP across Australia (National Nursing & Nursing Education Taskforce 2005).

Broadly speaking, there are five approaches to the minimum educational preparation/ pathways for NPs recognised by RAs across Australia:

1. Master-level qualification in nursing, non-nursing or related disciplines;
2. Postgraduate courses or modules at an unspecified AQF level in specified NP subjects;
3. Master-level qualification in nursing – specifically developed for NP candidates;
4. MR and Trans-Tasman MR (which requires recognition of individuals with the same occupation irrespective of qualifications);
5. No formal qualifications – some jurisdictions have pathways for recognising applicants who do not have a postgraduate award qualification but can demonstrate that they meet the RA requirements (equivalency).

The current pathways for each state and territory are represented in Figure 4. The issues associated with each pathway will be discussed in the following section.

**Figure 4. Current pathways to nurse practitioner**



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## Postgraduate education and specialty practice in nursing and midwifery

To examine minimum requirements for NPs, it is first necessary to consider the wider post-registration educational context and specialty practice in place across Australia.

Specialty practice implies a level of knowledge and skill in a particular area of nursing that is greater than that acquired during basic (undergraduate) nursing education (International Council of Nurses 2003). Whilst postgraduate certificate and diploma level courses are generally recognised in Australia as an appropriate level of qualification for acceptance as a specialist nurse, many nurses and midwives work in a specialty area without additional formal postgraduate qualifications<sup>39</sup>. Further, some RAs may 'note' a specialty qualification in the register. However, with few exceptions (such as midwifery, and in a couple of jurisdictions, mental health) a post-registration qualification is not legally mandated for nurses to work in a specialty area<sup>40</sup>.

The focus of educational preparation at the level of graduate certificate and/or diploma is on supporting workplace or occupational needs and the AQF provides the following information:

*'Graduate certificates and graduate diplomas are generally designed for specific vocational purposes, either the broadening of skills and knowledge already gained in an undergraduate program, or vocational skills and knowledge in a new professional area.*

*Although the duration of programs may vary, the typical requirement is six months of full-time study for the graduate certificate and twelve months of full-time study for the graduate diploma.'* (Australian Qualifications Framework (AQF))

Qualifications at the level of graduate certificate and graduate diploma are, on face value, likely to meet the needs of nurses and midwives seeking to work in a specialty area and may provide beginning knowledge and skills, as well as consolidating the knowledge and skills of those who may have worked in a specialty for some time.

Ideally, postgraduate qualifications indicate to employers, other professionals and consumers that the person holding the qualification has a certain level of knowledge, competence and skill. It could, therefore, be expected that postgraduate programs for nurses and midwives within clinical specialties are of a consistent length and cover similar content, to achieve a similar level of competence in those graduating. Consistency, particularly with regard to knowledge, skills and competencies associated with a given specialty nursing qualification, would assist employers to manage staffing issues. There are long-standing concerns, however, that the diversity of postgraduate nursing courses on offer is creating uncertainty.

The National Review of Nursing Education commissioned work to examine the issues related to specialty courses and qualifications (Ogle, Bethune et al. 2002; Ogle, Bethune et al. 2002). This work identified that while courses may provide students with similar qualifications, there is variation in the length and mix of clinical practice and theory. These factors contribute to inconsistencies in the quality and content of such courses and, as a consequence, generate confusion for employers seeking to readily identify and recruit appropriately-prepared staff.

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<sup>39</sup> N<sup>3</sup>ET is undertaking work referred by health ministers on specialisation in nursing and midwifery.

<sup>40</sup> ACHS standards recommend a percentage of nursing staff with a critical care qualification; however, ACHS accreditation is a voluntary process. Further incentives such as funding may affect the types of qualifications nursing staff have, such as maternal and child health nurses in public Maternal and Child Health Centres in Victoria, but it is not a legal requirement.

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It is feasible that similar difficulties could develop for the implementation of NPs. Accordingly, as decisions about pathways for NP preparation are made, it should be recognised that a high level of diversity in the pathways, educational programs and authorisation processes for NPs may result in a perception of inconsistency and confusion about the role by the wider community.

### **Postgraduate education and entry to nurse practitioner practice**

As previously discussed, there is a growing trend overseas to accept that a program of study at master's degree level is recommended for entry to NP practice. Within Australia, there are also calls for a master's degree as entry level to be the national standard. However, there is currently no national agreement on the educational level. Further, there is some tension about which focus/content of the master's degree course is considered appropriate, between proponents of a Master of Nurse Practitioner (however titled) and those supporting a wider range of educational preparation at *master's degree level*.

The NP educational debate now largely hinges around whether it is preparation of the individual at the particular AQF level that is critical, or whether it is the specific content of the program/course. In the UK, during a recent consultation on regulating an advanced practice level nurse (Bell 2005), the Nursing and Midwifery Council received a range of views on whether it was the qualification level of a master's degree or the 'master's level thinking' that was crucial. Further work is being done to understand this in the UK context.

The federated system in Australia means that a range of views and positions must be considered and balanced when developing policy for maximising educational pathways for NP entry to practice. In the following section the arguments related to both the level of higher education qualification and the program content are examined.

#### **Qualification at master's degree level for nurse practitioner practice**

In Australia, most master's degrees require the equivalent of 18 months – two years of full-time study after a three-year bachelor degree, or one year of study following a bachelor honours degree of four years (or longer). Information provided by the AQF states that:

*'A master's degree provides a mastery or high-order overview of a relevant field of study or area of professional practice'<sup>41</sup>. Graduates of a master's degree possess a range of academic and vocational attributes, such as:*

- *Advanced knowledge of a specialist body of theoretical and applied topics;*
- *High-order skills in analysis, critical evaluation and/or professional application through the planning and execution of project work or a piece of scholarship or research;*
- *Creativity and flexibility in the application of knowledge and skills to new situations; and*
- *The ability to solve complex problems and think rigorously and independently.'*  
*(Australian Qualifications Framework).*

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When compared to graduate certificate/diploma qualifications, the outcomes described above for master's degree graduates are more clearly aligned with the activities and roles that NPs in Australia are undertaking. In particular, there is an expectation that NP practice delivers a quantum of health care that is greater than a collection of those same activities provided as discrete activities by a range of health workers.

The work by Gardner et al, although based on a small number of Australia's and New Zealand's first NPs, nevertheless demonstrated that NP practice needed to not only respond to a range of practice settings, but also to:

*'...deal with complexity and non-linear reasoning in health care and draw upon creative and non-standard solutions to achieve optimal outcomes for the client. The common aspect from the data is that nurse practitioners must be prepared to deal in conventional and innovative ways with complexity and novelty.'*

Given the relative newness of the NP role and the lead time to develop and implement a higher education program, it is not surprising that to date, a number of NPs have been recognised who have completed master's degree qualifications or courses other than those specifically established to lead to authorisation as an NP.

Clinically-based nursing or midwifery programs including the Master of Remote Area Nursing and the Master of Mental Health Nursing, as well as graduates of arguably still clinically-based, but in a non-nursing or related discipline such as the Master of Primary Health Care and Master of Public Health, have sought NP recognition.

It is also likely that the current interest in interdisciplinary learning and the development of interdisciplinary clinical studies at master's degree level will further expand the range of courses that may be appropriate preparation for NPs, and already there are interdisciplinary courses such as the Master of Medicine/Science in Medicine (Pain Management), University of Sydney, and the Master of Diabetes Education (Curtin).

Despite this trend, several jurisdictions are planning to have a transition period (some for a limited time only), for including master's degrees that are not specifically 'NP master's' for recognition as an NP. After that, the only pathway will be via a Master of Nurse Practitioner.

Multidisciplinary courses, courses in non-nursing disciplines and nursing courses that are not specifically developed to prepare graduates for recognition as a NP are not accredited by RAs. Graduates with these qualifications need to demonstrate that they can meet the respective RA's requirements for recognition. Although not all states and territories explicitly acknowledge an 'equivalency' pathway in the publicly-available documentation, it is questionable whether a single qualification pathway (excluding MR) as entry to a professional category would be defensible if a competency-based assessment is the professional standard.

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### **Postgraduate units of study for nurse practitioner practice**

Another approach to NP educational preparation is for an individual prospective NP to use a gap analysis approach and identify specific areas of study that need to be undertaken to 'add to' their experience and educational portfolio to ensure they can meet the RA requirements for authorisation. An example of this is the NBV which recognises nurses who have undertaken programs of study other than a Master of Nurse Practitioner, but requires individuals to have completed a pharmacology unit/module at master's degree level.

Similarly, South Australia recognises discrete modules in pharmacology and differential diagnosis as a legitimate pathway when combined with the appropriate experience and other requirements for authorisation. It is, however, interesting to note that although that pathway exists, at this time, all of the NPs authorised in SA have completed a master's degree program.

### **Master of Nurse Practitioner**

The beginning of NP implementation in the 1990s saw the development of nursing programs at a master's degree level specifically tailored to prepare graduates for NP authorisation. Currently, there are more than a dozen such courses available across Australia (Table 7), and although their titles vary, they are hereafter referred to collectively as '*NP masters*'.

There is no national agreement on a program/course format for NP masters in Australia. A study by Gardner et al (Gardner, Carryer et al. 2004) of courses available in Australia and New Zealand identified 14 programs, 13 of which were at master's degree level. There was variation in the length of courses (between three and four semesters), the titles or appellations, and course curricula.

At the time of the report, three distinct titles were in use for NP master's degree programs, namely titles with Nurse Practitioner, Advanced Practice and Master of Nursing. As noted by Gardner (2004), the use of nurse practitioner in the title reflected the particular approach by one of the forerunner RAs. This approach to course titles is now being questioned, as successfully completing the qualification is not sufficient in itself for authorisation – a point that needs to be clearly made to those enrolling in such courses.

There is no agreement nationally on the curricula for NP masters. To date, NP masters have been either focussed on a limited range of specific clinical entities – rural and remote, mental health and high dependency, or have been more structured to provide some core subjects and then enable students to pursue studies in their given area of specialty practice. This latter model is evolving as demand grows for courses that support students' learning in an increasing range of specialties at advanced practice level.

Ideally, educational program content should develop in response to the identification of the need for a particular knowledge and skill set to be taught to those providing a service to the community. As such, employers (and consumers) influence course content. As a clear and consistent profile of what NPs can provide becomes translated into curriculum, it is likely that greater commonality in NP masters programs can be achieved.

**Table 7. Distribution of NP masters programs**

Program Name	Education Provider	State/territory of education provider	State/territory regulator that has recognised the course.
COURSES ACCREDITED BY AT LEAST ONE NURSING/MIDWIFERY REGULATORY AUTHORITY*			
Master of Nursing (Nurse Practitioner)	University of Newcastle	NSW	NSW
Master of Nursing (Mental Health - Nurse Practitioner)	University of Western Sydney	NSW	NSW
Master of Nursing Science (Nurse Practitioner)	University of South Australia	SA	VIC & WA
Pharmacology for Specialist Practice	University of South Australia	SA	VIC
Master of Nursing (Nurse Practitioner)	Flinders University	SA	VIC & WA
Pharmacology for Advanced Professional Practice	Flinders University	SA	VIC
Therapeutic Medication Management Education Program	University of Melbourne	VIC	VIC
Master of Nursing (Nurse Practitioner)	La Trobe University	VIC	VIC
Master of Nursing Practice (1)	Deakin University	VIC	VIC
Therapeutic Medication Management Unit	Monash University	VIC	VIC
Master of Nursing Science (Nurse Practitioner)	Queensland University of Technology	QLD	QLD
Master of Nurse Practitioner	University of Canberra	ACT	ACT
Master of Nursing (MN)	University of Queensland	QLD	QLD
Postgraduate Diploma in Clinical Specialisation (Nurse Practitioner)	Curtin University	WA	WA
COURSES DEVELOPED BUT NOT YET ACCREDITED BY A NURSING/MIDWIFERY REGULATORY AUTHORITY*			
Master of Nursing	Melbourne University	VIC	
Master of Nursing	University of Technology, Sydney	NSW	
Master of Nursing (Nurse Practitioner)	Curtin University	WA	

Note: Details correct at time of preparation.

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Gardner (2004) found that the rationale for NP masters course content was not always explicit, although three areas were identified in all 14 programs in the study; namely pharmacology, research, and assessment and diagnosis (including imaging and laboratory diagnostics). These areas reflect the newer skills repertoire that is foundational to the NP clinical role.

Currently, there are nine NP masters programs across Australia that have been accredited by at least one of the RAs. A full discussion of the role of RAs in accrediting courses and the processes involved can be found earlier in this report. Table 7 above shows the distribution of programs and the course/program title for both courses that have been accredited and those yet to be accredited.

Each NP Masters course has different entry requirements and in particular, the requirements around previous clinical experience and advanced practice (however defined) vary. Gardner (2004) found that a number of courses required between 2-5 years experience in a specialty. Ideally, the course entry requirements would mirror or align with the respective RAs requirements.

The differences in NP Masters are already generating comment in the nursing community. There is concern about the level of confidence that various courses may engender and whilst jurisdictional bias may account for some of the comments, the absence of a common standard for accrediting NP Masters courses is problematic.

A nationally-agreed standard for accrediting NP courses, as well as a national educational framework, would address these concerns. Whilst a model has been researched and proposed, it is yet to be adopted nationally.

The educational and program accreditation standards proposed by Gardner et al (Gardner, Carryer et al. 2004) included a standard on student assessment processes that should be evident in the program curriculum for NPs. This includes assessment documents that 'demonstrate a commitment to contextualised, scenario-based assessment strategies' and 'include a comprehensive portfolio of learning and practice experiences that is examined both internally and externally'. Some examples of evaluation methodology identified by the authors include:

- Complex case study presentation;
- Clinical viva, or viva voce<sup>42</sup>;
- Compilation of portfolio;
- Assessor observation; and
- Action learning sets<sup>43</sup>

### **Demand for NP Masters**

At present, the numbers of students in many courses are still small, making it difficult to ensure the viability of such courses. The demand for places for NP-specific courses is unknown and the economy of scale needed in the HES may not be achieved for some time, but with more providers entering the 'market', it is unclear what impact this will have.

<sup>42</sup> In a clinical viva, a candidate spends some time with a patient/client, before presenting the case to examiners and responding to questions. This approach provides an opportunity to examine the integration of theoretical knowledge and clinical skills.

<sup>43</sup> Small groups, where individuals learn with and from their peers by reflecting on real experiences and working on real problems. Learning sets assist learners to challenge assumptions and established ways of analysing and acting and recognise the legitimacy of reflection in the process.



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In general, NP Masters programs are full fee-paying courses. Whilst the cost to each student will depend on the actual program (and provider), as well as adjustments for credit or RPL arrangements, it is likely that the overall cost will be in the range of \$8,000-12,000 for an individual to undertake such a course<sup>44</sup>. Although wages and conditions for nurses and midwives have improved, the cost associated with study as preparation for NP recognition is not insignificant. Reduction in workforce participation to accommodate study may add to the economic cost and as such, minimum qualifications at the master's degree level may act as a barrier.

### Impact of career trajectories and options for educational preparation

An important consideration in considering education pathways is the overall length of time to prepare professionals. Work done by the Taskforce estimated that it can take up to nine years from initial registration as a nurse to endorsement as an NP (assuming continual employment<sup>45</sup>). As many of the steps in the process must be undertaken in sequence and not in parallel, there are few opportunities to effect a reduction in this timeframe.

If one assumes that a nurse is in their early twenties when they initially register then this timeframe to become a NP may not be a deterrent. However, with changes in the workforce such as the profile of nursing undergraduates (mature-age students) and increasing casualisation, this may be more problematic. Also, the stepwise and strictly-linear progression to NP may not be as acceptable to a workforce with differing expectations of workplace engagement and progress. (Ferres; Boychuk Duchscher and Cowin 2004)

Further, there is an assumption that career decisions are made as part of a coherent and clear forward plan made at the beginning of a person's professional career. This does not reflect reality and fails to recognise that the presence of NP in the workforce may prompt more experienced (and older) nurses and midwives to re-assess their career direction with a view to becoming a NP. However, at 50 years or older, a further five years of preparation may not be acceptable. As people enter and exit professions at many points, so to should approaches to preparation be able to accommodate 'mature-age' career choices and not limit options for this section of the workforce.

Whilst supporting the principle that units of study ideally should contribute to achievement of formal award qualifications, it is also necessary to recognise that on-the-job training has a role in all staff development and meeting service needs. In the future, to accommodate differences in career and lifestyle choices, pathways may need to reflect a more-individualised, 'made-to-measure approach, where in addition to effective credit and RPL arrangements, highly-flexible courses constructed to suit an individual's needs may need to be both delivered by education providers and acknowledged as valid by RAs. In practice, such pathways may be used infrequently, though with the shrinking pool of health workers and increasing demand for healthcare, such options may become critical.

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<sup>44</sup> Some State/Territory Governments are offering scholarships for nurses to undertake postgraduate study in NP programs.

<sup>45</sup> This figure is based on an individual spending one year post registration in a graduate year, between three and five years experience at advanced practice level (some NP Masters require 3-5 years practice at advanced level as course entry requirement), two years to complete the master's degree and up to one year to gain authorisation (based on work by Gardner that found NPs took six months to prepare their portfolio and estimated six months for RAs to process applications and make a decision).

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## **Authorisation by regulatory authorities and nurse practitioner education**

The role of RAs extends beyond the determination of the qualifications and/or experience required to be recognised. The following section will examine in more detail how the provisions relating to accreditation of courses (and course providers), and the ways in which RAs assess an individual NP applicant, impact on the range of available pathways and the relative access to them.

### **Accreditation of nurse practitioner courses by nursing and midwifery regulatory authorities**

The process for accreditation of courses by RAs has been described earlier in this report. In addition to maintaining a register and determining the educational qualifications required for registration, RAs have provision under their respective Acts to accredit courses leading to nursing and/or midwifery registration/enrolment. In the case of NPs, this function has been undertaken by all RAs(except SA) on the basis that recognition of NPs is a registration function and therefore it has been considered to be within the legislative power to accredit the NP courses specifically. Table 8 demonstrates the legislative provisions in relation to accrediting NP courses for each state and territory.

The intention of provisions for RAs to accredit courses is to ensure that graduates attain the required level of competence for entry to practice. The accreditation process should create efficiency by accrediting a course and provider, rather than individually assessing each graduate. Once a course and provider has been accredited, then all graduates of that course can be judged to have met the course outcomes.

At present, there is no national accreditation of nursing and midwifery courses, including NP courses<sup>46</sup>. The move of nursing education to the HES two decades ago highlighted some of the inefficiencies associated with state/territory-based accreditation of nursing education programs. More recently, issues such as migration of the workforce and the attendant application of MR legislation, as well as external (cross border) modes of education delivery, have further exacerbated the problem and lead to renewed calls for national accreditation processes.

National accreditation is a strong theme in the recent Productivity Commission Research Report – *Australia's Health Workforce* (Allsopp 2004; Australian Government Productivity Commission 2005; Australian Government Productivity Commission 2005), the Commission identifying that without national accreditation:

*'...the quality of the processes is variable and inconsistent approaches impose cost on educational and training institutions. Moreover, the current professions-based approach can reinforce traditional roles and boundaries and thus constrain workplace innovation and job redesign.'*

**Table 8. Heads of power for determining educational requirements for nurse practitioners**

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
ACT	<i>Health Professionals Regulation 2004 ACT</i>	3.4 [Act, s 22 (1) (a)]	Board responsible for assessing courses for nurses etc (1) The board is responsible for assessing courses for their suitability as educational and training courses for the registration and enrolment of nurses. (2) The courses included in this schedule have been assessed and approved by the board.
NT	<i>Health Practitioners Act 2004 NT</i>	S10	Functions of Boards (1) A Board has the following functions: (a) to administer the scheme of registration and enrolment under Part 3 in relation to the category of health care practice for which it is established;... (g) to accredit courses for entry into the category of health care practice for which it is established; (h) to accredit educational institutions to conduct courses referred to in paragraph (g);
NSW	<i>Nurses and Midwives Act No 9 1991 NSW</i>	S10	Functions of Board(1) The Board has the following functions: ... (g) for the purpose of facilitating under this Act the registration of nurses and midwives, the authorisation of registered nurses to practise as nurse practitioners, the authorisation of registered midwives to practise as midwife practitioners and the enrolment of enrolled nurses and enrolled nurses (mothercraft), to grant recognition to: (i) hospitals, nursing homes and educational and other institutions offering courses for the training of nurses, nurse practitioners, midwives, midwife practitioners and enrolled nurses and enrolled nurses (mothercraft), and (ii) the curricula for such courses, and (iii) diplomas, certificates and other qualifications awarded to persons who successfully complete those courses,
QLD	<i>Nursing Act 1992 Qld</i>	S7	Council's functionsThe functions of the council are to— (h) determine examinations, qualifications, experience and other requirements to be fulfilled by persons applying for and maintaining registration, enrolment or authority to practise under this Act, and monitor standards of student assessment in schools of nursing;

**Table 8 cont. Heads of power for determining educational requirements for nurse practitioners**

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
SA	<i>Nurses Act 1999 SA</i>	S16	1) The functions of the Board are as follows:  ... (c) to approve courses of education or training that provide qualifications for registration or enrolment as a nurse under this Act;  (d) to determine the requirements necessary for registration or enrolment under this Act;
TAS			***Not yet Determined***
VIC	<i>Nurses Act 1993 Vic</i>	S66	Powers, functions and consultation requirements(1) The Board has the following functions—  ...(eb) to accredit courses of study or recognize clinical experience that provides competence for each category of nurse practitioner for which registration may be endorsed under section 8B
WA	<i>Nurses Act 1992 WA</i>	S23	Meaning of approved educational qualification (1) For the purposes of section 22(2)(d) or 22A(2)(b), a person holds an approved educational qualification if the person —  (a) has gained a qualification approved by the Board, in relation to that section, granted by an Australian tertiary educational institution recognized by the Board;  (b) in a country other than Australia, has completed a qualification in nursing approved by the Board, in relation to that section; or  (c) is registered provisionally under section 26 and has completed a course of nursing training or study approved by the Board under subsection (1)(b) of that section in respect of that person.

In the case of NP education, the small number of courses in Australia (approximately 13 courses, across five jurisdictions) means that the benefits for both prospective students and education providers of a national accreditation scheme are considerable. National accreditation would deliver consistency in terms of the processes used to accredit courses as well as automatic recognition by all jurisdictions – resulting in more efficient entry to the workforce.

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### **Assessment of competency as a nurse practitioner by nursing and midwifery regulatory authorities**

The ways in which RAs determine an individual's suitability to be recognised as a NP vary and must comply with respective state/territory legislation. Overall, five broad areas have been used to assess a candidates suitability, namely:

- Educational preparation;
- Clinical practice (across the spectrum of assessment, diagnosis, therapy and evaluation);
- Collaborative arrangements (such as referral mechanisms and guidelines);
- Professional leadership and development (such as self reflection and ongoing education); and
- Evidence-based practice (including research utilisation and quality assurance activities).

Whilst there is some commonality in the broad areas that the RAs considered in assessing an individual's NP practice, the ways in which this might be evidenced and the relativities between areas are numerous and not always transparent.

### **NP Competency Standards**

Until late 2005, there were no nationally-agreed competency standards for NPs and different jurisdictions adopted existing ones (such as the New Zealand NP Competencies), or developed their own. In November 2005, all RAs agreed to use the core competencies developed by Gardner et al, (Australian Nursing and Midwifery Council (no date)) to assess applications for recognition as an NP. However, there is a lag while the necessary processes and documentation are adjusted and arrangements for any applications pending are made.

Just how RAs determine that an individual meets the competencies is an area where there is considerable variation both across, as well as within, a jurisdiction where multiple pathways to NP recognition exist.

In some cases, the process is streamlined and applicants are only required to show evidence of successful completion of a course accredited by the RA and to pay the necessary fee to be recognised. In some jurisdictions, extensive, multiple evidentiary requirements apply irrespective of whether the applicant has completed an accredited pathway or if they are seeking recognition under 'equivalency' arrangements. Table 9 shows the range of approaches currently adopted by RAs to assess individuals and demonstrates the use of multiple approaches by each RA.

Many of these approaches are resource intensive not only for the individual, but also for RAs. There have been difficulties and criticisms of the appropriateness and sustainability of such processes from both applicants and RAs, including difficulty in identifying and arranging appropriate expert panel members, the costs involved and the length of time it subsequently takes to process an application.

**Table 9. RA approaches to assessing an individual's competence**

Regulatory Authority approaches to assessing individual's competence	Jurisdiction
Detailed curriculum vitae (including evidence of research and leadership activities)	ACT, QLD, VIC, SA, NSW, NT
Professional portfolio/evidence portfolio/package of evidence	ACT, QLD, SA, NSW, NT
Peer Review of application/evidence	SA, VIC, NSW, NT
Professional referees	ACT, VIC
Transcript of education program/evidence of successful completion of education program	ACT, QLD, VIC, SA, NSW, WA, NT
Case studies – written or verbal presentation to expert panel	QLD, VIC, NSW, NT
Plan for ongoing quality review of practice	ACT
Presentation on role/scope of practice (written or oral)	VIC, SA, NT
Oral assessment by an expert panel	QLD, NSW
Assessor observation in the context of NP practice of 'typical NP episode of care'	QLD
Assessment of current practice including collaborative practice in complex situations	QLD,
Assessment of clinical practice guidelines by peers	VIC,
Interview (including with Board, peer review, expert panel)	VIC, SA, NSW, NT
Advance practice evidence, including statements on key achievements, testimonials, priority, vision statement	VIC, SA, NT
Evidence of clinical (medical) supervision - supervisory log	VIC,
Clinical logbook, reflective practice journal	SA, NT
Evidence of clinical management tools (referral processes, protocols, policies)	SA
Evidence of clinical (medical) supervision - supervisory log	VIC,
Position Description	NT

Many of these approaches to assessment evolved prior to the development of a range of NP Masters courses and acceptance and agreement of NP competencies. However, aside from issues of sustainability, there is a fundamental question about the evidence for any or all of these approaches as ways of assessing a prospective NP. It is important to ensure that an applicant meets the requirements for authorisation. This needs to be done in a way that is transparent, defensible and effective. Some may question whether requiring an applicant to provide a vision statement is consistent with the role of regulation to protect the public and how this type of requirement would meet the test of demonstrating that through the regulatory process, the risk inherent in the role or practice is being managed.

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A risk management framework would enable the assessment and stratification of risks as well as the development of a range of responses to manage (rather than eliminate) risks. An important consideration is that the lowest level of burden for both applicants and RAs to manage the risk should be identified and applied.

There is an argument that if an individual has successfully completed a NP course that is accredited with the RAs and the course has been constructed to ensure students meet the agreed competency standards, then authorisation should be streamlined (if not automatic as is the case in Western Australia and Queensland).

The advantage that comes from having a series of assessments built into the life of the program ensuring that students are assessed in a range of ways and across the competencies, can deliver greater certainty about the applicant and thus modify the evidentiary requirements. Education providers are required to assess that students meet the approved competencies to enable a student to reach the required competency level. They must therefore teach the substantive content both in theoretical and clinical components, and teach them in a pedagogically-sound construct. A RA may develop guidelines or standards to assist education providers to do this to the RA's satisfaction.

When an education provider supplies the RA with sufficient evidence that a program of study meets the standards set for such programs and providers, it can be assumed that a transcript or certificate of attainment is sufficient evidence of meeting the required competency level.

In practice, however, in some jurisdictions even where the applicant may be seeking endorsement having successfully graduated from a course accredited by the RA, there is a requirement to meet all of the same evidentiary requirements that other applicants have to meet. Such a 'belt-and-braces' approach may be placing an unwarranted and unnecessary burden on applicants, as well as delaying entry to the workforce at that level, or dissuading potential applicants. If accreditation of courses by RAs aims to move the burden of proof from individuals to the course providers, this does not always appear to be the case for NPs.

#### **Data collection to inform regulatory decisions**

Many of the processes and approaches to assessing competence by RAs are a matter of historical or local influence. As noted by Bryant (Bryant 2005), there is little evidence in the literature on the effectiveness of regulation of health professionals in general, and nursing or midwifery in particular. Given the considerable variation that exists and the attendant impact on time, cost and lost opportunities for the community, as well as the individual practitioner, it is important that the most timely and effective way to make decisions about an individual's suitability to practice as an NP is identified. For example, does one pathway or preparation make an individual more (or less) likely to have a complaint made against their practice?

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The absence of literature about the effectiveness of regulation, coupled with concerns raised on the adverse effects of regulating health professions, highlights the need to start building a body of knowledge on which to develop evidence-based policy. The types of information needed to analysis and utilise evidence-based policy might include the characteristics of an individual's educational pathway (eg. which course/pathway they completed), as well as information on the RA assessment processes and decisions.

To do this, RAs would need to identify both the possible indicators of effective regulation and the data necessary to be able to analyze and compare across jurisdictions. Previous work done by the Taskforce in 2005 on re-entry to nursing found that there was considerable variation in the level of data about registrants collected by each state/territory that could be readily accessed. For example, the type of re-entry program or pathway an individual used to qualify to be re-registered was not collected by all states and territories. It is also likely that information about processes and decision making in relation to decisions about NP applications are not uniformly recorded. Given the small numbers of NPs, there is merit in identifying the areas worthy of attention nationally as soon as possible.

### Midwifery perspective

There is currently debate and differing views within nursing and midwifery about the merit of registrable categories of advanced practice midwives, as distinct from NPs. The regulation and registration of midwives varies across the states and territories and currently, there are various ways of managing the registration of midwives, which includes having separate registers for nurses and midwives, separate divisions of a single register and a single register with restrictions to practice. This is further complicated by the fact that in some jurisdictions there are multiple pathways to be eligible to practice midwifery, namely:

- Bachelor of Nursing with a postgraduate qualification in midwifery;
- Bachelor of Midwifery; and
- Combined Bachelor of Nursing and Midwifery.

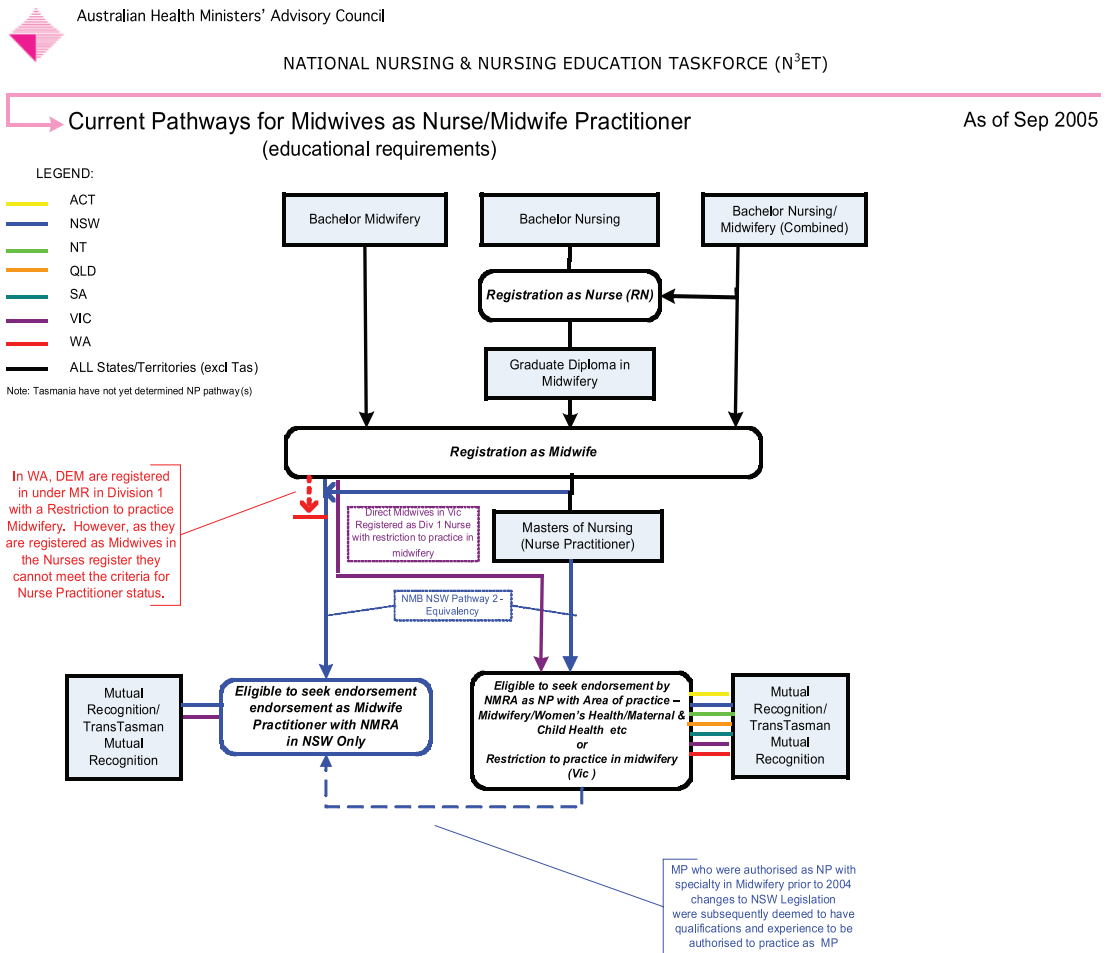
Both the pathway (and educational preparation) for recognition as a midwife and the way in which nursing and midwifery registration is managed in each jurisdiction impact on the available options for individuals to be recognised as an advanced practitioner by RAs.

Currently, a number of pathways exist for nurses with midwifery qualifications to be recognised by RAs in their respective advanced-practitioner registration categories. Further, anomalies in the way Bachelor of Midwifery graduates are registered means that they also may be eligible to be recognised as either an NP or (in New South Wales only), as a midwife practitioner (MP). The available pathways have been mapped and are included in Figure 5.

The Australian College of Midwifery Incorporated (ACMI) has published a position statement on midwifery and NPs and this is available on their website (Australian College of Midwives Incorporated 2005)<sup>47</sup>.



**Figure 5. Current pathways for midwives as NPs**



With the current disparate views on the merit of advance practice recognition and midwifery, as well as the rapidly unfolding regulatory and registration dilemmas arising from the expanding pathways to midwifery practice, it is not appropriate for this paper to consider further options for articulation.

## Educational requirements and pathways for nurse practitioners

The following principles have been developed to drive greater national consistency in educational pathways for NPs in Australia. They are intended to give direction with supporting rationale in all jurisdictions, not only those yet to implement the NP role. It builds upon the recognised diversity in the Australian health workforce and in particular, the career and lifestyle choices of nurses and midwives.

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The principles acknowledge that Australia is in a transitional phase at present, but that it is timely to focus on consistent national direction, one that firmly positions the role for the next decade.

**The Principles for Making Decisions About Minimum/Mandatory Educational Requirements for Endorsement as an NP are that:**

**1. Recognition as an NP is dependent on demonstrating ANMC NP core competencies**

Recognition as a NP is dependant on an individual demonstrating that they meet the professional standards set for practice at that level. The standards represent the profession's collective view of the skills, knowledge and attributes that are required to practice at that level. The *National Competency Standards for NPs* (Australian Nursing and Midwifery Council (no date)) should be the basis of determining safe, competent practice by NPs and a foundation for RAs to assess individual applications for recognition as a NP. Timely national adoption of this standard will allow validation in practice of the competencies to occur over the next decade.

**2. A master's degree-level qualification best meets the demands of NP practice**

A master's degree-level qualification is the recommended AQF level of educational preparation for entry to practice as a NP. At master's level, the specific skills and scholarly development required to meet the demands of safe NP practice are acquired, as evidenced in contemporary Australian NP research (Gardner, Carryer et al. 2004). At master's degree level, the requirement to balance the risk attendant on professional practicing at this level with the restriction imposed, is best achieved.

**3. NP masters programs are competency based**

As a practice-based discipline, RAs require evidence of competence for authorisation or licence to practice. At entry-to-nursing practice level, nationally-agreed competencies provide the benchmark for assessing an individual and for assessing the adequacy of preparatory programs/learning pathways, ie. it is the outcome of the learning experience (outcomes-based education) that matters, not the curriculum itself. It follows then that educational programs for NPs should also be competency based.

**4. Programs designed specifically for NPs are the most efficient pathway to recognition as an NP**

Educational programs for NPs are specifically focussed on preparing graduates to meet the competencies for recognition as a NP, using a range of assessment modalities across the competencies over the length of the program. From the point of national consistency and workforce efficiency, NP programs of education will provide the most streamlined and efficient pathway to recognition as a NP. Further efficiency can be achieved by the adoption of the NP education and accreditation standards described in Gardner et al (Gardner, Carryer et al. 2004) nationally for all NP programs. These elements provide the basis for streamlined NP authorisation by RAs.

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**5. RPL/qualifications is maximised to streamline the educational preparation of NPs**

It is evident that career trajectories for nurses and midwives vary, and not all individuals will have identified a direct and unwavering path to becoming a NP. Ensuring that opportunities to recognise previous learning through formal education and training (credit transfer), and learning achieved outside the formal education and training system (RPL) are maximised, will assist in accelerating entry to the NP workforce. The AQF National guidelines for RPL (Australian Qualifications Framework Advisory Board 2004) provide the basis for education providers to make decisions about RPL. The National Guidelines on Cross-Sector Qualification Linkages principles may provide direction for consideration of credit arrangements for entry to NP programs by nursing HEPs.

**6. Decisions about demonstration of competency via another NP pathway to be evidence based**

As stated in principle 1, recognition as a NP is dependant on an individual demonstrating that they meet the professional standards set for practice at that level, namely the National Competency Standards for NPs (Australian Nursing and Midwifery Council (no date)), and that demonstration of competencies is observable. Where an individual is seeking to have educational and experiential learning recognised as sufficient for endorsement as an NP, other than via a NP masters, consistency and transparency in how this is assessed by RAs is critical. Whilst recognising that a range of assessment methods may be used, these should not collectively act as a disincentive to individuals to use these pathways. Further, the assessment methods need to prove that they are necessary, proportional and appropriate to demonstrate that the attendant risks have been identified and managed.

**7. Evidence-based policy is required to achieve national consistency and quality in regulatory decisions about NP authorisations**

There have been few formal evaluations of health professional regulation and of nursing regulation in particular (Bryant 2005). At the same time, there are increasing calls for RAs to demonstrate greater transparency and accountability in decision making. Given the current fragmented approach to endorsement of NPs, it is essential that national agreement about the possible indicators of effective regulatory processes be reached as soon as possible. To effectively evaluate policy, systematic and nationally-consistent collection of comparable data elements is required, including collection and dissemination of information about how RAs arrive at decisions about authorisations. The establishment of a database or repository of all state and territory regulatory decisions about NPs will be foundational to the development of consistent, fair, accountable and defensible NP regulation nationally.

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**8. A national approach to the accreditation of NP Masters programs is required**

The interests of both the community and nursing would be better served by national accreditation of NP education programs. Further, the basis of accrediting programs of education for NPs in all states/territories should be the education and course accreditation standards described by Gardner et al (Gardner, Carryer et al. 2004).

**9. Life long learning by all NPs is central to the achievement of health outcomes for the Australian community**

Whatever the education pathway taken to endorsement as a NP, it is recognised that this is preparing the individual nurse to begin practice as a NP. The dynamic nature of healthcare dictates that all members of the nursing and midwifery community undertake continuing professional development activities and embrace the concept of life-long learning as recommended in National Review Nursing Education – (Recommendation 18).

**10. The intersection of midwifery practice and NP practice needs further attention**

Currently, there are legislated pathways in some states/territories for nurses as well as midwives to be recognised as NPs or MPs. Some individuals may seek to use the available pathways and the opportunities such pathways offer are important to recognise and facilitate. There is merit, however, given the current emerging landscape, in considering the development of separate definitions and competencies related to midwifery and reviewing whether existing pathways should continue, be revised or whether other pathways should be developed. This work should be the subject of national debate and be inclusive of all key stakeholders. The existing state and territory regulatory frameworks and emerging directions in the regulation of health professionals will need to be explored through national debate on this issue.

## **Putting principles into practice**

Adoption of these principles requires national agreement.

### **National Core Competencies for NP**

The recent adoption of the NP Core Competency as proposed in the *Nurse Practitioner Standards Report* (Gardner, Carryer et al. 2004) by all RAs in November 2005 will give effect to **Principle 1**. It may be useful to have a public statement of this agreement and a timeline of when those jurisdictions that are changing anticipate the new processes to be adopted.

### **A national approach to the accreditation of NP masters**

Work directed at achievement of **Principle 8** is also underway on a number of fronts, including a project commenced in early 2006 by the ANMC to develop nationally-agreed standards for the accreditation of courses leading to nursing registration, enrolment and recognition by RAs. The current project brief includes NP courses.

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The Productivity Commissions Report on Australia's Health Workforce Report (22 December 2005) recognises that there is currently a fragmented approach by Ras to the standards and requirements for accrediting courses leading to registration. To promote consistency, the Productivity Commission proposed:

*...the establishment of a consolidated national accreditation regime to integrate the current profession-based system. This would encourage the timely uptake of both 'cross-professional' workplace innovations emerging from the proposed workforce improvement agency, and promote multidisciplinary and interdisciplinary learning. It would also facilitate the development of uniform national registration standards for health professionals (pxxiv).*

A likely outcome of such a regime might include that:

- Similar standards in relation to process and procedural fairness might apply to all health professions; and
- The basis and rationale underpinning variations in standards will be examined and evidence-based standards will be applied to all courses leading to registration for each health profession. For example, there will be one set of standards uniformly applied across Australia to the practical component of courses leading to nursing registration.

Given the significance of the recommendations of the Productivity Commission's Report, COAG has asked senior officials to undertake further work on the recommendations and related issues and report to it in mid-2006. This work will include, but not be limited to, the number and distribution of training places, the organisation of clinical education and training, and accreditation and registration.

A barrier to the national adoption of NP education and course accreditation standards proposed by Gardner et al by RAs is that in one state the RA does not accredit NP courses, as it is not considered to be within their legislative provisions. This may be addressed by the ANMC considering a process to rewording of the relevant recommendation in the report, and enable the recommendation to be endorsed nationally. At the same time, the jurisdictions Nurses Act is being reviewed and this may be another avenue for change.

## **Mutual recognition and nurse practitioners**

Whilst some organisations have already undertaken work to establish which occupations in each participating jurisdiction are equivalent, this work has not yet occurred nationally with respect to nursing and midwifery categories, especially where endorsements to registration categories are used, such as with NPs. This work should be coordinated and include the implications of differences in registration categories with respect to nursing and midwifery.

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## Data about regulatory decisions

Evidence-based policy is required to achieve national consistency and quality in regulatory decisions about NP authorisations. In particular, **Principles 7 and 8** require an investment in identifying and defining, as well as collecting and analysing, the information required to build an evidence base around the regulation of this professional group. Ideally, this work would be managed at a national level to ensure that the relationships between, and flow on effects of, decisions can be identified and mapped.

A *register of precedence* in relation to RPL decisions may be a model for a repository of regulatory decisions.

Work on indicators of effective regulation relating to NPs will be referred to the reference group responsible for developing recommendations arising from the mapping of nursing and midwifery legislation. (Recommendation 4, National review of Nursing Education (2002) – *Our Duty of Care*)

### The intersection of midwifery practice and nurse practitioner practice

As discussed in **Principle 10**, the intersection of NP practice and midwifery is an area where there is considerable tension and a need for clarification and action. Arguably, the current situation arose because there was no uniform approach to regulation, and specifically the registration of midwives and NPs. That is still the case and there is currently no vehicle for national debate with all of the stakeholders. National debate with inclusive consultation will ensure that a coordinated cross-discipline and cross-sector response can be developed.

## Streamlining entry to the workforce

The National Health Workforce Strategic Framework (Australian Health Ministers' Conference 2004) identifies that accelerated entry to the workforce should be included in the repertoire of responses to ensure that the workforce is sufficient, skilled and competent (Principle 4). This principle should be applied to NP educational preparation. Two ways in which this may be approached are discussed below.

### Credit arrangements for entry to nurse practitioner courses

Currently, credit arrangements are determined and managed by the respective education providers. The National Guidelines on Cross-Sector Qualification Linkages principles provide guidance to how credit is applied between secondary education, VET and HES. However, they may provide some direction or a starting point for HEPs of nursing courses to collectively consider optimal credit arrangements for entry to NP programs. This work may be best placed with a national group such as the Council of Deans of Nursing and Midwifery.

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### **Nurse practitioner educational preparation – future models**

The development of these principles has stimulated much discussion by the working groups about how the decisions and policies of today affect the future development of the NP role. A considerable focus at present is on how to get greater unity and clarity in the role.

To do justice to the opportunity afforded to the nursing and midwifery disciplines in the National Review of Nursing Education and the subsequent Taskforce, it is important to also do some more strategic and 'green fields' thinking.

Much of the current approach to NP preparation is based on the existing model of postgraduate education. There may be merit in giving some considered thought to what would be an alternative, optimal model for NP preparation and the barriers, opportunities and levers for a range of enhanced models of NP educational preparation for the future.

## Conclusion

The aim of this work is to strengthen career transitions and enable opportunities for development in the education and training of all nurses, midwives, and health care workers. Much of the work has been preliminary, investigating where opportunities currently exist to explore future and wider application.

### Future directions

The findings of the Taskforce's work groups indicate that in the few years since the National Review of Nursing Education, considerable attention has been given to improving articulation pathways and there is now a range of entry opportunities to a career in nursing or midwifery that are quite widely available. For the most part, this has occurred without intervention. Where programs with multiple entry points, or customised programs for EN or graduate entrants are offered, this is usually by the larger and longer-established schools of nursing and midwifery.

Whilst the MCEETYA *Good Practice Principles for Credit Transfer and Articulation from VET to Higher Education* are widely promoted and accepted, there remains significant variation in the amount of credit to which ENs, holders of VET qualifications in other health streams and graduate entrants from various health and other disciplines are entitled. These decisions are mostly made at a faculty or school level and align with institutional policies. There is vocal support from within industry for more uniformity in undergraduate nursing (and midwifery) curricula as a way to bring some consistency to credit transfer. However, education providers argue the pedagogical value of their individual program packaging and delivery strategies, and contend that differences in curriculum provide prospective students with choice in a competitive education market.

Similarly, there is sufficient evidence and precedence to indicate that credit transfer between Bachelor of Midwifery programs and Bachelor of Nursing programs can be maximised. Further national dialogue to develop a uniform understanding of the shared elements of these programs as a basis for credit arrangements is warranted as more programs are being introduced across Australia. This is an issue that merits more attention in the future.

It is important to note that recent research challenges some of the beliefs that ENs struggle to make the transition and succeed in undergraduate education. Nevertheless, it is important for education providers to be clear about the criteria on which they base a student's entry (either as an EN or graduate) in a fast track or abridged program, and the assumptions about discipline-specific and academic competencies and performance that are expected of students entering nursing and midwifery courses through these pathways.

*Setting students up for success* at the point of entry through careful selection processes and curriculum design that accommodates their strengths, competencies and learning needs and then *supporting students for success* through early risk identification and targeted program supports are vital, but may impose an additional layer of cost for education providers. However, ensuring high levels of student success (completions) translates to more registered nurses in the workforce and is arguably a sound return on such an investment.



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It is likely that with commencement of the revised HTP the national qualifications for ENs will provide a consistent base for making decisions with respect to ENs (articulating to enrolled nursing and from enrolled nursing qualifications). Whilst RPL provides a recognised mechanism for articulating, it is not widely offered as an option for individuals and groups in the nursing discipline. The costs involved in introducing RPL for individuals and education/training providers are often cited as a barrier. There would be benefit in further exploring this and other barriers to introducing RPL in nursing education. One option for moving forward might be to look at whether competency assessment services (like those used to assess competency for regaining registration following a lapse) might independently assess the competence levels of health workers from other disciplines seeking to make the career transition to a nursing or midwifery career.

It is clear that the various standards and course requirements of the RAs impact on credit entitlements, as do those of individual universities. It is also likely that with the introduction of a national scheme for the accreditation of courses for registration purposes under the COAG health workforce reform agenda (for all health disciplines), that some of the anomalies and inconsistencies in process and policy from a regulatory perspective will be addressed. The work that is being undertaken by the ANMC to develop national standards for accrediting courses, particularly with respect to the credit transfer aspect, will provide a solid foundation for reaching future agreement.

The MCYEETYA *Draft Principles for Good Practice Information on Credit Transfer and Articulation* are widely endorsed by providers of nursing education, although clear, unambiguous information is not always readily accessible to or conveyed simply to assist student decisions. In the interest of procedural fairness and to ensure successful outcomes for students, greater transparency around credit transfer and RPL policies, the processes for applying for credit and RPL and the criteria for making decisions is warranted. There would be benefit in education providers considering a credit/RPL precedent policy and register as a mechanism for making credit information available and transparent and to promote consistency in subsequent credit decisions.

As articulation, credit and RPL arrangements impact on entry to practice and career progression in the health workforce, greater consistencies (or discussion of the issues) in the future would ideally be brokered through a national group comprising representatives of the RAs (or the nursing and midwifery professional panel of the national registration body for health professionals, however styled), higher education and training providers, professional bodies and other key stakeholders including government groups (eg. the Chief Nurses and the Health Workforce Principal Committee).

Work by the Taskforce details the current variation in NP educational pathways and identifies the critical considerations that should underpin decisions about educational preparation and pathways to NP practice. The imperative for this work is the need to achieve greater national consistency whilst recognising the structures and regimes that have been instrumental in the way the NP pathways have developed.

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The work explored the broader context in which NP practice education and regulation is situated and recognises that no single approach will meet the diverse needs of the Australian health system, the complex governance structures and the plurality of the nursing and midwifery workforce.

The agreement of principles for the educational preparation and recognition of NP marks the start of national, coordinated and strategic action to securely position the NP role in the Australian health care system. Initially, coordinated action is required to ensure the principles are adopted. In addition to action to ensure the principles are adopted, there is a role for more strategic and forward-looking debate and activity to identify a cohesive and national agenda to move beyond this period of transition with respect to NP role development.

It is recognised that the current context is in a state of flux. There are a number of changes in progress, and while the outcomes of these are uncertain, it is clear that they will have an impact on articulation pathways and career opportunities for nursing and other health careers. The most important of these is the COAG's endorsement to develop national schemes for the registration of health professionals and for the accreditation of courses for registration purposes. Together, these national schemes will provide a framework for greater consistency in nursing regulation and education, which will in turn provide a clearer and more-stable platform for articulation between educational qualifications.

# Appendices

## Appendix 1. Work groups

### Work Group Chairs

Working Group 1		Pathways for entering nursing at various levels of education
Work group 1,	Dr Cindy, Leigh,	Australian Catholic University, NSW, Head, School of Nursing
Work group 2,	Prof. Helen McCutcheon	University of South Australia, Head: School of Nursing and Midwifery, SA
Work group 3,	Prof. Elizabeth Davies	University of Queensland, Head of Nursing, Nursing Program, Faculty of Health Sciences
Work group 4,	Ms. Roslyn Reilly	USQ, Head of Department
Work group 5,	A/Prof. Tony, Barnett,	Monash University - Gippsland Campus, Head, School of Nursing

Working Group 1		Pathways for entering nursing at various levels of education
<b>Recommendation</b>		Recommendation 12, <i>Our Duty of Care</i>
<b>Purpose of work</b>		<ul style="list-style-type: none"> <li>to examine issues related to the common lexicon related to articulation and to verifying the articulation construct of the National Review of Nursing Education</li> </ul>
<b>Period of time</b>		July 2005–May 2006
Title	Name	Organisation/Representation
Dr	Cindy Leigh	(Chair) Australian Catholic University, NSW
Dr	John Stevens	Southern Cross University
Dr	Lynette Stockhausen	Charles Sturt University - Bathurst
Adj Prof	Kathy Baker	Chief Nursing Officer of New South Wales
Ms	Cathie Nesvadba	Queensland Nursing Council
Ms	Di Lawson	Community Services & Health Industry Skills Council
Ms	Rosemary Bryant	Royal College of Nursing, Australia
Ms	Jodie Hughson	Nurses Board of Victoria

<b>Working Group 2</b>		<b>Cross-sector articulation arrangements &amp; credit arrangements at post registration and postgraduate level</b>
<b>Recommendation</b>		Recommendation 12, <i>Our Duty of Care</i>
<b>Purpose of work</b>		<ul style="list-style-type: none"> <li>• to examine options, opportunities and barriers to cross sector articulation</li> <li>• to examine the current status of cross sectoral and lateral arrangements</li> </ul>
<b>Period of time</b>		July 2005–May 2006
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Prof	Helen McCutcheon	(Chair) University of South Australia
Mr	Mark Smith	Royal District Nursing Service, Helen Macpherson Smith Institute of Community Health
Ms	Liz Drew	Association for Australian Rural Nurses
Ms	Kim Ryan	Australian & New Zealand College of Mental Health Nurses Inc.
Ms	Gabby Koutoukidis	Nurses Board of Victoria
Ms	Rhonda Marriott	Murdoch University
Ms	Di Lawson	Community Services & Health Industry Skills Council
Prof	Jill White	University of Technology, Sydney
Ms	Vicky Bradford	Faculty of Nursing & Midwifery, University of Sydney
A/Prof	Hannelore Best	University of Ballarat

<b>Working Group 3</b>		<b>Pathways to progress the Nurse Practitioner</b>
<b>Recommendation</b>		Recommendation 12, <i>Our Duty of Care</i>
<b>Purpose of work</b>		<ul style="list-style-type: none"> <li>to develop an informed understanding of the current issues including barriers, complexities and challenges to optimal pathways, and to identify options, opportunities and strategic directions to maximise education pathways for nurse practitioners and to achieve greater consistency in educational requirements for nurse practitioners</li> </ul>
<b>Period of time</b>		July 2005–May 2006
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Prof	Elizabeth Davies	(Chair) University of Queensland
Prof	Kathleen Fahy	University of Newcastle
Prof	Glenn Gardner	Queensland University of Technology
Adj Prof	Debra Thoms	Chief Nursing Officer of South Australia
Dr	Elizabeth Harford	Department of Health, NSW
Ms	Judi Brown	Nurses Board of South Australia
Ms	Jane O'Connell	Australian Nurse Practitioner Association
Adj Prof	Belinda Moyes	National Nursing & Nursing Education Taskforce

<b>Working Group 4</b>		<b>Pathways for Registered Nurses/Bachelor Students to exit and register as Enrolled Nurses</b>
<b>Recommendation</b>		Recommendation 12, <i>Our Duty of Care</i>
<b>Purpose of work</b>		<ul style="list-style-type: none"> <li>to examine options, opportunities and barriers to pathways for Registered Nurses/Bachelor Students to exit and register as Enrolled Nurses</li> </ul>
<b>Period of time</b>		July 2005–May 2006
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Dr	Roslyn Reilly	(Chair) University of South Queensland
Prof	Helen Edwards	Queensland University of Technology
Ms	Kathryn Terry	Nurses Board of Tasmania
Ms	Moira Laverty	Nurses Board of Tasmania
Ms	Fiona Stoker	Chief Nursing Officer of Tasmania
Ms	Di Lawson	Community Services & Health Industry Skills Council
Ms	Carol Mirco	Nurses Board of the Australian Capital Territory
Ms	Sue Philpott	Victoria University

<b>Working Group 5</b>		<b>Attribution between Bachelor Midwifery and Bachelor Nursing</b>
<b>Recommendation</b>		Recommendation 12, <i>Our Duty of Care</i>
<b>Purpose of work</b>		<ul style="list-style-type: none"> <li>• examine options, opportunities and barriers regarding attribution between Bachelor Midwifery and Bachelor Nursing</li> </ul>
<b>Period of time</b>		July 2005–May 2006
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Adj Prof	Tony Barnett	(Chair) Monash University - Gippsland Campus
Ms	Julianne Bryce	Nurses Board of Victoria
Ms	Patrice Hickey	Australian College of Midwives Incorporated
Ms	Cathie Nesvadba	Queensland Nursing Council
Ms	Mary Kirk	Nurses Board of the Australian Capital Territory
Ms	Anna Kettle	Nurses & Midwives Board of New South Wales

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## Appendix 2. Terms of reference

### Recommendation 12 Work Groups:

#### Background

The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET/the Taskforce) has responsibility for implementing **Recommendation 12: Maximising Education Pathways** of the National Review of Nursing Education (2002) Our Duty of Care Report.

The National Review of Nursing Education (the Review) identified that nursing career pathways are linked to nurses' and midwives' education and training pathways. Currently education for nurses and midwives is conducted in the Vocational Education and Training (VET) sector for enrolled nurses (EN/division 2 registered nurses in Victoria) and the Higher Education sector for registered nurses (RN) and midwives. Qualification linkages enable individual learners to move from one qualification to another in efficient and effective learning pathways, and underpin career progression for nurses, midwives and health workers. Similarly, access to a nursing/midwifery career through a range of entry point provides opportunity for other health work groups and people to pursue a career in nursing.

While it was evident at the time of the review that there were recognised and established pathways for people entering nursing, the National Review of Nursing Education identified a number of issues influencing the availability of effective articulation pathways for nurses, midwives and health workers in related fields, including:

- Awarding credit for experience and previous study is a developing feature of nursing education. While articulation pathways already exist, there are issues around maximising credit and the lack of infrastructure to support individuals who wish to progress through the system;
- Approaches to credit transfer and transition vary across Australia and within each state and territory, and are highly dependent on curriculum design;
- There is no framework that demonstrates that Enrolled Nurse Competencies are an identifiable subset of the competencies for registered nurses;
- Currently courses for Enrolled Nurses are not part of a national training package, although there are packages for some Certificates 11 and 111, which articulate into Enrolled Nurses Training (Note: work is currently underway by the Community Services and Health Industry Skills Council and the Australian Nursing and Midwifery Council to develop EN competencies for incorporation in the Health Training Package).

The aim of this work is to strengthen and enable career transitions and opportunities for development in the education and training of registered nurses, midwives, and health care workers.

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## **WORK GROUPS**

In the interests of expediting outcomes for this recommendation, work groups have been formed to focus on five (5) identified issues, with the understanding that these issues are complex and interrelated and for optimal outcomes, work groups will be required to communicate and align work where there is overlapping interest:

Pathways for entering nursing at various levels of education.

1. Cross sector articulation and credit arrangements, & credit arrangements at post registration and/or postgraduate level.
2. Pathways to progress to nurse practitioner.
3. Pathways for Bachelor of Nursing students to enrol as ENs.
4. Articulation between Bachelor of Midwifery and Bachelor of Nursing.

## **PURPOSE**

The purpose of the work groups is to bring together representatives of the key stakeholder groups to work collaboratively and assist in strategically addressing education needs of the future in a flexible and collaborative manner by:

- Proposing strategies and approaches to address the limitations of existing articulation pathways for nurses and midwives; and
- Developing nationally consistent approaches to recognition of prior learning and current competence in enrolment processes for nurses and health care workers.

## **PROPOSED TERMS OF REFERENCE FOR ALL WORK GROUPS**

In order to progress the work, members are requested to consider and agree to the proposed terms of reference, detailed below:

### **Terms of Reference:**

1. To develop a work plan for addressing the issues specific to the work group in consultation and agreement with the Taskforce.
2. To ensure effective communication and to work in collaboration and cooperation with other Recommendation 12 work groups where issues overlap.
3. To identify primary and secondary stakeholders and provide for further stakeholder consultation as indicated through the work.
4. To examine the issues and gather the information necessary to inform the final results/outcomes.
5. Identify barriers, complexities and challenges to optimal pathways and identify options, opportunities and strategic directions to maximise education pathways.
6. Report on progress and outcomes against the workplan to N<sup>3</sup>ET as agreed.

Additional terms of reference specific to each work group may be developed in consultation and agreement with the Taskforce.



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## **MEMBERSHIP**

1. Work group composition is based on, but not limited to the proposed membership as per the attached table (Attachments 3 and 4), and is intended to provide a balance of key stakeholder perspectives.
2. Groups may co-opt additional members as indicated to progress the work.

## **CHAIR**

Representatives from the CDNM-ANZ have agreed to Chair the work groups.

## **ADMINISTRATIVE SUPPORT**

Some funding is available through the Taskforce to assist in supporting the establishment of the five groups for approximately 3 months. At the first meeting, members will consider if their organisations have suitably experienced support personnel, who may be released/seconded to the administrative support position for approximately 3 months (EFT).

## **PROCESS**

1. To make the best use of time, business will be conducted through electronic and telecommunications (email, teleconferencing, web-conferencing and video links).
2. Member participation in the meetings and input assistance in facilitating the work is required.
3. The N<sup>3</sup>ET "Principles for Working Together to Achieve National Outcomes" will provide the foundation principles for members and groups to work in consultation with key stakeholders in order to progress the work collaboratively.
4. Members may be required to report to, and consult further with their stakeholder base/organisation and to consult more widely as indicated.
5. Where issues overlap, it is envisaged that other Recommendation 12 Work Groups will work in collaboratively and cooperation to achieve agreed outcome.

## **MEETING FREQUENCY**

Initially it is envisaged that groups will convene for one hour monthly, via teleconference hosted by N<sup>3</sup>ET Secretariat (see Attachment 5: instructions on joining the teleconference). Chairs may alter meeting frequency as required by the workplan.

## **RECORD OF MEETING**

An action-oriented record of meetings is to be kept to assist members to progress the work and to assist the Taskforce in coordinating the various arms of work related to Recommendation 12.

(Until such time as an administrative assistant to the groups is appointed, the following procedures will assist groups with meeting procedure and record keeping).

Members will rotate through the role of record keeping and will forward the record to the Chair for approval prior to circulating to the work group members within one week of meetings.

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The agenda for the next meeting is formed by the member taking the record, using the agenda template provided, and should include carry-over items. The agenda is forwarded to the Chair for approval at least one week before the next meeting and then distributed to members with any documents for discussion and information.

**REPORT**

The workplan and timelines, and progress and outcomes against the workplan will be reported to the Taskforce as agreed, for consideration by the Taskforce in preparing its final report to Ministers.

Note: the N<sup>3</sup>ET secretariat/administrative assistant will develop a report template to assist groups with reporting the findings and outcomes of their activities.

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## Appendix 3. Glossary

The following terms and explanations related to the work of the Recommendation 12 work groups have been drawn from Department of Education, Science and Training (DEST) documents and glossaries, including the Australian Qualifications Framework (AQF), the Australian Quality Training Framework (AQTF) and associated guidelines and standards. These terms are used consistently through the Higher Education and Vocational Education & Training (VET) sector.

### VET terminology

The following explanations are on the DEST Website and are drawn from a glossary of Australian Vocational Education and Training terms<sup>48</sup>. They are consistent with the terms used in the Australian Quality Training Framework (AQTF) and previously by ANTA.

- **Articulation** refers to the arrangements, which facilitate the movement or progression of students from one course to another, or from one education and training sector to another. (See also advanced standing credit recognition of prior learning)
- **Credit** (also called status or advanced standing) refers to the acknowledgement that a person has satisfied the requirements of a module (subject) or unit of competency either through previous study (credit transfer) or through work or life experience (recognition of prior learning). The granting of credit exempts the student from that part of the course.
- **Credit transfer** refers to the granting of status or credit by an institution or training organisation to students for modules (subjects) or units of competency completed at the same or another institution or training organisation. See credit
- **Cross Sector Linkages:** The term is used deliberately to identify any formal connection between qualifications issued within VET and higher education. These connections may be based on articulation and credit transfer arrangements but also extend to newer models of integrated cross-sector qualification linkages National Guidelines on Cross-Sectoral Qualification Linkages are in the AQF Implementation Guide (p.59 – 65)<sup>49</sup>. The guidelines support a range of models for forging linkages from individual partnerships between institutions to statewide VET partnerships with individual higher education institutions to consortia models and national arrangements between ITABs and partner universities.
- **Pathway** refers to a path or sequence of learning or experience that can be followed to attain competency (in the VET sense). Note, the AQF Implementation Handbook outlines the Pathways to a Qualification (subsection 5, p.40) for a qualification in the VET and University sectors. Maps of pathways in the VET sector are published on the DEST website<sup>50</sup> Currently these maps for health do not include Enrolled Nursing (EN) as EN competencies are not, as yet incorporated in to the Health Training Package, although this should be an outcome of the EN Competencies Project by the CS&HISC. It is a requirement for accreditation of a course for inclusion on the national registers that pathways and any limitations to pathways are identified (see the AQTF Accreditation Guide<sup>51</sup>).

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<sup>48</sup> The ANTA glossary is now located on the DEST website at [http://www.dest.gov.au/sectors/training\\_skills/policy\\_issues/key\\_issues/nts/glo/rtot.htm](http://www.dest.gov.au/sectors/training_skills/policy_issues/key_issues/nts/glo/rtot.htm)

<sup>49</sup> AQF Implementation guide [http://www.aqf.edu.au/pdf/han59\\_77.pdf](http://www.aqf.edu.au/pdf/han59_77.pdf)

<sup>50</sup> <http://antapubs.dest.gov.au/publications/publication.asp?qsID=308>

<sup>51</sup> [http://www.vetab.nsw.gov.au/docs/Guidelines\\_for\\_Course\\_Developers.pdf](http://www.vetab.nsw.gov.au/docs/Guidelines_for_Course_Developers.pdf). Note, this publication is currently being revised in light of new standards being released, and is not available on the DEST website

- **Recognition of current competencies** (or RCC) refers to the acknowledgement of competencies currently held by a person, acquired through training, work or life experience. More commonly known as recognition of prior learning Recognition of prior learning (or RPL) the acknowledgement of a person's skills and knowledge acquired through previous training, work or life experience, which may be used to grant status or credit in a subject or module.
- **Recognition process** is a term that covers **Recognition of Prior Learning, Recognition of Current Competency** and **Skills Recognition**. All terms refer to recognition of competencies currently held, regardless of how, when or where the learning occurred. Under the Australian Quality Training Framework, competencies may be attained in a number of ways. This includes through any combination of formal or informal training and education, work experience or general life experience. In order to grant recognition of prior learning/current competency the assessor must be confident that the candidate is currently competent against the endorsed industry or enterprise competency standards or outcomes specified in Australian Qualification Framework (AQF) accredited courses. The evidence may take a variety of forms and could include certification, references from past employers, testimonials from clients and work samples. The assessor must ensure that the evidence is authentic, valid, reliable, current and sufficient.

#### **AQTF Standards for Registered Training Organisations (RTOs)**

- **Recognition of Prior Learning (RPL)** *means* recognition of competencies currently held, regardless of how, when or where the learning occurred. RPL assesses the individual's prior learning to determine the extent to which that individual is currently competent against required learning outcomes, competency outcomes, or standards for entry to, and/or partial or total completion of a qualification (AQTF, p17).
- **Credit Transfer** *means* the assessment of the initial course or subject that the individual is using to claim access to, or the award of credit, in the destination course to determine the extent to which it is equivalent to the required learning outcomes, competency outcomes, or standards in a qualification. This may include credit transfer based on formal learning that is outside the AQF framework (AQTF, p16)<sup>52</sup>.

#### **Higher Education: RPL National Principles** are outlined in the **Australian Qualifications Framework**<sup>53</sup>

- While **RPL** and **credit transfer** are related, and the boundaries between them are often blurred, they are distinguished as alternative pathways to an AQF qualification. They are distinguished by the way they relate to learning and achievement through formal education and training (credit transfer) and learning achieved outside the formal education and training system (RPL):

<sup>52</sup> The AQTF overview document (2005) [http://antapubs.dest.gov.au/publications/images/publications/AQTF\\_2005\\_Overview.pdf](http://antapubs.dest.gov.au/publications/images/publications/AQTF_2005_Overview.pdf), shows how the AQTF fits with the AQF.

<sup>53</sup> <http://www.aqf.edu.au/rplnatprin.htm>

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**RPL** is an assessment process that assesses the individual's non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes, competency outcomes, or standards for entry to, and /or partial or total completion of, a qualification; and Credit transfer assesses the initial course or subject that the individual is using to claim access to, or the award of credit in, the destination course to determine the extent to which it is equivalent to the required learning outcomes, competency outcomes, or standards in a qualification. This may include credit transfer based on formal learning that is outside the AQF framework.

The award of credit in a course as the result of a successful RPL application may include:

- **Specified credit** – for designated subjects, modules, units or competencies
- **Unspecified credit** – resulting in the student being required to complete fewer subjects, modules or competencies (eg. By exempting a student from taking electives)
- **Block credit** – resulting in exemption from the requirement to undertake a block component of a courses (for example; first semester)
- **Exemptions of advanced standing** – This involves exempting a student from undertaking preparatory subjects, units, modules or competencies with others.

Credit may be awarded on the basis of a combination of credit transfer plus an individual RPL assessment for additional non-formal or informal learning....

### Competency

It is generally understood that there are nuances to the meaning **Competency** when used by education providers in the higher education and VET sectors and the nursing and midwifery professions. Within the **VET sector** "competency" is used in the following ways<sup>54</sup>:

- **Competencies** (see unit of competency) term which refers to multiple units of competency
- **Competency** (also competence) the ability to perform tasks and duties to the standard expected in employment.
- **Competency-based assessment** (or CBA) the gathering and judging of evidence in order to decide whether a person has achieved a standard of competence.
- **Competency-based training** (or CBT) training develops the skills, knowledge and attitudes required to achieve competency standards.
- **Competency standard** an industry-determined specification of performance, which sets out the skills, knowledge and attitudes, required to operate effectively in employment. Competency standards are made up of units of competency, which are themselves made up of elements of competency, together with performance criteria, a range of variables, and an evidence guide. Competency standards are an endorsed component of a training package.

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<sup>54</sup> From the DEST A glossary of Australian vocational education and training terms  
[http://www.dest.gov.au/sectors/training\\_skills/policy\\_issues\\_reviews/key\\_issues/nts/glo/utoz.htm#Glossary\\_-\\_U](http://www.dest.gov.au/sectors/training_skills/policy_issues_reviews/key_issues/nts/glo/utoz.htm#Glossary_-_U)

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- **Unit of competency** a component of a competency standard. A unit of competency is a statement of a key function or role in a particular job or occupation. See also element of competency, performance criteria, range of variables.

Within the higher education context, **competency** is often used quite generally in the context of **education** and units of **curriculum** to refer to the demonstration of *proficiency* that usually requires evidence of the application of theoretical principles to practice, and may refer to elements of practice/performance, such as skills. For example the student may be required to demonstrate competency in the management of intubated/ventilated patients, or to develop competency in the insertion of intravenous cannulas etc.

#### **ANMC competency standards**

The Australian Nursing and Midwifery Council (ANMC) has developed competency standards for registered nurses and ENs in 4 domains of professional practice; Professional and Ethical Practice, Critical Thinking and Analysis, Management of Care and Enabling<sup>55</sup>. These are the core competency standards, which all registered nurses/ENs must be able to demonstrate<sup>56</sup>.

- **Core competency standards** are the essential competency standards for registration or licensure.
- **Competence** refers to the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a professional/occupation.
- **Competency unit** represents a major function/functional area in the total competencies of a Registered or Enrolled Nurse in a nursing context representing a stand-alone function, which can be performed by the individual.
- **Competency element** represents a sub-function of the competency unit.
- **Competency Standards** consist of competency units and competency elements.

#### **Course**

#### **Program**

#### **Licensing**

<sup>55</sup> ANMC Competency Standards for the Registered Nurse and Competency Standards for the Enrolled Nurse are located on the ANMC website <http://www.anmc.org.au/?event=-1&query=website/Publications/National%20Standards/ANMC%20Competency%20Standards.htm>

<sup>56</sup> This is a requirement for initial registration/enrolment and in most jurisdictions, also the requirement for periodic/annual renewal of registration/enrolment – usually by self-declaration, though in some jurisdictions the evidentiary requirements to support a declaration of current competence are being clarified.

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## **Appendix 4. Good practice principles for credit transfer and articulation from VET to higher education**

(adopted by MCEETYA on 13 May 2005)

<http://www.mceetya.edu.au/public/highered.htm>

### **Preamble**

Credit transfer and articulation arrangements increase opportunities for students with prior VET sector experience and qualifications to access higher education by facilitating student mobility between institutions and sectors.

Ministers recognise that the following good practice principles should not impinge upon or replace the academic integrity of courses and programs and the autonomy of individual institutions and providers in taking decisions on admission, prerequisites for ongoing study, and the levels and amounts of credit or articulation conferred in their courses and programs of study.

However, Ministers are agreed that students and intending students need reasonable assurance that they will be able to take education pathways which recognise previous work and study outcomes and give appropriate credit where these relate to further studies. Effective credit transfer and articulation is a key component in making lifelong learning a reality. It can also mean efficiencies in both time and money for students, institutions, and governments.

The principles set out below will apply nationally to all credit transfer and articulation arrangements by both recognised VET and HEP . They set some broad goals to encourage measurable improvement over time and provide a benchmark against which progress can be assessed and reported.

### **Principles**

1. The focus of credit transfer and articulation arrangements from VET to Higher Education is to establish the equivalence of learning outcomes, and to assist these equivalence decisions to be reached, regardless of the similarity or differences of the education processes involved (including processes of delivery, teaching methodology and assessment); whether the provider is a Registered Training Organisation or an accredited Higher Education provider; or of entry levels to previous qualifications (for example, eg Diploma from year 12 entry versus Diploma from Cert IV).
2. All individual institutions and providers should include formal vertical and lateral pathways for credit and articulation, both in the design of new courses and programs of study and when upgrading existing courses and programs of study, and that these pathways should be widely publicised to existing students and potential applicants.
3. Decisions to grant applications of credit or articulation between the VET and the higher education sector should have general applicability for all eligible students, but may not guarantee automatic admission to specific courses or programs of study where demand exceeds the numbers of student places available.

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4. Rules, Regulations and any Register of Precedents which inform, influence or govern decisions taken in respect to the granting of credit or advanced standing should be transparent and publicly available to intending students prior to submissions of enrolment and include applications for credit in an easily accessed format. This should include transparent information related to fees where they are charged.
  5. Arrangements for articulation and credit transfer, when applied, should not unfairly advantage or disadvantage either the students entering courses and programs of study with credit transfer or articulation or those students who enter directly.
  6. Arrangements for credit transfer and articulation should take account of existing and continuing arrangements and procedures which support improved credit and articulation agreements from VET to Higher Education at industry-wide, State-wide, regional or institutional levels.
  7. Institutions should employ agreed measures to evaluate the effectiveness of their credit transfer and articulation arrangements in improving over time the mobility of students from VET to Higher Education.
  8. Individual institutions and providers are expected to demonstrate through their regular internal and external quality audits that their policies and practices for all types of credit transfer and articulation support these agreed principles.



## Appendix 5. RN and EN competencies

Enrolled nurse	Registered Nurse
<b>Management of Care</b>	<b>Provision and coordination of Care</b>
<p><b>Competency Unit 6</b> Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups.</p> <p><b>Element 6.1</b> Accurately collects and reports data regarding the health and functional status of individuals and groups.</p> <p><b>Element 6.2</b> Participates with the registered nurse and individuals and groups in identifying expected health care outcomes.</p> <p><b>Element 6.3</b> Participates with the registered nurse in evaluation of progress of individuals and groups toward expected outcomes and reformulation of care plans.</p> <p><b>Competency Unit 7</b> Manages nursing care of individuals and groups within the scope of enrolled nursing practice.</p> <p><b>Element 7.1</b> Implements planned nursing care to achieve identified outcomes.</p> <p><b>Element 7.2</b> Recognises and reports changes in the health and functional status of individuals/groups to the registered nurse.</p> <p><b>Element 7.3</b> Ensures communication, reporting and documentation are timely and accurate.</p> <p><b>Element 7.4</b> Organises workload to facilitate planned nursing care for individuals and groups.</p>	<p><b>Conducts a comprehensive and systematic nursing assessment</b> Uses a relevant evidence-based assessment framework to collect data about the physical socio-cultural and mental health of the individual/group Uses a range of assessment techniques to collect relevant and accurate data Analyses and interprets assessment data accurately</p> <p><b>Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team</b> 6.1 Determines agreed priorities for resolving health needs of individuals/groups 6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement 6.3 Documents a plan of care to achieve expected outcomes 6.4 Plans for continuity of care to achieve expected outcomes</p> <p><b>Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes</b> 7.1 Effectively manages the nursing care of individuals/groups 7.2 Provides nursing care according to the documented care or treatment plan 7.3 Prioritises workload based on the individual's/group's needs, acuity and optimal time for intervention 7.4 Responds effectively to unexpected or rapidly changing situations 7.5 Delegates aspects of care to others according to their competence and scope of practice 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately 7.7 Educates individuals/groups to promote independence and control over their health 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care</p> <p><b>Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team</b> 8.1 Determines progress of individuals/groups toward planned outcomes 8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data</p>

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## Appendix 6. Extract from the ‘*Getting em and keeping em*’ report (2002)

### Report of the ATSI Nursing Education Working Group to the Commonwealth Department of Health and Ageing Office for Aboriginal and Torres Strait Islander Health

#### 1.3 Recommendations

The following recommendations to increase the recruitment and retention of ATSI students of nursing and to change the core nursing curricula will be implemented over a five year period.

##### 1.3.1 Recommendations for recruitment

Recommended strategies to improve the recruitment of ATSI students:

1. Provide **streamlined application and enrolment** procedures for ATSI students, and/or allow ATSI students to apply directly to university.
2. Employ, as required, an **ATSI liaison nurse** to communicate with potential ATSI students about nursing and the potential outcome for ATSI health.
3. Continue to use the services of **ATSI Student Support Centres** at universities to help recruit ATSI students.
4. **Each university to allocate specific places** for ATSI students of nursing and fill these places annually as negotiated during DEST profile visits.
5. Each university to implement appropriate strategies to recruit ATSI students of nursing, for example by providing information sessions for primary and secondary school students and /or residential experience programs to introduce ATSI people to university life.
6. Encourage ATSI students to **declare their ATSI status** to improve the quality of data gathered on the numbers of ATSI students participating in nursing courses.
7. Continue to collect data pertaining to the number of practicing ATSI registered nurses, and those seeking registration to state their ATSI status.
8. Develop and circulate **culturally sensitive nurse promotional material** for ATSI communities.

##### 1.3.2 Recommendations for retention

Recommended strategies to improve the retention of ATSI students of nursing:

9. Over a five year period **increase the number of non-bonded scholarships** for ATSI students to reach a three-fold increase above current levels of participation as at 2002. These scholarships should be auspiced through CATSIN and should provide an annual stipend.
10. Reintroduce **travel allowance** for ATSI students in nursing, who are not recipients of ABSTUDY to attend clinical practice placements.

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11. Provide **HECS scholarships** to ATSI students of nursing, but not to those who have received other scholarships.
  12. University ATSI Student Support Units to collaborate with Schools of Nursing to **identify personnel** with appropriate skills and knowledge **to mentor or tutor** ATSI students of nursing.
  13. **Educate academic staff** to ensure they are aware of the cultural and family issues which may impact on the progression of ATSI students of nursing through their courses. This may be achieved by cultural awareness and staff development programs.
  14. Facilitate the availability of **culturally safe housing**, as required, for ATSI students relocating from ATSI communities to take up places in nursing courses.
  15. Provide ATSI students of nursing with access to **culturally appropriate, safe counselling services** with confidential referral.
  16. Collaboration between universities, Schools of Nursing and the health sector, to facilitate the appointment of clinical mentors

### **1.3.3 Recommendations for curriculum development and implementation**

Recommended strategies to support curricula development and implementation:

17. Establish **compulsory subjects/units/modules on ATSI culture, history and health issues** in all nursing undergraduate curricula as defined by the nurse registering bodies and assessed, using the ANCI competencies, and including specific ATSI cultural safety competencies. Re-accrediting bodies of all nursing and midwifery undergraduate curricula in each university must ensure this content is included.
18. Disseminate guidelines to university schools of nursing as an example of the ATSI content that can be adopted to suit local conditions.
19. Involve **ATSI people in** both the development and teaching of this content.
20. Increase the **skills and knowledge of cultural awareness of all academics** responsible for teaching nursing.
21. **Provide support to ATSI people** to enable their greater participation in nursing **academia** as advisers, mentors and community support persons. It is likely that different approaches will be needed for each School of Nursing, according to local need, so as to maximize **9**

### **1.3.4 Recommendations for advanced nursing practice and post-graduate education**

Recommended strategies to develop and implement changes to the advanced nursing and post-graduate curricula.

22. Include ATSI **history, culture and health** in the coursework of post-graduate nursing curricula.
23. Schools of Nursing to **facilitate clinical experiences in ATSI communities** where relevant and appropriate.

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24. Provide **targeted scholarships** so that ATSI registered nurses can undertake higher degrees.
  25. Schools of Nursing develop culturally appropriate **postgraduate and continuing education** programs developed in consultation with ATSI organisations.
  26. Schools of Nursing develop specific post-graduate courses to meet the needs of rural and remote nurse practitioners who care for ATSI communities.

#### **1.3.5 Recommendations for articulation**

Recommended strategies to facilitate career paths for ATSI health personnel.

27. Providers of Aboriginal Health Worker courses and universities to work together to **achieve articulation pathways** from Aboriginal Health Worker to registered nurse.  
**11**
28. Promote and encourage ATSI ENs and Aboriginal and Torres Strait Islander Health Workers **to undertake further study to become registered nurses.**

#### **1.3.6 Recommendations for partnerships and networks**

Recommended strategy to support the implementation of these strategies.

29. At local and regional levels, facilitate the development of structures and mechanisms that **build partnerships** between the local ATSI communities and Schools of Nursing.

#### **1.3.7 Recommendations for monitoring and accountability**

Recommended strategies to monitor the implementation of the above strategies.

30. Schools of Nursing to provide an annual report on the progress of the above strategies to the INE Working Group.
31. Improve the availability and accuracy of timely data on enrolments and course completions of ATSI students of nursing, and on the number of ATSI nurses employed.
32. Conduct exit interviews and explore personal accounts of ATSI students' experience during enrolment in nursing courses.

## Appendix 7. Credit transfer offerings for enrolled nurses

<b>ACT</b>	
<b>Credit Transfer Offerings for Enrolled Nurses (2006)</b>	
University of Canberra	Students who are Enrolled Nurses will be granted credit for previous study and will be assessed on an individual basis.
<b>NSW</b>	
Avondale College	All transfer credit is individually assessed following Avondale College Policy. For VET courses this may be up to one year for diploma or Advanced Diploma courses. For EN Certificate IV courses this is typically 5 subjects (1.25 semesters load) as we have no bridging course but rather enter students into the second semester of the BN.
Charles Sturt University	<p>Enrolled Nurses/Division 2 Nurses receive five (eight credit point) subjects credit towards the Bachelor of Nursing. This credit is approved as a block credit package. If these applicants have completed additional study this credit is assessed individually and specified.</p> <p>Enrolled Nurses/Division 2 Nurses who have completed a TAFE/University Bridging course for Enrolled Nurses receive additional credit and this is based on as assessment of the particular Bridging course.</p>
University of New England	Offers a program that recognises and builds on the knowledge and skill base of Enrolled Nurses and prepares the student for practise as a Registered Nurse.
University of Newcastle	<p>Specified credit for a BN program is offered to students holding either of the following qualifications</p> <ul style="list-style-type: none"> <li>• A TAFE Diploma in Nursing</li> <li>• A TAFE Diploma in Nursing related field</li> <li>• Enrolled Nurses holding a TAFE Certificate IV in Nursing or Advanced Certificate in Enrolled Nursing</li> <li>• Enrolled Nurses holding the Advanced Certificate in Enrolled Nursing who have completed the TAFE/Newcastle University enrolled Nurse Bridging Program</li> <li>• List B Registered Nurse with the NSW Nurses Registration Board</li> <li>• Registration as a professional nurse with an Approved Overseas Nursing Registration Authority</li> </ul>
University of Technology, Sydney	UTS offers an accelerated, two-calendar-year Bachelor of Nursing program to students who have completed the TAFE Certificate IV in Enrolled Nursing, and to students who have completed a degree in another discipline within the past 10 years. Enrolled nurses receive 36 credit points of exemption and graduates receive 30 credit points of exemption. (competitive process – applications via UAC)

<b>NSW cont.</b>	
University of Wollongong	Enrolled Nurses who have completed an appropriate TAFE bridging course can enter into Year 2 of the course. Enrolled Nurses with a TAFE Advanced Certificate receive 12 credit points' advanced standing toward Year 1. Enrolled Nurses who have completed an appropriate TAFE bridging course can enter into Year 2 of the course.
The University of Sydney	Enrolled Nurses with an Advanced Certificate will receive some credit. Aboriginal Health Workers holding qualifications in a relevant field, e.g. ATSI Health, Community Development, are eligible for credit towards the BN – ATSI Australian Health
The University of Western Sydney	Applicants with the Enrolled Nurses Advanced Certificate or Certificate IV receive credit of three specified core subjects and an elective subject. If, in addition, the UWS/TAFE Bridging Course has been completed academic credit of one year is awarded. Enrolled nurses are not required to sit STAT.
<b>NT</b>	<b>Credit Transfer Offerings</b>
Charles Darwin University	Certificate IV Community Services (Enrolled Nurse) and Certificate IV Aboriginal Health worker students are eligible for 1 year advance standing. Cert IV (EN Qualifications) up to 40cp, Diploma up to 80 cp, Advanced Diploma up to 150cp for students articulating to a BN course
<b>QLD</b>	<b>Credit Transfer Offerings</b>
Griffith University	Graduates of the Pre-enrolment Diploma of Nursing (TAFE) receive credit for the first year of the Bachelor of Nursing (3 year program) Credit assessment for RTO courses is conducted on a case-by case basis– that is, component content is compared and credit is granted for minimum 80% congruence
Queensland University of Technology	Specified credit for TAFE students is considered on a case-by-case basis. Typically block credit (96cp/33%) is offered for Diploma of Nursing (Pre-Enrolment) graduates who enrol in the Bachelor of Nursing course A specific TAFE (ie. Southbank Institute)/QUT dual degree award – Diploma of Nursing(Pre-Enrolment)/BNursing course
The University of Queensland	ENs who have successfully completed a Diploma of Nursing (Pre-enrolment), Diploma of Nursing (Post-enrolment) or a course in Medication Practise for ENs (Post-enrolment) are eligible to apply for 12 units of credit throughout the Bachelor of Nursing program. There will also be an option to undertake an accelerated program for the final semester.

<b>QLD cont.</b>	
Central Queensland University	<p>The flexibility of the Bachelor of Nursing program will suit enrolled nurses with recognition of prior learning assessed on an individual basis.</p> <ul style="list-style-type: none"> <li>• Enrolled Nurses who have completed a Diploma of Nursing Care (Pre-enrolment) CNN92 through Queensland TAFE will receive exemption for up to 8 courses upon receipt of supporting documentation.</li> <li>• Credit exemptions for Enrolled Nurses with Hospital Certificates or from other Australian States will be assessed on an individual basis.</li> </ul>
The University of Southern Queensland	USQ has an arrangement in place whereby graduates with a Diploma of Nursing from TAFE receive 12 months advanced standing in our Bachelor of Nursing
Edith Cowan University	If you are a WA TAFE graduate (2005 onward), you may be granted up to 8 units for Advanced Standing. If you are a WA Hospital Based or WA TAFE graduate, pre 2005, you may be granted up to 5 units of Advanced Standing.
University of the Sunshine Coast	<p>The University is developing a comprehensive approach to credit and articulation arrangements. Credit will be awarded for previous study, particularly in areas directly related to the program in which prospective students seek to enrol.</p> <p>Credit to the value of up to 16 units of 24 courses of a University degree will be awarded for relevant completed degrees, 12 units for an Advanced Diploma, 8 units for a Diploma and 4 units for a cert IV. This will be based on individual assessment.</p>
James Cook University	<p>Students who have completed a Hospital-Based Enrolled Nurse Certificate are eligible to apply for specified credit for HS1111:03 Interactive Processes 1 and NS1211:03 Foundations of Nursing 1</p> <p>Students who have completed a Diploma of Nursing Care at a TAFE institute, or its equivalent, will be eligible to apply for specified credit for the following subjects: · HS1111:03 Interactive Processes 1, NS1211:03 Foundations of Nursing 1, BM1011:03 Physiological Systems &amp; Processes 1, HS1005:03 Lifespan Development for Health.</p> <p>Students who have completed Cert III and IV ATSI Primary Health Care at TAFE, will be eligible to apply for the following specified credit: for NS1211:03 Foundations of Nursing 1, NS1220:03 Primary Health Care</p>
<b>South Australia</b>	
University Of Adelaide	None specified

<b>South Australia cont.</b>	
Flinders University	As an enrolled nurse (EN) with a Current Practicing Certificate issued by the Nurses' Board of South Australia, you are eligible to apply for the Bachelor of Nursing (pre-registration)(course number 214311) or the Bachelor of Midwifery (pre-registration) (course number 214431). Study for these degrees is only offered internally, over three years of full time study or part time equivalent. As an EN, applying for Nursing, you are eligible to apply for credit in recognition of prior learning. (The amount of credit is not specified on the website)
University of South Australia	Credit transfer Agreements are signed by the University and TAFE – The articulation agreements are between the Certificate 4 Enrolled Nurse Program (18 units – half a year credit) and the Diploma of Nursing (36 units – one year credit) and the Bachelor of Nursing.
<b>Victoria</b>	
RMIT University	<p>Division 2 nurses/ENs who have completed studies in TAFE or hospital settings more than five years ago are not granted credits for nursing courses. However, courses other than nursing are assessed on individual basis for credit transfer.</p> <p>Applicants from individual registered training organisations are eligible to apply for credit transfer and applications are assessed on individual basis.</p> <p>Division 2 nurses/ENs from the VET sector are normally granted one year advanced standing into the Bachelor of Nursing Program If they have completed the certificate four program within the last five years.</p>
The University of Melbourne	Where an applicant has completed a Cert 1V in nursing and 12 months post registration experience, they are eligible to apply for admission into the 2 year accelerated nursing degree program.
La Trobe University	Division 2 (enrolled) nurses are eligible to apply for the Division 2-nurses conversion program. This course will be undertaken over two years of full-time study, with a course-specific bridging program prior to commencement. The course is designed for Division 2 nurses registered in Victoria (or equivalent in other States) with at least 12 months full time post registration work experience
Victoria University	Registered Ens/Div 2s eligible to enrol in a 2 year Bachelor Nursing program
Monash University	<p>Formal articulation pathways to BN exist for applicants who have completed a Certificate IV in Health (Nursing). This qualification may entitle students to a 50% credit for year one, if selected. Selection of applicants with a Certificate IV in Health (Nursing) will be based on academic results.</p> <p>A Bridging Nursing Program is offered through Holmesglen TAFE and Central Gippsland Institute of TAFE.</p>



<b>Victoria cont.</b>	
Ballarat University	Bachelor of Nursing students who are registered as a Division 2 nurse may be eligible for credit for specific BN units. Previous successful study at any TAFE institution may be granted credit, this is judged on an individual basis.
Deakin University	Deakin University works closely with the TAFE sector to assist and provide potential graduates from Certificate IV in Health (Nursing) with information regarding entry requirements, recognition of prior learning and multiple entry points available to graduates.
<b>Western Australia</b>	
University of Western Australia	<p>Enrolled Nurses with a Certificate IV are awarded academic credit for three first year Units in the Bachelor of Nursing as well as one Elective Unit.</p> <p>Enrolled Nurses with a Certificate IV plus a UWS approved Bachelor of Nursing Bridging Program are awarded academic credit for all units in the first year of the Bachelor of Nursing.</p> <p>Enrolled Nurses with a Certificate IV plus a Bachelor of Nursing Bridging Program that has not previously been approved by UWS are awarded academic credit for seven units in the first year of the Bachelor of Nursing and are required to successfully complete a skills challenge test to be eligible for all eight first year units.</p> <p>Registered ENs or Div 2 graduates are eligible for entry into The Bachelor of Nursing (Enrolled Nurse Pathway), which prepares students for comprehensive registration with the Nurses Board of Western Australia.</p>
Murdoch University	In the future it is anticipated that alternate pathways will be constructed between TAFE Peel and Murdoch University, such as an 'Enrolled Nurse' Diploma course. Such a Diploma could lead to entry to this course with suitable credits and exemptions.
Curtin University of Technology	Enrolled Nurses with a Diploma or other qualification leading to registration as an Enrolled Nurse are awarded 6 designated units (150 credits in a 700 credit degree program).
<b>Tasmania</b>	
University of Tasmania	A two-year (4 semester) advanced standing pathway for enrolled nurses is offered. To be eligible the EN must have a current practicing certificate with current practice experience, must be medication endorsed and must have 2 years post enrolment experience (This program is distinct from the two year accelerated program which is still equivalent to 6 university semesters)
<b>National</b>	
ACU (Victoria, NSW & Queensland)	The ACU credit policy makes no determination on credit entitlements for enrolled nurses, However in NSW only, students who have successfully complete the ACU National-North Sydney TAFE Bridging Course can apply to the Bachelor of Nursing course through UAC. Successful applicants are admitted to the second year of Bachelor of Nursing

## Appendix 8. Original or initial entry-to-practice requirements for an enrolled nurse

Extract from the Atlas of Legislation and Professional Regulation of Nursing and Midwifery in Australia (N<sup>3</sup>ET 2006), Map 3

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>57</sup>									
No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
3.6	<p><b>Educational requirements for enrolment as an enrolled nurse – EN</b></p>	<p>Must be a graduate of:</p> <ul style="list-style-type: none"> <li>an EN program approved by the Board or another nursing &amp; midwifery regulatory authority, or</li> <li>an EN program that is no longer offered if, at the time the person graduated from the program, graduation from the program was a sufficient educational qualification in the ACT to allow the person to be enrolled as a nurse, &amp;</li> <li>had graduated from the course within the 5-year period before the day the person applied for registration - Sched 3 para 3.5(3).</li> </ul> <p>However, the Board may enrol a person</p>	<p><b>Qualifications for enrolment on List "A" of the Roll</b></p> <p>Satisfy Board that they:</p> <ul style="list-style-type: none"> <li>have undergone training as a nurse at one or more hospitals or institutions in Australia recognised by the Board as entitling the person to enrolment as a nurse in List "A" of the Roll, &amp; is the holder of a certificate to the effect that the person has undergone that training, &amp;</li> <li>have received the prescribed tuition &amp; passed the prescribed examinations.</li> </ul> <p><b>Or,</b> satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>would, immediately before</li> </ul>	<p>See 3.4 Section 20(3) (a) &amp; (b)</p>	<p>See 3.4 Section 54(2)</p>	<p>The Board approves programs leading to enrolment as an EN. A new curriculum has recently been approved by the Board for ENS. Previously the approved program was a Certificate IV in Health (Nursing). The newly approved program is now a Diploma of Nursing (Pre-Enrolment) (Nurses Board of South Australia, undated).</p>	<p>See 3,4 Section 20.</p>	<p><b>Registration in Division 2 of the register</b> – if that person:</p> <ul style="list-style-type: none"> <li>has successfully completed a course approved by the Board or an examination set by the Board or, if the Board so requires, both a course approved by the Board &amp; an examination set by the Board; or</li> <li>has successfully completed units in a course of study accredited by the Board for the purposes are substantially equivalent or based on similar competencies to a course or examination to the above; or</li> <li>in the opinion of the Board, has a</li> </ul>	<p>See 3.4 Sections 22 &amp; 23</p> <p>See 3.4 Clause 27</p>

<sup>57</sup> Does not include authorisation of nurse or midwife practitioners

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse

No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
		<p>who does not the above requirements if satisfied that the person:</p> <ul style="list-style-type: none"> <li>is a graduate of an enrolled nursing program in a place other than the ACT or jurisdiction in Australia or NZ, &amp;</li> <li>has done any other training or further education required to achieve the standard required of ENs in the ACT, &amp;</li> <li>graduated from the course, or finished the training or further education, within the 5-year period before the day the person applied for registration – Sched 3 para 3.5(4).</li> </ul>	<p>the commence-ment of Schedule 2 (6) to the <i>Nurses Registration (Amendment) Act 1987</i>, have been entitled to be enrolled as a nurses aide under the Nurses Registration Act 1953.</p> <p><b>Or</b>, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>have undergone an equivalent course of training to obtain enrolment or equivalent qualifications, &amp;</li> <li>hold a diploma, certificate or other qualification approved by the Board from an institution, person, or body in any place in or outside Australia to the effect that the person has successfully completed the course of training, &amp;</li> <li>passed such examinations,</li> </ul>					<p>qualification that is substantially equivalent or is based on similar competencies to a course or examination to the above; or</p> <ul style="list-style-type: none"> <li>has a qualification that is recognised in another State or Territory of the Commonwealth for the purposes of undertaking work of a similar nature to that which a person, who holds a qualification is qualified to undertake – s 6(2).</li> </ul> <p>See 3.4 Section 5(1)</p>	

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse

No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
			<p>successfully completed such additional training, as the Board may in the particular case require, &amp;</p> <ul style="list-style-type: none"> <li>the Board is satisfied that the qualifications of the person are adequate for the purposes of enrolment as a nurse in List "A" of the Roll &amp;</li> <li>meet any conditions the Board deems appropriate – s 27.</li> </ul> <p><b>Qualifications for enrolment on List "B" of the Roll</b></p> <p>Satisfy Board that they:</p> <ul style="list-style-type: none"> <li>hold a certificate approved by the Board stating they have, for the period approved by the Board, attended the practice of such one or more hospitals or homes for children or such similar</li> </ul>						

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse

No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
			<p>institutions as are approved by the Board &amp; have passed such examinations as the Board approves</p> <p><b>Or</b> satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>• they would, immediately before the commencement of Schedule 2 (6) to the <i>Nurses Registration (Amendment) Act 1987</i>, have been entitled to be registered as a mothercraft nurse under the Nurses Registration Act 1953</li> </ul> <p><b>Or</b> satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>• have undergone a course of training to obtain mothercraft or equivalent qualifications, &amp;</li> <li>• are the holder of a diploma, certificate or other qualification approved by the</li> </ul>						

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse

No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
			<p>Board from an institution, person or body in any place, other than NSW, to the effect that the person has successfully completed the course of training, &amp;</p> <ul style="list-style-type: none"> <li>• have passed such examinations, &amp; has successfully completed such additional training, as the Board may in the particular case require, &amp;</li> <li>• their qualifications are adequate for the purposes of enrolment as a nurse in List "B" of the Roll – s 28.</li> </ul>						

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## Appendix 9. The AQTF

The Standards for Registered Training Organisations requires RTOs to:

- have documented systems for quality training and assessment
- conduct an internal audit at least annually
- have documented agreements with other organisations when they provide training or assessment in partnership
- have written procedures for recruitment, induction and professional development of staff
- use trainers and assessors with specified competencies
- follow explicit requirements for quality assurance in assessment
- have a recognition of prior learning process in place and offer to recognise the prior learning of all learners on enrolment
- follow specific requirements for developing, validating and implementing learning and assessment strategies.

State and territory registering/ course accrediting bodies also use the Standards for Registered Training Organisations when:

- registering organisations to deliver training, assess competency and issue Australian Qualifications Framework (AQF) qualifications
- auditing RTOs to ensure they meet (and continue to meet) the requirements of the standards
- accrediting courses.

The Standards for State and Territory Registering/Course Accrediting Bodies provide nationally consistent auditor standards, audit practices and processes and cover:

- confidentiality
- the qualifications, selection and monitoring of auditors and technical experts
- appeals, complaints, disputes and sanctions
- applications for renewal of registration
- posting information on the National Training Information Service (NTIS)
- recognition of Australian Qualifications Framework qualifications and statements of attainment
- course accreditation processes (including the process for establishing the need for courses, as detailed in the publication Guidelines for Course Developers).

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## Appendix 10. National RPL principles – AQF

Australian Qualifications Framework (AQF)  
Advisory Board, 2004  
<http://www.aqf.edu.au/rplnatprin.htm>

### Preamble

Recognition of prior learning (RPL) may be defined in a number of ways, some more expansive than others. However, all definitions include the key notion that RPL involves the assessment of previously unrecognised skills and knowledge that an individual has achieved outside the formal education and training system. RPL assesses this unrecognised learning against the requirements of a qualification, with respect to both entry requirements and outcomes to be achieved. By removing the need for duplication of learning, RPL encourages an individual to continue upgrading their skills and knowledge through structured education and training towards formal qualifications and improved employment outcomes.

The AQF sets out the qualifications standards upon which RPL ultimately relies for its credibility. Under the AQF, each qualification guideline provides for an RPL pathway as an 'alternative' or 'non-institutional' access point or source of credit. This keeps the system of qualifications open to recognition of the value of learning achieved outside the formal system, as part of everyday living in a continuum of learning throughout one's life.

With the introduction of the AQF in 1995, the AQF Advisory Board commenced the development of 'readily available, transparent and consistent RPL policy and procedures' within and across each of the schools, vocational education and training and higher education sectors. In 1997, the Ministerial Council on Education, Employment, Training and Youth Affairs gave the support of the jurisdictions to this policy objective, together with recommendations on monitoring key indicators, such as parity of esteem for qualifications gained through (or partly through) RPL assessment, RPL funding arrangements which maximise savings for the taxpayer, and widely-accessible models of good RPL practice.

The *National Principles and Operational Guidelines for Recognition of Prior Learning (RPL)* represent the progression of these Ministerial objectives into a set of national cross-sectoral guidelines to support implementation of RPL as an important element of Australian education and training. They have been derived from intensive consultations with all the interested parties in the period 2002 -2003. The *RPL Principles and Guidelines* are not prescriptive in intent but, acknowledging the wide diversity of RPL policy and practice, seek to encourage national consistency through sharing and facilitating good practice across sectors and jurisdictions.

The *National Principles and Operational Guidelines for Recognition of Prior Learning (RPL)* complement the *National Guidelines on Cross-Sectoral Qualification Linkages (2002)* which provide guidance on credit transfer and articulation agreements and arrangements within and between sectors.



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### Objectives of the Policy Principles and Operational Guidelines

These principles and operational guidelines have been developed to provide advice at the national level about RPL, and to guide the four sectors of post-compulsory education and training (senior secondary school, adult and community education, vocational education and training and higher education) to develop RPL policies and procedures that ensure:

- opportunities for Australians to have their non-formal and informal learning recognised and counted towards a qualification;
- diverse and inclusive pathways to life-long learning;
- consistency in the principles used in implementing RPL within sectors and between sectors; and,
- the quality, integrity and standing of Australian qualifications.

The principles and guidelines have also been developed to provide information to individuals and organisations about:

- how RPL is defined;
- the principles and processes used by institutions to implement RPL; and
- promoting greater awareness and understanding of RPL and how it can be used.

### Definition

While RPL and credit transfer are related, and the boundaries between them are often blurred, they are distinguished as alternative pathways to an AQF qualification. They are distinguished by the way they relate to learning achieved through formal education and training (credit transfer) and learning achieved outside the formal education and training system (RPL):

- RPL is an assessment process that assesses the *individual's* non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes, competency outcomes, or standards for entry to, and/or partial or total completion of, a qualification; and
- credit transfer assesses the *initial course or subject* that the individual is using to claim access to, or the award of credit in, the destination course to determine the extent to which it is equivalent to the required learning outcomes, competency outcomes, or standards in a qualification. This may include credit transfer based on formal learning that is outside the AQF framework.

### How RPL is used and assessed

The key distinguishing characteristic is that it is the *student* who is assessed in the case of RPL, and the *course or subject* in the case of credit transfer. That is, in credit transfer the judgement is about the learning program, outcomes and assessment in the initial course or subject.

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Both credit transfer and RPL are learning pathways that can be used in two ways:

- as alternative mechanisms for *access* to a course or qualification. A student may gain entry to a course or qualification using credit transfer or RPL, as an alternative to having undertaken and completed the prerequisites for entry based on formal education and training. An example of this is a student who obtains a place in a degree in a university using RPL (based on life or work experience) or credit transfer (based on having completed an alternative course at an equivalent level) when they have not completed the senior school certificate; and/or,
- for the award of credit in a course or qualification, leading to the partial or full completion of the requirements for that course or qualification.

In order to recognise prior learning it is necessary to:

- compare the informal or non-formal learning the individual has achieved against the learning outcomes or performance criteria of the course or qualification for which the student is using as a basis for seeking entry or the award of credit, and
- determine appropriate evidence to support the claim of prior learning.

The processes used to assess RPL applications may take several (not mutually-exclusive) forms, for example:

- participation in exactly the same or modified versions of the assessment that the student would be required to complete as part of the full course;
- assessment based on a portfolio of evidence;
- direct observation of demonstration of skill or competence;
- reflective papers, journals or portfolios that relate past learning to the learning or competency outcomes of the current course or qualification;
- provision of examples of the student's work drawn from the workplace, social, community or other setting in which the student applies their learning, skill or competence;
- testimonials of learning, skill or competence; and
- combinations of any of the above.

### **Principles**

1. The AQF provides an agreed framework for designing, developing and issuing recognised qualifications within Australia;
2. The AQF supports the development of pathways between qualifications based on access and credits that may consist of, or may include, RPL;
3. RPL is critical to the development of an open, accessible, inclusive, integrated and relevant post-compulsory education and training system, and is a key foundation for lifelong learning policies that encourage individuals to participate in learning pathways, that include formal, non-formal and informal learning;

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4. There is no one RPL model that is suitable for all qualifications and all situations. In particular, different sectors give rise to different models. The model of RPL that is implemented must be aligned with the outcomes, goals and objectives of the qualification;
  5. RPL should recognise learning regardless of how, when and where it was acquired, provided that the learning is relevant to the learning or competency outcomes in a subject, unit, module, course or qualification;
  6. RPL will be more accessible to the individual if there is consistency in definition across sectors.
  7. RPL can be used for:
    - i. access into a course when the specified prerequisites based on completion of a formal course of education and training have not been undertaken; and;
    - ii. the award of credit for the partial or complete fulfilment of a qualification, within the relevant institutional or sectoral guidelines that specify the maximum amount of credit that may be granted.
  8. RPL processes should be timely, fair and transparent.
  9. RPL assessment should be based on evidence, and should be equitable, culturally inclusive, fair, flexible, valid and reliable;
  10. RPL assessment processes should be:
    - of a comparable standard to those used to deliver and assess the qualification;
    - be evidence based, transparent and accountable; and,
    - explicitly subject to the quality assurance processes used to ensure the standard and integrity of assessment processes within sectors or institutions, and be validated and monitored in the same way other assessment processes are validated and monitored.
  11. RPL policies, procedures and processes should be explicitly included in quality assurance procedures within institutions to ensure that qualifications achieved in part or in full through RPL are of the same quality and have the same standing as qualifications achieved as a consequence of formal education and training.
  12. RPL assessment should be structured to minimise costs to the individual.
  13. RPL decisions should be accountable, transparent, and subject to appeal and review.
  14. RPL information and support services should be actively promoted, easy to understand and recognise the diversity of learners.
  15. Jurisdictions, institutions and providers should develop advice and information about RPL for employers of students/potential students to promote RPL among employers, help employers understand the possible benefits to their business that may ensue through implementing RPL, and to encourage employers to support staff in undertaking RPL.

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16. Jurisdictions, institutions and providers should include RPL in access strategies for disadvantaged learners who are not in the workforce, or marginally attached to the workforce, and who are not already engaged with studying or training.
  17. Funding models should not impede the implementation of RPL.

### **Operational Advice**

#### **Development of Institutional RPL Policies**

- The bodies authorised to develop and/or issue AQF qualifications should consider the development of RPL policies as part of their responsibilities under the AQF. The sectors differ in the extent to which RPL can be used for the partial or complete fulfilment of the requirements of a qualification. For example:
  - RPL can be used for access and for the award of credit in a higher education course leading to an AQF qualification, but it is not normally possible to gain an entire higher education qualification using RPL
  - RPL can be used for access and for the partial or complete fulfilment of the requirements of a qualification in the VET and ACE sectors, and for VET accredited qualifications in the ACE and senior secondary school sectors. VET accredited qualifications are required to make RPL available to all students in compliance with the Australian Quality Training Framework; and,
  - RPL can be used for access and for the award of credit in many of the senior secondary school certificates (particularly for the VET components), but cannot normally be used to gain the entire school certificate.

#### **RPL models**

All providers and institutions within each sector should develop and maintain quality assured procedures that promote RPL to the individual/learner. This may be in the form of;

- information and advice to students about which subjects, modules, competencies, courses and qualifications for which RPL can be used to establish access and exemptions;
- information for students about how to apply for RPL, who to contact for further information concerning the process, who to contact for support in preparing their application, and information about timelines, appeals processes, and fees;
- an outline of the learning or competency outcomes against which students will be assessed;
- advice to students as to the nature of the RPL assessment process, the kind of evidence that can be used, the forms in which it can be presented, and, where appropriate, a guide as to what is considered sufficient and valid evidence;
- administrative processes for receiving RPL applications, administering assessment, recording results, advising students of the outcome, and administering appeals processes;

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- designation of responsibilities and accountabilities for undertaking RPL assessments, and a statement of the qualifications and skills RPL assessors are expected to possess;
  - an outline of the different assessment processes that may be used; and,
  - an outline of the way in which RPL policies, processes and assessments are quality assured.

#### **RPL processes**

- Processes should ensure that, where possible, the student is able to complete the qualification in less time.
- Processes should include and clearly indicate academic and administrative responsibilities and accountabilities, and these should be widely publicised in information about RPL;
- Processes should be timely, and, where possible, decisions made prior to the commencement of the course, subject or unit for which the RPL is being claimed.

#### **Assessment processes**

- RPL assessment processes and procedures may consist of the following stages;
  - establishing the purpose of the assessment;
  - identifying the evidence required;
  - using appropriate evidence gathering methods;
  - interpreting the evidence and making a judgement;
  - recording the outcome; and,
  - reporting to key stakeholders.
- Assessment methods should accommodate the literacy levels, cultural background and educational background and experiences of students. Assessment methods should provide for a range of ways for students to demonstrate that they have met the required outcomes. RPL assessment processes should not be proxy for assessment of skills such as literacy, except where these are intrinsic to the learning or competency outcomes in the subject, unit, module, course or qualification;
- Students should be provided with advice about the assessment processes, and the sort of evidence the institution will consider in assessing their RPL application. Students should be provided with sufficient information to enable them to prepare their evidence to the standard required for the RPL assessment process;
- As with all assessment, RPL assessment should be undertaken by academic or teaching staff with expertise in the subject, content or skills area, as well as knowledge of, and expertise in, RPL policies and procedures;
- RPL assessment processes should be comparable to other assessment processes used to assess whether the learning or competency outcomes in a subject, module, unit, course or qualification have been met.

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### **Forms of credit**

- RPL may be used for access into a course when the specified prerequisites based on completion of a formal course of education have not been undertaken, or where other access mechanisms are not applicable or appropriate;
- The award of credit in a course as the result of a successful RPL application may include:
  - specified credit for designated subjects, modules, units or competencies;
  - unspecified credit, resulting in the student being required to complete fewer subjects, modules or competencies (for example, by exempting a student from undertaking elective units);
  - block credit, resulting in exemption from the requirement to undertake a block component of a course (for example, first semester or first year); and,
  - exemptions or advanced standing. This involves exempting a student from undertaking preparatory subjects, units, modules or competencies in the early stages of the course or qualification, while still requiring them to undertake the same number of subjects, units, modules or competencies as they would be required to complete if they had not been granted the exemption. This usually involves substituting the exempted subjects, units, modules or competencies with others;
- Credit may be awarded on the basis of a combination of credit transfer plus an individual RPL assessment for additional non-formal or informal learning.
- Once a student has been awarded credit on the basis of RPL, subsequent credit transfer based on these learning outcomes should not include revisiting the RPL assessment, but should be based on credit transfer agreements, articulation arrangements or other agreements between institutions.

### **Quality assurance**

- RPL policies, procedures, processes and assessment outcomes should be explicitly included in sectoral or institutional quality assurance mechanisms.
- Clear and transparent quality assurance mechanisms are essential for ensuring one sector has confidence in the RPL decisions made by another sector. These arrangements should be included in negotiations between providers within and across sectors about credit transfer, articulation and other arrangements to link qualifications.

### **Support for learners**

- RPL should be offered prior to, or at enrolment, and be available at other times in the student's enrolment in a qualification. Support should be available to students, where necessary, to learn the skills needed to gain RPL, in either a formal group, or an informal setting.

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- Support should be offered to students to ensure they engage in appropriate learning pathways as a consequence of their RPL process. In some sectors, this may include advice about 'gap' training or education that may be necessary to meet the full requirements of the qualification. It may also include advice as to learning pathways that are available to them, and how to access those pathways.

#### **Advice and information**

- Institutions, and other relevant bodies in each of the sectors, should promote their RPL policies, and include information about whether RPL is offered, and the qualifications, courses, subjects, units, models and competencies in which it is offered;
- Information should be provided about the processes, timelines, appeal mechanisms, who to contact for more information, and where to go for support;
- Information should be made available via institutional, faculty and school websites, in promotional material and advertising, in handbooks and through the State and Territory Tertiary Admissions Centres; and,
- Information should be written in clear, accessible language, and should take into account the literacy skills, cultural background, and educational background and experiences of students or potential students.

#### **Fees and funding**

Policies and procedures implemented by jurisdictions and institutions to improve cost efficiency and remove financial disincentives in the implementation of RPL may include:

- working with groups of students from industries, enterprises or occupational areas to achieve economies of scale;
- fee charges no higher than students would normally be required to pay if they were undertaking formal study towards the qualification;
- incorporating RPL duties into workloads for teaching and administrative staff;
- funding specific RPL subjects or modules to assist students who are preparing RPL applications, which can then be credited towards the qualification.

Institutional policy frameworks and strategies to implement RPL are desirable, to encourage the implementation of internal funding arrangements and allocations.

#### **Appeal mechanisms**

- An effective means of appeal should be established in each institution in relation to RPL decisions;
- Processes should be fair, transparent, accountable and subject to appeal;
- Information about appeal mechanisms should be provided at the commencement of RPL procedures and made available throughout a student's enrolment in a qualification.

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## **Appendix 11. Draft principles for good practice information on credit transfer and articulation for discussion with providers**

Students and potential students should be able to access informative and easily accessible information about applying for credit, seeking exemptions and/or seeking to articulate from their previous VET course into an advanced year of an undergraduate award. These Principles should apply to all accredited providers of VET and higher education.

### **Student Recruitment**

Information on credit and articulation pathways should be provided to prospective students. The information should be such that prospective students and their parents can begin to make informed comparisons about the consequence of enrolments in various courses and providers.

### **Enrolling Students**

There should be easily-accessible credit transfer information for enrolling students. Specific referencing should be included up-front in VET/TAFE/University/Faculty Handbooks and websites. Key information should be centralised in a single location, with additional links (as necessary) to other documents and related sites.

### **Explanation of Terms**

Terms should be explained in 'simple' language, using standardised terminology for key terms such as 'credit', 'credit transfer', 'advanced standing' 'exemption', 'Recognition of Prior Learning' and 'articulation'. Where appropriate, terminology should be illustrated with examples, both to reinforce understanding of the various forms of credit and to encourage students with a similar education or training background to use those examples of 'cases' to consider credit transfer applications.

### **Limits of Credit**

Academic rules, regulations and any results which set precedents that govern credit decisions should be 'transparent'. These should be accessible to potential applicants and clearly explained so that applicants know in advance where they stand.

### **Contact Officers**

Information for students should include a list of contact officers who have appropriate expertise and resources to advise on the process and likely outcomes of credit transfer or articulation applications in individual programs.

### **Single Credit Application Form**

It is desirable that students be able to access a whole-of-institution credit application form, on-line and in hard copy. Instructions for completing the form should be available with the form. Students should not have to search separately for additional information to understand terms and definitions used in the instructions.



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### **Evidence Required should be Explained**

Instructions on forms should explain the evidence required to support an application. If photocopies of originals need to be certified by a JP etc., then students should have some understanding of why this is important, for example to avoid misrepresentation, cheating. Applicants are more likely to comply and to take care when submitting if there is a valid reason for the 'bureaucracy'.

### **Similar Requirements for Evidence**

There should be similar requirements for supporting evidence across faculties, unless variations are approved by the Academic Board.

### **Assisting the applicant with onus of proof**

If it is possible to verify information relevant to an individual's application at institution, rather than individual level, then this should be the preferred avenue. Those involved in assessing credit applications should be assisted to access and use recent course materials and information from other institutions' handbooks etc. An applicable example would be where a large cohort of students from a single course at a specific institution all seek similar credit/articulation.

### **Ease of Lodgement**

On-line lodgement of documents should be available where possible. The use of document scanning as an alternative to certified copies should be examined.

### **Timing of Lodgement and Processing**

Appropriate and reasonable time frames for the lodgement and processing of applications should be specified by the institution and advertised to students.

### **Follow-up during processing**

Where possible, there should be provision to seek additional information and to offer alternatives to rejection of an application outright (for example, to sit an examination to demonstrate capacity).

### **Avenues for Appeal**

Grounds for appeal and appeal procedures should be specified and be explained clearly to students. Appeal procedures should be consistent across the institution.

## Appendix 12. Legislation for the regulation of nurses and midwives

Extract from the Atlas of Legislation and Professional Regulation of Nursing and Midwifery in Australia (N<sup>3</sup>ET 2006)

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	* <b>Health Professionals Act 2004</b> Health Professionals Regulation 2004 Health Act 1993	* <b>Nurses and Midwives Act 1991</b> Health Care Complaints Act 1993 Nurses and Midwives Regulation 2003 Nurses and Midwives Amendment (Performance Assessment) Act 2004	* <b>Health Practitioners Act 2004</b>	* <b>Nursing Act 1992</b> Health Practitioner Registration Boards (Administration) Act 1999 Health Practitioners (Professional Standards) Regulation 2000 Nursing Regulation 2005	* <b>Nurses Act 1999</b> Nurses Regulations 1999 Nurses (Electoral) Regulations 1999	* <b>Nursing Act 1995</b> Nursing (Fees) Regulations 1998	* <b>Nurses Act 1993</b> Nurses Regulations 2004 Health Professions Registration Act 2005 (HPR Act) (uncommenced)	* <b>Nurses Act 1992</b> Nurses Rules 1993 Nurses Code of Practice 2000 Nurse Practitioners Code of Practice 2004 Nurses & Midwives Bill 2005

### KEY:

- Entries in black in the tables is general commentary and contain questions/statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute and other regulatory instruments may be silent, but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing and midwifery regulatory authorities, nursing and midwifery leaders and chief nursing officers in each state and territory.

**Note: Key refers to Appendix 12, 13 and 14**

## Appendix 13. Legislative head of power to accredit programs leading to licensing as a nurses and midwife

Extract from the Atlas of Legislation and Professional Regulation of Nursing and Midwifery in Australia (N<sup>3</sup>ET 2006), Map 1

The Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
1.9.4	<p><b>Education of nurses &amp; midwives &amp; educational programs relating to nursing &amp; midwifery</b></p> <p>See Map 9</p>	<p><b>Yes</b></p> <p>Approving educational &amp; training courses related to professional qualifications – s26(2)(f).</p>	<p><b>Yes</b></p> <p>Promoting education of nurses &amp; midwives – s 10(b).</p> <p>Holding examinations (&amp; appointing examiners) under Act &amp; determining character, subjects &amp; conduct of those – ss 10(e) &amp; (f).</p> <p>Recognition of: institutions offering educational courses to train RNs, NPs, MPs, ENs, ENs(mothercraft); course curricula; &amp; diplomas,</p>	<p><b>Yes</b></p> <p>Accrediting courses for entry into nursing and midwifery – s 10(1)(g).</p> <p>Accrediting educational institutions to conduct courses for entry into nursing &amp; midwifery – s 10(1)(h).</p> <p>The Board has power to:</p> <ul style="list-style-type: none"> <li>co-operate with any university, hospital or other institution or body (whether in the Territory or elsewhere) to provide education &amp;</li> </ul>	<p><b>Yes</b></p> <p>Determining standards for accreditation of nursing courses – s 7(c).</p> <p>Accrediting nursing courses – s 7(d).</p> <p>Determining minimum requirements for entry to accredited nursing courses conducted by health services – s 7(e).</p> <p>Establishing &amp; maintaining other records in relation to nurse education &amp; nursing practice –</p>	<p><b>Yes</b></p> <p>Approving courses of education or training that provide qualifications for registration or enrolment as a nurse under the Act – s 16(1)(c).</p>	<p><b>Yes</b></p> <p>Monitoring standards of nursing education – s 7(f).</p> <p>Determining standards for the accreditation of nursing schools &amp; courses in nursing – s 7(g).</p> <p>Accrediting nursing schools &amp; courses in nursing – s 7(h).</p> <p>Supporting nursing education &amp; research – s 8(1)(c).</p> <p>Conducting examinations &amp; assessments</p>	<p><b>Yes</b></p> <p>Approving registered funded agencies or courses conducted by registered funded agencies which provide qualifications for registration purposes and which provide s 8(1)(d).</p> <p>Setting &amp; conducting examinations and to establishing standards for the conduct of the examinations in registered funded</p>	<p><b>Yes</b></p> <p>Monitoring nursing education, &amp; providing advice on nursing education to the Minister &amp; to any other person or body involved in nursing education – s 8(1)(d).</p> <p>- CI 10(d)</p> <p>To promote &amp; encourage the continuing education of nurses &amp; midwives in the practice of their professions – CI 10(e)(i)</p>

The Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
			certificates & other qualifications awarded – s 10(g).	evaluation of health practitioners. • participate in any programs (including territory & national programs) relating to the education or practice of health practitioners. • support education & research in health care practice – ss 10(2)(c), (e) & (f).	s 7(j). Cooperating with any university, college, other educational institution, hospital or other person or body in another state, territory or a foreign country in making provision for the education & examination of persons practising, or intending to practise, as nurses & midwives – s 8(e). Participating in: • any nationally-coordinated program relating to nurse education .		– s 8(1)(d). Co-operating with any university, hospital or other institution or body, whether located in this state or elsewhere, in making provision for the education & assessment of nurses – s 8(1)(e) Participating in any state, national or other program relating to nursing education – s 8(1)(f). Being a member of any national or other body or program concerned with nurses or specific groups of nurses or with general	agencies – s 66(1)(d). Accrediting courses which provide qualifications for registration purposes and which provide qualifications in addition to those required for registration – s 66(1)(e). Accrediting courses of study or recognising clinical experience that provides competence for each category of nurse practitioner for which registration may be endorsed – s 66(1)(eb). Approving courses of study that provide	

The Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
					<ul style="list-style-type: none"> <li>any program with the Commonwealth, another state, a territory or a foreign country in relation to nurse education – s 8(f).</li> <li>Developing or assisting in the development of curricula for nurse education – s 8(h).</li> <li>Entering into, &amp; carrying out, agreements or arrangements with any university, college, other educational institution, hospital or other person or body for furthering the council's functions – s 8(i).</li> </ul>		<p>nursing education or a specific area of nursing education – s 8(1)(g).</p> <p>Participating in the formation of any body or program of the kind referred to above – s 8(1)(h).</p> <p>Assisting any person or body in the development of curricula for nursing education – s 8(1)(h).</p>	<p>competence for which registration may be endorsed &amp; to determining the manner in which competencies for such endorsement may be maintained – s 66(1)(ec).</p> <p>Approving courses of study that provide qualifications for registration as health practitioners in the health profession regulated by the board – s 118(1)(b).</p> <p>Approving positions with a registered health practitioner or any other person or body providing</p>	

The Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
								regulated health services for supervised practice required for registration – s 118(1)(c).	

## Appendix 14. Description of enrolled and registered nurses at entry to practice

Description of the EN at entry to practice <sup>59</sup>	Description of the RN at entry to practice <sup>60</sup>
<p>The enrolled nurse is an <b>associate</b> to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practice, educational preparation and context of care.</p> <p><b>Core as opposed to minimum enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse</b> as stipulated by the relevant nursing and midwifery registering authority. At all times, the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care.</p> <p>Core enrolled nurse responsibilities in the provision of patient-centred nursing care <b>include recognition of normal and abnormal in assessment, intervention and evaluation of individual health and functional status.</b></p> <p>The enrolled nurse monitors the impact of nursing care and maintains ongoing communication with the registered nurse regarding the health and functional status of individuals.</p> <p>Core enrolled nurse responsibilities also include providing support and comfort, assisting with activities of daily living to achieve an optimal level of independence, and providing for emotional needs of individuals. Where state law and organisational policy allows, enrolled nurses may administer prescribed medicines or maintain intravenous fluids, in accordance with their educational preparation.</p> <p>Enrolled nurses are required to be information technology literate with specific skills in the application of health care technology. Enrolled nurses demonstrate critical and reflective thinking skills in contributing to decision-making, which includes reporting changes in health and functional status and individual responses to health care interventions. Enrolled nurses work as a part of the health care team to advocate for and facilitate the involvement of individuals, their families and significant others in planning and evaluating care and progress toward health outcomes.</p> <p>These responsibilities are illustrative of the types of core activities that an enrolled nurse would be expected to undertake on entry to practice.</p> <p>All enrolled nurses have a responsibility for ongoing self-development to maintain their knowledge base and carry out their role.</p>	<p>The registered nurse demonstrates competence in the provision of nursing care as specified by the registering authority's licence to practice, educational preparation, relevant legislation, standards and codes, and context of care. <b>The registered nurse practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers.</b> Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.</p> <p>The registered nurse provides evidence-based nursing care to people of all ages and cultural groups, including individuals, families and communities. The role of the registered nurse includes promotion and maintenance of health and prevention of illness for individual/s with physical or mental illness, disabilities and/or rehabilitation needs, as well as alleviation of pain and suffering at the end stage of life.</p> <p>The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individual/s and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact on an individual's responses to, and beliefs about, health and illness, and plans and modifies nursing care appropriately. The registered nurse provides care in a range of settings that may include acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model/s of care delivery.</p> <p>The registered nurse takes a leadership role in the coordination of nursing and health care within and across different care contexts to facilitate optimal health outcomes. This includes appropriate referral to, and consultation with, other relevant health professionals, service providers, and community and support services.</p> <p>The registered nurse contributes to quality health care through lifelong learning and professional development of herself/himself and others, research data generation, clinical supervision and development of policy and clinical practice guidelines. The registered nurse develops their professional practice in accordance with the health needs of the population/society and changing patterns of disease and illness.</p>

<sup>59</sup> <http://www.anmc.org.au/website/Publications/National%20Competency%20Standards/Abridged%20Version%20Competency%20Standards%20for%20EN.pdf>

<sup>60</sup> <http://www.anmc.org.au/website/Publications/National%20Competency%20Standards/Competency%20standards%20for%20the%20Registered%20Nurse.pdf>

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