

## Our Duty of Care – Recommendation 24

### CLINICAL EDUCATION FUNDING

#### What is this project about?

The National Review of Nursing Education (2002) Our Duty of Care Report recognised the vital importance of clinical practicum in nursing and midwifery preparatory education, but also noted the substantial costs associated with providing clinical practicum that meets the standards set by nursing and midwifery regulatory authorities (RAs). Recommendation 24 Funding for Clinical Practicum recommended that additional funds be devoted to supporting this component of undergraduate education.

As a result of the Higher Education Review, an additional \$54 million (over 5 years beginning from 2004) has been allocated to undergraduate nursing programs and specifically to "be directed towards the costs associated with clinical practicum in nursing..."(Department of Education Science and Training 2004).

The role of the Taskforce in this recommendation has been to monitor the response and outcomes for clinical practicum in nursing and midwifery education, with regard to the policy impact. The purpose of this paper is to report on spending by Australian universities of additional funding for clinical practicum for undergraduate nurses (and midwives) in line with the Commonwealth Our Universities: Backing Australia's Future policy. As directed, in preparing this report, consideration has been given to funding and other mechanisms to achieve the required clinical practicum outcomes in a range of health, community and aged care settings.

To evaluate the impact of additional Commonwealth funds to support nursing clinical practicum, the Taskforce requested information from universities offering undergraduate nursing programs to ascertain how funds had been utilised over time.

Thirty-four universities providing undergraduate programs for nurses responded. It is evident from the variable nature of responses that a comprehensive and complete data set is not achievable with respect to this matter. Reported data does, however, provide a "snapshot" or indication of how funding has been used by universities to support clinical practicum and commentary highlights a number of key issues for further consideration.

#### What we found

The Department of Education, Science and Training (Commonwealth) (DEST), indicates that in 2004, additional clinical practicum funding to universities was at a rate of \$607 per equivalent full-time student load (EFTSU) based on 2003 student load figures, and was provided as a lump sum mid year. From 2005, DEST advises that additional funds are merged into the cluster funding or Commonwealth course contribution. In 2005, with standard indexation applied, the clinical practicum amount was \$659 and in 2006 the amount is \$688. The Government has recently committed additional funds to increase this amount to \$1000 per full-time student for existing and new student places.

#### The costs of clinical practicum are spiralling

Responses to the survey into utilisation of additional clinical practicum funding highlight that higher education providers (HEPs) have welcomed additional Commonwealth funding to support clinical practicum, but have viewed this increment as going only part way towards meeting the actual costs of providing nursing programs that meet the regulatory standards required for licensing and the expectation of employers and health service providers (HSPs).

A number of pressures have been identified as contributing to the spiralling costs of clinical practicum, including minimum regulatory requirements for clinical practicum, administrative costs associated with increased numbers of students and clinical hours and charges by health services, supervision or partnership arrangements including liaison, consultation and supervision arrangements. It is evident that while many of the program improvements implemented by universities are to align programs with the best practice benchmarks for clinical practicum identified in the AUTC report, they also contribute to substantial cost increases.

#### Funding needs to keep pace with costs

The view from universities is that DEST funding arrangements for nursing have been based on historical understandings of the components of nursing programs and are not keeping pace with the realities of educating nurses and midwives for licensing and contemporary practice. It is evident that the costs associated with nursing programs, and particularly clinical practicum, are now escalating to the point where the sustainability of nursing programs is a serious concern for higher education providers. Hence, there is a strong argument for DEST to review the baseline funding arrangements and policy to ensure HEPs can continue to provide quality programs that ensure graduates meet the requirements of contemporary practice in a complex and changing health environment.

### **There should be measure to limit costs**

Educational programs preparing nurses for licensing need to be responsive to the changing needs of the health service sector (HSS). At the same time, there needs to be a balance between Government, health service provider/employer and professional/regulatory interests. This clearly requires a cohesive approach that involves DEST funding policy, regulatory consistency, State/Territory Government contributions and moderation of the employer expectations, and a strategic vehicle to engage the stakeholders, manage competing interests and evaluate the impact and outcomes of new approaches to clinical practicum.

Such an approach should give consideration to further research into the impact and outcomes on competence and the cost of new and different approaches to clinical competence to bring greater clarity to decisions pertaining to minimum requirements. It should also consider a flexible and nationally consistent regulatory framework that promotes innovative approaches to clinical learning and competence attainment and that is pedagogically sound, provides for safe practice, and is cost effective.

Exploring the tensions between what is needed to achieve competency requirements for licensing and what is required for work readiness, requires understanding of the capacity of the system to support clinical placements and to develop a strategic approach to allocation of clinical placements that ensures both equity and access for students, quality educational outcomes and innovation through collaborative partnerships.

An agreed methodology will account for and apportion the costs and benefits of clinical practicum for all stakeholders and industry partners, so that a sustainable approach to clinical practicum can be established. These are complex issues that require balancing multiple stakeholder agendas.

As nursing is a National Priority Area in education for the Australian community, it is essential that additional funding to nursing programs is continued and forms a permanent part of the baseline funding for this discipline cluster, so that the higher education sector (HES) can continue to educate nurses in light of predicted demand.

### **A detailed review of baseline funding is merited**

A more detailed review of the baseline level of funding is merited to arrive at a sustainable funding level that balances the pedagogical needs of students with the regulatory requirements for licensing and the work readiness concerns of employers. Clearly the needs of health consumers should also have a voice in this dialectic. In the complex interface between health and education, it is likely that funding policy will form one strand of a strategic approach to clinical practicum for undergraduate nurses. There would also be benefit in unpacking the complex and interrelated factors driving the spiralling costs of nursing programs.

<b>Taskforce Role</b>	<b>Taskforce to Implement</b>	<b>Commencement of Work</b>	<b>JUNE 2004</b>
<b>Key Milestones/Deliverables</b>			<b>Timeline</b>
Baseline profile of current and future expenditure of funding for clinical practice			Dec 2004
Formulation of framework for evaluation			June 2005
Evaluation of funding outcomes and identification of best practice models			Dec 2006
A strategy for promoting best practice models			March 2006
Reporting to Ministers			May 2006

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