

**INQUIRY INTO VOCATIONAL EDUCATION AND
TRAINING IN NEW SOUTH WALES**

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NEW SOUTH WALES NURSES AND MIDWIVES'
ASSOCIATION

SUBMISSION TO THE INQUIRY INTO
VOCATIONAL EDUCATION AND TRAINING
IN NEW SOUTH WALES.

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Abbreviations

AIHW	Australian Institute of Health and Welfare
AiN	Assistant in Nursing
AHPRA	Australian Health Practitioner Regulation Agency
AWOTE	Average weekly ordinary time earnings
EN	Enrolled Nurse
IPART	Independent Pricing and Regulatory Tribunal of NSW
LHD	Local Health District
MoH	Ministry of Health
NSWNMA	New South Wales Nurses and Midwives' Association
RN	Registered Nurse
RTO	Registered Training Organisation
VET	Vocational Education and Training

Introduction

TAFE NSW has been the bastion of quality education of the vocational education and training sector for many years in Australia. Along with other health care workers, it produced excellent enrolled nurses (ENs) who were given good quality education and sound clinical practice placement experiences. Gradually from 1990 through to 2015 successive NSW State governments increased fees as they argued that the government could no longer afford the costs associated with running TAFE NSW. In 2012 each TAFE institute became semi-autonomous and made responsible for its own budget, but remained under the authority of TAFE NSW. Finally, in January 2015 contestability or competition between TAFE NSW and private providers or Registered Training Organisations (RTOs) was introduced into NSW.

Changes also occurred for enrolled nurses during this period such as students no longer being paid by NSW Health when undertaking their clinical placements, and the introduction of the Diploma of Nursing in 2009. Enrolled nurses were recognised with a higher academic qualification which could be articulated into a Bachelor of Nursing. This paved the way for the development of a national enrolled nurse training package which could be used by private providers, as well as TAFE NSW.

Much criticism of the new Contestability Model in the VET sector has occurred with the earlier introduction of this model in Victoria.¹ This has also had a negative impact on diploma courses for enrolled nurses. Concern comes from knowing that if we want to provide adequate numbers of ENs to meet workforce planning projections we will need many more ENs completing courses every year. Therefore our vision is to see EN courses that are affordably priced in order to meet the workforce demands.

Enrolled nurses are licensed health care workers.² They are vital for the achievement of appropriate complex care which is important now and in the future. In Australia it is projected that within the next 40 years there will be around 40,000 people aged over 100 and the number of people aged 65 years and over will

¹ Yu and Oliver, 2015

² Nursing and Midwifery Board of Australia, February 2015

double.³ In New South Wales these demographic, political and societal changes will inevitably lead to rising acuity levels in residential aged care facilities. We need appropriate numbers of both registered and enrolled nurses to care for these burgeoning numbers of ageing people.

It is only through government intervention in vocational education and training that adequate EN numbers will be provided so that, with increased patient acuity, the correct proportions of enrolled nurses and registered nurses can deliver a productive skill mix with optimal patient outcomes and safe patient care.

³ Commonwealth of Australia Intergenerational Report, 2015

Terms of Reference – 1 (b) (ii)

1. (b) (ii) the development of skills in the New South Wales economy.

The Association wishes to address enrolled nurses' education in the vocational education and training sector, the declining numbers of enrolled nurses in NSW, and implications for industry and workforce projections.

Discussion will be around:

- Education and training issues for enrolled nurses
- The importance of the role of enrolled nurses and their future contribution within our ageing society, and
- Concern about the projected workforce numbers of enrolled nurses to cater for future workforce needs.

Sustainability of TAFE in a Competitive Market

Although the concept of contestability was introduced earlier with competition between RTOs and TAFE, it was renewed when the NSW Government's *Smart and Skilled* program commenced in January 2015. Competition has not been a good thing for the VET sector to date. The new contestable approach is meant to improve the industry's "responsiveness" to its needs but it can be argued that this approach has not worked yet. There is heavy criticism of the 'marketisation' of vocational education and training (VET) according to the Victorian experience.⁴ Problems that have been identified are TAFE's reduced funding – since 2000 it has dropped by 20% – due to the for-profit providers entering this market and taking 40% of government funding. It is said that TAFE needs a new model if it is to survive as it takes in students at foundation level, in more costly higher education courses, and country students who are disadvantaged. Although specific funding is allocated to NSW TAFE to address their competitive disadvantage they also have to spend more on infrastructure whilst RTOs do not have this kind of commitment.

⁴ Yu and Oliver, 2015

The Importance of Enrolled Nurses in the Nursing Workforce

The changing need for health care, new technology, increasing patient acuity, nursing shortages and the need to reduce costs have meant that skill mix is a critical part of workforce planning and its development. Skill mix is a very important part of nursing because if the right 'mix' of nurses is available then the quality of patient care will be safe and appropriate. Recent Australian⁵ and American⁶ workforce studies have identified the importance of increasing registered nurse hours and having higher nurse (including enrolled nurses) staffing levels, therefore providing a more productive skill mix with optimal patient care outcomes. Enrolled nurses are a highly qualified and valuable asset to any nursing team which consists of registered nurses (RNs), enrolled nurses (ENs), and Assistants in Nursing (AiNs), the latter being unlicensed health workers. Enrolled nurses, in their capacity as registered and licensed nurses, are advocates for registered nurses (RNs). Although they must work under the direction (direct or indirect) from the registered nurse they are responsible for and autonomous in their own scope of practice. In NSW between 2001 and 2006 patient acuity increased with the number of diagnostic related groups expanding especially in principal referral hospitals. Duffield et al.'s 2007 study identifies that there were significant increases in ENs in combined medical and surgical nursing wards in major referral and specialist hospitals and EN hours were significantly increased for these wards. As this becomes a future pattern, with increasing patient acuity continuing, then increased numbers of ENs will be needed in principal referral hospitals.

Enrolled Nursing Numbers are now in Decline

The Australian studies by Duffield⁷ also note the increase in AiNs in general medical and surgical wards, and across all ward types. In fact there was a statistically significant increase in AiN nursing to patient ward hours in metropolitan hospitals. This was supported by the NSW workforce data showing an increase of 244 in the AiN workforce. However no such increase in enrolled nurses was noted. As

⁵ Duffield et al, 2009 and 2010

⁶ Aiken, 2003

⁷ Duffield et al, 2007

Australian health workforce research supports the necessity for licensed nurses to have increased hours and higher nurse staffing levels, this increase in AiNs who are unlicensed workers and provide lower level nursing care goes against the appropriate skill mix levels and compromises quality patient care. Although AiNs have been welcomed by staff as part of the nursing team in many hospitals this appears to be at the expense of declining EN numbers and safe patient care.

There is now further evidence that enrolled nurses are in declining numbers despite the fact that they are important in their contribution to a rich skill mix. Enrolled nurses have an important role in delivering nursing care in NSW⁸ and there has been a range of workforce planning efforts at various levels to increase the numbers from 1994-95 through to the present. Australian Health Practitioner Regulation Agency (AHPRA) figures from the AHPRA Annual Report for 2010-2011 stated that there were 14,779 enrolled nurses in NSW. This was followed by AHPRA's 2011-12 report noting that there are 14,156 enrolled nurses registered in NSW. By March 2015 those figures had decreased by almost 1,000 to 13,188.⁹ These AHPRA figures from 2010-11, 2011-12, through to 2015 show a steady, slow, sometimes quarterly decline. Regrettably, AHPRA figures do not indicate the employment status of these registered enrolled nurses. In other words the statistics do not indicate what proportion of registered ENs are in employment or whether that employment is full or only part time.

Data from NSW Health noted that from January 2010 to July 2012 there was an 8% decrease in ENs employed in permanent part and full time positions within metropolitan areas. Moreover vacancies increased from 116 to 264 for the same period. As at July 2012, there were 13,784 ENs registered in NSW, and of this 5,950 were employed permanent full-time or part time in the NSW public sector, compared with 6,014 employed in March 2011. Furthermore it is noted that:

- 50% of ENs in the NSW public sector work part-time

⁸ Baker, 2004 and 2005

⁹ Nursing and Midwifery Board of Australia, June 2015, on line statistics

- In July 2012 there were 264 EN vacancies across NSW (a 50% increase since 2010)
- The increase in the enrolment of enrolled nurses for 2009 through to 2013 was in the middle of the range for Community Services and Health enrolments by occupation, but it only equated to one quarter of the enrolments for child care workers¹⁰
- The proportion of ENs to RNs in NSW is amongst the lowest in Australia, according to AHPRA quarterly statistics, and is at least 5-7% lower in NSW compared to other States. These AHPRA quarterly statistics also show that from August 2012 through to March 2015 EN numbers have virtually remained the same at 13,188 (March 2015) and RN numbers have risen substantially from 64,429 (August 2012) to 76,120 (March 2015), meaning that the proportion of ENs to RNs has reduced from June 2012 through to March 2015 from 23.4% down to 17.9%
- The need to train more ENs requires not only more places in TAFE but also additional adequate clinical placements for these students. The Ministry of Health will need to increase and prioritise these placements for enrolled nursing students in NSW in the future.

It is also noted that funding in the VET Community and Health Sector is declining whilst there is increased demand for services in these areas. Employment in the Community Services and Health Industry has grown 3.8% each year since 2005, compared to 2% growth across all industries.¹¹ Growth in the community services and health workforce will continue to rise, especially between 2013 and 2018.¹²

It can be clearly seen that there will be a short fall of ENs in the health workforce projected for 2025-30. The decline of ENs needs to be reversed so that adequate EN staff can continue to take their place alongside RNs. This is a prime consideration and one that, with the evidence presented, there would be a good

¹⁰ Community Services and Health Industry Skills Council, 2015 Environmental Scan, Figure 2

¹¹ Australian Bureau of Statistics, 2014b

¹² Australian Government Department of Employment, 2014a

argument for TAFEs in NSW to remain in the forefront and retain majority control of enrolled nurse education through the provision of increased government funding arrangements.

Indeed, the public provider TAFE should retain 30% of course funding¹³ to protect courses such as the Diploma of Nursing for enrolled nurses so that adequate numbers of well-trained ENs are available to meet future needs.

¹³ Yu and Oliver, 2015

Terms of Reference 1 (b) (iii) and (iv)

1. (b) (iii) the development of opportunities for unemployed people, particularly migrants and persons in the mature workers' category, to improve themselves and increase their life, education and employment prospects, and
(b) (iv) the delivery of services and programs particularly to regional, rural and remote communities.

Many enrolled nursing students fall into the above categories. They are disadvantaged, have low self-esteem and need to improve their future life outcomes. Many come from lower socio-economic backgrounds or live in rural regional and remote areas and who may be further disadvantaged by being single parents.

If NSW is to attract and retain adequate numbers of ENs now and in the future, the importance of equity cannot be emphasised enough when it comes to their education and training.

With reference to (b) (iii), 'persons in the mature workers category' this needs to be addressed for ENs. The 2015 Environmental Scan¹⁴ shows that 47% of students attending TAFE in Australia are mature age students. This aligns closely with the observations of the Professional Officer from NSWNMA who travels around NSW to support students at TAFEs¹⁵ and all TAFE Stories which provide evidence that mature aged students are over 50% in every class. The Nursing and Midwifery Board statistics show that there are many more enrolled nurses in the age categories of 40 plus and peaking at 55-59 years and then gradually reducing to retirement. These people are mostly women (87.25%) compared to men (12.75%) and some of them are single parents.¹⁶ They are in need of support whilst undertaking the enrolled nurse course with its current co-contribution funding model.

The TAFE Story by Candice (see page 24) is a perfect example of how a person from a disadvantaged, rural background was able to move away from a single mother's pension and be successful in her career by obtaining a scholarship and

¹⁴ Community Services and Health Industry Skills Council, 2015 Environmental Scan

¹⁵ Millard, 2015

¹⁶ Nursing and Midwifery Board of Australia, June 2015

going to TAFE in 2013. She states just how she was actively encouraged and supported by TAFE, as does Kristy in her TAFE Story (see page 26), and how much she got out of going to TAFE – heightened self-esteem, a job she has chosen for herself and that she loves; she can spend money on her daughter; along with a sense of achievement and satisfaction. She is now an enrolled nurse and is really enjoying her work.

Scholarships and Course costs in regional areas

Some can apply and do get scholarships like Candice, but others, who may also be deserving of assistance, sit in class with the scholarship winners and have to pay full fees. A number of scholarships are awarded by the Ministry of Health every year. 350 were given out for the period 2013-14.¹⁷ The exact number of enrolled nursing students in NSW TAFE for the period 2013-14 is not currently available, but based on TAFE's 2012 number of 1159,¹⁸ the number of scholarships is 30% of all EN TAFE students in the State. Clearly, many miss out on such assistance.

A further concern is that scholarship winning students sit beside students without scholarships and they discuss these issues. Is this an equitable arrangement and will it encourage these students to stay? Our Professional Officer reports a similar situation of a class where 9 (32%) of students received scholarships but 19 (68%) of students did not get this assistance (Millard). For both reasons of equity and to meet forecast workforce demand for ENs, the Ministry of Health scholarships should be discontinued and replaced by free TAFE courses for ENs.

The costs associated with undertaking clinical placements also raise the issue of equity for enrolled nurse students who live in rural and remote areas in NSW. Our regional, rural and remote communities often have scarce resources, especially in the health care area. As there are limited numbers of students undertaking clinical placements the fees charged are often higher for them. This puts more pressure on the EN student who has to pay more for their clinical placement than EN students in

¹⁷ NSW Minister for Health letter to NSWNMA, 2013

¹⁸ TAFE, July 2012

metropolitan areas of the State. Clearly, in this regard rural and remote EN students are not being treated equitably.

There are several elements to clinical placement costs which are often accentuated in rural and regional areas.

Terms of Reference – 1 (c)

1 (c) factors affecting the cost of delivery of affordable and accessible vocational education and training, including the influence of the co-contribution funding model on student behaviour and completion rates

Originally TAFE was a pathway into skilled employment for those of low socio-economic background who were disadvantaged.¹⁹ Since the 2000's there have been gradual rises (some larger than others i.e. that of the Carr government) in TAFE fees generally which have steadily increased the cost for enrolled nurses now undertaking the Diploma of Nursing. In the current *Smart and Skilled* policy it is recommended that the cost of the Diploma of Nursing (Enrolled/Division 2 nursing) should be \$6,430.²⁰ However, a different additional fee is placed on the cost of the diploma by each TAFE. In one regional NSW city the cost is \$18,750, which includes tuition and clinical placement fees.

Fee increases 'impact most on those who have the least capacity to pay'²¹ and price increases in any commodity affect consumption. Significant fee increases will have a negative impact on participation.²² Although students undertaking a diploma will no longer be eligible for a concessional fee rate they will be able to borrow from the Federal government funded VET FEE HELP scheme. Subsidy programs target the qualifications that are aligned to occupations identified as priority areas for a particular State or Territory. Higher level health qualifications, especially those in the aged care area, including that of ENs, are prioritised and are in line for VET FEE HELP.²³

The VET FEE HELP loan will not need to be paid until the recipients' annual income reaches \$53,345. This will occur when a third year EN with medication qualification reaches a base annual salary of \$54,475.20 and a fourth year EN without medication qualification reaches the same base annual salary. Grace stated that she had to pay

¹⁹ Wilkinson, 2014

²⁰ NSW Department of Education and Communities, May 2015

²¹ NSW Teachers' Federation, 2013

²² NSW Business Chamber, 2013

²³ Community Services and Health Industry Skills Council, 2015 Environmental Scan

back \$21,000 for a TAFE qualification – a substantial amount of money, especially when earning only 52% of AWOTE – and that she had to borrow money from her boyfriend as well. Furthermore, in the context of student loans, NSW was the State with the second highest loans for all courses provided by ‘for-profit providers’.²⁴

²⁴ Australian Government Department of Industry, 2014

Terms of Reference – 1 (d)

- 1 (d) the effects of a competitive training market on student access to education, training, skills and pathways to employment, including opportunities and pathways to further education and employment for the most vulnerable in our community including those suffering as disability or severe disadvantage,

The theory of competition is that it improves both efficiency of service provision and consumer choice. Included in the concept of efficiency is both better prices and better quality. While for-profit RTOs have provided additional choices for potential EN students there is no evidence that their price structures are more reasonable than those of TAFE. The issue of course quality is another matter.

Provide High Quality Training

Quality is another issue to consider because the literature tells us that generally for-profit RTO standards are poor.²⁵ The RTO Story by Nellie is testimony to problems with for-profit providers and highlights the need for regular, more rigorous reviews of RTOs' performance. The framework of requiring RTOs to report on quality indicators is complex and outdated, there is lack of clarity about minimum standards to ensure trainers and assessors are competent, students are vulnerable to the RTOs and their lack of information in regard to them keeping track of their training, and ambiguous RTO standards are open to interpretation.²⁶ It should also be noted that IPART recommended that with the introduction of a demand-driven system where students can elect to study at the RTO of their choice, they must have adequate information about their RTO's performance.²⁷

After the Victorian experience, the Australian government released new standards for RTOs in October, 2014, with which the Australian Skills and Quality Authority (ASQA) will be monitoring course quality. However an audit of the effectiveness of the VET reform framework was undertaken within the Department of Education and Communities before the *Smart and Skilled* reform commenced on 1st January 2015.

²⁵ Yu and Oliver, 2015

²⁶ Australian Government Department of Industry, 2014

²⁷ Independent Pricing and Regulatory Tribunal of NSW, October 2013

It was found that the VET reform framework did not address the government's longer-term goal to increase the proportion of working-aged people at Certificate III level and higher to above 50% by 2020. It was also stated that the Department was unable to demonstrate a “benefits realisation plan and register” to make sure that its reform objectives have been achieved.²⁸

Concern has also arisen in relation to TAFE being downgraded through competitive tendering processes. The NSW Teacher's Federation suggests that TAFE NSW is in the situation of becoming another provider and the provider which picks up the programs that the RTOs do not want. The money the government gives TAFEs only goes so far; those students with the least capacity to pay suffer cost cutting measures at TAFE institutions.

Numerous negative changes occurring to TAFE courses as a consequence of cost-cutting have been described. The NSW Teachers Federation has reported the employment of more casual teachers and increasing class sizes with cuts in course delivery hours.²⁹ In their TAFE stories Grace and Jessica (see below) report in relation to TAFEs in two different regional cities that: staff are being dismissed and remaining teachers are working harder; casual teachers are on the increase in the TAFE Nursing Departments; TAFE Nursing Department class sizes were large; and that there was general disorganisation at Newcastle TAFE.

²⁸ NSW Auditor-General's Report to Parliament, Vocational Education and Training Reform, August 2012

²⁹ NSW Teachers Federation, 2013

Terms of Reference – 1 (e)

- 1 (e) the level of industry participation in the vocational education and training sector, including the provision of sustainable employment opportunities for graduates, including Competency Based Training and the application of training

Sustainable employment opportunities

In this context, Grace states that she had recently moved to an outlying area of Western NSW but that she was unable to get a job as an EN. Instead she will have to work as an unlicensed AiN. This is not an ideal situation and Grace's story is not unique in this State. It highlights problems of workforce mismatching which may be compounded by scarce resources and limited staff. Also this new EN graduand needs to be careful to work within the scope of her practice as an employed AiN.³⁰

Competency based training

The updating of the National Training Package for ENs is an important aspect in the provision of industry relevant education for them. As the Package was developed in 2008 and has been in service for 7 years, it was timely that earlier this year there was a review of this training package involving public and industry consultation as the VET system were running a review. It is important that National Training Packages are reviewed and updated regularly so that upcoming enrolled nurses will have quality training to equip them appropriately to deliver quality nursing care.³¹

³⁰ Nursing and Midwifery Board of Australia, Enrolled nurses and medicine administration fact sheet, March 2015

³¹ Community Services and Health Industry Skills Council, 2015 Environmental Scan

Every one of the following testimonials came from nurses (previous enrolled nurses) or enrolled nursing students who responded to the notice about The Inquiry which was posted on the Association's website. They were all happy to have their stories recounted.

TAFE Story by Candice

Background:

Left school in year 11 due to pregnancy; single mum; bunch of jobs in bars, cafes etc

TAFE:

Going straight to Uni for me didn't seem like a feasible option.

- the cost
- having not studied for a long time
- also I didn't know if I'd even like nursing?
- It just felt like a pressure I wouldn't be ready for.
- Not to mention the hoops I'd have to jump through to be given the opportunity to attend a university.

TAFE seemed like a more appropriate choice for me. The perfect introduction to nursing.

It was offered via scholarship, so the fee wasn't a debt I'd be paying for the next, however many years.

The entry requirements were competitive enough to sift out the serious students from the rest. But not impossible. And it enabled me to only have to commit a year of my life initially, to see if it was an appropriate occupational fit.

It was the perfect stepping stone to kick start my career.

My experience at TAFE was great. The teachers approach toward there method of teaching provided me with confidence and desire to give it my all. The classes were small and personal, face to face relationships, support and constant encouragement was given daily.

The resources provided, like with the library, extra tutoring, were always readily available. And we were orientated to these every step of the way.

Even though I and my classmates were all succeeding at our own individual levels,

we always felt like a team.

On a personal level, TAFE gave me an ambition and something to focus on and strive for. Once I completed my Diploma I had that goal of obtaining a position. My first job nursing.

This was something I chose! A field I picked, not another job I was going to do to make ends meet. I wanted a career as opposed to a job this time. And I had the opportunity now to go for it, because I was qualified.

I had the confidence behind me from my placements in the field, during my course. And I felt ready.

When you work in a field of your choosing. There comes a sense of pride. Pride in yourself and pride in the work you do. You are more likely going to want to work your way up, and go further within your role when it's a path you've chosen.

I was lucky enough to score a job with HNEH (Hunter New England Health) and have been working fulltime for nearly a year. I love my work, the routine it has given me and learning new things daily from my peers.

It has helped me in my home life and financially so that I can provide more things for my daughter, like singing lessons for example.

I've been able to purchase a car and feel like a contributing member of society. I'm happier within myself and find myself even more confident in social situations.

All of these things just wouldn't have been possible had I not attended TAFE. I seriously am so grateful that TAFE was an option available to me, and couldn't be happier with the way it has helped me turn my life around; for myself and my daughter. I constantly recommend TAFE to anyone looking to kick-start a career.

TAFE Story by Kristy

I spoke to Kristy Smith who told me that whilst she was at school she did a VET course for AiNs at TAFE NSW for 4 hours every Tuesday. She really enjoyed this course as the teacher she had was wonderful and taught them the basics of nursing.

Then she decided to enrol at Kogarah TAFE in 2004. She did her theory at Kogarah Campus and then her practical at St. George Hospital, Kogarah. She embarked on the course – 8-10 weeks at TAFE; 8-10 weeks in the wards; 8-10 weeks back to TAFE and then 30 weeks doing ward rotations = 52 weeks in total. She undertook an apprenticeship which meant she was paid to do her enrolled nursing course. She only paid for her text books; nothing else. She said she didn't get the HSC marks to get into university but was always happy to do TAFE.

She liked the course and TAFE because:

- there was practical experience out in the wards;
- she had her own educator to practice things with, as well as other educators in the ward;
- she had the same teacher so the continuity of the learning experience was good;
- she also had the same class mates – both having the same teacher and students meant that we were able to build up good relationships and could debrief effectively; and
- the teachers at TAFE had recent experience in the clinical area.

She compared her university experiences with that of TAFE. She said that whilst the university experiences were alright she felt more comfortable doing her TAFE experience. At Kogarah they had the new equipment they needed even though the building was old. She felt much happier learning the nursing basics this way. She felt much more comfortable that through TAFE, the students were known as 'the TAFE rotation' and the staff would know what they could do and what they couldn't do. Also TAFE students were in the wards for a period of time so they were able to pick up what happened at hospitals ... the routine ... the phone numbers ... procedures ... and policies. This was unlike the university situation where things were more uncertain. After doing her TAFE enrolled course Kristy also went on the study at University of Technology, firstly undertaking her degree and then doing a post graduate qualification of midwifery.

Kristy feels that it must be hard for enrolled nursing students now because of the money situation – it was an intense year, 5 days a week course for Kristy – she did her course in 52 weeks. It wouldn't have been possible for her to work doing this

course. She is concerned for the students now who have to work as well as do their course.

Kristy praised TAFE NSW because they provided a great foundation ... she went from being an AiN through to her enrolled nursing ... and then to becoming a registered nurse.

Many of Kristy's colleagues who did the course with her went through to become registered nurses.

TAFE Story by Grace

Grace completed her enrolled nursing course at Orange TAFE in mid-2015. Overall she believes she has been taught fairly well.

Problems that occurred were **mainly as a result of funding cuts:**

- At the beginning of the year they had two teachers who worked together however half way through the year **one teacher was dismissed leaving the other one to teach everything. This teacher was very stressed and she became more unavailable to the class**
- **One casual teacher taught a midwifery session and didn't give us all the material we needed to pass the test ...** in the end though we did get through
- **Many people she knows are losing jobs in TAFE,** and
- One teacher got sick and was away and caused us problems.

Her class was made up of:

- 5 school leavers (she is in this category)
- 8 parents with young children, and
- 7 parents of teenagers

In total 23 started and there were 3 people who dropped out of the course. Of these 20, 10 people continued and 10 others are incomplete due to accidents, sickness and other events, but they have remained in the course and are continuing.

There was a lot of bickering, bitching and talking in her class which led to conflict on many occasions. This didn't really worry her because she was an independent learner who just got on with her work.

Her clinical experience was quite good – she was one of the lucky ones! She had x 3 good placements at Orange Base Hospital. She was mostly paired with a nurse who was happy to teach her. But some girls had to go to places like Dubbo, Parkes, Canowindra, and Brewarrina. They had to travel to these places. Grace said that their year was exempt from paying Clinical Practice costs which would begin in 2016 and would probably be \$50-\$100. She added that she was lucky she didn't have to travel (and pay) and also pay for boarding costs like the other students.

However Grace talked about the **big VET HELP loan of \$21,000** that she had to pay for the course and she was aware that when she started earning \$52,000 she would have to pay this back.

The cost of living was also difficult for her:

- She couldn't get any benefits as her parents earned too much

- She moved in with her sister
- She tried to do 30 hours full time work at the Bakery or Check Out as well as 3 days at TAFE (Monday, Tuesday and Wednesday, 9-5pm) for her 18 month course. In the end she only got one shift a week because of her clinical placements – she had to dedicate 3 weeks at a time to them)
- She managed through her practical because she took Annual Leave and her partner also assisted with money (she needs to pay him back as well!)

Grace commented that the teachers were generally approachable.

Her final point was that most of her colleagues were looking at becoming registered nurses. Some were going to do distance education through Charles Darwin while she said she was going to do her conversion to registered nurses course at Charles Sturt University.

TAFE Story by Jessica

Jessica was a young woman who had just finished her enrolled nursing course at Newcastle TAFE. She was waiting for AHPRA to provide her with her registration.

Currently she lives on the Central Coast.

What Jessica found difficult about her TAFE experience was that the course was a little bit disjointed ... they swapped teachers a lot. In her class they ended up with 10-15 teachers instead of the usual three! Apparently Jessica said they had student teachers as well as a maternity leave replacement teacher. **Learning was a bit difficult in this situation as you'd like to build a report with a teacher but there was difficulty building up relationships all the time. One had to email teachers who taught but half of the teachers had left TAFE ... they were transitioning. This was frustrating.**

She did enjoy the TAFE experience though! She picked things up easily but some girls were struggling with this a lot. Things came together for her but other people had trouble.

Jessica's class started with 30 students ... but this number dwindled down. Some people had to redo subjects or dropped out with 15-20 students left.

All the teachers had lots of experiences and had jobs as nurses too ... but some didn't want to be there.

Her course ran from April 2014 to July 2015, a 15 month course.

Jessica applied for a scholarship on-line and got it. She had to do interviews and an aptitude test. There were 2-3 students who didn't get scholarships and had to seek VET HELP.

Clinical practice was Jessica's least favourite part! The problem was that the clinical block at the end of the course took a very long time to do ... it took 4 months to do 8 weeks! Jessica was only able to work as a Personal Care Assistant (her normal job) in the off weeks. She was very tired during the placement and couldn't do her work then. If the blocks could have been spaced out in lots of three – 4 weeks x 3 – then this would have been much better.

A lot of people have financial problems! She got onto Centrelink and applied for the Youth Allowance ... she was able to report her earnings and then get the balance. **Even so it would have been a help to earn something by being paid whilst she did her placement.** She didn't have a mortgage and groceries to pay but plenty of other people with families did.

Majority of students were mature aged students – she said that many of these students had done other jobs and now they were having a ‘sea change’ by doing nursing. Only 6-10 of the students didn’t have children.

Jessica was happy with her clinical placement at Wyong and Gosford Hospital, close to where she lived. Other people travelled to Wyong and Newcastle Hospitals.

Jessica spoke to enrolled nurses who were on placement and would have liked to have done the traineeship as she does well by doing practice.

Although TAFE was run down (buildings old) the problem was that **The TAFE nursing department was disorganised.** Staff took a long time to visit on clinical and marking off student competencies was slow as well as staff being well behind in the resending of assignments back to students. Another problem was that the staff were trialling the uploading of assignments ... staff changed this process midway and decided to have ordinary submission of assignments which caused assignments to get lost.

Overall Jessica is happy that she went to TAFE and did her enrolled nursing course.

She liked being an AiN and then going on to do her ENs training. She will travel overseas first before doing her conversion registered nurse course.

TAFE Story by Cherie

Cherie attended Ballina TAFE in 2001 as an enrolled nursing student and was generous in her praise for the teaching staff. Initially she was on the pension and was a single mum with two small children. She had a great experience at TAFE because her teachers were exceptional, credible in the industry, committed to individuals as well as groups and provided quality learning experiences.

The basic quality nursing training she had at TAFE stood her in good stead for her current role as a registered nurse. She felt sorry for her RN student nursing colleagues who didn't have this kind of foundation and found clinical placements difficult as a result.

Cherie stated that all her colleagues were happy in TAFE ... she didn't know of anyone who had had a bad experience!

TAFE Story by Annie

Annie entered the Kingswood TAFE in 2004 as an enrolled nursing student. She was also a single mother who worked in child care – her husband had left her with two small children. Her friend advised her to go into nursing as an enrolled nurse.

She had a life-changing experience at TAFE:

- She was supported in her learning and was able to explore this because the teachers created an excellent environment
- She was accepted as a mature aged person and she had great contact as a student through the support of the TAFE teachers
- You never felt that you were a lower level learner
- **I was supported by TAFE who gave me the money through my clinical experience at Nepean Hospital and they gave me the pathway to raise myself out of needing government support**
- My TAFE experience has also been a model for my children
- **My clinical experience as a supernumerary was very valuable. 'ENs are now paying for the privilege of doing their practicums.' Students should be in a learning environment and this was my experience!**
- The course empowered me and the learning allowed me to develop – in terms of confidence and self-esteem
- **I was given a sound, basic nursing training that I consider first class and have never forgotten.**

For-profit RTO Story by Nellie

Nellie is a 36 year old enrolled nursing student undertaking her course with an RTO. Of her class of twenty students, there are a lot of mature aged students and many foreign students.

She said that there were a lot of problems for her and her 19 student colleagues. They worked so hard but they received poor treatment. The foreign students had trouble standing up for themselves.

The lecturers are bullying us!

The assessments are vague and the objectives are hard to work out ... Nellie came from a training background

Communication is very poor – there was no individual personal communication

Some people were missing out on placements. Also the RTO was not notifying them about their placements until the last minute.

Some of the students' personal effects had been stolen and the RTO has done nothing about it.

Nellie wanted a career change but now she thinks she has got in over her head and is in an awful situation!

She said she paid \$22,500 to do this course. She doesn't feel she is getting her money's worth. She feels so concerned that she will never get her qualification. The students are afraid of the lecturers ... many students have to repeat subjects.

Summary of Recommendations

1. The NSW Government needs to provide sufficient resources to ensure that TAFE and the Ministry of Health collaborate to meet the major increased numbers in enrolled nurse workforce projections.
2. Enrolled nursing students who live in rural and remote or regional areas deserve an equitable approach to the costs of education and training; additional funding and support for their higher travelling and accommodation expenses is required.
3. So that as many enrolled nurses as possible can be recruited, all enrolled nursing students need equal access to places at TAFE NSW. An equitable approach also needs to be extended to the cost of their education.
4. In line with the Ministry of Health modelling and increasing future aged care needs more funded places are required for all enrolled nursing students.
5. Meeting Workforce needs: The Ministry of Health's own modelling showed that 1400-1600 commencing EN training places are needed each year from 2012 to 2026 so that there will be a balance of supply and demand by 2026. Using TAFE numbers of 1,159 pa (as at 2012) TAFE would need to increase its intake of enrolled nurse students by 400 to 500 per year – roundly a 40% increase – in order to cater for the future workforce needs as forecast by the Ministry of Health. This is a huge challenge requiring significant additional resources, even if RTOs contributed. It is strongly recommended that TAFE NSW provide education for all enrolled nursing students at a reasonable cost.

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