

Speech - Maria Fernandez

Dinner with the Council of Deans of Nursing and Midwifery (Australia and New Zealand), 21 February 2005

Firstly I would like to acknowledge the traditional owners of this land, the Ngunnawal people and thank you for the opportunity to address you on behalf of Dr Brendan Nelson, who is not able to be here tonight.

I am honoured to join you tonight to celebrate a significant milestone in nursing education in Australia, the 20th anniversary of the transfer of nurse education from hospitals to the higher education sector. Having done some research in preparation for tonight I have found that this is a story of challenge, achievement and innovation.

The Australian community should be grateful to the nursing bodies, women's organisations and individual leaders that through tremendous foresight and effort brought about such a monumental change that will continue to benefit generations to come.

I am currently working on a discussion paper that the Government has commissioned to review the State – Commonwealth responsibilities for higher education, with a view to possible rationalisation. I might share with you a story that I have come across while doing this work that I think highlights how effective the transfer of nurse education was and how well it must have been managed to be achieved in the timeframe it was.

Before 1961 the States had the constitutional power for companies law and each State and the Commonwealth had their own companies legislation and their own regulator. In 1961 Victoria led the way for all governments to enact uniform companies legislation. It took twenty years for this to actually come about. In 1981 by agreement the States and the Commonwealth introduced uniform companies legislation and created the National Companies and Securities Commission (NCSC). This was a cumbersome structure, which in 1990 was replaced by an arrangement where the Commonwealth enacted legislation and the States adopted it. The new legislation also created the Australian Securities and Investment Commission to replace the NCSC. In 2001 it was decided that there was still uncertainty over the legislative basis of the ASIC structure and States all legislated to remove any uncertainty by referring power to the Commonwealth. It seems to me that, although a significant achievement in itself, from beginning to end it took 40 years for this Commonwealth – State arrangement to reach a point legal certainty and effective operation.

In the case of the transfer of nurse education, it was kicked off in 1974 when New South Wales introduced a number of programmes for the education of registered nurses at colleges of advanced education. There had been discussion about this for some time but the commitment of one State to a college based education for registered nurses provided the necessary momentum, although it was another decade before the legislation governing the transfer to universities was enacted.

This was a complex undertaking, State Health Departments had to determine the transition program that was most suitable to their needs and they implemented the transition at different rates. There was a lot of strategic planning as intakes of

students into hospital-based programs had to be integrated with the development of university based courses.

The challenge was not only for hospitals but also for universities that had to plan and put in place capital development programs, courses, staffing, clinical placements and so on. Nursing is one of the largest disciplines in universities so the requirements were substantial.

The State and Commonwealth governments agreed to the transfer in August 1984, with a view to it being completed by the end of 1993. In most states nursing courses started in the colleges of advanced education in 1985. The final intake of trainees into hospitals was in 1990 and from 1993 onwards there have been no trainees employed by hospitals in Australia.

While the work for the education and health officials involved in the transfer was challenging to say the least, there was also a huge impact on nurse educators. This was largely due to the fact that hospitals and universities are profoundly different types of organisations. Quite aside from what must have been a huge culture shock, there was pressure on nurse academics to upgrade their academic qualifications; there was pressure on nursing faculties to do research which meant applying for grants and submitting research for publication and all courses had to meet accreditation the requirements of the State Registration authorities.

It is to the great credit of those involved that by 1994, nursing schools had been established at 28 higher education institutions. This was change on an enormous scale, with nurse education having been moved from the hundreds of hospitals around the country to a much smaller number of nursing schools in universities.

While these changes were going on, higher education was also undergoing significant restructuring, with the Dawkins reforms creating a single higher education system. The result of this was that by 1994, when the transfer was complete, all registered nurse preparation was conducted in universities. From beginning to end 20 years and it was right first time around!

Of course, an exercise on the scale of this transfer wouldn't be complete without a review.

The Commonwealth Government established the *National Review of Nurse Education in the Higher Education Sector* in 1993. This review was charged with, among other things, assessing the extent to which the objectives of the transfer – namely to provide professional preparation and career choices for nurses – were being achieved.

It concluded that, first of all, the achievements of the transfer were considerable and that a relatively smooth transfer on the scale that occurred was itself a significant achievement and a credit to all parties involved. It noted that a culture of higher education and continuing education had come to be one of the features of nursing, providing the basis for deepening professional development and specialisation in the longer term. This would increase the capacity of the nursing profession to deal with the many health-related challenges facing the Australian community.

There are now 31 higher education institutions offering courses that lead to registration as a nurse. In 2004 over 24,000 students were enrolled in these courses.

There are now many pressures on our health system, such as the changing demographics, including the ageing population and the declining birth rate, the continuing concerns about the health of Aboriginal and Torres Strait Islander people. Hospital stays are becoming shorter, and people with more complex and acute conditions are more often being cared for at home in greater numbers than before. There has been a greater emphasis on illness prevention and health promotion, and on the participation of communities in their own health care.

I think everyone would agree that health care has become far more complicated and difficult in the last 15 to 20 years. Nursing in hospitals is more intense, more demanding, and more scientifically based than it used to be. The use of technology in hospitals is overwhelming. The educational preparation of nurses today must prepare them for this constant and dynamic changing world of health care.

These challenges were picked up in the 2002 National Review of Nursing Education. As well as considering these issues, the review's report, *Our Duty of Care*, made specific recommendations relating to additional university places for nursing, additional funding for clinical practices and to contributions under the Higher Education Contribution Scheme (HECS).

These recommendations were addressed in the Australian Government's higher education reform package, *Our Universities: Backing Australia's Future*. The package identified nursing as an area of National Priority. Over the next four years \$51 million in additional funding is being provided to universities for the costs associated with clinical practice in nursing. To address the shortage of nurses across a wide range of specialisations the Government will provide 2,000 nursing places this year that will grow to almost 4,800 by 2008 provided at a cost of around \$150 million.

As an incentive for students to enrol in nursing courses, the HECS contributions for students enrolled in 'National Priorities' units will not increase from the 2004 rates.

Of course there is more to be done in relation to addressing the shortage of nurses than providing more places. Attrition is a major concern to the profession. It must be frustrating for nurse educators to see students they have taught for years leave the profession after only a short time, without having fully utilised and developed the skills they have acquired during their university education. One of the challenges is therefore to find ways to retain and develop these nurses.

Tonight is a wonderful tribute to those who worked so hard to facilitate the transfer of nursing education into the higher education system. Nursing education has certainly come a long way in the past twenty years and this is a credit to all involved.

The expertise in nursing education and research capacity at universities is expanding as is evident in the international consultancies, the Australian research contracts and the increasing number of international students. In addition, the number of clinical chairs suggests that the strength of clinical research is also growing. There is also progress towards the development of a strong evidence base for nursing through research training and developments such as clinical chairs—though there is much work yet to be done in consolidating that evidence base and applying it in clinical settings.

Nurses are vital professionals within the changing health sector and so it is important that their university education provides them with the attributes and skills they need to do their job.

This is an enormous responsibility for nursing faculties – the population depends on it. However, the groundwork done by those involved in the transfer to universities twenty years ago has meant that the nursing profession has been able to become more focussed on professional development and specialisation and is able to respond to the changing needs of those who depend on it.

It is also worth noting that the transfer of registered nurse education to higher education in Australia was part of a global movement of initial nurse training into higher education. Australia was a leader in this trend, as in 1994 it was the only country to have upgraded all registered nurse preparation to bachelor degree level.

The transfer of nursing education into the university sector has been a wonderful achievement. I would like to thank you for the invitation to address this gathering and to wish you well for the future.