

# National Nursing & Nursing Education Taskforce (N3ET)



## Scholarships for Nurses and Midwives



A Review of Australian Scholarship  
Programs for Postgraduate Study in  
Specialty Nursing Areas



Australian Health Ministers' Advisory Council  
July 2005



## Australian Health Ministers' Advisory Council

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National Nursing and Nursing Education Taskforce  
(2005) Scholarships for Nurses and Midwives.  
A Review of Australian Scholarship Programs for Postgraduate  
Study in Specialty Nursing Areas, March 2005

Prepared by the National Nursing  
and Nursing Education Taskforce Secretariat.

Graphic design, editing and printing by  
Toothpicks Creative, Melbourne.

Photography "Nurse in Intensive Care"  
by Simon Fox, Deakin University.

# Acknowledgements

The National Nursing & Nursing Education Taskforce would like to thank all of the organisations that participated in the surveys and provided data and information, including public and private healthcare providers, professional nursing organisations and colleges, universities and TAFE colleges and Australian, State and Territory Health Departments. Individual organisations are detailed in Appendix 1.

Information presented in this Report has been drawn from various sources, including internal National Nursing and Nursing Education Taskforce Secretariat working documents, national and international literature and the views of the Taskforce members.

This Report was prepared within the National Nursing & Nursing Education Taskforce Secretariat.

Thanks go to Ms Simone Guest and Mr Matthew Kirwan, Information Services Branch, Department of Human Services, Victoria for their assistance in using E-forms applications, and to Simon Fox for the use of several images featured in this report.

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The National Nursing & Nursing Education Taskforce (N<sup>3</sup>ET) was appointed in November 2003 to implement recommendations of the National Review of Nursing Education – *Our Duty of Care* report. The Taskforce brings together some of Australia's leading nursing and nursing education and training specialists who have been nominated for their leadership qualities and collective expertise. Members of the Taskforce are supported by a Secretariat located within and supported by the Department of Human Services, Victoria.

The Taskforce is **"committed to an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education, regulation to nationally consistent standards, and capacity building in practice, education and research for nurses and midwives across Australia" (National Nursing and Nursing Education Taskforce 2003).**

The Taskforce has the following terms of reference:

- To consider and develop proposals for implementation of the recommendations of the National Review of Nursing Education referred to the Taskforce by AHMC
- To report to AHMC, MCEETYA and ANTA MINCO on implementation of the National Review of Nursing Education recommendations referred to the Taskforce
- To consider and provide recommendations on any other nursing workforce or nursing education and training issues referred by AHMC such as reports of the Australian Health Workforce Advisory Committee
- To progress and report on implementation of recommendations on any other nursing workforce and nursing education and training issues approved by AHMC that are consistent with the Taskforce's priorities
- To progress implementation of the above recommendations, including the development and execution of individual projects, under a workplan approved by AHMAC
- To operate for two years with continuation being subject to review by Health and Education and Training Ministers.



# Membership

## **Chair**

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## Executive Summary



Nurses are the largest professional group in the health workforce. Nursing shortages both nationally and internationally, and a national focus on the “health” of the whole of healthcare workforce (Australian Health Workforce Advisory Committee 2004) means that the investment in strategies to recruit, retain and utilise nurses is being critically examined.

One aspect of the current investment in nursing workforce is the provision of scholarships to support nurses to undertake postgraduate education in specialty areas of practice and/or to re-enter the workforce. Whilst supporting the various scholarship programs offered by Australian, State and Territory Governments, the National Review of Nursing Education 2002: *Our Duty of Care* report also noted that the approaches to such programs were fragmented and variable, and that in some States and Territories, courses in a number of specialty areas were not available. To address this disparity, *Our Duty of Care* report recommended that an audit of current scholarship opportunities should be undertaken with a view to recommending areas for increased funding support (Recommendation 25).

Recommendation 25 was assigned to the National Nursing and Nursing Education Taskforce to be implemented and this report presents the findings of work undertaken in late 2004. To provide advice on the future investment in scholarships for postgraduate specialty study and the implications of such recommendations, an audit was undertaken by the Taskforce that comprised of:

1. A survey of key scholarship providers to determine the numbers and types of scholarships they provided and the processes they used to administer the scholarship programs
2. A review of Government scholarship policies to understand the framework used to determine specialty areas that are supported through scholarship programs, and
3. Mapping of actual scholarships provided in 2004 to available nursing shortage data to determine the correlation.

The results presented in this report represent a snapshot of scholarship opportunities for nurses and midwives to undertake postgraduate study within Australia in 2004 and in particular, those provided by the Australian, State and Territory Governments.

While the findings do not represent all of the support and investment by governments, employers, education providers and the profession in maintaining a skilled nursing workforce, the report documents for the first time, valuable information about which nursing specialties have been progressing through the provision of scholarships and the extent to which these specialties correlate with known nursing shortages across Australia.

However, based on the findings of this work, at this time the Taskforce is limited in the extent to which it can provide definitive advice on the actual numbers of additional scholarships required in any given specialty (Recommendation 25, part b). Until there is greater consistency in nursing workforce data (particularly in relation to specialty areas) and national agreement about both the classification of nursing specialties and the optimal level of nurses with postgraduate qualifications required for specialty areas, such detailed advice cannot be provided.

The work on Nurse Specialisation (to be undertaken by the Taskforce in 2005) will provide the necessary foundation to progress the work on the optimal levels of scholarships in specialty areas and indeed will underpin all of the work associated with the findings and recommendations in this report. This work on specialisation was referred to N<sup>3</sup>ET by the Ministers and will encompass developing an agreed definition of specialist nursing, developing an agreed framework for nursing specialisation and development and attainment of postgraduate qualifications. However, this report gives clear direction about the work that currently needs to be done at jurisdictional level to augment and enhance this national work.

Some of the key findings worthy of attention include that:

- There was variation in the stated objectives of scholarship programs
- The relationship between local workforce needs and strategies such as scholarships was not always clearly articulated or demonstrated in either scholarship policies or in subsequent allocation of scholarships
- Where comprehensive workforce data relating to labour force requirements was available (AHWAC Critical care and Midwifery Reports), most jurisdictions were providing scholarships for less than the required numbers to meet local need
- The majority of scholarship providers had not formally evaluated their scholarship programs resulting in little evidence to demonstrate effectiveness of scholarship programs in terms of recruitment and retention of nurses and midwives over the medium and longer term

## Executive Summary

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The findings highlight the current imperative for jurisdictions to re-examine how they effectively plan to meet local workforce needs, now and for the future. In particular, the timing of this report creates an opportunity for jurisdictions to critically appraise the role that scholarships play in this agenda and ensure that a sound policy framework guides the future fiscal and professional investment.

Based on these findings, a number of recommendations have been made which the Taskforce believes will enhance the provision of scholarships in the future and allow for better evaluation of their effectiveness as a workforce strategy. Whilst this report and recommendations specifically relate to nursing, the same principles are relevant to the whole health workforce and as such, are consistent with an integrated approach to health workforce development. Therefore the National Nursing and Nursing Education Taskforce makes the following recommendations:

### Recommendation 1:

*To facilitate greater consistency in data collected by government and individual scholarship providers and to enable greater comparison between programs and assist in establishing best practice, Australian, State and Territory Governments should:*

- *utilise indicators of workforce adequacy (for example those outlined in “Nurse Workforce Planning in Australia”), to determine the need for future scholarship programs and funding initiatives to recruit and retain nurses and midwives, and*
- *ensure that the provision of such programs are coordinated with education providers and other providers of scholarships (eg employers) to maximise investment.*

### Recommendation 2:

*That the Australian, State and Territory Governments continue to provide postgraduate scholarships to nurses and midwives particularly in areas of current and predicted shortages eg Midwifery and Critical Care. Scholarship programs should be informed by, and be based on, the best available evidence, including current service need and workforce projections both local and national, and the effectiveness and need for programs reviewed at least annually.*

### Recommendation 3:

*That Australian, State and Territory Governments, in collaboration with the nursing profession, employers and education providers identify specialty areas to be targeted for scholarship support and develop strategies to ensure that the targeted uptake in those areas is achieved.*

### Recommendation 4:

*That Australian, State and Territory Governments ensure scholarship programs are developed and managed using a policy framework that is responsive to changing environment and service and workforce needs.*

### Recommendation 5:

*That Australian, State and Territory Governments develop and implement a common evaluation framework for scholarship programs that is:*

- *outcome focused with clear and measurable objectives*
- *consistent with health workforce policy, and*
- *used to inform policy development.*

### Recommendation 6:

*That further research could be funded and undertaken in the Australian context, to explore the relationship between nursing staff holding postgraduate specialist qualifications and quality outcomes for patients and the healthcare system.*

Implementation of these recommendations will require collaboration from government, employers and the education sector to ensure that the investment in the nursing and midwifery workforce is well placed and effective.

### **Re-entry**

In addition to an audit of postgraduate scholarships, *Our Duty of Care* (Recommendation 25) recommended that university based re-entry programs should be included under a loans scheme. The Taskforce has considered this issue and the final chapter of this report explores the findings of an initial scoping exercise undertaken to obtain a better understanding of the current level of support for re-entry provided by Australian, State and Territory Governments.

The findings of the initial scoping exercise in relation to options for funding or supporting re-entry suggest that the inclusion of university-based units required for re-entry to nursing into the Postgraduate Education Loans Scheme may not be the most effective way of supporting re-entry. The Taskforce intends to undertake further work in early 2005 around re-entry programs for nurses and midwives prior to recommending any future funding initiatives.

## Purpose of the Report



The changing patterns of demand for health care services coupled with demographic changes in the nursing workforce mean that governments need to examine how the supply of appropriately qualified nurses can be achieved in sufficient numbers to meet demand. As a feature of approaches to recruitment and retention, the cost and benefit of State, Territory and the Australian Government's investment in scholarship programs, warrants consideration.

To this end, the National Nursing and Nursing Education Taskforce was charged with implementing recommendation 25 from the National Review of Nursing Education 2002: *Our Duty of Care* report (Box 1).

### **Box 1 – Recommendation 25:**

*"The maintenance of nursing specialties and re-entry programs are important in meeting labour market needs. To enable these needs to be met:*

- a) an audit should be undertaken of the current postgraduate coursework scholarships, including those offered by the States and Territories*
- b) using the audit outcome and advice from the Australian Health Ministers' Advisory Council (AHMAC) on shortages in specialised areas of nursing, recommendations should be made to the Commonwealth on the number of additional scholarships to be funded and the specialties to which they should be allocated*
- c) new scholarships should be offered for three years in the first instance, subject to review*
- d) specialised nursing areas where small numbers of graduates are needed should be identified and opportunities investigated for the contracting of these courses on a national basis*
- e) university-based units required for re-entry to nursing should be covered by a loans scheme*

In considering the recommendation, Health Ministers asked the Taskforce to undertake and submit results of the audit as detailed in part (a) of recommendation 25, within six months. To complete the audit of postgraduate scholarships the following methodology was used:

1. A survey of key scholarship providers to determine the numbers and types of scholarships they provided and the processes they used to administer the scholarship programs

## Purpose of the Report

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2. A review of Government scholarship policies to understand the framework used to determine specialty areas that are supported through scholarship programs, and
3. Mapping of actual scholarships provided in 2004 to available nursing shortage data to determine the correlation.

This Report contains the findings of that work in the following order:

### Chapter 1: Factors influencing a skilled nursing specialty workforce

A review of the background issues.

### Chapter 2: Current Scholarship Provision and Specialty Practice

The key findings of the audit of scholarships that were provided for postgraduate specialty study in 2004 and those planned for 2005.

### Chapter 3: Government Nursing Scholarship Policy and Local Workforce Needs

A review of relevant government scholarship policies that currently underpin government scholarship programs.

### Chapter 4: Government Scholarships & National Nursing Shortages

An assessment of the correlation of actual scholarships provided in 2004 to areas of known nursing shortages and a review of the alignment of scholarships provided to areas of known future health service demand.

### Chapter 5: Scholarship Programs – The Way Forward

A number of key issues have been identified through this project which if addressed will assist in the development of a broad policy framework for the provision of future scholarship programs and recommendations.

### Chapter 6: Re-entry – Supporting those returning to work

An overview of re-entry support.



When considering this report, a number of factors should be kept in mind. Overall the results presented in this report should be viewed as indicative only. The vast range of professional development opportunities available to nurses and midwives has not been fully quantified or documented. Non-scholarship support to nurses undertaking study such as study leave, books, travel etc and the range of other education, up-skilling and professional development opportunities such as short courses, modules and “in service” education is not captured in this report. These activities are a vital component of ongoing professional development provided in the workplace.

Secondly, it was beyond the scope of this project to consider scholarships support for enrolled nurses. The role of enrolled nurses has traditionally been in areas of low technology however, the increasing shortage of registered nurses in recent years, has led to rethinking of the potential contribution of the enrolled nurse in more acute areas of practice. For example, in South Australia enrolled nurses are working in critical care units providing direct patient care to non-ventilated patients. As “models of care” and “skill mix” approaches to workforce planning gain momentum, the role of enrolled nurses in less traditional environments may increase and, as a result, the educational needs of this group of health worker may warrant specific attention.

Finally, while the move to recognise midwifery as a distinct discipline separate to nursing is noted, in keeping with the intent of the National Review of Nursing and Recommendation 25, midwifery is considered a specialty area of nursing in this report.

This report does provide for the first time valuable information about which specialty areas have been developing through the provision of scholarships across Australia and the extent to which these correlate with known specialty nursing shortages.

Importantly, the findings highlight the current imperative for jurisdictions to reflect on the work that needs to be done to effectively plan to meet local workforce needs, now and for the future. In particular, the timing of this report creates an opportunity for jurisdictions to critically appraise the role that scholarships play in this agenda and ensure that a sound policy framework guides the future fiscal and professional investment.



This chapter presents an overview of some of the issues that have been considered in the development of this report. In particular, the background to why scholarship programs have developed and how concepts of specialisation influence nursing workforce skill mix and scholarship policy are briefly examined.

### Introduction

The current Australian health care context is one of rapid change, burgeoning demand and increasing expectations from consumers for better and more accessible delivery of service.

As the burden of illness shifts from an acute to chronic focus, the demand for community and aged care services is increasing. Compounding this are “sicker patients, shorter lengths of stay and higher turnover of patients” in the acute care setting (Australian Health Workforce Advisory Committee 2004). Within this complex landscape, the structure and functioning of the health care workforce is critical to the functioning of the overall health system (Duckett 2000).

The health care workforce is reflective of the national workforce, which is diminishing and ageing. For the health workforce and in particular nursing, in the future there will be greater competition to recruit potential workers and potentially fewer nurses per capita to meet demand (Australian Health Ministers' Conference 2004).

The “nursing” workforce, as defined in this report, is made up of registered nurses, midwives and enrolled nurses<sup>1</sup>, who provide services in a range of health care contexts including acute, aged and primary care; across public and private sectors; and in a range of locations encompassing inpatient facilities, client homes and community settings.

Nurses are the largest professional group in the health workforce and as a result, offer the greatest opportunity to achieve rapid and far reaching health reform (National Review of Nursing Education Australia 2002). The skills, knowledge and educational preparation needed to meet the challenges ahead may well be different from those that health workers have traditionally relied on and are likely to be influenced by the needs of the recipients rather than perceived traditional professional boundaries. The imperative is then to move beyond believing that “more of the same” will ameliorate the problem.

## Chapter 1

### Factors influencing a skilled speciality workforce

#### **Why did support for specialty study through scholarships develop?**

There have been multiple reviews on the issues affecting nursing recruitment by State and Territory Governments across Australia in an attempt to address supply problems (Department of Human Services Tasmania 2001; Department of Human Services Victoria 2001; Buchanan and Considine 2002; National Review of Nursing Education Australia 2002; Senate Community Affairs Committee 2002; New South Wales Health 2002).

Costs associated with maintaining competency and undertaking postgraduate specialist courses, including course fees, travel and accommodation, reduction in working hours and the resulting reduction in earnings, have been identified as contributing factors to nurses leaving the workforce. The State, Territory and Australian Governments have consequently implemented a range of strategies, including financial support for education and training and the provision of scholarships to nurses and midwives to undertake postgraduate courses in specialty areas of practice with recognised shortages.

Whilst acknowledging the range of funding initiatives available across the States and Territories, the National Review of Nursing Education: *Our Duty of Care* considered that the approach to offering scholarships was fragmented and its effectiveness in the longer term had not been quantified.

#### ***Financial barriers to undertaking specialty studies***

*Our Duty of Care* supported the position that "the maintenance of nursing specialties and re-entry programs are important in meeting labour market needs" (National Review of Nursing Education 2002) and noted that the trend toward full fee paying courses would continue to affect the supply of nurses in specialty areas (National Review of Nursing Education 2002). It was acknowledged however, that this has been offset to a degree by some universities allocating a limited number of Higher Education Contribution Scheme (HECS)<sup>2</sup> places to postgraduate courses at their own discretion (National Review of Nursing Education 2002). In practice however, few universities have access to HECS places for postgraduate students.

A recent Australian Government innovation, the Postgraduate Education Loan Scheme (PELS) program provides similar support to that of HECS for non-research postgraduate courses (Department of Education Science and Training 2004) in that it provides students with an interest free loan. However, given that many nurses enter the workforce with a HECS debt, they may be unlikely to commit to further study in the short term before clearing any HECS liability.

2. From Jan 1 2005, as part of the Higher Education Review changes have been made to HECS and PELS. The fundamental principles of the schemes have been retained however, HECS has been replaced by *Commonwealth Supported* and PELS has been subsumed into FEE- HELP.

## Chapter 1

### Factors influencing a skilled speciality workforce

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Scholarships therefore, can be an important practical way to increase access to, and participation in, postgraduate study for individuals.

#### **Workforce Planning and Nursing**

Knowing how many nurses are needed to meet demand may not be as critical as knowing how many of the different types of nurses are needed to meet specific sectors needs.

Workforce planning is the process of ensuring the “right practitioners are in the right place at the right time with the right skills” (Australian Health Workforce Advisory Committee 2004). The level of detail which informs the planning process depends largely on the availability of robust, comprehensive sources of data about a range of factors such as the demographic profile of the current workforce, participation rates and supply of entrants to the workforce.

In Australia, nurse workforce planning has historically occurred at State and Territory level; the main data source available to planners has been the Nursing and Midwifery Labour Force Survey (NMLFS) compiled by the AIHW. This process is recognised as having several limitations namely in relation to timeliness and consistency and steps are being taken to address this, however, it is the only source of national nurse labour force data currently available to inform decisions about workforce. (Australian Health Workforce Advisory Committee 2004).

Recognising the need for a greater focus on nurse workforce planning, the Australian Health Workforce Advisory Committee (AHWAC) has recently published details of its approach to nurse workforce planning as a guide to assist those involved in workforce planning to meet local workforce demands (Australian Health Workforce Advisory Committee 2004). Armed with this resource, more effective nurse workforce planning can be accomplished across many levels of the health, community and aged care sector.

As part of the AHMAC health reform agenda, a working group to develop a national minimum data set for the Australian health workforce, including data items to be collected, common terminology and collection processes has been established. Once developed the minimum data set will be submitted for inclusion in the National Health Data Dictionary.

With this suite of tools, progress towards understanding whether we “have enough” but more importantly whether there are enough nurses with the right knowledge, skills and preparation in the best places to affect the outcomes we want is possible.

#### **Do we have enough? Nurse workforce trends**

Despite increased numbers of new graduates entering the workforce in recent years, between 1995 and 2001 there has only been an increase of 0.4% in the total number of registrations (Australian Institute of Health and Welfare 2003). This is exacerbated by the shift in the average age of the employed nursing labour force from 39.3 years in 1995 to 42.2 years in 2001. Associated with this is a reported increase (5%) in the number of nurses and midwives reducing their working hours per week. These trends are expected to continue (Australian Institute of Health and Welfare 2003).

There have been three national nursing workforce studies conducted in the last four years which indicate a projected nurse shortfall of significant proportions, highlighting a need for an increase in the supply of graduates (Johnson and Preston 2002; Karmel and Li 2002; Shah and Burke 2002).

Two State and Territory Governments (Victoria and NSW) have recently undertaken jurisdictional nurse supply and demand studies. The Victorian study indicates nurse supply projections for nurses in a number of specialty areas, such as mental health and aged care for the next decade. It forecasts significant shortages from 2005 if action is not taken to address supply.

The impact on health service demand and the factors discussed above, have contributed to the current shortages of nurses and midwives across Australia and internationally (Australian Health Workforce Advisory Committee 2004). As highlighted by Buchan (Buchan 2002 p43), nursing shortages are not just a problem for nursing, they are *"a health system problem that undermines health system effectiveness and requires health system solutions"*. Recognising these factors, State and Territory Governments are taking steps to address the issue at local levels, and the national health workforce agenda has been expanded to ensure a national focus on nursing issues (Australian Health Workforce Advisory Committee 2004).

The current workforce imperative is made more complex by the dynamic nature of the structure and function of the health workforce. Increasingly, the workforce is being segmented and more specialised. The concept of a 'generic' nurse who can work effortlessly in any setting and with any patient/client group is now anachronistic. In some areas (i.e., rural and remote) a generalist skill set is desirable, as the individual will be working across a range of settings. This means that estimations of supply and demand can in effect oversimplify the problem if they do not take into account the specific skill sets required.

## Chapter 1

### Factors influencing a skilled speciality workforce

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There are many drivers for the increasing specialisation occurring within health including the impact of increasing technology, concerns about quality and a desire to enhance the status of practitioners. It has been argued that as patient acuity increases, health professionals demand for education and increased specialty knowledge grows (Beitz 2000). Irrespective of the driver, this increased knowledge base has led to super-specialisation by health professionals. This effect is clearly demonstrated by a report recently published which identifies over 2000 categories of health professionals in the United States in 2002 compared with just 10 categories fifty years ago (Kendall and Lissauer 2003).

The principle that the provision of scholarships impacts positively on both the attraction of nurses to specialty practice areas (recruitment) and the longer term maintenance of skilled staff in that specialty workforce (retention) should not however, be accepted on face value and requires testing. Indeed, there are still questions about specialty practice itself that need to be addressed. A fundamental stumbling block to progressing an understanding of the place of specialisation in nursing continues to be the lack of consensus about what constitutes a specialty.

#### **Defining specialisation in nursing**

Nursing has responded to the push for specialist practice in a largely unstructured way (Whyte 2000). There are some generally accepted specialty areas within nursing, such as mental health, midwifery and critical care however, despite attempts to advance particular definitions and classifications (National Nursing Organisations 2004), there is no nationally accepted classification of nursing specialties. Indeed, the Nurse Labour Force Survey has in excess of 70 specialty nursing areas listed.

The issue of what constitutes a nursing specialty was first examined in the National Review of Specialist Nursing Education 1997 (Russell, Gething et al. 1997) which suggested that the proliferation of nursing specialties will continue due to:

- Continuing growth of medical and scientific knowledge
- Rapid technological advances, and
- Consequent growth and development of nursing knowledge and skills.

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### Factors influencing a skilled speciality workforce

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In light of this, Russell et al (1997) made a number of recommendations including the need to have clear and acceptable definitions of a “nurse specialist” and “nursing specialty”. They proposed the adoption of the International Council of Nurses (ICN) definition of a nurse specialist and a nursing specialty and the development of an agreed framework for the provision of specialty nursing education in Australia, namely:

*Nurse Specialist – A nurse prepared beyond the level of a nurse generalist and authorised to practise as a specialist with advanced expertise in a branch of the nursing field.*

*Specialty practice includes clinical, teaching, administration, research and consultant roles. Post-basic nursing education for speciality practice is a formally recognised program of study built upon the general education for the nurse and providing the content and experience to ensure competency in specialty practice.*

*Preparation and authorisation are in accordance with scope of practice and with the education and regulatory policies and practices for post-basic specialists in other professions.*

*ICN Definitions from (Russell, Gething et al. 1997)*

This work was considered essential to ensure that there was planned and coordinated development of specialty nurse education across health and education and as a precursor to the development of a unified, national education structure.

The recommendations and concerns made by Russell were echoed in *Our Duty of Care*, which concluded that the absence of a framework for the development of nursing specialities was considered a problem for both quality assurance and workforce planning.

The need to define what constitutes a nursing specialty and the processes by which qualifications are awarded and recognised has been acknowledged by Health Ministers and as a result, issues in relation to nurse specialisation have now been referred to the National Nursing and Nursing Education Taskforce for consideration and will be the subject of a separate piece of work.

## Chapter 1

### Factors influencing a skilled speciality workforce

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While the demand for rapid technological advances and treatments influences specialisation, there are differing opinions as to whether specialisation has been at the expense of generalist nursing skills. Some jurisdictions believe that there is a need for nurses to retain a generalist set of competencies so that they may function across a broad range of clinical situations particularly in rural and remote settings. This argument has not been explored in depth in this report but has been considered when making recommendations.

#### *Preparing nurses for specialty practice*

In Australia today, pre registration nursing students undertake a comprehensive three-year degree level course within a university, which prepares them for initial registration and entry-level practice in a range of settings.

Following registration, many new graduates choose to undertake structured graduate or transition to practice programs to consolidate their undergraduate learning, skill development and competence. Depending on the structure of the program, graduates may be exposed to a number of specialty areas of practice during this period. This initial introduction to specialty areas of practice can strongly influence future career directions and supply to specialty areas.

As identified earlier in this report, the growth of specialisation in nursing is in part the profession's response to changing demands for health care, it is also driven by the profession and by the education providers' perception of markets. For nursing, the demand for advanced education has been met through the development of numerous professional development opportunities, offered by a range of education providers (National Review of Nursing Education Australia 2002). The formal qualifications awarded from these courses range from graduate certificate (six months full time equivalent) through to doctoral degree (National Review of Nursing Education Australia 2002).

With the exception of midwifery, postgraduate certificate and diploma level courses are generally recognised as an appropriate level of qualification for entry level practice in a nursing specialty in Australia (National Review of Nursing Education Australia 2002). Such qualifications ideally indicate to employers, other professionals and consumers that the person holding the qualification has a certain level of knowledge, competence and skill.



## Chapter 1

### Factors influencing a skilled speciality workforce

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Whilst there is a growing body of evidence that indicates that the proportion of suitably qualified and skilled nurses in the workforce positively affect patient outcomes (Aiken, Clarke et al. 2002; Aiken, Clarke et al. 2003) (Needleman, Buerhaus et al. 2002; Needleman and Buerhaus 2003), there is currently no robust evidence about what postgraduate nursing specialty skills and qualifications are optimal. This gap in the evidence base continues to undermine the confidence with which sound health workforce policy can be developed.

#### **Shortages in specialty areas of practice**

Many of the issues raised in this chapter contribute to difficulty in planning for specialty areas. Recently however, the Australian Health Workforce Advisory Committee (AHWAC) has undertaken two major nursing workforce reviews, in specialty areas, The Midwifery Workforce in Australia, 2002–2012 (Australian Health Workforce Advisory Committee 2002), The Critical Care Nurse Workforce, 2001–2011 (Australian Health Workforce Advisory Committee 2002). These reviews undertook detailed and comprehensive assessment of demand for two areas of specialty practice in each State and Territory and provide a profile of shortages by specialty. In both cases significant shortages are predicted. Contemporary studies such as these should inform policy and planning to ensure an adequate supply of nurses for the future.

One source of information about shortages, including nursing specialties, is the National and State Skills Shortages List produced by the Department of Employment, and Workplace Relations referred to as DEWR (Department of Employment and Workplace Relations 2004). For more details on DEWR data refer to Box 6 (Chapter 4). The application of the National and State Skill Shortage Lists is restricted. While it identifies shortages in a number of specialty areas of nursing practice under the “Professionals” category it does not quantify the shortage. However, it gives some guidance about the areas facing shortages through the provision of a centralised view. This information can be used by nursing workforce planners to make informed decisions.

The recent focus on health workforce, and in particular nursing, has been a driver for the establishment of local workforce data systems. Most States and Territories have now established nurse minimum data sets that identify vacancies by specialty areas. However, while States and Territories are working on developing improved nursing workforce data, a lack of agreed definitions, sources of data collection and concordance with other datasets (including DEWR) contributes to difficulties with nurse workforce planning at all levels (National Review of Nursing Education 2002).

#### **Looking ahead – future health care needs of Australians**

Population health information is important as, in the absence of detailed workforce supply and demand modelling, known areas of current shortage together with population health studies can act as signposts for focusing investment in the workforce at the macro level.

In Australia, significant work has been done to identify the future health needs of the Australian public (Mathers, Vos et al. 1999). The National Health Priority Areas (NHPAs) initiative was established in 1996 and seeks to reduce the impact of chronic diseases on the Australian population by focusing on those diseases that have the greatest health burden. The principles underpinning the initiative are building collaboration across government sectors, addressing the continuum of care and employing a strong evidence base to drive practice change.

NHPAs are those areas that:

- have potential for health gains and improved outcomes for consumers
- pose a significant burden of disease, and
- have the support of all jurisdictions and agreement from Australian, State and Territory Governments to collaborate (Australian Government Department of Health and Ageing 2002).

By examining this work and other population health data, workforce policies such as scholarship programs will be able to determine the types of skills, knowledge and educational preparation that will be increasingly important to the health workforce.

All of these issues impact on the way in which specialty practice has advanced and the development of scholarship programs. Revisiting the basis and assumptions underpinning this development is critical if we are to effectively respond to the challenges of healthcare provision that currently face us.

## Chapter 1

### Factors influencing a skilled speciality workforce

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#### **Chapter 1 – Summary**

Current demand for services and the future health care needs of Australians are increasing the requirement for nursing services.

The pool of nurses available to provide services in the future is diminishing.

The cost of ongoing professional development activities to maintain competency are considered to be a disincentive to some nurses and midwives remaining in the workforce.

Specialty areas of nursing practice will continue to proliferate.

There is good quality planning data available at a national level for two areas of specialty nursing practice.

There are inconsistencies in the definitions of workforce data available at State and Territory level.

## Chapter 2 Current Scholarship Provision and Speciality Practice



To complete the audit of postgraduate scholarships the following methodology was used:

1. A survey of key scholarship providers to determine the numbers and types of scholarships they provided and the processes they used to administer the scholarship programs
2. A review of Government scholarship policies to understand the framework used to determine specialty areas that are supported through scholarship programs, and
3. Mapping of actual scholarships provided in 2004 to available nursing shortage data to determine the correlation.

This chapter details the key findings of the survey of scholarships.

### A survey of scholarship providers

In October 2004, a survey was conducted to determine who were the current providers of scholarships for postgraduate studies in specialty nursing areas and the processes they used to decide on the areas to be supported and individual applications.

Initially, the websites of State and Territory health departments, professional nursing organisations, universities and State and Territory Nurse Regulatory Authorities (NRA) were examined for evidence of scholarship programs and to determine the range of providers of nursing scholarships. A survey tool was then developed to collect information from providers about their scholarship programs as well as data on the scholarships they offered.

A questionnaire was developed as an electronic survey using "e-Forms" (Department of Human Services Victoria 2004)<sup>3</sup> that included key operational definitions to ensure consistent data was collected (Box 2).

3. The "e-Forms" application is a Lotus Notes Domino application that provides the facility to create and maintain online forms. Data collected is processed by a Domino agent into text files that can be imported into other applications for further business processing. The e-Forms application can develop forms for Internet and/or Intranet use. Data submitted to Internet forms are encrypted using SSL (Secure Sockets Layer) ensuring data security.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

### Box 2 – Definition of Survey Terms:

Scholarships:	<i>Financial assistance (including bursaries) that is intended to assist with course fees, travelling, living expenses or books.</i>
Postgraduate Course:	<i>Courses offered to registered nurses leading to a specialist qualification under the Australian Qualifications Framework, and that are equivalent to at least 6 months full time study eg. Graduate Diploma Coronary Care, Certificate IV, Workplace Assessment and Training.*</i>
Post Enrolment Course:	<i>A course offered to enrolled nurses that prepares them to work in a specialty area and one which attracts a qualification under the Australian Qualifications Framework (AQF).</i>

*\* Note: Whilst Cert IV is not included as postgraduate under the AQF, this course is increasingly considered a minimum requirement for teaching and assessment in the clinical environment.*

The survey (Appendix 2) was designed to elicit quantitative and qualitative information related to:

- The policy for deciding how/which scholarships are provided
- Number of scholarships offered in each specialty area
- Demand and 'take-up' of scholarships
- Criteria for awarding scholarships to individuals
- Amount of support (financial) offered
- Additional specialties that were determined to need financial support, and
- Limitations/barriers to offering scholarships in specific specialties.

The survey questions were designed to capture data within a three-year window, current year (2004), preceding year (2003) as well as an indication of specialties that are anticipated to be offered in 2005. One university and two State and Territory health departments piloted the survey; amendments were made to the survey tool based on feedback received. Variable data quality for scholarships that were provided in 2003 however, meant that the analysis in this report has been based on the scholarships provided in 2004 and planning for 2005.

### Defining the nursing “specialties”

The specialty classification system in the draft Nursing & Midwifery Labour Force Census, 2005 (hereafter the “Census”)<sup>4</sup> (Department of Human Services Victoria 2004) was modified for use in the survey. Whilst there are some minor differences in the survey tool used across jurisdictions, the specialist areas of practice are consistent. It was therefore considered that the specialist areas of practice listed in the Census, was the most consistent nomenclature of specialist areas of practice available and would be compatible with nurse workforce reports.

Modifications included combining the areas of practice within midwifery (labour ward, antenatal and postnatal) into a single category of midwifery to better reflect the qualification rather than the area of practice and the inclusion of a category for management courses. The latter was considered by the Taskforce to be an important area for examination and had been an area of specialty practice identified in previous surveys.

There are twelve broad bands of specialties within the Census, and within each broad band there is a set of related subspecialties. Following modification, 75 subspecialties were incorporated into the survey. The broad bands used were consistent with the Census and are listed in Box 3. A full listing of the modified classification used is detailed in Appendix 3.

#### **Box 3 – Broad Bands**

- |                            |                                |
|----------------------------|--------------------------------|
| 1. Critical Care/Emergency | 7. Aged Care                   |
| 2. Mixed Medical/Surgical  | 8. Rehabilitation – Disability |
| 3. Medical Nursing         | 9. Mental Health               |
| 4. Surgical Nursing        | 10. Family & Child Health      |
| 5. Perioperative           | 11. Community Health           |
| 6. Midwifery               | 12. Other                      |

As evident in the complete listing, specialty areas of practice were not limited to clinical areas. The Broad Band and subspecialties listed in the Census were developed to reflect an area of nursing where there is both a formal area of study and an identifiable practice area. Some specialties therefore relate to areas of practice that represent a small component of health service delivery such as Retrieval and Forensic Mental Health.

4. Nursing and Midwifery Labour Force Census are conducted in each State and Territory via the State and Territory nurse regulation authorities and then aggregated by the AIHW into a national data set. Work has been underway for some time to develop a common questionnaire for this purpose and while this has been achieved to some degree, the wording of some questions in the survey reflect the difference in State and Territory nursing legislation/regulations. For convenience, the Victorian Survey tool for 2005 was used as the basis of speciality listing.

### Who was surveyed?

A link to the survey was distributed in an email outlining the project and inviting organisations to participate by completing the survey “on-line”. The email was distributed to those identified as “key scholarship providers” from whom a 100% response rate was targeted. Key Scholarships providers were:

- Australian Government via Royal College of Nursing, Australia (RCNA)
- All State and Territory departments of health (however named), through State and Territory Chief Nurses/Principal Nurse Advisers.

State and Territory Chief Nurses/Principal Nurse Advisors were also asked to distribute the survey to all public health care facilities within their jurisdiction. This would allow for data analysis of scholarships provided by public health service employers as distinct from health departments.

The email invitation to provide data was also extended to other organisations that were identified as being possible providers of scholarships<sup>5</sup>. These included:

- Higher education sector via Deans of Nursing and Midwifery
- National Nursing Organisations
- Professional colleges
- TAFE Providers who offered courses leading to nursing enrolment
- Australian Nursing Federation
- Nurse Regulatory Authorities in each State/Territory, and
- Private health care providers through peak representative bodies.

When an organisation submitted data an automated reply was sent that included a text copy of all the data they had provided for verification. The initial period of data collection was two weeks, however, to ensure all the identified key providers’ data were submitted, this period was extended for a further four weeks.

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5. Providers of Aged Care services were not targeted separately other than those captured through the aforementioned processes.

### **The survey findings**

In total, 61 providers who provided 1,905 scholarships in 2004 (calendar year) were included in the analysis. As anticipated there was a range of organisations that provided scholarships including specialty nursing associations, employers, education providers and NRAs.

Following are the key findings related to:

- The providers of scholarships
- The distribution of scholarship recipients across Australia
- Specialty areas that attract scholarships support
- Intended qualification level of scholarships, and
- The financial value of scholarships provided.

Additional tables of data that expand on the key findings can be found in Appendix 4.

### **The providers of scholarships**

Responses were received from 100% of targeted key providers, namely all State and Territory Governments and RCNA on behalf of the Australian Government. In 2004, the Australian Government and all State and Territory Governments with the exception of Tasmania, offered scholarships for postgraduate studies in specialist areas. The policies underpinning government scholarship programs are discussed in more detail in Chapter 3.

Responses were also received from a small number of non government providers, indicating that the provision of scholarships for postgraduate specialty studies was largely a feature of the government sector and employers<sup>6</sup>.

### ***Employers and scholarships***

A number of employers, both public and private, advised they did not provide scholarships because the financial capacity of the organisation prevented them from doing so however, they attempted to support staff in other ways. The kind of support offered appeared to be in response to individual staff member's needs and interests rather than targeted at particular areas of shortages.

6. A response rate has not been determined for the other providers of scholarships as the total number of potential providers of scholarships is unknown and there was variation in the distribution of the survey at State and Territory level.



## Chapter 2 – Current Scholarship Provision and Speciality Practice

Those employers that did provide scholarships generally did so with the aim of addressing a particular skill mix within their organisation. It was not the intent of this study to comprehensively document the role of non government sector in scholarship support however, a large number of responses from employers in Victoria were received and offer some indication of the investment by employers in that jurisdiction (Box 4).

### **Box 4 – The Contribution of Employers – Victorian Data**

*Although Victorian data may not be representative of other jurisdictions it is interesting to note that employers provided significant numbers of scholarships in 2004 (393) in that State compared to 214 provided by the State Government.*

*The specialty areas in the broad bands of Emergency/Critical Care accounted for 52% of all scholarships provided by employers, followed by Adult Mental Health (9%), Perioperative (8%) and Midwifery (6%). Of these, 31.6% of scholarships were for studies at the level of Graduate Certificate and 50.4% were at the level of Graduate Diploma.*

### ***Education providers and scholarships***

Similarly, all the education providers (both Higher Education sector and TAFE/VET) that responded stated that there was no source of funding within the organisation to offer scholarships for postgraduate studies in specialty areas (with the exception of research higher degrees that may be in an areas of specialisation). Accordingly, they encouraged students to apply to other organisations such as government for study support.

### ***Other providers of scholarships***

A number of nursing professional organisations (Colleges and Special Interest Groups) stated that while they offered assistance to nurses to attend study days or conferences they generally did not have the resources to fund scholarships for postgraduate courses.

Responses were received from four NRAs advising that they provide support for nurses undertaking higher degrees by research but not for postgraduate courses in clinical practice.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Overall, the government sector, (State, Territory and Australian) provided the largest number (1414, 74%) of scholarships reported in 2004. This includes two significant programs where funding was provided by government to a non government body to administer; RCNA which administers a number of Australian Government scholarship programs and the College of Nursing (formerly known as the NSW College of Nursing), who provide programs on behalf of NSW government.

Public employers provided the next largest number of scholarships, accounting for 22% of total scholarships reported on in 2004. Care needs to be taken however, when interpreting employer data in this section as only employers from Victoria and South Australia indicated that they provided scholarships. This may reflect how the survey was distributed in each jurisdiction.

*Table 1: Distribution of Government Scholarships in 2004 across Australia*

Provider Group	ACT	NSW	NT	Qld	SA	TAS	VIC	WA	Total	% of all 2004 Scholarships
Employers (Public)					24		393		417	22%
Employers (Private)		17			3		17	2	39	2%
Higher Education Provider		6					25		31	2%
State & Territory Government	47	744	33	51	57		214	115	1261	66%
Australian Government*		28	9	19	14	12	43	16	153	8%
Professional Nursing Organisation	4								4	0%
<b>Total</b>	<b>51</b>	<b>795</b>	<b>42</b>	<b>70</b>	<b>98</b>	<b>12</b>	<b>692</b>	<b>133</b>	<b>1905</b>	<b>100%</b>

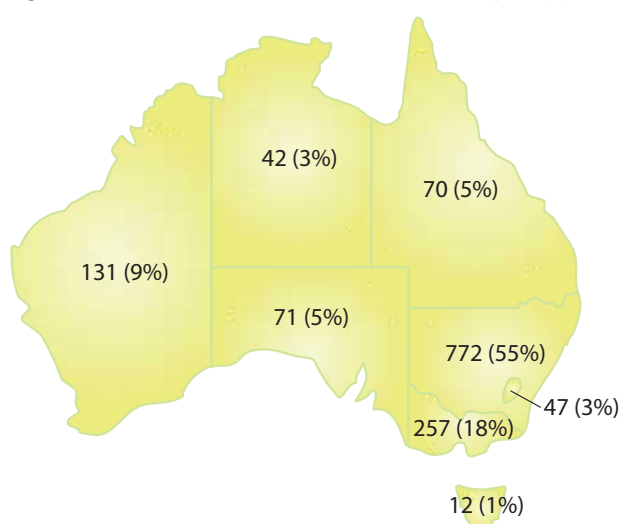
\*State/Territory not specified in 12 cases

### Distribution of scholarship recipients across Australia

The issue of access to scholarships is an important principle. One measure of access, geographical distribution, was examined for all the scholarships provided in 2004. Using the State or Territory of the scholarship recipient, the distribution of scholarships across Australia was calculated. Given the lack of data from the non government sector in a number of jurisdictions the focus of analysis was on the government sector. In absolute numbers the distribution was uneven across the States and Territories. In particular, 73% of all scholarships provided by State, Territory and Australian Government sector combined were to nurses in NSW (722) and Victoria (257). Tasmania had the lowest number of scholarships with 12 being awarded (Figure 1).

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Figure 1: 2004 RN Government Scholarships by jurisdiction



RN used in this instance to represent Division 1 only for Victoria

As raw figures can be misleading, the 2004 scholarships have been expressed as the rate per thousand registered nurses to adjust for the differences in terms of nursing workforce size. (Table 2)<sup>7</sup> This has the effect of normalising the data somewhat and shows that in terms of all government funded scholarships, the highest scholarship rate was in Northern Territory with 12.6 per thousand and ACT with 12.1 per thousand.

Table 2: Government Scholarships in 2004 as rate of nurses registered in each jurisdiction

State/Territory of recipient	All Gov Scholarships per 1000 Registered Nurses in Jurisdiction
ACT	12.1
NSW	9.7
NT	12.6
Qld	1.8
SA	3.8
TAS	2.0
Vic	4.7
WA	5.5
<b>Total</b>	<b>6.1</b>

Excludes 12 scholarships where state/territory of recipient was not specified.

7. Nursing registration numbers sourced from NRA Annual Reports Nurses and Midwives Board of New South Wales (2003). Nurses Board of Victoria (2003). Nursing Board of Tasmania (2003). Nurse Board of the ACT (2004). Nurses Board South Australia (2004). Nurses Board South Australia, 66, Nursing Board of Tasmania (2004). Nursing Board of Western Australia (2004). Queensland Nursing Council (2004).

## Chapter 2 – Current Scholarship Provision and Speciality Practice

### Specialty areas that attract scholarship support

Using the previously described classification of specialties modified from the NMLFC, a picture of the specialty areas that attract scholarship can be seen (Table 3). Three broad bands accounted for 48.1% of all 2004 scholarships, namely Critical Care/Emergency (27.3%), Midwifery (9.9%) and Mental Health (10.9%). Conversely, only 0.1% of all scholarships for study were awarded within the broad band of Rehabilitation-Disability.

Table 3: 2004 Scholarships in each specialty broad band

Specialty Broad band	No. of Government Scholarships in 2004	No. Scholarships in 2004 (All providers)	% of All scholarships in 2004
Critical Care/Emergency	309	521	27.3%
Mixed Medical/Surgical	149	15	8.0%
Medical nursing	101	122	6.4%
Surgical Nursing	49	57	3.0%
Peri-operative	9	130	6.8%
Midwifery	154	189	9.9%
Aged care	75	80	4.2%
Rehabilitation-Disability	0	2	0.1%
Mental Health	161	207	10.9%
Family & Child Health	95	133	7.0%
Community Health	42	48	2.5%
Other	188	264	13.9%
<b>Total</b>	<b>1414</b>	<b>1905</b>	<b>100.0%</b>

These results reflect the preponderance of both scholarships and postgraduate courses in clinical areas associated with acute hospital care. Historically, post registration nurse education developed in response to the specialties found in acute care settings (and associated areas of high technology utilisation) such as Intensive Care. In addition, recent initiatives to alleviate pressure within acute hospitals and in particular in intensive care and emergency departments, may be influencing the offer and subsequent uptake of scholarships in those specialties.

This finding echoes the work of Ogle et al (2001) who found that postgraduate nursing courses within the High Dependency band<sup>8</sup> were the most frequently offered across Australian universities in 2001, accounting for 20% of all postgraduate programs (National Review of Nursing Education Australia 2002).

## Chapter 2 – Current Scholarship Provision and Speciality Practice

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Whilst there are a total of 75 specialties in the taxonomy used in this survey, scholarships were only awarded in 40 specialties in 2004<sup>9</sup>. Factors influencing the distribution of scholarships across Australia include the availability of relevant courses and the presence or absence of demand by nurses needed to ensure course viability.

The availability of postgraduate courses in specialty nursing that were available through universities across Australia in 2002 are listed in Appendix 5. For some specialties such as Midwifery there are multiple universities offering courses within each State/Territory. However, access to other courses varies and there were 14 specialties for which there were no courses available in any State/Territory in 2001. It should be remembered however that access to courses by external mode is available.

Whilst Table 3 shows the distribution by broad band, Table 4 provides a detailed breakdown of the numbers and percentages of all 2004 scholarships within each specialty.

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9. Until recently the data collected in the Census varied across the States & Territories. As a result of current work to bring consistency to census data across jurisdictions, the broad bands and specialty areas listed within each band have changed.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Table 4: 2004 Scholarships by broad band and subspecialty

Specialty Broad band	No. of Government Scholarships in 2004	No. Scholarships in 2004 (All providers)	% of All scholarships in 2004
<b>1. Critical Care/Emergency</b>			
Cardiac/Coronary care	54	10.4%	2.8%
Emergency/trauma	152	29.2%	8.0%
High dependency	29	5.6%	1.5%
Intensive care	217	41.7%	11.4%
Neonatal intensive care	25	4.8%	1.3%
Paediatric critical care	43	8.3%	2.3%
Retrieval	1	0.2%	0.1%
	521	100%	27.3%
<b>2. Mixed Medical/Surgical</b>			
Neonatology	6	3.9%	0.3%
Paediatrics	5	62.5%	5.0%
Medical/Surgical	51	33.6%	2.7%
	152	100%	8.0%
<b>3. Medical nursing</b>			
Infection control	4	3.3%	0.2%
Neurology	11	9.0%	0.6%
Oncology/Haematology	57	46.7%	3.0%
Palliative Care	33	27.0%	1.7%
Renal medicine/nephrology	17	13.9%	0.9%
	122	100%	6.4%
<b>4. Surgical Nursing</b>			
Burns	1	1.8%	0.1%
Wound management	13	22.8%	0.7%
Neurosurgical	10	17.5%	0.5%
Orthopaedic	33	57.9%	1.7%
	57	100%	3.0%
<b>5. Peri-operative</b>			
Anaesthetic	33	25.4%	1.7%
Perioperative	97	74.6%	5.1%
	130	100%	6.8%
<b>6. Midwifery</b>			
Midwifery	189	100%	9.9%
	189	100%	9.9%
<b>7. Aged care</b>			
Aged care	51	63.8%	2.7%
Continence		1.3%	0.1%
Gerontology	28	35.0%	1.5%
	80	100%	4.2%
<b>8. Rehabilitation–Disability</b>			
Rehabilitation	2	100%	0.1%
	2	100%	0.1%
<b>9. Mental Health</b>			
Adult mental health	191	92.3%	10.0%
Child & adolescent mental health	12	5.8%	0.6%
Forensic	1	0.5%	0.1%
Psychogeriatric	3	1.4%	0.2%
	207	100%	10.9%
<b>10. Family &amp; Child Health</b>			
Women's health	16	12.0%	0.8%
Family youth & child health	67	50.4%	3.5%
Maternal & child health	1	8.3%	0.6%
Paediatric & child health	38	28.6%	2.0%
Sexual Health	1	0.8%	0.1%
	133	100%	7.0%
<b>11. Community Health</b>			
Community Health	4	8.3%	0.2%
Public Health	2	4.2%	0.1%
Rural & remote health	31	64.6%	1.6%
Diabetes education & management	11	22.9%	0.6%
	48	100%	2.5%
<b>12. Other</b>			
Nurse education	11	4.2%	0.6%
Research	1	0.4%	0.1%
Management	136	51.5%	7.1%
Other	116	43.9%	6.1%
	264	100%	13.9%
<b>Total</b>	<b>1905</b>		<b>100.0%</b>

## Chapter 2 – Current Scholarship Provision and Speciality Practice

The largest proportion of scholarships were provided to the following specialty areas:

- Intensive Care (11.4%)
- Adult Mental Health (10.0%)
- Midwifery (9.9%)
- Emergency/Trauma (8.0%), and
- Management (7.1).

This breakdown highlights further the dominance of scholarships within *Emergency/Critical Care* with nearly a fifth of all scholarships (19.4%) awarded to registered nurses undertaking postgraduate scholarships in two specialties within the broad band, (namely Intensive Care, 11.4% and Emergency/Trauma, 8.0%).

Scholarships for courses that did not clearly fit into any of the other categories (n=116) were captured in Broad Band 12 – Other/specialty “other”. Table 4.3 in Appendix 4 contains some details of those courses. In some cases it is arguable whether the course listed could be classified as a specialty course and some may have in fact been generic courses. It is likely that if agreed definitions of specialty areas of practice were available many of these would be excluded or could have been re-categorised into a clinical area of practice and incorporated into the previous eleven broad bands. A standardised taxonomy for specialty nursing areas that could be applied to specialty nursing courses would address problems such as this.

It should be noted that this is only a snapshot of one years’ data and may not be representative or reflect trends in scholarship numbers or specialty areas resulting from either change in demand or in policy.

### **Intended qualification level of scholarships**

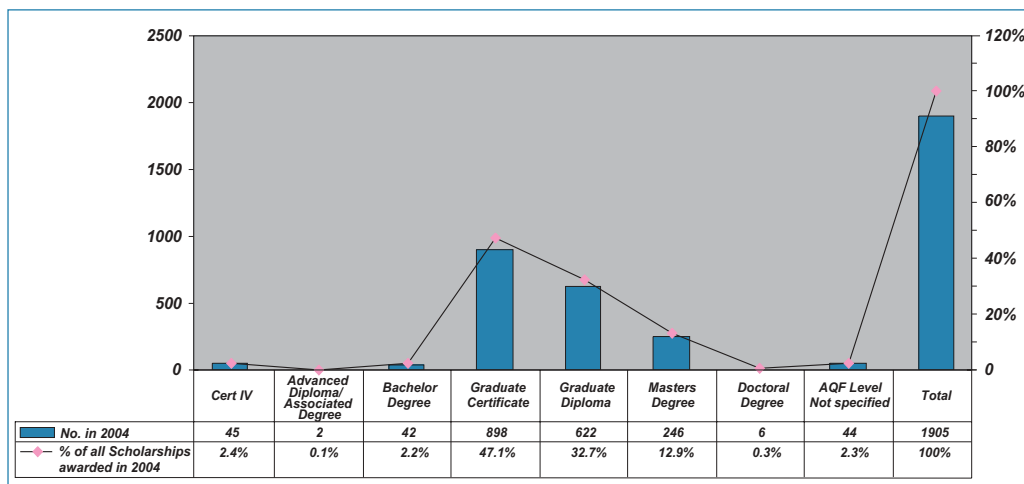
The majority of scholarships provided were awarded for applicants to complete studies at the AQF level of Graduate Certificate (47.1%), followed by Graduate Diploma (32.7%). A summary of the AQF levels is presented in Figure 2. This finding is consistent with the findings of *Our Duty of Care* (p 170) that courses at postgraduate certificate and postgraduate diploma are considered appropriate for entry level to specialty practice.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

It is not clear why some specialties require a higher AQF level for entry to practise or to meet NRA requirements than others or why there is variation in educational levels for the same specialty across Australia. This variation in educational preparation and clinical capability poses a dilemma for employers and workforce planners. The benefits of greater consistency with respect to this would include greater clarity for employers and workforce planners as well as aiding mutual recognition processes.

Factors that influence the AQF for scholarships are local criteria, such as in Victoria where scholarships were limited to courses leading only to a Graduate Diploma or Graduate Certificate. This preferential system or similar exclusionary clauses may also have been in place in other jurisdictions affecting the pattern of AQF recorded.

Figure 2: AQF level for 2004 Scholarships



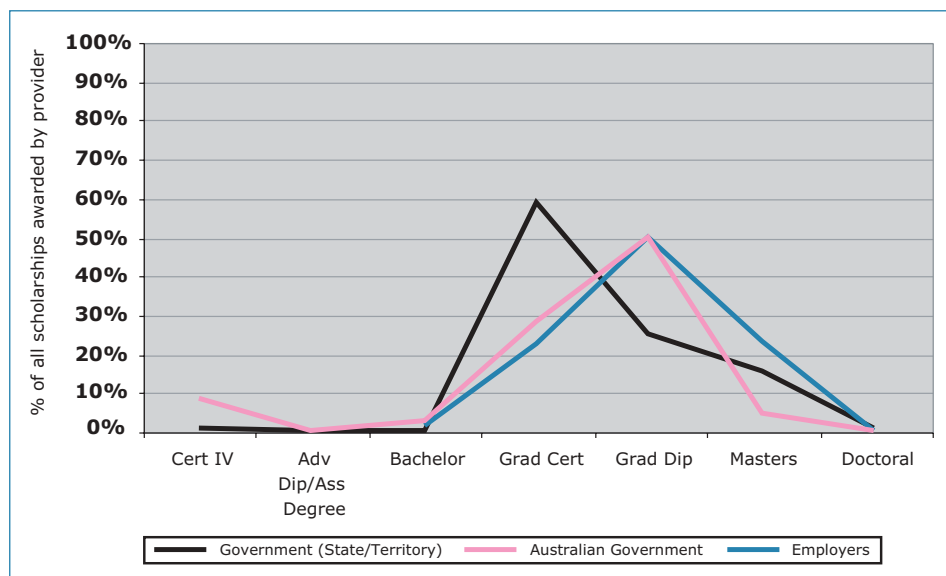
Given that a Graduate Certificate can be completed within six months full time study, this finding may reflect a preference by providers (especially employers) to attain a timelier outcome or be a feature of demand by nurses to complete the lowest acceptable level of qualification to practice in order to save time and money. It is also worth noting, that at the time of the survey only 4% of scholarships provided by Victorian employers were at Masters level. This may however, change should Masters level preparation for Nurse Practitioners become more widely accepted and/or the required standard for endorsement or registration.



## Chapter 2 – Current Scholarship Provision and Speciality Practice

Figure 3 demonstrates the differences in the AQF level between provider groups. For example, more scholarships provided by the Australian Government were awarded to nurses studying for Masters and Doctoral degrees compared to those awarded by State/Territory Governments (23% compared to 15.6%).

Figure 3: AQF level supported across major scholarship providers



### The financial value of scholarships provided

Decisions about the value of scholarships are based on many factors. Overall, the amount of scholarships increased in line with the qualification. This is to be expected given that courses of longer duration will cost more with a Masters degree full time typically taking 18 months-3 years compared to a Graduate Diploma taking just a year full time.

There were differences across provider groups for the same level of qualification. These differences may be accounted for by the funding structure of specific programs. For example, whilst the Australian Government's "Rural and Remote Nurse Scholarship Post Graduate Scheme" allows for recipients costs associated with travel and accommodation and child care expenses, a number of State and Territory programs offered a maximum amount that represented course costs only.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

In addition to the greater range of expenses that can be claimed by recipients, the higher scholarship value associated with the Australian Government funded scholarships may reflect the higher qualification and thus the longer study period involved.

In one jurisdiction, a policy decision was made to provide funding that covered the gap between course fees and the amount that would be paid if the student had been eligible for a HECS funded place. These and other factors will have played a part in the variation in the amounts awarded for scholarships across and within AQF levels as detailed in Table 5.

Table 5: Average Financial value of scholarships by AQF level and provider

		Graduate Certificate	Graduate Diploma	Masters Degree
Employers/ Others Scholarships	Average Range	\$1,991 \$725 – \$12,000	\$3,982 \$650 – \$19,600	\$2,537 \$750 – \$7440
State & Territory Government Scholarships	Average Range	\$1,734 \$1,100 – \$3,200	\$3,183 \$920 – \$9500	\$2,751 \$80 – \$6000
Australian Government Scholarships	Average Range	\$4,373 \$1,870 – \$10,000	\$5,900 \$300 – \$12,000	\$8,366 \$670 – \$18,000

The potential value of a scholarship is clearly tied to the total funding pool available for a provider to award scholarships. Therefore, one approach taken by jurisdictions was to fund as many individuals as possible at a lower “unit cost”. In addition, in some cases the scholarship value reflects the amount as requested by individuals rather than a “set amount per scholarship” approach used by other providers.

In some jurisdictions applicants are required to demonstrate hardship whilst in others this is not required. This highlights that in some cases, the purpose of scholarships, or policy, is focussed on assisting those that cannot self fund further study rather than a more open access policy. In light of the workforce agenda, issues such as this need to be reviewed to ensure that funding guidelines are aligned overall with the aim of recruitment and retention policies.

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### Total expenditure on scholarships

The results of this survey indicate that the amount of scholarship support varies considerably across jurisdictions, reflecting the respective funding and policy directions of the States and Territories.

In a lot of cases, scholarship amounts indicated in survey responses were averages rather than individual amounts, therefore the amounts presented in Table 6 are indicative and do not represent the total investment. That being stated, it is possible to conservatively estimate the total combined government expenditure to be in the region of between \$4–6 million across Australia in 2004.

*Table 6: Estimated State/Territory government expenditure on scholarships in 2004*

	All RN Scholarships	Est Value All State/Territory Gov Scholarships	All State/Territory Gov Scholarships as % of All 2004 Scholarships
ACT	51	\$183,322	100%
NSW	795	\$2,349,406	93%
NT	42	\$130,301	76%
Qld	70	\$145,671	66%
SA	98	\$230,551	66%
Tas	12	\$0	0%
Vic	692	\$715,165	31%
WA	133	\$487,086	86%
<b>Total</b>	<b>1893</b>	<b>\$4,241,502</b>	<b>67%</b>

*Excludes 12 recipients that did not have State or Territory specified*

The contribution of employers to the education of nurses in specialty areas is similarly difficult to quantify. It is possible that in some sectors this could equal or exceed the government sector support. The Victorian data also suggests that in addition to the direct way employers support staff undertaking further study through scholarships, employers also carry the additional financial burden of the so called “hidden” costs such as providing back fill for study leave that are not captured in the value of the scholarship awarded to recipients.

A more meaningful comparison may be to consider the investment in terms of the overall workforce. To do this, the estimated total expenditure was divided by the number of registrations in each jurisdiction (Refer to Table 7). In 2004, the investment by States and Territory Governments in scholarships for specialty nursing ranged from \$0 (Tasmania) to \$47 (ACT) per nurse registered in the jurisdiction.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Table 7: Estimated expenditure on scholarships in 2004 per nurse in each State/Territory

Government in 2004	scholarships \$ per Nurse
ACT	\$47
NSW	\$30
NT	\$39
Qld	\$4
SA	\$12
TAS	\$0
Vic	\$13
WA	\$20
<b>Total</b>	<b>\$19</b>

### Scholarship Programs

As well as surveying scholarship providers about the number and type of scholarships, respondents were also asked for details of their scholarship programs including:

- How specialty areas were identified for scholarship support
- How individuals were selected for scholarships
- Conditions placed on scholarship support, and
- Evaluation of the scholarship program.

#### *Identifying specialty areas for scholarship support*

The basis for deciding which specialty areas should be supported by scholarships is likely to be influenced by the availability of good quality information and by the overall program aims or goals.

When providers were asked how they determined the specialty areas targeted for scholarships most indicated that they used a variety of information to make decisions. "Analysis of demand" for scholarships was the most frequently cited source (29, 43%). However, this result was at odds with the overall relatively poor quality of the data about the demand (defined as total number of applications prior to assessment) for individual specialty areas compared to actual number of scholarships provided.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

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One explanation is that “analysis of demand” for scholarships may have been interpreted as making decisions based on the number of suitable applicants. This would suggest that individual nurses applications in any given year, may have informed decisions rather than a policy directly aimed at augmenting local areas of workforce shortage.

Using workforce information was identified by some providers but “Nursing vacancy data” (25, 37%) and “Data on casual staff usage” (11, 16%) may have been limited by the availability of good quality, longitudinal data in organisations on which to base decisions.

It was anticipated that there would be differences in definitions of vacancy and shortages used by organisations. Accordingly, when respondents indicated they used vacancy or shortages data they were asked to provide details of the actual definitions they used. It was pleasing to note that within jurisdictions, there appeared to be consistency in the definitions used, perhaps reflecting increased collaboration between employers and government to develop and use common nomenclature in workforce planning.

Other ways of defining “vacancy” that scholarship providers used included the number of advertised positions, and turnover rates. A number of respondents described using benchmarking activities such as talking to other hospitals, or more formally, examining industry level strategic planning reports and workforce data to assist in decision making about scholarship areas.

Details of the criteria used by providers to determine specialty areas for scholarships can be found in Table 4.4, Appendix 4.

### ***Deciding on scholarship recipients***

A number of scholarship programs had clear eligibility criteria such as the requirement to be registered in the State, employed by the organisation for a defined period of time or have an offer of a course place. It is likely that at times demand for scholarships may exceed the available budget. In this case, processes for deciding between applicants are needed. Programs with clearly defined policy direction are likely to have established eligibility criteria and selection processes that ensure that the policy outcomes are achieved.

Some scholarship programs employed well-established approaches to determine successful applicants such as the Accessibility/Remoteness Index of Australia (ARIA) methodology for quantifying remoteness.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

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The ARIA score is a key criterion applied by the RCNA when determining eligibility for the Australian Governments' *"Rural and Remote Nurse Scholarship Post Graduate Scheme"* and is consistent with the relevant policy direction to retain nurses in rural and remote areas. Other providers indicated the use of selection panels to evaluate applications.

Although a range of approaches were described by scholarship providers, a key theme to emerge was that decisions about awarding scholarships to individuals were made on the basis of whether it was assessed as being a "good investment" or not. This typically translated as an assessment by the organisation as to whether the applicant was likely to succeed in the study, whether they had demonstrated loyalty to the organisation or whether the specific knowledge/skills acquired would benefit the organisation.

*Some comments that indicate the criteria for decision-making were:*

*"Commitment to nursing in the public sector, relevance of proposed research/ study program to nursing practice or health industry needs, improvement of service available to residents of [jurisdiction] "*

*"The following criteria are used: **1.** The applicant has the demonstrated ability to successfully complete the study program (Standard weighting = 10 points) **2.** The applicant is able to demonstrate their understanding of the study requirements of the course (Standard weighting = 15 points) **3.** The applicant is able to demonstrate the consistency between their professional goals, the academic program/conference and the expected outcomes. (Standard weighting =10 points)"*

*"Commitment and contribution of staff member to organisation, employment hours, benefits of educational opportunity/qualification to organisation".*

*"Expressed interest by the individual. Prior performance by the individual in the workplace. Motivation. Scholastic ability".*

*"Past scholastic achievement"*

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### *Placing conditions on scholarship support*

It was known that some providers place explicit expectations on recipients of scholarships to increase the likelihood that there will be a return on the investment or benefit for the organisation who provided the scholarship. Whilst not necessarily enforceable, a number of providers (both government and non government) did state they entered into a written agreement with recipients that included conditions with respect to the scholarship. Overall, fewer employers (79%) applied conditions on recipients of scholarships compared to government providers (100%). Table 8 shows how different provider groups approached this issue.

*Table 8: Use of conditions on scholarships by provider type*

Provider Group	Conditions Were Applied	Conditions Were Not Applied	Total	% Providers That Applied Conditions
Employers	33	9	42	79%
Higher Education Providers	2	3	5	40%
State/Territory Governments	6		6	100%
Australian Government	1		1	100%
Professional Nursing Organisations	3	2	5	60%
NRA	1		1	100%
<b>Total</b>	<b>46</b>	<b>14</b>	<b>60</b>	<b>77%</b>

The most commonly used approaches were to:

- require repayment for non-completion of studies (62%, 26 responses)
- require scholarship recipients to be “bonded” for a specified period (38%, 16 responses), and
- require recipients to provide ongoing employment details (26%, 11 responses).

Other approaches included requiring recipients to provide a report, a presentation, evidence of course completion, final results or, enrolment as a condition of funding.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

### *Evaluating scholarship programs*

Scholarship program development, like other programs, should be supported by ongoing evaluation and review. Table 9 shows the overall level of evaluation of scholarship programs that was reported. It should be noted that the majority of providers had not formally evaluated their scholarship programs (44,72%). Nine programs (15%) had been formally evaluated within the past 5 years, 8 of those within the past 3 years and 10% of respondents did not know if their program had been evaluated. Two respondents stated an evaluation was planned

*Table 9: Evaluation of Scholarship Programs*

Provider group	Don't know Not specified	Not formally evaluated	Formally evaluated between 3 & 5 years ago	Formally evaluated within the past 3 years	Total
Employers (Private)		6		2	8
Employers (Public)	4	28		3	35
Government (State/Territory)		5		1	6
Australian Government	1				1
Higher Education Provider	3	1		1	5
Nurse Regulatory Authority	1				1
Professional Nursing Organisation	1	3		1	5
<b>Total</b> <b>%</b>	<b>8</b> <b>13%</b>	<b>44</b> <b>72%</b>	<b>1</b> <b>2%</b>	<b>8</b> <b>13%</b>	<b>61</b> <b>100%</b>

A number of factors impact on the ability to evaluate scholarship programs including a lack of robust data systems and lack of clarity or agreement about the role and function of such programs. From the responses received it was clear that there were differing views on whether the individual recipient was the subject of evaluation, the scholarship program or if the outcomes to the system or organisation should be evaluated.

Box 5 demonstrates the differences in approaches employed by providers when evaluating their programs and highlights how the focus or subject of the evaluation influences what is actually “measured”. It was not apparent from the evaluation information provided how the various conditions attached to scholarship recipients such as “bonding” and collecting data on ongoing employment, were actually used to inform any evaluation and this finding is worthy of further attention by those that administrate programs.



## Chapter 2 – Current Scholarship Provision and Speciality Practice

### Box 5 – Scholarship Program Evaluation strategies

<b>Evaluation Subject/Focus</b>	<b>Methods described by Providers</b>
<i>Individual/Scholarship recipient</i>	<ul style="list-style-type: none"><li>• Performance assessment of scholarship recipients by management</li><li>• Academic program evaluation by the student</li><li>• Completion of courses by scholarship recipients</li></ul>
<i>Scholarship program</i>	<ul style="list-style-type: none"><li>• Review of policies/procedures related to the the program administration</li></ul>
<i>Impact on system/organisation</i>	<ul style="list-style-type: none"><li>• Comparison of staffing deficits prior to introducing scholarships and current deficits.</li></ul>

There are some inherent limitations in considering specialty qualification utilisation rates (those nurses with specialty qualifications who are actually working in those areas) as some courses prepare clinicians to work across a number of areas and skill sets are transferable. Respondents raised some of these issues and others used the opportunity to seek advice on how to evaluate programs. This indicates a willingness by providers to consider reviewing established processes should a guiding framework be developed.

Irrespective of the approach, the effectiveness of scholarship programs as a nursing workforce strategy to improve recruitment, retention and utilisation was unclear. Not all programs were evaluated and those that were, used inconsistent evaluation criteria.

### Specialties that could not be supported

Respondents were asked to identify specialty areas that had not been supported through scholarships in 2004 and to provide information about why the organisation was unable to provide support. Table 10 presents the specialty areas identified by respondents that in their view needed scholarship funding but which they were unable to support in 2004.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Table 10: Specialty areas providers were unable to support in 2004

Speciality area identified as needing funding but unable to be supported in 2004	Reason speciality area not supported through scholarships					Total
	Insufficient funding	Appropriate course not available	Insufficient numbers for course viability	Other	Not specified	
Aged care	2				1	3
Anaesthetic	1		1		1	3
Cardiac/Coronary care	1					1
Chemotherapy	1					1
Community health	1					1
Community mental health	1					1
Diabetes education & management	2					2
Emergency/trauma	1					1
Endocrinology			1			1
Gastroenterology			1			1
Gastro-intestinal					1	1
General Medical nursing	1					1
High dependency					1	1
Intensive care	1			1	1	3
Management & Leadership				1		1
Men's health	1					1
Midwifery	4	1		1		6
Neonatal intensive care	1		1			2
Neonatology			1	1		2
Not specified	1					1
Oncology/Haematology	1			1		2
Orthopaedic	1					1
Paediatrics	1					1
Perioperative	2		1	1		4
Rehabilitation	1					1
<b>Total</b>	<b>25</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>43</b>

The majority of respondents identified “insufficient funding” as the barrier to providing scholarships in that area. There was some limited evidence to support the reports that “smaller” specialties or courses with low demand have problems attracting sufficient participants for the courses to be financially viable but more work should be done to better understand this issue and the best options for addressing it.

### Government scholarships

To gain a better understanding of the specific contribution of the government sector, a comparison was undertaken of the 10 ‘most supported’ areas of practice through scholarships by the Australian, State & Territory Governments (Table 11).

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Table 11: Most frequently supported specialties by jurisdiction

Specialties	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust Gov
1 Midwifery	♦	♦	♦	♦	♦		♦	♦	♦
2 Intensive care	♦	♦	♦	♦	♦		♦	♦	
3 Perioperative			♦	♦	♦	♦		♦	♦
4 Rural & Remote health			♦	♦	♦	♦		♦	♦
5 Adult mental health	♦	♦			♦		♦	♦	
6 Family youth & child health	♦	♦		♦		♦			♦
7 Emergency/trauma			♦	♦	♦		♦		
8 Cardiac/Coronary care		♦			♦		♦		
9 Diabetes education & management	♦			♦					♦
10 Palliative Care					♦		♦		♦
Health Services Management	♦	♦							♦
Clinical Nursing				♦		♦			
Clinical Specialist (Nurse Practitioner)						♦		♦	
Paediatrics		♦					♦		
Renal medicine/nephrology			♦	♦					
Adv Life Support in Obstetrics				♦					
Aged care									♦
Community Child & Adolescent Health				♦					
Continence						♦			
Gerontology									♦
High dependency							♦		
Maternal & child health								♦	
Medical/Surgical		♦							
Neonatology	♦								
Nurse education incl. Clinical	♦								
Nursing									♦
Oncology/Haematology		♦							
Orthopaedic								♦	
Other					♦				
Paediatric & child health							♦		
Paediatric critical care								♦	
Wound management								♦	
Health Administration			♦						
Women's health	♦								
Not specified					♦				
<b>Total</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>10</b>
<b>Number of Scholarships included in Top 10</b>	<b>46</b>	<b>514</b>	<b>40</b>	<b>52</b>	<b>79</b>	<b>7</b>	<b>515</b>	<b>127</b>	<b>113</b>
<b>Top 10 As % All Scholarships provided State/Territory</b>	<b>90.0%</b>	<b>67.0%</b>	<b>95.0%</b>	<b>88.0%</b>	<b>87.0%</b>	<b>100%</b>	<b>77.0%</b>	<b>98.0%</b>	<b>74.0%</b>

## Chapter 2 – Current Scholarship Provision and Speciality Practice

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The specialties common to most jurisdictions (that is, represented in the “Top 10” of at least five out of nine jurisdictions) were:

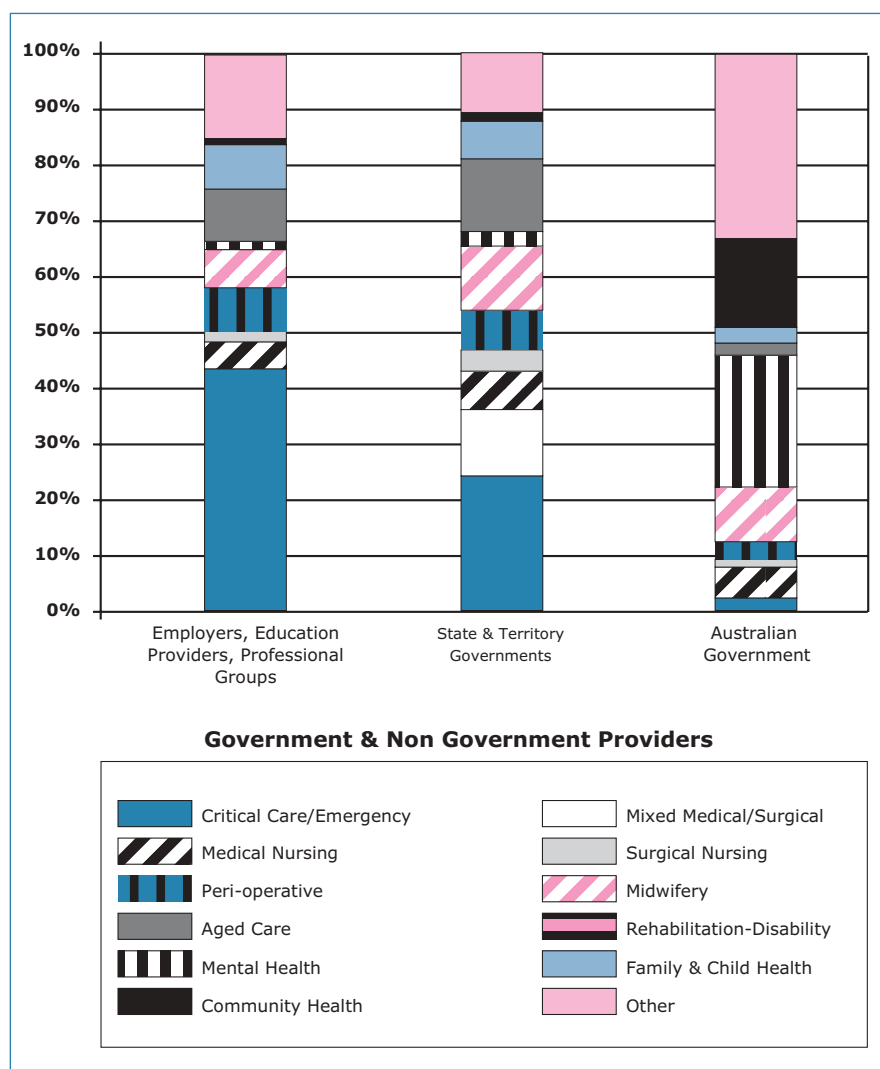
- Midwifery
- Intensive Care
- Perioperative
- Rural and Remote Health
- Mental Health, and
- Family youth & child health.

The “Top 10” specialties accounted for a high proportion of the total number of scholarships in each State and Territory reflecting that the spread of specialty areas was relatively narrow.

At the broad band level, the focus of scholarship support for specialties varied between that of government (State/Territory and Australian Government) and the non-government sector. Refer to Figure 4.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

Figure 4: Scholarship Broad Bands and Provider Types in 2004



## Chapter 2 – Current Scholarship Provision and Speciality Practice

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The key findings from the 2004 data are:

- Scholarships for Midwifery and Medical (namely Oncology/Haematology, Palliative care and Renal/Nephrology) were provided by all three sectors in more or less equal distribution
- Scholarships in Mixed Medical (largely comprised of scholarships for subspecialty of Paediatrics) were almost solely provided by State or Territory Governments
- Scholarships in Critical Care/Emergency, Family & Child Health, Perioperative and Mental Health were largely provided by State and Territory Governments and the non-government (employers) providers
- The Australian Government was the largest provider of scholarships for study in Aged Care and Community Health areas, and
- Whilst the specialty of Management (within broad band Other) is a significant area for investment across both government and non-government providers, the proportion of scholarships awarded for management related studies by the Australian Government was significantly higher (14%) as a proportion of all scholarships they provided when compared to the State and Territory investment (6%) and the non-government sector (8%).

These findings are generally consistent with service funding responsibility, with the Australian Government being primarily responsible for aged care services and the States and Territories being responsible for acute hospital funding.

Detailed tables of the State and Territory breakdown of subspecialties from all providers are in Appendix 4.

### **Planning scholarships for 2005**

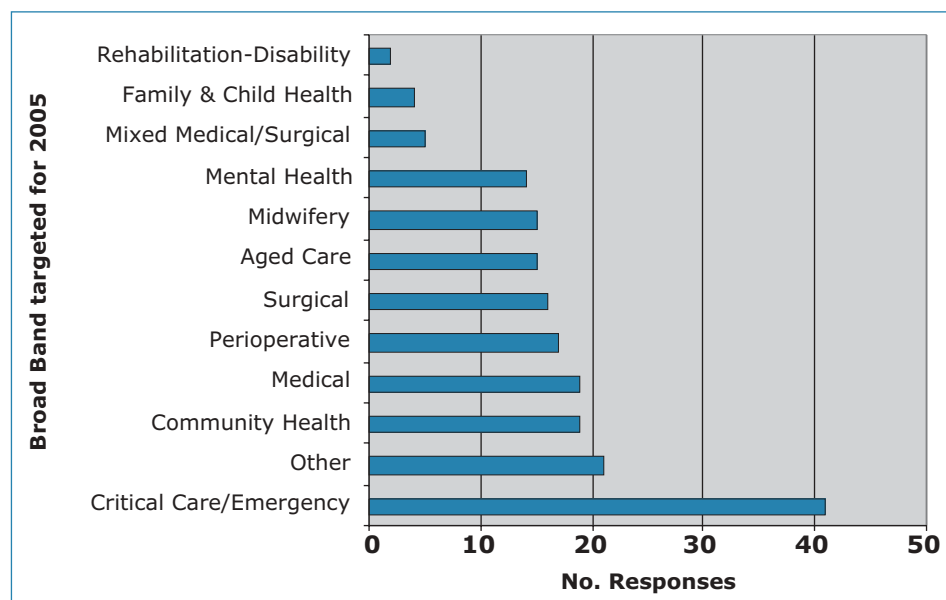
Of those providers who made scholarships available in 2004, just under a third (30.2%) confirmed that they would be providing scholarships to RNs in specialty areas in 2005. The majority (64%) anticipated that the level of funding directed by their organisation for postgraduate scholarships in 2005 will be the same as 2004 level or increased (15%). Only 9% indicated that the level of funding would be reduced.

## Chapter 2 – Current Scholarship Provision and Speciality Practice

The majority of providers who will be providing scholarships in 2005 indicated that they were basing their decisions on known shortages/vacancies or skills the organisation had identified it required (56%, 31). The remainder had not targeted specialty areas but supported a competitive selection process based on applications (24%, 13).

The specialty areas providers were planning to target in 2005 are shown in Figure 5 grouped under the broad bands. Up to 23 specialties were listed as being targeted by one provider although the average number was between four and five specialties. This suggests there is a diffuse approach to “priority” specialty areas adopted by some providers.

Figure 5: Broad bands to be targeted by 2005 for scholarship support



## Chapter 2 – Current Scholarship Provision and Speciality Practice

The concordance of specialties that will be targeted in 2005 to areas of national shortage (DEWR data for 2004) highlights that the focus of attention for scholarships continues to be uneven. A number of areas of national shortage continue such as renal, neurological and Indigenous Health but are not anticipated to receive substantive scholarship support in 2005 (Table 12).

*Table 12: Specialties to be targeted in 2005 & DEWR Shortages*

Skill Shortage List – Professionals March 2004, DEWR		No. Providers that will be targeting specialty in 2005
REGISTERED NURSES		
Cardiothoracic	N	17
Community*	N	17
Critical/Intensive Care	N	17
Perioperative*	N	17
Registered Midwife	N	15
Mental Health Nurse	N	14
Accident/Emergency	N	12
Aged Care*	N	12
Paediatric	N	6
Renal	N	5
Palliative Care	N	4
Neurological	N	2
Oncology	N	2
Neonatal Intensive Care	N	1
Rehabilitation*	N	1
Indigenous Health*	N	0
Operating Theatre*	N	see perioperative

*N = National Shortage*



### Chapter 2 – Summary

The Australian, State and Territory Governments were the largest providers of scholarships to nurses and midwives to undertake postgraduate courses in specialty areas of practice during 2004.

Known shortages/vacancies in specialty areas are informing the decision of providers to offer scholarship in 2005.

In 2004, 48.1% of scholarships were awarded for studies in Critical Care, Emergency, Mental Health and Midwifery. 47.1% of scholarships were to students undertaking courses at Graduate Certificate level.

Evaluation of scholarship programs was limited, with just 28% of scholarship providers stating they had formally evaluated their programs.

Course viability is a factor for courses with low demand however the local factors that influence uptake of courses by nurses is not well understood.

Some providers are targeting large numbers of specialties as “priority” areas. This may have a diffusion effect on demand.

## Chapter 3 Government Nursing Scholarship Policy and Local Workforce Needs



### Current government nursing scholarship policy

To gain an understanding of the policy framework that informed Australian Government and State and Territory scholarship guidelines, a document review was undertaken in conjunction with the audit specified in Recommendation 25 of *Our Duty of Care*.

In 2004, the Australian Government and all State and Territory Governments, except Tasmania, offered scholarships for postgraduate studies in specialist areas.

The Tasmanian Department of Health and Human Services has adopted an alternative approach to supporting the development of postgraduate specialist skills through a partnership agreement with the University of Tasmania ('Partners in Health'). Through this model, the Department has provided the funds for postgraduate clinical educators to support specialist courses in Critical Care, Paediatrics, Midwifery and Emergency Nursing. This approach will be augmented by the introduction of scholarships in Mental Health for 2005.

At the time of the survey, all States and Territories offering scholarships, except ACT were able to provide written policy/guidelines for review. The ACT was able to provide documentation upon further follow up. The findings of the review are summarised in Table 13.

## Chapter 3 – Government Nursing Scholarship Policy and Local Workforce Needs

Table 13: Summary of government scholarship programs, 2004

2004 Scholarship Program	Purpose of scholarships				Clinical Areas Targeted in 2004 as Specified in Policy Documentation (* Indicates follow up occurred by telephone/email)
	Documented Policy/Guidelines Available to Review Team	Workforce Planning	Professional Development	Both	
ACT	Yes			v	Open to midwives, not targeted to any specialty areas.*
NSW	Yes			v	Not stated in policy documentation.
					Emergency, Intensive Care, Mental Health, Midwifery and Perioperative.*
NT	Yes			v	Aged Care, Emergency, Cardiothoracic, Community Health, Critical/Intensive Care, Maternal & Child Health, Mental Health, Midwifery, NICU, Oncology, Perioperative, Paediatric, Remote (Primary Health Care), Renal.
QLD	Yes		v		Not Identified.
SA	Yes			v	Open to midwives, not targeted to any specialty areas.*
TAS	N/A				Not applicable.
VIC	Yes			v	Aged Care, Emergency, Mental Health, Neurosciences, NICU, Nurse Practitioner, Oncology/Palliative Care, Paediatric, Renal and Transfusion Practice.
WA	Yes			v	Open to midwives, Nurse Practitioners, Critical Care, Mental Health & Midwifery specialty areas* specified annually.
Australian Government	Yes	v		v	Aged Care program. Rural & Remote program for those residing in remote/rural areas – not limited to any particular specialty area.

\* Follow up occurred by telephone/email.

ACT does support studies in clinical, research, education, and leadership/management.

The review of written documentation found that there were differences in the stated primary purpose of the scholarship programs between States and Territories. Whilst most policies stated that the provision of scholarships aimed to both support individual nurses professional development and address local workforce needs, one jurisdiction (Northern Territory) only identified a workforce agenda and one focused solely on the professional development of individual nurses (Queensland).

### Government scholarships and meeting local workforce needs

Further, whilst a link to local workforce planning was the stated purpose of six government scholarship programs, only the Northern Territory and Victoria's postgraduate scholarship policies specifically identified the relationship between awarding scholarships and areas of specialty shortage in the documentation available to applicants.

## Chapter 3 – Government Nursing Scholarship Policy and Local Workforce Needs

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However, the impact of workforce imperatives is changing the focus of how policy is implemented even if this is not reflected explicitly in policy documentation. At least two jurisdictions advised that although they had open “expressions of interest” approaches and accepted scholarship applications from all interested parties there was in fact an internal system of ranking applications and giving preference to “priority” areas or areas of special need.

Not surprisingly, State and Territory Governments used “analysis of demand” for scholarships, “nursing vacancy data” and “feedback from employers” to guide decisions about the specialty areas to target for scholarship support. The development of jurisdictional nursing workforce datasets would support such an approach.

Many jurisdictions have developed good processes to align local workforce data and scholarships, such as:

- ACT Health has an “Area Of Need” (AON) criteria in their scholarship scheme. AONs are determined on the basis of workforce data such as vacancies. Applicants from an AON work environment are entitled to receive 100% of a maximum scholarship level as determined by the ACT Health Nursing Scholarship Panel, whilst applicants from a non-AON environment are entitled to receive 75%. The ACT scholarship scheme covers clinical studies but was also recently expanded to include studies with a research, education, leadership/management focus and Enrolled Nurses. The AON methodology can be adapted to assist with further prioritisation of applications if demand increases.
- Western Australia’s Post Registration Scholarship Policy specifies that areas of need are decided each year before the scholarships are advertised and scholarships are only allocated for the courses advertised. The number and value of scholarships vary depending on areas of identified need and funding availability and the funds awarded are intended to offer financial assistance towards paying for the course fees. The Guidelines are updated annually.

### Relationship of government scholarships awarded to the targeted areas

Irrespective of how specialty areas were identified for support, whether they in fact were the areas that received support is an important threshold test of program effectiveness. Accordingly, the allocation of scholarships in jurisdictions that had identified target areas in their publicly available scholarship policies, Victoria, New South Wales, the Northern Territory, and Western Australia, were reviewed to determine whether scholarships had been awarded for nurses to study within those targeted areas in 2004.

#### *Victoria – Targeted areas and actual scholarships provided*

All scholarships (100%) awarded by the Victorian Government for registered nurses to undertake postgraduate courses were in the specialties targeted by the state (Table 14). Two specialties targeted did not have any scholarships awarded in 2004. This was due to the course being withdrawn due to insufficient enrolments. Although actual demand figures were unavailable, the program area reported that demand for scholarships in the targeted areas was greater than the available funding and so applications were graded using consistent criteria.

Table 14: Victoria – Areas targeted and Scholarships provided

Jurisdiction	Specialty Areas Targeted in 2004	Number of Scholarships in 2004
Vic	Renal/nephrology	5
	Oncology/Haematology (including Transfusion practice)	24
	Neuroscience	6
	Paediatric	36
	Mental Health	75
	Aged Care	10
	Neonatal Intensive Care	0
	Emergency	50
	Maternal & Child Health nursing	0
	Midwifery	8
	<b>Scholarships in VIC Government Targeted Areas</b>	<b>214</b>
	<b>All VIC Government Scholarships in 2004</b>	<b>214</b>
	<b>% Government Scholarships in Targeted Specialties</b>	<b>100%</b>

## Chapter 3 – Government Nursing Scholarship Policy and Local Workforce Needs

### *Northern Territory – Targeted areas and actual scholarships provided*

In the Northern Territory a lower proportion of scholarships were awarded within the targeted specialties with 64% of scholarships provided in the targeted areas. Nine specialty areas identified as priority had no scholarships awarded (Table 15).

Although there may be perceived issues with access to specialty courses in the Northern Territory, access to courses with external mode of delivery would be available to nurses. Further, the data provided by Northern Territory for 2004 suggests that the number of scholarships awarded closely reflected the demand. Given that over half the targeted specialties attracted no suitable applicants, innovative ways to improve interest and uptake of scholarships in priority workforce areas that are currently not attracting applications may need to be considered.

*Table 15: Northern Territory – Areas targeted in 2004 and Scholarships provided*

Jurisdiction	Specialty Areas Targeted in 2004	Number of Scholarships in 2004
<b>NT</b>	Perioperative	1
	Midwifery	7
	Remote (Primary Health Care)	0
	Paediatric	0
	Oncology	0
	Community Health	0
	Emergency	0
	Aged Care	0
	Cardiothoracic	0
	Renal	3
	NICU	0
	Maternal & Child Health	0
	Mental Health	0
	Critical Care	6
	<b>Scholarships in NT Government Targeted Areas</b>	<b>17</b>
	<b>All NT Government Scholarships in 2004</b>	<b>33</b>
	<b>% Government Scholarships in Targeted Specialties</b>	<b>52%</b>

## Chapter 3 – Government Nursing Scholarship Policy and Local Workforce Needs

### *New South Wales – Targeted areas and actual scholarships provided*

In New South Wales, 45% of scholarships were provided in the identified priority specialty areas (Table 16). In 2004, scholarships were provided in all five areas targeted by NSW Government (including those scholarships managed through the College of Nursing Incorporating the NSW College of Nursing. Figures on the demand for scholarships in New South Wales (defined as the number of applications received prior to any assessment) demonstrate that there were up to 27% more applications for scholarships in the priority areas than actual recipients. The difference between demand and uptake may have been related to a number of applicants being assessed as unsuitable/failing to meet criteria for scholarship support or to a cap on the number of scholarships for any given specialty.

*Table 16: New South Wales – Areas targeted in 2004 and Scholarships provided*

Jurisdiction	Specialty Areas Targeted in 2004	Number of Scholarships in 2004
NSW	Mental health (including Child & Adolescent MH)	63
	Midwifery	70
	Intensive Care (including Neonatal ICU & Paeds Critical Care)	100
	Emergency	27
	Operating Theatre (includes anaesthetic)	78
	<b>Scholarships in NSW Government Targeted Areas</b>	<b>338</b>
	<b>All NSW Government Scholarships in 2004</b>	<b>744</b>
	<b>% Government Scholarships in Targeted Specialties</b>	<b>45%</b>

### *Western Australia – Targeted areas and actual scholarships provided*

In Western Australia, 85% of scholarships were in the areas targeted. Western Australia's policy documentation states that scholarships are only awarded in the areas specified in the scholarship funding round advertisement (Table 17). Of note is that other specialties were supported and suggests that after funding the suitable applications in priority area there was additional capacity. The fact that demand for mental health was characterised as "low" and just four scholarships were awarded in this priority area again begs the question of how providers can stimulate uptake of study in areas identified as experiencing shortages.

## Chapter 3 – Government Nursing Scholarship Policy and Local Workforce Needs

Table 17: Western Australia – Areas targeted in 2004 and Scholarships provided

Jurisdiction	Specialty Areas Targeted in 2004	Number of Scholarships in 2004
WA	Adult mental health	4
	Intensive care (including Paediatric Critical Care)	31
	Maternal & child health	11
	Midwifery	47
	<b>Scholarships in WA Government Targeted Areas</b>	<b>98</b>
	<b>All WA Government Scholarships in 2004</b>	<b>115</b>
	<b>% Government Scholarships in Targeted Specialties</b>	<b>85%</b>

Other jurisdictions may have targeted scholarship support to particular specialties in a less transparent way. In discussions with government scholarship program areas it was apparent that some jurisdictions may have had an open “expressions of interest” process to scholarships and then subsequently ranked applications according to a set of priorities and criteria. These criteria were not always made apparent to nurses at the point of application. This practice raises questions about transparency of process for applicants. By not identifying areas of need to the field, the opportunity for positively marketing and attracting nurses to study in these areas may be reduced. Further, there may be some overlap or gaps created between providers that could be avoided if there were clearer statements of priority areas being targeted by organisations.

There is a need to reexamine the place of government scholarship programs in addressing local workforce/skills deficient rather than responding to the expectations and the needs of individual nurses. Identifying priority areas for support is only the first step and must be followed by action to ensure all reasonable steps are taken to achieve the targets. The barriers or limiting factors need to be clearly identified and innovative solutions found if persistent shortages are to be addressed.



## Chapter 3 – Government Nursing Scholarship Policy and Local Workforce Needs

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### **Chapter 3 Summary:**

The purpose of scholarship programs varied between States, Territories and the Australian Government.

Only two government policies specified the relationship between awarding scholarships and areas of shortage in documentation available to applicants.

Irrespective of how specialty areas were identified for support, whether they in fact were the areas that received support is an important threshold test of program effectiveness.

Only one jurisdiction awarded all scholarships in 2004 to nurses studying in the specialties targeted by the state.

## Chapter 4 Government Scholarships & National Nursing Shortages



As well as shortages of general nurses there are national shortages of many categories of specialist nurses (Department of Employment and Workplace Relations 2003). As a major provider of nursing scholarships, the government sector has potential to impact on national skills shortages in nursing.

To understand if government scholarship policy is influenced by knowledge of specialist nursing shortages, both current and predicted, the data from the survey on scholarships to support

nurses to study postgraduate specialist nursing courses in 2004 were compared to the best available data on shortages at the time. The data sources used were:

1. DEWR Skills Shortage data
2. The Critical Care Nurse Workforce in Australia, 2002 – 2011, and
3. The Midwifery Workforce in Australia, 2002 – 2012.

### 1. DEWR skills shortage list and scholarships

Department of Employment and Workplace Relations (DEWR) compile reports on shortages in selected skilled occupations, including nursing (Box 6). In 2003, national shortages were listed in seventeen specialist nursing categories.

The DEWR data on specialty nursing shortages is one source of available data that could inform the decisions about scholarship opportunities and Table 18 shows the DEWR area of nursing shortages during 2003 and reported February 2004 and the scholarships actually provided for studies in those specialty areas in 2004.

## Chapter 4 – Government Scholarships & National Nursing Shortages

Table 18: 2004 Government Scholarships and DEWR 2004 Shortages

Skill Shortage List – Professionals March 2004, DEWR

	Aust	NSW	VIC	QLD	SA	WA	TAS	NT	% of All 2004 Scholarships offered in this area
REGISTERED NURSES – General *	N	S	S	S	S	S	S*	S	–
Accident/Emergency	N	S	S	S	S	S	S	S	8.0%
Aged Care*	N	S	S	S	S	S	S*	S	4.2%
Cardiothoracic	N	S	S	S	S	S	S	S	0.0%
Community*	N	S		S	S	S	S*	S	2.5%
Critical Care	N	S	S	S	S	S	S	S	11.4%
Indigenous Health*	N	*		S	S	S		S	0.0%
Neonatal Intensive Care	N	S	S	S	S	S	S	S	1.3%
Neurological	N	S	S	S	S	S	S	S	0.6%
Oncology	N	S	S	S	S	S	S		3.0%
Operating Theatre*	N	S	S	S	S	S	S*	S	N/A
Paediatric	N	S	S	S	S	S	S	S	5.0%
Palliative Care	N	S	S	S	S	S	S		1.7%
Perioperative*	N	*	S	S	S	S	S	S	6.8%
Rehabilitation*	N	S	S	S	S	S	S*	S	0.1%
Renal	N	S	S	S	S	S	S	S	0.9%
Registered Midwife	N	S	S	S	S	S	S	S	9.9%
Mental Health Nurse	N	S	S	S	S	S	S		10.9%
Enrolled Nurse*	N	S*	S	S	S	S	S	S	–
									<b>66.3%</b>

DEWR Notes:

\* = Shortages may be restricted to specialist skills. Occupations marked with an asterisk have qualifying comments below

N = National shortage S = State-wide shortage

Registered Nurse: NSW: indigenous health is not recognised as a separate specialisation in NSW.

Separate information on perioperative nursing is not available for NSW. TAS: shortages for registered nurses are particularly apparent in the specialisations of operating theatre, rehabilitation, community nursing, aged care, and for positions outside Hob

Enrolled Nurse: NSW: shortages are especially for mothercraft, mental health and acute care.

Whilst the majority (66.3%) of Government scholarships awarded to nurses in 2004 were in areas of national specialist nursing shortage identified by DEWR, there are difficulties in interpreting this figure, primarily because there is no consensus about the level of scholarships that should be provided across specialty areas.

Notably, five specialty areas that are nominated by DEWR as areas of national nursing workforce shortage had either no scholarships or less than 1% investment in terms of scholarships, namely:

- Cardiothoracic
- Indigenous Health
- Neurology
- Rehabilitation, and
- Renal/Nephrology.

## Chapter 4 – Government Scholarships & National Nursing Shortages

### **Box 6 – DEWR Information on Areas of Skill Shortage:**

*Skill shortage data covers Trades, Professionals and Information and Communication Technology (ICT) skills. An annual report is produced.*

*Compiled through contact with industry, education and training providers and employer and employee organisations (especially those who have advertised vacant positions) and with demand and supply trends for selected occupations.*

*Definitions Used by DEWR:*

*"Skill" is not defined.*

*"Shortages" – "when employers are unable to fill, or have considerable difficulty in filling, vacancies in an occupation, or specialised skill needs within that occupation, at current levels of remuneration and conditions of employment, and reasonably accessible location"*

*"National shortage" – when there are shortages in the three largest states, or in a majority of states.*

*(Department of Employment and Workplace Relations 2004; Coulter 2004)*

### **2. Critical Care nurse workforce planning and scholarships**

The findings of the AHWAC report on the Critical Care nurse workforce indicated that between 722–1356 new entrants to the critical care nurse workforce are required nationally each year to meet demand.

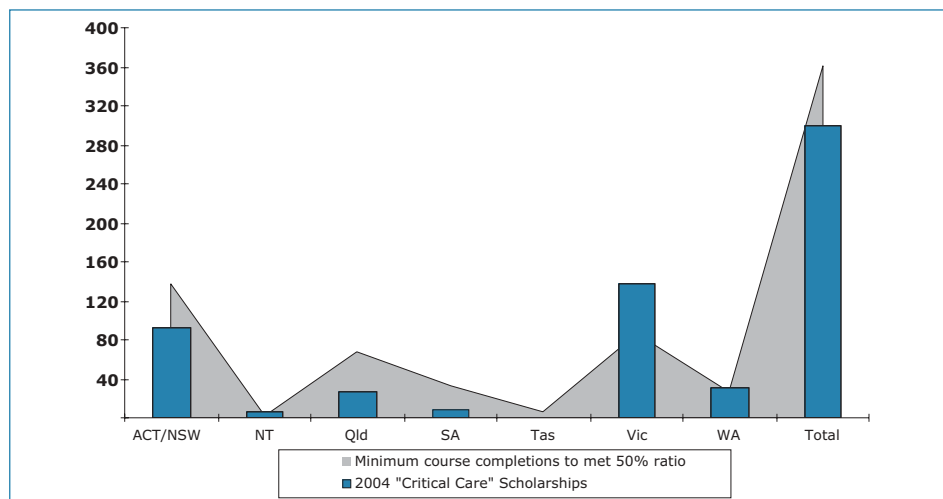
The comprehensive modelling in the AHWAC report takes into account current shortages as well as a range of factors relating to supply and demand of this specialist workforce. Importantly, it incorporates an industry standard staffing mix of "ICU qualified staff" to "Non ICU qualified staff"<sup>10</sup> and thereby provides some guidance on the optimal number of nurses that need to undertake postgraduate courses in the future to meet demand.

Information on the actual number of places in critical care courses in each jurisdiction is not readily available. Similarly, there is no data about how many students in courses are recipients of scholarships. Given this limitation and assumption was made that the number of scholarships must *at least* be equal to the number of places.

## Chapter 4 – Government Scholarships & National Nursing Shortages

The projected course completions suggested by AHWAC to achieve the minimum ICU staffing ratio were compared to the actual number of scholarships provided in each State and Territory for critical care studies. The definitions of "Critical Care" and "Intensive Care" used by AHWAC were adopted to map against finding from the scholarships survey<sup>11</sup>.

*Figure 6: Critical Care scholarships and number of course completions to meet demand, 2004*



Across Australia, the total number of "Critical Care" scholarships accounted for 85.5% of the course entrants needed to meet the ICU minimum staffing level projections. However, there was significant variation in the degree to which the level of scholarships aligned with required number of course entrants in each State and Territory. Victoria, Northern Territory and Western Australia awarded a greater number of scholarships than the minimum number of completions required whilst the remaining States and Territories awarded fewer than the required completions. In particular, Tasmania, NSW/ACT and SA had fewer scholarships than the number of course entrants required (Table 19).

11. For this purpose Critical Care includes subspecialties Intensive Care, Coronary Care and High Dependency. Paediatric Intensive Care was excluded.

## Chapter 4 – Government Scholarships & National Nursing Shortages

Table 19: 2004 Critical Care scholarships, course completions needed to meet demand by jurisdiction

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total
ICU shortages/ICU RN vacancies in 2000–2001	6	172	6	84	41	12	94	44	460
Proportion qualified Critical Care nurses 2001(State data) #	50%	50.4%	60%	43.0%	60.3%	63%	80.4%	39.0%	–
Source: Critical Care Workforce in Australia 2001–2011 (Note: ACT & NSW projections and scholarships combined in source data, # NSW and Victoria data as reported by AIHW 1999)									
2004 "Critical Care" Scholarships	92	6	26	8	0	137	31		<b>300</b>
Minimum course completions to met 50% ratio	137	2	67	33	6	87	27		<b>361</b>
Scholarships as % Projected Minimum Course numbers	67.2%	300.0%	38.8%	4.2%	0.0%	157.5%	114.8%		<b>85.5%</b>

Scholarships in the areas of Intensive Care and High Dependency collectively accounted for 12.9% of all scholarships in 2004 and were the largest group of scholarships provided across Australia.

Work by Ogle et al (National Review of Nursing Education 2002) indicates that postgraduate courses in Critical Care were available in all States and in the ACT at that time. Although there is no critical care course available in the Northern Territory, scholarships were still provided, presumably for external study mode indicating that distance is not necessarily a barrier to study in specialty areas that are strategically targeted for support.

The relationship between current shortages, required proportion of “qualified staff” and numbers of scholarships is difficult to determine. One example is Queensland where the Critical Care Nurse Workforce in Australia, 2002 – 2011 found there were documented ICU shortages (as measured by vacancies) and it was below the industry standard staffing ratio of ICU qualified staff. The scholarships data showed that few scholarships in 2004 were for Critical Care. However, in 2003 Queensland Health directed all available funding to scholarships for Critical Care in response to the AHWAC report. In 2004, program funding reverted to being open to applications for all specialties.

This highlights the difficulties of developing a sustainable approach to scholarship support within the available budget and given that the projected numbers of course completions are annual, “one off” efforts are just that and will not have lasting impact. Additionally, support for other specialty areas is likely to be limited when “one off” initiatives are tried.

## Chapter 4 – Government Scholarships & National Nursing Shortages

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It is also evident from the Queensland example that scholarships are not the only way to recruit, retain and utilise nurses in areas of specialty practice; they should be viewed as part of the overall policy framework. Queensland data must also be viewed in context of the Queensland policy, which directs funding to multiple "Transition to Practice" programs for nurses including those wishing to work in an intensive care environment. These programs are fully funded by Queensland Health and those undertaking the program exit with credit towards a Graduate Certificate in Critical Care. This may affect the number of nurses who subsequently apply for scholarships.

At the time of the AHWAC report, Victoria had ICU shortages but exceeded the 50% minimum staffing ratio. Based on 2004 Victorian scholarship data alone the number of course entrants required for self sufficiency was exceeded.

The factors that contribute to turnover of specialist nursing workforces are important components of planning but equally the expectations of those undertaking such courses is worthy of attention.

Anecdotal reports indicate that nurses may be attracted to courses such as Critical Care to improve their competency and confidence in clinical/physical assessment. These reports are given some credence with the findings of the recently released Nursing Labour Force study in Victoria (Australian Institute of Health and Welfare 2004) which found that whilst a critical care qualification was the most frequently held postgraduate qualification, only 55% of nurses with this qualification were "utilising" that qualification at the time of the census. Utilisation was defined as the relationship between the nurses "area of activity" (or area of nursing in which the nurse primarily worked) and the field of their qualification at the time of the census.

Such findings however, should not necessarily be seen as a loss if the nurse remains in the workforce, as experienced and well-trained professionals bring the additional specialty skills and competencies acquired with them to a different role and setting. However, the findings should be considered when developing workforce policy (including evaluation) as it could be argued that the expenditure on scholarships for postgraduate studies is creating more diffuse effects across the profession. Other methods, such as "in service" education, and short courses, may have a role to play.

### 3. Midwifery workforce planning and scholarships

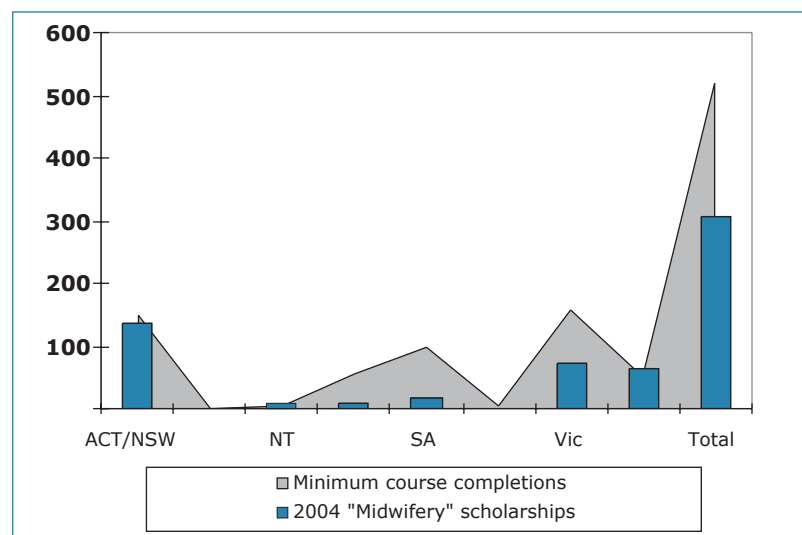
The Midwifery Workforce in Australia 2002–2012 report (Australian Health Workforce Advisory Committee 2002) estimated that there was a national deficit of 1,847 midwives ranging from a shortage of 696 midwives in New South Wales to areas where there is a supply balance such as Tasmania and Northern Territory. The AHWAC report included projections for each State and Territory of the number of courses completions needed each year to meet demand.

#### *Midwifery speciality practice*

In order to practice as a midwife in Australia, individuals must have successfully completed a midwifery program recognised by the State or Territory NRA<sup>12</sup>. Like other courses leading to practice in specialty areas before the transfer of nurse education, courses leading to registration as a midwife, were conducted in hospitals over one year with participants receiving a post registration certificate upon completion. Since the final hospital based certificate course ceased in 2001, most nurses now become registered as midwives after completing a Graduate Diploma of Midwifery, or a Bachelor of Midwifery (Australian Health Workforce Advisory Committee 2002, p.23).

Scholarships for postgraduate Midwifery (including Maternal and Child Health) were compared to projected course completions from the midwifery workforce modelling. Access to postgraduate courses in Midwifery is even, with courses available in all States and Territories.

*Figure 7: 2004 Midwifery scholarships and number of course completions to meet demand*



12. While the move to recognise midwifery as a distinct discipline separate to nursing is noted, in keeping with the intent of the National Review of Nursing and Recommendation 25 on scholarships midwifery is considered a specialty area of nursing in this report.



## Chapter 4 – Government Scholarships & National Nursing Shortages

Overall in 2004, scholarships awarded to those studying Midwifery accounted for only 59% of the course completions required to meet the projected workforce needs across Australia identified by AHWAC. Only two jurisdictions, Western Australia and Northern Territory awarded a greater number of scholarships than the minimum number of completions they required at State level. Information on the actual number of places in midwifery courses in each jurisdiction is not readily available. Similarly, there is no data about how many students in courses are recipients of scholarships. Given this limitation and assumption was made that the number of scholarships must *at least* be equal to the number of places.

Based on the data received for 2004, several jurisdictions with shortages in midwifery were only providing scholarships to a very small proportion of the workforce needed to meet local demand. Queensland, South Australia and Tasmania provided scholarships to less than 20% of the minimum number of midwives required as determined by AHWAC.

*Table 20: 2004 Midwifery scholarships, course completions needed to meet demand by jurisdiction*

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Total
Midwifery Estimated Shortfall	-762	-67	-43	-427	-419	-72	-386	-33	-1847
Minimum course completions	149		3	57	97	6	158	49	519
<i>Source: Midwifery Care Workforce in Australia 2002–2012 (Note: ACT &amp; NSW projections and scholarships combined in source data)</i>									
Scholarships in Midwifery	71	9	7	2	16	0	32	51	189
Scholarships in Maternal Child Health	52	4	0	8	0	1	39	11	116
<b>Total 2004 "Midwifery" scholarships</b>	<b>136</b>		<b>7</b>	<b>10</b>	<b>16</b>	<b>1</b>	<b>71</b>	<b>62</b>	<b>305</b>
Midwifery scholarships as % of Required Course Completions	91%		223%	18%	16%	17%	45%	127%	59%

In recent times there has been a growing international trend to recognise midwifery as a distinct discipline in its own right. This has resulted in the introduction of a three-year bachelor of midwifery qualification which meets the requirements of some NRAs for registration and there is no requirement for graduates to also hold a nursing qualification. These changes will require consideration by workforce planners, for example changes to the model of midwifery care and the introduction of direct entry to midwifery practice will have an important impact on the workforce in the future.

However, despite these changes, the high quality planning data now available from these two reviews make it imperative that jurisdictions use this information to inform their ongoing workforce planning.

### **Australia's future health needs – National Health Priority Areas (NHPAs)**

The overview of the development of NHPAs has been discussed in Chapter 1. To gain a perspective of the specialty areas that are likely to require a skilled nursing workforce in the future and thus be of interest to providers of scholarships, the specific diseases identified as National Health Priorities were reviewed.

The following NHPAs were considered relevant to the provision of scholarships and this study:

- Aboriginal and Torres Strait Islander Health
- Asthma
- Cancer
- Cardiovascular health
- Diabetes
- Mental health, and
- Arthritis & Musculoskeletal Conditions

A mapping exercise was undertaken to identify the nursing specialty areas that directly matched the skill set and specialty knowledge associated with those specific National Health Priorities. A further group of related skills were identified that would add capacity to the system to manage the National Health Priorities indirectly and/or across several NHPA such as Rehabilitation, Aged Care and Health Promotion. The scholarships awarded in 2004 for study in those specialties were then identified and calculated as a percentage of all scholarships (Table 21).

## Chapter 4 – Government Scholarships & National Nursing Shortages

Table 21: National Health Priority Areas, DEWR shortages and scholarships provided in 2004

National Health Priority	Related Nursing Specialty (Modified from NMLFC)	National DEWR Skill Shortage in 2003	Course Available (No. of States/Territory)	% all Scholarships in 2004
Aboriginal & Torres Strait Islander Health	Indigenous Health	Yes	1	0.0%
Asthma	Asthma education & management Respiratory	– –	1 1	0.0% 0.0%
Cancer	Oncology/Haematology	Yes	7	3.1%
Cardiovascular Health • coronary heart disease • stroke • heart failure • peripheral vascular disease	Cardiac/Coronary care/ Cardiology Neurology(Neurosurgery/ Neuroscience) Cardiothoracic Vascular	Yes – Yes Yes –	4 3 3 1 0	3.0% 0.0% 0.6% 0.0% 0.6%
Diabetes	Endocrinology Diabetes education & management Renal Medicine/Nephrology Ophthalmology	– – Yes –	0 4 4 0	0.0% 0.4% 0.9% 0.0%
Mental Health	Adult Mental Health Child & Adolescent Mental Health Forensic Psycho geriatric Rural & Remote Mental Health	Yes     	5 1 1 0 2	10.5% 0.7% 0.1% 0.0% 0.0%
Arthritis & Musculoskeletal Conditions • Osteoarthritis • Rheumatoid arthritis • Osteoporosis	Orthopaedic	–	4	1.8%
	Other Associated Specialties: • Health Education/ Disease Management • Health Promotion • Aged Care • Gerontology • Rehabilitation	– – Yes – Yes	0 1 2 7 4	0.0% 0.0% 2.2% 0.3% 0.1%

## Chapter 4 – Government Scholarships & National Nursing Shortages

The key findings from that mapping are:

- Less than half (48.7%) of all the scholarships reported in 2004 were in those areas that mapped to NHPAs
- Nine of the 16 specialty areas identified by DEWR as areas of national shortage were also areas identified as National Health Priorities, indicating that where there were already shortages in specialist nursing, these are also areas that will need an enhanced nursing workforce, both in terms of numbers and skill, to meet future needs (Table 21), and
- A lower proportion of scholarships in specialties directly related or associated with NHPAs (27.4%) were provided by government compared to the overall rate (48.7%). The range between jurisdictions was 0% in Tasmania to 46% in Victoria. (Table 22).

Table 22: Proportion of scholarships in each jurisdiction that aligned with National Health Priority Areas in 2004

Scholarships Directly Related to National Health Priority Areas	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust Gov	Total Gov
Aboriginal and Torres Strait Islander Health										
Asthma										
Cancer		45					2		1	<b>48</b>
Cardiovascular Health		41			2		6			<b>49</b>
Diabetes	1		4	1	1		5	11	4	<b>27</b>
Mental Health	5	57			16		75	4	3	<b>160</b>
Arthritis & Musculoskeletal Conditions	1	25						4		<b>30</b>
Scholarships in specialties directly related to NHPA	7	168	4	1	19	0	88	19	8	<b>314</b>
Scholarships in specialties "associated" with NHPA	0	29	0	0	0	0	10	0	35	<b>74</b>
<b>Total NHPA Scholarships</b>	<b>7</b>	<b>197</b>	<b>4</b>	<b>1</b>	<b>19</b>	<b>0</b>	<b>98</b>	<b>19</b>	<b>43</b>	<b>388</b>
"NHPA" scholarships as % of all Scholarships awarded by Jurisdiction	14.9%	26.5%	12.1%	2.0%	33.3%	0%	45.8%	16.5%	28.1%	<b>27.4%</b>

The significance of work such as NHPAs has not been fully recognised by key providers of scholarships. This information and other national workforce data should be more effectively used to inform policy relating to scholarships.

### **Chapter 4 Summary:**

The majority (66.3%) of government scholarships awarded to nurses in 2004 were in areas of national specialist nursing shortage identified by DEWR, however, five specialty areas that are nominated by DEWR as areas of national nursing workforce shortage had either no scholarships or less than 1% investment in terms of scholarships.

Nine of the 16 specialty areas identified by DEWR as areas of national shortage were also areas identified as National Health Priorities. Less than half (48.7%) of all the scholarships reported in 2004 were in areas that could be mapped to NHPAs.

There is good data available on the number of additional critical care nurses and midwives needed annually to meet demand.

Across Australia, the total number of “Critical Care” scholarships awarded accounted for 85.5% of the projected numbers needed and scholarships awarded to those studying Midwifery accounted for only 59% of those required.

## Chapter 5 – Scholarship Programs

### Chapter 5 – The Way Forward



The results presented in this report represent a snapshot of scholarship opportunities for registered nurses and midwives to undertake postgraduate study within Australia in 2004 and should be viewed as indicative only as the findings do not represent all of the support and investment by employers, education providers and the profession in maintaining a skilled nursing workforce. As the largest single provider of scholarships, the Australian, State and Territory Governments were comprehensively captured through the survey process.

As the largest component of the health workforce, the structure and functioning of the nursing workforce is critical to the functioning of the overall health system. Investment by the Australian, State and Territory Governments will assist in developing a nursing and midwifery workforce that is knowledgeable, skilled, competent and optimally distributed to achieve equitable health outcomes.

It is evident that there is investment by all jurisdictions to recruit and retain nurses and midwives and that the provision of scholarships has been one component of this investment. However, the extent to which this investment is realised cannot currently be measured. A number of key issues have been identified through this project which, if addressed, will assist the development of a broad policy framework for the provision of future scholarship programs.

#### Where should we target additional investment in scholarships?

At this time the Taskforce is limited in the extent to which it can provide definitive advice on the number of additional scholarships required in any given specialty in line with the intent of Recommendation 25. Determining actual numbers of scholarships required assumes that there is an agreed position on the overall proportion of staff that should hold specialist qualifications for safe, quality care in specialised areas and an agreed taxonomy of nursing specialties.

The AHWAC Midwifery Working Party (Australian Health Workforce Advisory Committee 2002) concluded that there was no available or agreed calculation tool to determine staffing requirements for midwifery services in Australia. Minimum nurse to patient ratios and nursing hours per patient day arrangements determined under the auspices of industrial relations agreements have determined the appropriate number of registered nurses required in some States and Territories however, other than the industry standard for minimum ICU staffing (Faculty of Intensive Care Australian and New Zealand college of Anaesthetists 1997; Australian Council on Healthcare

## Chapter 5 – Scholarship Programs – The Way Forward

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Standards 2002), the level of nurses with postgraduate qualifications required for other specialty areas has not been quantified or agreed.

Any attempt to fully quantify the number of nursing specialty courses available, the funding support available from the Australian Government, or State and Territory sources, and make recommendations for ongoing financial support based on vacancies in these areas is also dependent on an agreed definition of a nursing specialty. Whilst there are some generally accepted specialty areas within nursing such as critical care and mental health, there is no nationally accepted classification of nursing specialties. In the absence of a nationally agreed definition, this report adopted and modified the most consistently used classification available – those listed in the NMLFS. However, as indicated in chapter 2, the NMLFS has limitations.

The mobility of the nursing workforce is such that there is a need to have greater national consistency in workforce policy so that mutual recognition of qualifications can occur. The need to define what constitutes a nursing specialty and the processes by which qualifications are awarded and recognised has been acknowledged by Health Ministers and as a result, issues in relation to nurse specialisation have now been referred to the National Nursing & Nursing Education Taskforce for consideration and is the subject of a separate piece of work. Once this work is completed, it will assist workforce planners and education providers to meet workforce shortages through the provision of a planned & coordinated development of specialty nurse education.

The management maxim that is now gaining acceptance in health “If you can’t measure it you can’t manage it” is especially applicable to this critical area of health workforce policy.

Effective evaluation and review of scholarship programs can only be undertaken if the purpose of the program is clearly defined and measurable performance indicators are set. In planning for scholarships, agencies use diverse sources of information to determine subspecialty areas to be targeted for support, the most common being an analysis of demand and vacancy data. In the absence of nationally agreed definitions of a vacancy and turnover, it is difficult to determine the extent of shortages in any given area of practice. Until work has been completed to develop the national health workforce dataset, AHWAC’s guide to nurse workforce planning released in 2004, (Australian Health Workforce Advisory Committee 2004), provides a list of key indicators that may be used to assess the nursing workforce which, if applied uniformly across jurisdictions, will not only provide useful information regarding the adequacy of the nursing workforce, but will also inform the policy direction of funding initiatives in the interim.

## Chapter 5 – Scholarship Programs – The Way Forward

Whilst 'Workforce planning for specialty areas of nursing is highly complex and poorly understood' (Australian Health Workforce Advisory Committee 2004) some agreement on fundamental underpinning work is needed to make progress in this area.

### **Recommendation 1:**

*To facilitate greater consistency in data collected by government and individual scholarship providers and to enable greater comparison between programs and assist in establishing best practice, Australian, State and Territory Governments should:*

- utilise indicators of workforce adequacy (for example those outlined in "Nurse Workforce Planning in Australia"), to determine the need for future scholarship programs and funding initiatives to recruit and retain nurses and midwives, and*
- ensure that the provision of such programs are coordinated with education providers and other providers of scholarships (eg employers) to maximise investment.*

### **National Policy – its role in shaping workforce investment**

The review of government scholarship documentation and policy statements demonstrated the different aims of scholarship programs. The development of scholarship programs appears to have been influenced by local forces and policies resulting in variation in the focus and expectations across jurisdictions. Whilst some State and Territory scholarship programs have developed to meet local workforce needs, others have developed a broader response that appears to be driven by demand from nurses and midwives to study in those areas of interest to them.

The vision and actions detailed in the *National Health Workforce Strategic Framework* have been developed to guide Australia's investment in its health workforce (Australian Health Ministers' Conference 2004). Released in April 2004, the Framework recognises that a collaborative, multidisciplinary approach is needed so that health workforce issues may be effectively tackled and sets out a vision for the Australian health workforce for the first part of the 21st century.

The framework provides an impetus for jurisdictions to review current workforce policy to ensure alignment with this national direction. In particular, nursing postgraduate scholarship programs should be integrated in a broader



## Chapter 5 – Scholarship Programs – The Way Forward

policy framework relating to recruitment and retention to ensure that the nursing workforce is developed in the context of the whole health workforce.

In the current context, documented skill shortages and national health priorities should guide government investment in initiatives that build workforce capacity. There is now quality planning data available for the specialty areas of practice within nursing of Critical Care and Midwifery. However, this audit found that most jurisdictions were only providing scholarships to meet a small proportion of the volume required to meet local demand at the time they were surveyed.

The picture was similar when comparing scholarships awarded to nursing specialty areas that directly match the skill sets and specialty knowledge required to meet the needs of National Health Priority Areas. Since 1996, jurisdictions have agreed on a number of National Health Priority Areas of health care that should be planned and managed in a collaborative manner. Despite this, less than half (48.7%) of all the scholarships reported in 2004 were in those areas that mapped to NHPAs.

Further, whilst the majority of scholarships awarded to registered nurses were in areas of specialist nursing shortage as identified by DEWR, there was still a number of areas of shortage which had either none or less than 1% investment in terms of scholarships.

In the presence of robust, comprehensive data such as that available on the critical care and midwifery workforce and other planning data, it should be possible for scholarship programs to be strategically directed to better meet current and projected workforce shortages. The projections made in the Midwifery and Critical Care Workforce reports provide the impetus for developing long range strategies to meet projected demand, however, providers of scholarships and other like initiatives should also develop policies that are flexible enough to respond to immediate and shorter term priorities as well. In order to achieve this flexibility, regular review of policies will be required.

### **Recommendation 2:**

*That the Australian, State and Territory Governments continue to provide postgraduate scholarships to nurses and midwives particularly in areas of current and predicted shortages eg Midwifery and Critical Care. Scholarship programs should be informed by, and be based on, the best available evidence, including current service need and workforce projections both local and national, and the effectiveness and need for programs reviewed at least annually.*

### Addressing the “critical mass” dilemma

The availability of courses in some areas of practice across States and Territories has also been identified as a factor influencing the number of specialist nurses (National Review of Nursing Education 2002). Without adequate numbers of applicants to ensure course viability, some universities are unable to develop and provide specific courses for areas of practice with small workforce numbers. These findings were reflected in Recommendation 25 from *Our Duty of Care*, and as a means to addressing this, it was suggested that opportunities for contracting courses on a national basis should be explored. This issue was explored through the survey process however, the results indicated only limited evidence to support the reports that “smaller” specialties or courses with low demand have problems attracting enough participants for the courses to be financially viable.

One approach is to consider national programs. New Zealand is currently considering such a policy (Ministry of Health Government of New Zealand 2004) as it is argued that fragmentation of funding acts as a barrier to enhancing postgraduate nursing education.

In the Australian federal context, developing a national program is more complicated. However, given that a number of specialties with low levels of demand or interest are also areas of need in terms of workforce planning, the State, Territory and Australian Government’s role in attracting interest in and in achieving greater uptake of study in these specialty areas warrants attention.

The difficulties in achieving the numbers of staff with the qualifications that are required to meet workforce numbers in some specialties areas are often as a result of the area being viewed as less desirable clinical disciplines to practice or study. Meeting the future health priorities as detailed in the National Health Priorities will require innovation to attract staff to consider postgraduate study (and therefore careers) in such areas.

Collaboration at jurisdictional level between government, employers and education providers to develop strategies to support areas of specialty practice with shortages identified at a local level, can have a significant impact on ensuring appropriately educated and trained practitioners are available across all areas and sectors. Principle 4 of the National Health Workforce Strategic Framework calls for collaboration between stakeholders to achieve a workforce that is skilled and competent. Recognising and strengthening the links between health service delivery and education sectors when developing workforce policy will ensure that broader health care and health systems planning objectives are realised.

### **Recommendation 3:**

*That Australian, State and Territory Governments, in collaboration with the nursing profession, employers and education providers identify specialty areas to be targeted for scholarship support and develop strategies to ensure that the targeted uptake in those areas is achieved.*

### **Strengthening an Evidence Based Policy Framework**

The results of this survey indicate that there is currently little evidence to demonstrate the effectiveness of scholarship programs in terms of recruitment and retention of nurses and midwives over the medium and longer term. A recent study in New South Wales (Doiron and Jones 2004) found that nurses that held “post basic qualifications” were more likely to stay in nursing however, a range of factors related to both nurses themselves and the organisations in which they worked were identified as affecting retention rates.

The National Health Workforce Strategic Framework recommends that health workforce policy and planning be evidenced based. This view was supported by Macintyre reporting on an evaluation group that reviewed inequalities in health policy in the UK (Macintyre 2001).

Whilst recognising that scholarship programs have developed in response to the prevailing conditions and policy context, it is timely to now review how a more rigorous approach to policy can be achieved. Central to this will be a process of ongoing review, evaluation and analysis of outcomes to ensure that scholarship investment is targeted optimally.

### **Scholarship Program Evaluation**

The audit indicated that the majority of scholarship providers had not formally evaluated their scholarship programs. Where evaluation of scholarship programs had been undertaken, it was unclear what was being examined; the individual, the program or the impact on the health workforce. Effective evaluation can only be undertaken if the purpose of the program is clearly defined and measurable performance indicators are set.

There are differing views and limited understanding of the factors that influence nurses’ decisions about further study. Understanding whether scholarship programs are targeting those wishing to enter specialty areas versus those already in the area wishing to increase their knowledge base may improve the outcomes and benefits of scholarship programs.

## Chapter 5 – Scholarship Programs – The Way Forward

A number of States and Territories have placed conditions upon recipients of scholarships, some of which may have been related to accountability of funds rather than to assist with evaluation of the program. Others have placed conditions in an attempt to track workforce participation over a period of time. If data related to workforce participation were to be collected across all jurisdictions, it would be a useful performance indicator upon which to evaluate effectiveness of scholarship programs. Another indicator of the impact of scholarship programs would include monitoring over time shortages in specialty areas.

It is important that providers structure their programs so that they can evaluate the benefits and make informed strategic decisions about the allocation of resources. In the absence of rigorous approaches to evaluation, it is difficult to determine the direct benefit of the investment at this stage, however over time and with meaningful data collection, structured evaluations may indicate the success of such programs.

Given there are shortages across numerous specialties it is important that the impact of any decisions are considered to avoid inadvertently shifting shortages from one specialty area to another, from one jurisdiction to another or from specialty areas to generalist areas. Central to any policy should be an acknowledgement that only a broad, integrated approach to the recruitment, retention and utilisation of nurses will offer sustainable solutions.

### **Recommendation 4:**

*That Australian, State and Territory Governments ensure scholarship programs are developed and managed using a policy framework that is responsive to changing environment and service and workforce needs.*

### **Recommendation 5:**

*That Australian, State and Territory Governments develop and implement a common evaluation framework for scholarship programs that is:*

- outcome focused with clear and measurable objectives*
- consistent with health workforce policy, and*
- used to inform policy development.*

### **Skill mix, qualifications and outcomes**

Most of the scholarships awarded by State and Territory Governments resulted in the recipient attaining a postgraduate certificate qualification under the AQF and while it is accepted that a postgraduate certificate or postgraduate diploma qualification is suitable for entry level practice to a nursing specialty (National Review of Nursing Education 2002), there is little empirical evidence to support this view.

There is a growing body of research developing in relation to the mix of qualified nurses, unregulated workers and quality outcomes however most of the research has been conducted overseas and has only limited application to the Australian context. The results of work currently underway in NSW in relation to skill mix and patient outcomes will be the first study of its kind in Australia and will provide some insight for policy makers into the characteristics of patients that influence nursing service utilisation. Preliminary results are expected in June 2005, however further work needs to be undertaken to explore the relationship between nursing staff holding postgraduate specialist qualifications and quality outcomes. This will assist all governments to achieve the common goal of the *right nurse with the right skills in the right place*.

When considering the need for minimum levels of qualification, consideration should also be given to the role of “short courses” which do not lead to a formal qualification under the AQF. In some cases it is evident that some specific needs of the profession and employers, especially with respect to skills development, are being met through these programs. Opportunities to maximise recognition of these programs by developing partnerships with education providers and awarding credit points toward formal qualifications, such as that which occurs in Queensland Health through the “Transition to Practice” programs should be explored and encouraged.

#### **Recommendation 6:**

*That further research be funded and undertaken in the Australian context, to explore the relationship between nursing staff holding postgraduate specialist qualifications and quality outcomes for patients and the healthcare system.*

## Chapter 6 Re-entry Programs – Supporting those returning to work



### Introduction

**A**cross Australia, a number of States and Territories have undertaken a range of strategies to recruit and retain nurses and midwives. One such strategy is to tap into the group of individuals who hold nursing qualifications but who for whatever reason have left the nursing workforce.

There are a number of ways in which nurses and midwives may return to the workforce. Those who have allowed their registration to lapse are required to demonstrate that they can meet the relevant NRA requirements for re-registration or re-enrolment. This may take the form of a “challenge test”, a structured re-entry program or a period of supervised practice.

The State or Territory NRA has the power under relevant State and Territory legislation to accredit courses leading to restoration of registration or enrolment. There are a broad range of providers of these courses accredited including universities, hospitals and professional colleges and there are different models. These courses differ from refresher courses which are designed for nurses and midwives who have maintained recency of practice but who may wish to return to a different area of practice. eg aged care nurse wishing to return to acute care area.

The value of strategies to encourage nurses and midwives to re-enter the workforce were acknowledged in the National Review of Nursing Education 2002: *Our Duty of Care* report however, the Report noted that the cost of undertaking university based programs was seen as a disincentive to some and made the following recommendation to address this issue:

#### **Recommendation 25**

*Commonwealth assistance for specialty and re-entry courses*

*The maintenance of nursing specialties and re-entry programs are important in meeting labour market needs. To enable these needs to be met...  
...university-based units required for re-entry to nursing should be covered by a loans scheme.*

Inclusion of university based units required for re-entry to nursing in the Postgraduate Education Loan Scheme (PELS)<sup>13</sup> would assist nurses and midwives who had chosen to undertake university based programs.

## Chapter 6 – Re-entry Programs

### – Supporting those returning to work

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However, re-entry courses occur in a number of different settings and in a number of jurisdictions; health services/hospitals have been accredited to run re-entry programs. A review of PELS policy would also be required to accommodate support for re-entry courses.

There is a view that participants choose courses closest to their place of residence in order to reduce travel and accommodation cost or elect to undertake re-entry in health services where there may be greater subsequent opportunities to obtain employment.

Nurses and midwives undertaking courses that are not conducted through universities would not be eligible for PELS assistance. Further, this funding would not be accessible to enrolled nurses, as many re-entry courses for enrolled nurses take place in TAFE sector.

Currently, many State and Territory Governments are supporting nurses (including enrolled nurses) and midwives to undertake re-entry programs. If the recommendation to have re-entry courses provided by higher education sector eligible for PELS was to be progressed, it was considered important to gain a greater understanding of re-entry programs and the extent to which this strategy would address the perceived barriers to re-entry.

In particular, the following questions need to be addressed:

1. What is the current and projected demand for re-entry in each jurisdiction?
2. What are the jurisdictional NRA requirements with respect to re-entry?
3. Who is currently providing re-entry programs?
4. Who is currently providing support for nurses to undertake re-entry?
5. What proportion of nurses re-registering have completed re-entry programs through the university sector or through other providers such as health services?
6. What is the demand for university based re-entry programs and those provided in other sectors?
7. What factors influence a nurse's choice of provider for re-entry?

As part of the work undertaken on Recommendation 25, an initial scoping exercise was undertaken to obtain a better understanding of the current level of support for re-entry provided by State and Territories. A survey was undertaken of the key providers of funding for re-entry (namely health

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13. Since Jan 2005 the Postgraduate Education Loan Scheme (PELS). It is a indexed but interest-free loan which allows students enrolled in a fee paying postgraduate non-research course to deferred repayment until such times as their income reaches a set threshold.

## Chapter 6 – Re-entry Programs – Supporting those returning to work

departments through the Chief Nurse/Principal Nurse Advisor of each State and Territory and the Royal College of Nursing, Australia as fund holder for the Australian Government re-entry programs).

The scoping survey sought information on:

- The respondents' understanding of legislative and NRA requirements for re-entry
- Demand for, and uptake of, financial support for re-entry, and
- Type and amount of re-entry support offered over a two-year period (2002–03, and 2003–04).

For this initial work Re-entry is defined as:

*"A formal program of study, which is required prior to reinstatement on the roll or register of the State or Territory Nursing or Midwifery Regulatory Authority".*

### Key Findings of Scoping Exercise

Australian, State and Territory Governments are currently providing financial support to assist nurses (including enrolled nurses) and midwives to re-enter the workforce by providing scholarships to undertake re-entry programs. The effectiveness of assisting nurses and midwives to return to the workforce has been well evaluated. The level of demand for re-entry is variable, however, all jurisdictions are planning to continue to provide re-entry support in 2005 as part of a broader workforce policy framework to address nursing shortages.

There are differences in State and Territory legislation/regulation regarding the requirements for demonstrating competence by nurses and midwives in order to re-register and this results in differences in re-entry programs.

There is also considerable variation in the level of financial support for re-entry provided across jurisdictions in part reflecting the different re-registration requirements in each jurisdiction.

### Re-entry – Next Steps

The preliminary scoping exercise suggests that the inclusion of university-based units required for re-entry to nursing into the PELS may not be the most effective way of supporting re-entry.



## Chapter 6 – Re-entry Programs

### – Supporting those returning to work

In early 2005, work will be undertaken to detail:

- data held by Nurse Regulatory Authorities on the number of nurses who re-register and what the type of re-entry program they undertook
- who are the current providers of re-entry and supervise practice programs, and
- the cost of providing these courses.

This information will be added to the information already obtained about current level of re-entry support by governments and the current re-entry requirements in each State and Territory. A report on re-entry will be completed by April 2005 and the results provided to Health Ministers.

This work will assist with the Taskforce's agenda to attain greater national consistency and in providing a skilled and adequate nursing workforce.

#### **Chapter 6 Summary:**

Australian, State and Territory Governments are currently supporting nurses and midwives to re-enter the workforce by completing re-entry programs and will continue to do so in 2005.

The effectiveness of supporting re-entry to the workforce as part of a broader workforce policy framework to address nursing shortages has been well evaluated.

There is considerable variation in the level of financial support for re-entry provided across jurisdictions in part reflecting the difference re-registration requirements in each jurisdiction.

There are differences in State and Territory legislation/regulation regarding registration requirements for demonstrating competence by nurses and midwives resulting in different re-entry programs.

Re-entry programs are provided in a range of settings.

Further work needs to be undertaken to determine the need for including re-entry programs in a loans scheme.

# Glossary

Australian Qualifications Framework (AQF)	Introduced in 1995, the AQF provides a comprehensive, nationally consistent yet flexible framework for all qualifications in post-compulsory education and training.
Health Workforce	The workforce that provides health care to the Australian people. It ranges from qualified to unqualified workers providing support services in home based settings through to intensive super-acute hospital based setting (Australian Health Ministers' Conference 2004).
Nursing & Midwifery Labour Force Census	A data collection tool for the collection of standardised data from all jurisdictions on the nursing and midwifery labour force in Australia.
Nursing & Midwifery Labour Force Survey	The process of collecting and analysing data about the nursing and midwifery labour force in Australia by all jurisdictions. This process includes data collection by the States and Territories of the Nursing & Midwifery Labour Force Census (see above), and collation into a national data set and production of the reports by the Australian Institute of Health and Welfare (AIHW).
Post Enrolment Course	A course offered to enrolled nurses, which prepares them to work in a specialty area and one, which attracts a qualification under the Australian Qualifications Framework.
Postgraduate Course	A course offered to registered nurses leading to a specialist qualification under the Australian Qualifications Framework, and that are equivalent to at least 6 months full time study eg. Graduate Diploma Coronary Care, Certificate IV, Workplace Assessment and Training.
Re-entry Program	A nurse regulatory authority (NRA) recognised or accredited program to assist nurses with lapsed registration to meet the NRAs requirements for reinstatement to the register or role.
Refresher	A program, which supports nurses who are currently registered to increase or update their clinical skills.
Scholarship	Financial assistance (including bursaries) that is intended to assist with course fees, travelling, living expenses or books.
Supervised Practice	A NRA-approved program of supervised clinical practice to assist nurses to meet the NRAs requirements for registration.
Workforce Planning	The process of estimating the required health workforce to meet future health service requirements and the development of strategies to meet those requirements (Australian Health Workforce Advisory Committee 2004).

## List of Abbreviations

AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Minister Conference
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials Committee
AIHW	Australian Institute of Health & Welfare
AQF	Australian Qualifications Framework
CC	Critical Care
DEST	Department of Education Science & Training
DEWR	Department of Employment & Workplace Relations
EN	Enrolled Nurse
HECS	Higher Education Contribution Scheme
ICU	Intensive Care Unit
N <sup>3</sup> ET	National Nursing & Nursing Education Taskforce
NHPA	National Health Priority Areas
NHWSF	National Health Workforce Strategic Framework
NMLFC	Nursing & Midwifery Labour Force Census
NMLFS	Nursing & Midwifery Labour Force Survey
NRA	Nurse Regulatory Authority
PELS	Postgraduate Education Loans Scheme
RN	Registered Nurse
RCNA	Royal College of Nursing, Australia
SIG	Special Interest Group
TAFE	Technical and Further Education
VET	Vocational Education and Training

## Appendix 1

### Alphabetical Listing of Survey Respondents

Organisation	State/Territory
ACT Health	ACT
ACU National	Vic
Albury Wodonga Private Hospital	NSW
Alexandra District Hospital	Vic
Alpine Health	Vic
Austin Health	Vic
Australian College of Critical Care Nurses	Vic
Australian College of Midwives	ACT
Australian Confederation of Paediatric and Child Health Nursing	Vic
Australian Diabetes Educators Association	ACT
Australian Infection Control Association	Vic
Avondale College	NSW
Bainsdale Regional Health Service	Vic
Ballarat Health Service	Vic
Barwon Health	Vic
Bass Coast Regional Health	Vic
Bayside Health	Vic
Bayside Health Service District	Qld
Beechworth Health Service	Vic
Bethesda Hospital Inc	WA
Boort District Hospital	Vic
Box Hill Hospital	Vic
Brisbane Waters Private Hospital	NSW
Cape Hawke Community Private Hospital	NSW
Caulfield General Medical Centre	Vic
Ceduna District Health Service	SA
Central Gippsland Health Service	Vic
Charleville District Health Service	Qld
Cobram District Hospital	Vic
Colac Area Health	Vic

## Appendix 1

### Alphabetical Listing of Survey Respondents

College of Emergency Nursing Australasia, Queensland Branch	Qld
CSIT, Nambour	Qld
Dalziel Dialysis Centre (Baxter Healthcare Pty.Ltd.)	Qld
Deakin University	Vic
Department of Health and Community Services, Northern Territory	NT
Department of Health and Human Services, Tasmania	Tas
Department of Health Western Australia	WA
Department of Health, South Australia	SA
Department of Human Services Victoria	Vic
East Wimmera Health Service	Vic
Eastern Health	Vic
Edenhope and District Memorial Hospital	Vic
Edith Cowan University	WA
Flinders Medical Centre, Southern Adelaide Health Service	SA
Gastroenterological Nurses College of Australia	Qld
Gawler Health Service, SA	SA
Goulburn Valley Health	Vic
Healthscope Limited	Vic
Heywood Rural Health	Vic
Hollywood Private Hospital	WA
Innisfail Health Service District Queensland Health	Qld
Ipswich Hospital	Qld
Kerang District Health	Vic
Killarney & District Memorial hospital Ltd	Qld
Kingston Soldiers' Memorial Hospital Inc	SA
Kyabram & District Health Services	Vic
La Trobe University	Vic
Latrobe Regional Hospital	Vic
Lower Eyre Health Services	SA
Mallee Health Service Inc – Pinnaroo SM Hospital	SA
Mallee Track Health & Community Service	Vic

## Appendix 1

### Alphabetical Listing of Survey Respondents

Maryborough District Health Service	Vic
Melbourne Day Surgery	Vic
Melbourne Health	Vic
Mercy Health and Aged Care	Vic
Mercy Hospital for Women	Vic
Mildura Base Hospital	Vic
Millicent & District Hospital & Health Services Inc	SA
Moranbah Hospital, Queensland Health	Qld
Moreton Institute of TAFE	Qld
Mount Gambier and District Health Service Inc	SA
Mt Barker and District Health Services	SA
Naracoorte Health Service Inc	SA
Northeast Health Wangaratta	Vic
Northern & Far Western Regional Health Services	SA
Nova Health	Vic
NSW Health	NSW
Nurses and Midwives Board of New South Wales	NSW
Nurses Board of South Australia	SA
Nurses Board of Victoria	Vic
Nursing and Midwifery Board of the Northern Territory	NT
Nursing Board of Tasmania	Tas
Omeo District Health	Vic
Orbost Regional Health	Vic
Orroroo & District Health Service Inc.	SA
Peninsula Eye Centre	Qld
Peninsula Health	Vic
Penola War Memorial Hospital Inc.	SA
Peter MacCallum Cancer Centre	Vic
Port Lincoln Health Services Inc	SA
Portland District Health	Vic
QEII Hospital Health Service District, Queensland Health	Qld

## Appendix 1

### Alphabetical Listing of Survey Respondents

Queensland Health	Qld
Queensland Nursing Council	Qld
Queensland University of Technology	Qld
Quorn Health Services Inc	SA
Repatriation General Hospital	SA
Rochester & Elmore District Health Service	Vic
Rosebery Community Hospital	Tas
Roxby Downs Health Service/Woomera Hospital	SA
Royal College of Nursing Australia	ACT
Royal District Nursing Service	Vic
School of Nursing & Midwifery University of Tasmania	Tas
School of Nursing & Midwifery, Victoria University	Vic
School of Nursing, The University of Melbourne	Vic
South Burnett Health Service District	Qld
South West Healthcare	Vic
Southern Health	Vic
Sportsmed.SA Hospital	SA
St Andrew's Hospital	SA
St Margaret's Rehabilitation Hospital	SA
St Vincent's Health	Vic
Swan Hill District Hospital	Vic
TAFE NSW	NSW
TAFE WA	WA
Tallangatta Health Service	Vic
The Alfred	Vic
The Association of Discharge Planning Nurses Inc.	NSW
The Burnside War Memorial Hospital Inc	SA
The College of Nursing (Incorporating The NSW College of Nursing)	NSW
The Faculty of Nursing and Health, Griffith University	Qld
The Royal Children's Hospital	Vic
The Royal Women's Hospital and the Royal Children's Hospital	Vic

## Appendix 1

### Alphabetical Listing of Survey Respondents

Toowoomba District Mental Health Service	Qld
Toowoomba Health Service District	Qld
University of Ballarat	Vic
University of Newcastle	NSW
University of Wollongong	NSW
Wakefield Hospital	SA
Warwick Health Service, Queensland Health	Qld
Werribee Mercy Hospital	Vic
West Gippsland Healthcare Group	Vic
West Wimmera Health Service	Vic
Western District Health Service	Vic
Western Health	Vic
Wimmera Health Care Group	Vic
Women's and Children's Hospital	SA
Wonthaggi Hospital	Vic
Yarrawonga District Health Service	Vic



## Appendix 2 Survey Tools

Table 2.1: Survey on Scholarships



**N3ET**  
National Nursing & Nursing Education Taskforce  
Australian Health Ministers' Advisory Council

The ★ symbol indicates required information.

### N3ET

#### N3ET Survey on Scholarships

Please complete and submit this survey by 7/10/04

The following information is being collected by the National Nursing & Nursing Education Taskforce (N3ET).

Your cooperation in completing this form will contribute to building a national picture of postgraduate scholarship opportunities available to nurses and midwives across Australia. Responses will be collated by the Taskforce Secretariat and included in a detailed report to the Australian Health Ministers' Advisory Council.

If you would like further information on the work of the Taskforce please visit: [www.nnnet.gov.au](http://www.nnnet.gov.au)

If you would like further information regarding this form, please contact:  
 Eithne Irving  
 N3ET Secretariat  
 Ph: 02-9743 6357  
 Email: [eithne.irving@dhs.vic.gov.au](mailto:eithne.irving@dhs.vic.gov.au)

#### Survey Format

The survey is organised to collect the following information:

1. Your Organisation & Contact Details
2. General Questions on your Scholarship program
3. Details of Scholarships you offered in 2003
4. Details of Scholarships you offered in 2004
5. Information on planning for Scholarship for 2005.

#### Your Contact Details

★ Organisation

Campus (if applicable)

★ State/Territory

-SELECT-

★ Contact Name

★ Position/Title

Contact Email

★ Contact Phone (Area Code)

★ Contact Number

## Appendix 2 Survey Tools

If you answered no to questions 1 and 2 please provide further information here before proceeding to question 9

3. In the following table please select yes or no for each year that you have provided scholarships.

In 2003	In 2004	2005 (Intended)
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
		<input type="radio"/> Not Yet Decided

4. How has your organisation identified speciality areas requiring scholarships?  
(You can choose more than one option by holding down the Control (Ctrl) key)

☐ Nursing vacancy data  
☐ Advice from government agencies  
☐ Anecdotal  
☐ Analysis of demand  
☐ Data on casual staff usage

If other, Please specify:

5. If shortage or vacancy data was used to determine areas for scholarship funding, briefly describe how shortages/vacancies are defined by your organisation

6. What criteria does your organisation apply to rate/allocate scholarships and why?

7. Has your organisation's scholarship program been formally evaluated?

If yes, please provide further details

8. Does your organisation attach any conditions to recipients of scholarships?

☐ Yes ☐ No

If yes, please select from the list below

(You can choose more than one option by holding down the Control (Ctrl) key)

☐ Repayment for non completion (part or full)  
☐ Provide ongoing employment details  
☐ Bonded for a specified period

If other, please specify:

9. Were there any areas identified by your organisation as needing scholarship funding but which the organisations was unable to support in 2004? ☐ yes ☐ no

If yes please provide further details.

Speciality Area	Primary Reason	If Other Please Specify
<input type="text" value="-SELECT-"/>	<input type="text" value="-SELECT-"/>	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text" value="-SELECT-"/>	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text" value="-SELECT-"/>	<input type="text"/>

10. Are there any other comments you wish to make?

If you provided scholarships in 2003 or 2004, please go to the next page to provide brief details of these scholarships. If you did not provide any scholarships in 2003 or 2004 please go to the last page of the survey.

## Appendix 2 Survey Tools

### Scholarships offered in 2004

Please provide details of scholarships you provided or will be providing this year (Calendar year 2004).

There are multiple tables for you to record details of scholarships by area of specialty that you provided to registered nurses (Division 1 in Victoria). Scroll down to use as many tables as you need. If you find you need more space, please submit a second survey.

#### Scholarships offered to Registered Nurses (Division 1 in Victoria) By Specialty Area

##### Speciality Area 1

Specialty Area scholarships were offered in   
Other Please Specify

What was the AQF level of the courses for which scholarship was awarded:	What was the demand (total applicants) for these scholarships	Number awarded at this level	\$ Value of each Scholarship at this level	Were these scholarships jointly funded	If yes, with whom?
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Any other comments you wish to make about these scholarships:

##### Speciality Area 2

Specialty Area scholarships were offered in   
Other Please Specify

What was the AQF level of the courses for which scholarship was awarded:	What was the demand (total applicants) for these scholarships	Number awarded at this level	\$ Value of each Scholarship at this level	Were these scholarships jointly funded	If yes, with whom?
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Any other comments you wish to make about these scholarships:

##### Speciality Area 3

Specialty Area scholarships were offered in   
Other Please Specify

What was the AQF level of the courses for which scholarship was awarded:	What was the demand (total applicants) for these scholarships	Number awarded at this level	\$ Value of each Scholarship at this level	Were these scholarships jointly funded	If yes, with whom?
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text" value="-SELECT-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Any other comments you wish to make about these scholarships:

## Appendix 2 Survey Tools

Adult mental health	▲
Aged care	
Alcohol & substance abuse	
Anaesthetic	
Asthma education & management	▼

What influenced that decision?

	▼
--	---

Compared to 2004, is your budget for scholarships in 2005 anticipated to be:

- ☐ Increased  
☐ Same  
☐ Decreased  
☐ Don't know

Compare to 2004, are you planning to make any changes to the conditions under which you offer scholarships?

- ☐ Yes ☐ No

If yes, please provide brief details.

	▼
--	---

### Submitting data


If you would like to provide any supporting documentation eg. criteria or policies, you may attach it now as a single word or .pdf file.


### For Further Information Contact

Eithne Irving  
N3ET  
Ph. 02-9743-0357  
Email - eithne.irving@dhs.vic.gov.au

## Appendix 2 Survey Tools

Table 2.2: Re-entry Survey


**N3ET**  
 National Nursing & Nursing Education Taskforce



Australian Health Ministers Advisory Council

The ★ symbol indicates required information.

### N3ET Re-entry Survey

The following information is being collected by the National Nursing and Nursing Education Taskforce as part of a suite of work being undertaken to implement recommendation 23 from the National Review of Nursing Education 2002: Our Duty of Care Report.

By completing the survey, you will be contributing to the Taskforce gaining an understanding of the financial support provided to nurses and midwives to re-enter the workforce.

Information submitted will be encrypted and secure. Data provided in this survey will be collated and analysed by the Taskforce secretariat and will be included in a report to be submitted to the Australian Health Ministers Advisory Council regarding the need for re-entry programs to be covered under the Postgraduate Education Loans Scheme.

If you would like further information regarding the work of the Taskforce please visit: [www.nnset.gov.au](http://www.nnset.gov.au)

If you require assistance with completing this form please contact the Taskforce Secretariat at the number above

Please complete this survey by 4th November 2004

#### Your Contact Details

★ Organisation  Campus if appl  ★ State

★ Contact Name  ★ Position/Title

Contact Email  ★ Contact number including area code

#### General Question on Re-entry Programs

For the purpose of this survey the following definition is used:

**Re-entry: A formal program of study which is required prior to reinstatement on the roll or register of the State or Territory Nursing or Midwifery Regulatory Authority**

★ 1. Is there a legislative requirement in your state for nurses and midwives to undertake a structured/accredited re-entry course prior to regaining registration?  
☐ Yes ☐ No

★ 2. Does your organisation offer financial assistance to RN's (Division 1 in Victoria) wishing to re-enter the workforce?  
☐ Yes ☐ No

★ 3. Does your organisation offer financial assistance to registered midwives wishing to re-enter the workforce?  
☐ Yes ☐ No

★ 4. Does your organisation offer financial assistance to EN's (RN Division 2 in Victoria) wishing to re-enter the workforce?  
☐ Yes ☐ No

If you answered yes to any of the last three questions please select from the following list, the type of support that your organisation provides

Salary/Wage  
 Travel/accom/living allowance  
 Course Fees

(You may select more than one option by holding down the Control (Ctrl) key)

If you answered no to providing financial assistance please provide details as to why your organisation does not provide support before going to the last question

## Appendix 2 Survey Tools

2002 - 2003	<input type="text"/>	<input type="text"/>	<input type="text"/>
2003 - 2004	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Please indicate in the table below the number of nurses & midwives that your organisation has assisted to re-enter the workforce for each financial year, including details of the amount of support that is provided on average

	2002 - 2003	2003 - 2004
Number of RN (Div 1) supported	<input type="text"/>	<input type="text"/>
Average amount given per recipient (\$)	<input type="text"/>	<input type="text"/>
Number of RPN supported	<input type="text"/>	<input type="text"/>
Average amount given per recipient (\$)	<input type="text"/>	<input type="text"/>
Number of EN (Div 2) supported	<input type="text"/>	<input type="text"/>
Average amount given per recipient (\$)	<input type="text"/>	<input type="text"/>

7. Has your organisation evaluated the effectiveness of assisting nurses and midwives to return to the workforce?  
☐ Yes ☐ No

If you have evaluated this program please provide further details here:

8. Does your organisation intend to continue to provide financial assistance to nurses and midwives wishing to re-enter the workforce in 2005?  
☐ Yes ☐ No

If you answered no to this question please provide further explanation here:

9. Are there any additional comments that you would like to make?

### Submitting data

If you would like to provide any supporting documentation eg. criteria or policies, you may attach it here. Multiple files can be attached as a single zip file.

### For Further Information Contact

Edith Irving  
 NQET Secretariat  
 PM, G2 9743 0357  
 Email - editha.iring@dcsl.vic.gov.au

## Appendix 3 Classification of Broad Bands and Subspecialties

(Modified from Nursing and Midwifery Labour Force Census, 2005)

Number	Broad Band	Sub Speciality	
1	Critical care/emergency	<ul style="list-style-type: none"> <li>• Cardiac/Coronary care</li> <li>• Emergency/trauma</li> <li>• High dependency</li> <li>• Intensive care</li> </ul>	<ul style="list-style-type: none"> <li>• Neonatal intensive care</li> <li>• Paediatric critical care</li> <li>• Retrieval</li> </ul>
2	Mixed medical/surgical	<ul style="list-style-type: none"> <li>• Neonatology</li> <li>• Paediatrics</li> <li>• General medical &amp; surgical</li> </ul>	
3	Medical nursing	<ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Infection control</li> <li>• Neurology</li> </ul>	<ul style="list-style-type: none"> <li>• Oncology/Haematology</li> <li>• Palliative care</li> <li>• Renal medicine/nephrology</li> <li>• Respiratory</li> <li>• General medical nursing</li> </ul>
4	Surgical Nursing	<ul style="list-style-type: none"> <li>• Burns &amp; Plastic</li> <li>• Cardiothoracic</li> <li>• Ear, nose &amp; throat</li> <li>• Gastro-intestinal</li> <li>• Neurosurgical</li> <li>• Ophthalmology</li> </ul>	<ul style="list-style-type: none"> <li>• Orthopaedic</li> <li>• Gynaecology</li> <li>• Urology</li> <li>• Vascular</li> <li>• Wound Management</li> <li>• General Surgical nursing</li> </ul>
5	Peri-operative	<ul style="list-style-type: none"> <li>• Anaesthetic</li> <li>• Peri operative</li> <li>• Recovery</li> </ul>	
6	Midwifery	<ul style="list-style-type: none"> <li>• Midwifery</li> </ul>	
7	Aged Care	<ul style="list-style-type: none"> <li>• Aged Care</li> <li>• Continence</li> <li>• Gerontology</li> </ul>	
8	Rehabilitation-disability	<ul style="list-style-type: none"> <li>• Disability</li> <li>• Rehabilitation</li> <li>• Developmental Disability</li> </ul>	
9	Mental Health	<ul style="list-style-type: none"> <li>• Adult mental health</li> <li>• Child &amp; adolescent mental health</li> <li>• Community mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Forensic</li> <li>• Psychogeriatric</li> <li>• Rural and remote mental health</li> </ul>
10	Family & child health	<ul style="list-style-type: none"> <li>• Family planning</li> <li>• Family, youth &amp; child health</li> <li>• Infertility &amp; assisted reproduction</li> <li>• Lactation &amp; infant feeding</li> <li>• Maternal &amp; Child health</li> </ul>	<ul style="list-style-type: none"> <li>• Men's health</li> <li>• Paediatric &amp; child health</li> <li>• School health</li> <li>• Sexual health</li> <li>• Women's health</li> </ul>
11	Community Health	<ul style="list-style-type: none"> <li>• Community Health</li> <li>• Alcohol &amp; substance abuse</li> <li>• Asthma education &amp; management</li> <li>• Correctional health</li> <li>• Diabetes education &amp; management</li> <li>• Health education/disease management</li> </ul>	<ul style="list-style-type: none"> <li>• Health promotion</li> <li>• Indigenous health</li> <li>• Medical practice nurse</li> <li>• Public health</li> <li>• Rural &amp; remote health</li> <li>• Transcultural nursing</li> </ul>
12	Other	<ul style="list-style-type: none"> <li>• Pathology/Laboratory</li> <li>• Nurse Education</li> <li>• Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Research</li> <li>• Management</li> <li>• Other</li> </ul>

Note: • "Critical Care" (including Rural Critical Care  
 – Intensive Care & Emergency) grouped to Intensive Care  
 • "Paediatric Oncology" grouped to Paediatrics  
 • "Neurosciences" grouped to Neurosurgery

• "Transfusion Practice" grouped to Haematology/Oncology  
 • "Mental Health" where not otherwise specified was grouped to Adult Mental Health  
 • "Oncology/Palliative Care" grouped to Palliative Care

## Appendix 4 Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.1: RN scholarships in 2004 by Australian Qualification Framework level and Providers**

Scholarships provided to RNs in 2004 by AQF level																															
	Employers (Public)			Employers (Private)				Higher Education Providers			Government (State & Territory)								Australian Government								Professional Nursing Organisations				
AQF	SA	Vic	Total	NSW	SA	Vic	WA	Total	NSW	Vic	Total	ACT	NSW	NT	Qld	SA	Vic	WA	Total	Not Specified	NSW	NT	Qld	SA	TAS	Vic	WA	Total	ACT	Total	Grand Total
Cert IV		21	21	17				17										5	5		2						2				45
Advanced Diploma /Associated Degree						1		1				1							1												2
Bachelor Degree	11		11							25	25					4			4		1		1					2			42
Graduate Certificate		124	124		1		2	3	1		1	12	537	10	39	7	131		736	9	6		5	1	2	10	1	34			898
Graduate Diploma	11	198	209		2	16		18	3		3	22	101	7	3	31	83	69	316	1	10	3	8	11	5	28	10	76			622
Masters Degree	2	17	19						2		2	12	101	16	6	14		41	190	1	8	6	6	1	5	4	4	35			246
Doctoral Degree													5			1			6												6
Not specified	33	33													3				3	1	1					1	1	4	4	4	44
Grand Total	24	393	417	17	3	17	2	39	6	25	31	47	744	33	51	57	214	115	1261	12	28	9	19	14	12	43	16	153	4	4	1905



## Appendix 4 – Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.2: Scholarships provided to RNs in 2004 – Subspecialties**

Sub Specialty	Government (State & Territory)								Australian Government								Professional Nursing Organisation		Grand Total	
	ACT	NSW	NT	Qld	SA	Vic	WA	Total	Not specified	NSW	NT	Qld	SA	TAS	Vic	WA	Total	ACT		Total
Adult mental health	5	47			14	75	4	145												191
Aged care		29				10		39	2	1		3	1		3	1	11			51
Anaesthetic		25						25												33
Burns					1			1												1
Cardiac/Coronary care		31			2			33												54
Child & adolescent mental health		10			2			12												12
Community health					2			2												4
Continence														1			1			1
Diabetes education & management	1		1		1			3	1			1	1		1		4			11
Emergency/trauma		27	4	7	4	50		92							1	1	2			152
Family youth & child health	4	52		7				63	1			1		1	1		4			67
Forensic	1							1												1
Gerontology										6		3	1	3	11		24			28
High dependency																				29
Infection control				1				1	1						1		2			4
Intensive care	5	56	6	26	2		31	126									2			217

## Appendix 4 – Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.2: Scholarships provided to RNs in 2004 – Subspecialties**

Sub Specialty	Government (State & Territory)								Australian Government								Professional Nursing Organisation		Grand Total	
	ACT	NSW	NT	Qld	SA	Vic	WA	Total	Not specified	NSW	NT	Qld	SA	TAS	Vic	WA	Total	ACT		Total
Maternal & child health							11	11												11
		51						51												51
Medical/Surgical																				
Midwifery	5	70	5		4	8	47	139	1	1	2	2	3		2	4	15	4	4	189
Neonatal intensive care	1	24						25												25
Neonatology	6							6												6
Neurology		10						10												11
Neurosurgical						6		6												10
Oncology/Haematology		45				2		47	1								1			57
Orthopaedic	1	25					4	30												33
Paediatric & child health																				38
Paediatric critical care		20		1	2		5	28												43
Paediatrics		56				36		92												95
Palliative Care					3	22		25	1				3		1	1	6			33
Perioperative	3	53	1		1		4	62							4		4			97
Primary Health Care					1			1												1
Public Health										1	1						2			2
Rehabilitation																				2

## Appendix 4 – Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.2: Scholarships provided to RNs in 2004 – Subspecialties**

Sub Specialty	Government (State & Territory)								Australian Government								Professional Nursing Organisation		Grand Total	
	ACT	NSW	NT	Qld	SA	Vic	WA	Total	Not specified	NSW	NT	Qld	SA	TAS	Vic	WA	Total	ACT		Total
Renal medicine/nephrology			3	1		5		9												17
Retrieval					1			1												1
Rural & Remote health		11		1				12			6	3	2	3	1	4	19			31
Sexual Health									1								1			1
Wound management	1						9	10							1	1	2			13
Women's health	2	14						16												16
Other																				
Adolescent Health & Well Being (Welfare)															1		1			1
Adv Life Support in Obstetrics				2				2												2
Assessment & Workplace Training										2							2			16
Catheter Laboratory Nursing				1				1												1
Child Birth Eduation															1		1			1
Clinical Nursing		31		1				32						1			1			33
Clinical Specialisation												1					1			1
Clinical Specialist (Nurse Practitioner)																2	2			2
Counselling													1			1	2			2
Dementia															1	1	2			2

## Appendix 4 – Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.2: Scholarships provided to RNs in 2004 – Subspecialties**

Sub Speciality	Government (State & Territory)								Australian Government								Professional Nursing Organisation		Grand Total	
	ACT	NSW	NT	Qld	SA	Vic	WA	Total	Not Specified	NSW	NT	Qld	SA	TAS	Vic	WA	Total	ACT		Total
Diversional Therapy															1		1			1
Education					1			1				1					1			2
Health Economics															1		1			1
Health Studies				1				1	2								2			3
HIV/AIDS																				1
Management (various)	2	57	13	2				74		11		3	1	1	5		21			136
Nurse education incl. clinical	9							9												9
Nurse Practitioner										2		1		1		4				4
Nursing										1			1	1	2		5			5
Other					5			5	1								1			6
Other including education, management and wound management																				18
Research	1							1												1
Solution Orientated Counselling															1		1			1
Stomal Therapy															1		1			1
Not specified					11			11												13
Grand Total	47	744	33	51	57	214	115	1261	12	28	9	19	14	12	43	16	153	4	4	1905

## Appendix 4 – Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.3: Broad band Other**

Broad Band "Other" & Subspecialty "Other"	No. Scholarships in 2004
Clinical Nursing	33
"includes education, management and wound management"	18
Not specified	13
Assessment & Workplace Training	16
Other	6
Nursing	5
Health Studies	5
Nurse Practitioner	6
Adv Life Support in Obstetrics	2
Counselling	2
Dementia	2
Adolescent Health & Well Being (Welfare)	1
Catheter Laboratory Nursing	1
Child Birth Education	1
Clinical Specialisation	1
Diversional Therapy	1
Health Economics	1
HIV/AIDS	1
Primary Health Care	1
Solution Orientated Counselling	1
Stomal Therapy	1
<b>Total</b>	<b>116</b>

**Table 4.4: Criteria used by providers to determine specialty areas for scholarships**

Deciding on areas to provide RN scholarships	Number Responses	% of all Responses
Analysis of demand	29	43%
Nursing vacancy data	25	37%
Other	18	27%
Feedback from Employers	12	18%
Data on casual staff usage	11	16%
Advice from government agencies	10	15%
Anecdotal	9	13%
Don't target specific areas in advance	6	9%
Areas not offered by other providers	4	6%
<b>Total</b>	<b>124</b>	
Average number of sources providers used to assist with decision	2	

## Appendix 4 – Scholarships provided to RNs in 2004 – Subspecialties

**Table 4.5: Broad band “Other” and scholarships for  
management studies by provider types**

	Broad Band "Other"	Employers, Education Providers, Professional groups	State & Territory Government	Australian Government	Total
Education		0	10	1	11
Research		0	1	0	1
Management		41	74	21	136
Other		35	53	28	116
<b>Total</b>		<b>76</b>	<b>138</b>	<b>50</b>	<b>264</b>
<i>All Scholarships awarded by the provider in 2004</i>		<b>491</b>	<b>1261</b>	<b>153</b>	<b>1905</b>
<i>Scholarships for Management as % total scholarships awarded by provider</i>	<b>8%</b>	<b>6%</b>	<b>14%</b>	<b>7%</b>	

# Appendix 5 Availability of postgraduate specialty nursing courses in 2002

## Availability of postgraduate courses in 2002

Postgraduate Courses 2002										
Broad Band	Sub Specialty	VIC	NSW	QLD	SA	WA	TAS	ACT	NT	No. Jurisd ictions
Critical care/ emergency	Cardiac/Coronary care	Y	Y	Y	Y					4
	Emergency/trauma	Y	Y	Y	Y	Y	Y			6
	High dependency (includes "Acute Care")	Y	Y		Y		Y			4
	Intensive care (includes "Critical Care")	Y	Y	Y	Y	Y	Y	Y		7
	Neonatal intensive care	Y	Y		Y	Y				4
	Paediatric critical care	Y	Y		Y					3
	Retrieval				Y					1
Mixed medical/ surgical	Neonatology	Y	Y	Y	Y		Y	Y		6
	Paediatrics	Y	Y	Y	Y	Y	Y			6
	General medical & surgical			Y	Y	Y				3
Medical nursing	Cardiology		Y	Y	Y					3
	Endocrinology									0
	Gastroenterology									0
	Infection control		Y	Y	Y					3
	Neurology	See Neurosurgery								0
	Oncology/Haematology	Y	Y	Y	Y	Y	Y	Y		7
	Palliative care	Y	Y		Y	Y				4
	Renal medicine/nephrology	Y	Y			Y			Y	4
	Respiratory				Y					1
	General medical nursing		Y		Y					2
	Burns & Plastic		Y							1
Surgical Nursing	Cardiothoracic	Y								1
	Ear, nose & throat									0
	Gastro-intestinal		Y							1
	Neurosurgical (includes "Neurosciences")	Y	Y			Y				3
	Ophthalmology									0
	Orthopaedic	Y	Y		Y	Y				4
	Gynaecology									0
	Urology									0
	Vascular									0
	Wound Management		Y	Y						2
	General Surgical nursing		Y		Y					2
	Anaesthetic	Y	Y		Y		Y			4
	Peri operative	Y	Y	Y	Y	Y	Y			6
	Recovery		Y		Y					2
Midwifery	Midwifery	Y	Y	Y	Y	Y	Y	Y	Y	8
Aged Care	Aged Care		Y	Y						2
	Continence				Y					1
	Gerontology	Y	Y	Y	Y	Y	Y	Y		7
Rehabilitation-disability	Disability		Y							1
	Rehabilitation	Y	Y			Y		Y		4
	Developmental Disability		Y							1
Mental Health	Adult mental health	Y	Y	Y			Y	Y		5
	Child & adolescent mental health				Y					1
	Community mental health				Y	Y				2
	Forensic		Y		Y	Y				3
	Psychogeriatric									0
	Rural and remote mental health		Y		Y					2
Family & child	Family planning									0
	Family, youth & child health	Y	Y	Y	Y		Y	Y		6
	Infertility & assisted reproduction				Y					1
	Lactation & infant feeding									0
	Maternal & Child health	Y								1
	Men's health									0
	Paediatric & child health			Y						1
	School health	Y								1
	Sexual health		Y	Y						2
	Women's health	Y	Y	Y						3
	Community Health	Y	Y	Y			Y			4
Community Health	Alcohol & substance abuse				Y	Y				2
	Asthma education & mgmt				Y					1
	Correctional health		Y		Y					2
	Diabetes education & mgmt	Y	Y		Y	Y				4
	Health education/disease mgmt									0
	Health promotion		Y							1
	Indigenous health		Y							1
	Medical practice nurse				Y					1
	Public health				Y				Y	2
	Rural & remote health	Y	Y				Y			3
	Transcultural nursing	Y								1

(Extracted from National Review of Nursing Education Australia 2002)

# References

- Aiken, L. H., S. P. Clarke, et al. (2003). "Educational Levels of Hospital Nurses and Surgical Patient Mortality." *JAMA* **290**(12): 1617–1623.
- Aiken, L. H., S. P. Clarke, et al. (2002). "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction." *JAMA* **288**(16): 1987–1993.
- Australian Council on Healthcare Standards (2002). Guidelines for Intensive Care Units. *EQuIP Manual*.
- Australian Government Department of Health and Ageing (2002). National Health Priority Areas, Department of Health and Ageing. <http://www7.health.gov.au/pq/nhpa/>
- Australian Health Ministers' Conference (2004). National Health Workforce Strategic Framework. Sydney, Australian Health Ministers' Conference.
- Australian Health Workforce Advisory Committee (2002). The Critical Care Nurse Workforce in Australia 2001–2011. *AHWAC Report 2002.1*, Australian Health Workforce Advisory Committee.
- Australian Health Workforce Advisory Committee (2002). The Midwifery Workforce in Australia 2002–2012. *AHWAC Report 2002.2*, Australian Health Workforce Advisory Committee.
- Australian Health Workforce Advisory Committee (2004). Nursing Workforce Planning in Australia: A guide to the process and methods used by the Australian Health Workforce Advisory Committee.
- Australian Institute of Health and Welfare (2003). Nursing Labour Force 2002. *AIHW Health Labour Force Series number 29*. Canberra, AIHW.
- Australian Institute of Health and Welfare (2004). "Nursing labour force, Victoria, 2003." *Bulletin of the World Health Organization*(15).
- Beitz, J. (2000). "Specialty Practice, Advanced Practice, and WOC Nursing: Current Professional Issues and Future Opportunities." *Advanced Practice Nursing* **27**(1): 55–64.
- Buchan, J. (2002). "Global Nursing shortages. (Editorial)." *British Medical Journal* **324**: 751–752.
- Buchanan, J. and G. Considine (2002). Stop telling us to cope! NSW nurses explain why they are leaving the profession, New South Wales Nurses' Association.
- Coulter, N., Department of Employment and Workplace Relations Canberra, (2004). Re: NSS List.
- Department of Education Science and Training (2004). Postgraduate Education Loan Scheme. <http://www.hecs.gov.au/pels.htm>
- Department of Employment and Workplace Relations (2004). National and State Skill Shortage List.



## References

- Department of Human Services Tasmania (2001). Tasmanian Nurse Workforce Planning Project Final Report.
- Department of Human Services Victoria (2001). Nurse Recruitment and Retention Committee: Final Report. Melbourne, Department of Human Services Victoria.
- Department of Human Services Victoria (2004). e-Forms v2.0.1 User Manual.
- Department of Human Services Victoria (2004). Nursing and Midwifery Labour Force Survey 2005.
- Doiron, D. and G. Jones (2004). Nurses' Retention and Hospital Characteristics in New South Wales. Discussion Paper 52, Centre for Health Economics Research Evaluation.
- Duckett, S. J. (2000). The Australian Health Care System. Melbourne, Oxford University Press.
- Faculty of Intensive Care Australian and New Zealand College of Anaesthetists (1997). Minimum Standards for Intensive Care Units. Policy Document IC-1. Melbourne.
- Johnson, R. and B. Preston (2002). An overview of issues in nursing education. National Review of Nursing Education 2002: The Nursing Workforce. National Review of Nursing Education, Department of Education, Science and Training.
- Karmel, T. and J. Li (2002). The nursing workforce 2010. National Review of Nursing Education 2002: The Nursing Workforce. National Review of Nursing Education, Department of Education, Science and Training.
- Kendall, L. and R. Lissauer (2003). The Future Health Worker. London, Institute for Public Policy Research.
- Macintyre, S. C., I. Horton, R. Smith, R (2001). "Using evidence to inform health policy: case study." British Medical Journal **322**: 222–225.
- Mathers, C., T. Vos, et al. (1999). Burden of Disease and Injury in Australia. Canberra, Australian Institute of Health and Welfare.
- Ministry of Health Government of New Zealand (2004). Towards a National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes. Wellington.
- National Nursing and Nursing Education Taskforce. Statement of Endeavour. <http://www.nnnet.gov.au>, 2004.
- National Nursing Organisations (2004). Glossary of Terms.
- National Review of Nursing Education Australia (2002). National Review of Nursing Education 2002: Nurse Education and Training. Vol 1, Department of Education, Science and Training.
- National Review of Nursing Education Australia (2002). National Review of Nursing Education 2002: Nurse Education and Training. Vol 2, Department of Education, Science and Training.

## References

- National Review of Nursing Education Australia (2002). National Review of Nursing Education 2002: Our Duty of Care, Department of Education, Science and Training.
- Needleman, J. and P. Buerhaus (2003). "Nurse Staffing and Patient Safety: Current Knowledge and Implications for Action." International Journal for Quality in Health Care **15**(4): 257–277.
- Needleman, J., P. Buerhaus, et al. (2002). "Nurse-Staffing Levels and the Quality of Care in Hospitals." New England Journal of Medicine **346**: 1715–1722.
- New South Wales Health (2002). Recruitment and Retention of Nurses Progress Report.
- Nurse Board of the ACT (2004). 2003–2004 Annual Report.
- Nurses and Midwives Board of New South Wales (2003). Annual Report.
- Nurses Board of Victoria (2003). Nurses Board of Victoria Annual Report 2002/2003.
- Nurses Board South Australia (2004). Annual Report 2003/2004.
- Nursing Board of Tasmania (2003). Annual Report.
- Nursing Board of Tasmania (2004). Annual Report.
- Nursing Board of Western Australia (2004). Annual Report.
- Queensland Nursing Council (2004). Annual Report 2003/2004.
- Russell, R., L. Gething, et al. (1997). National Review of Specialist Nurse Education. Sydney, The Faculty of Nursing University of Sydney.
- Senate Community Affairs Committee (2002). The Patient Profession: Time for Action – Report in the Inquiry into Nursing. Canberra, Parliament of Australia Senate Community Affairs Committee.
- Shah, C. and G. Burke (2002). Job Growth and Replacement Needs in Nursing Occupations. National Review of Nursing Education 2002: The Nursing Workforce. National Review of Nursing Education, Department of Education, Science and Training.
- Whyte, S. (2000). "Specialist Nurses in Australia: The ICN and International Regulation." Journal of Professional Nursing **16**(4): 210–218



