

HealthWorkforce
AUSTRALIA

Clinical Training Profile: **Nursing**

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An Australian Government Initiative

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Enquiries concerning this report and its reproduction should be directed to:

Health Workforce Australia

Post | GPO Box 2098, Adelaide SA 5001

Telephone | 1800 707 351

Email | hwa@hwa.gov.au

Internet | www.hwa.gov.au

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Nursing context

Nurses comprise a substantial proportion of the health workforce. In 2012, the number of nurses and midwives registered was 334,078. Of these, 237,699 were registered as a registered nurse, and 33,317 had dual registration (registered nurse and midwife).

There were 58,370 nurses who were registered as enrolled nurses and 30 who were registered as both an enrolled nurse and a midwife.¹

In June 2012, there were 62,965 nursing students enrolled across all approved programs of study.²

The focus of this clinical training profile is on nursing. A midwifery clinical training profile will be developed in 2014 with the release of the Maternity Services data.

The health environment is changing, and nursing roles are continuing to evolve to meet community needs. Nurses are taking on more diverse roles and extended practice to meet the demands of increased hospital admissions and acuity of care, reduced lengths of stay, with greater use of technology and in the community greater numbers of clients with more complex care, requiring education and health promotion.³

This profile reports on two levels of regulated nurses in Australia, registered nurses (RNs) and enrolled nurses (ENs):

A registered nurse (RN) is a person who has completed as a minimum, a three year bachelor degree and is registered with the Nursing and Midwifery Board of Australia (NMBA). RNs practise independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and other health care workers.

An enrolled nurse (EN) usually works with RNs to provide patients with basic nursing care, doing less complex procedures than RNs. ENs must complete a Certificate IV (only available until 30 June 2014) or a Diploma of Nursing from a vocational education and training (VET) provider, and are also registered with the NMBA.⁴

1 Australian Institute of Health and Welfare, 2013, Nursing and Midwifery Workforce 2012, National Health Workforce Series no 6 Cat.no HWL 52.

2 Australian Health Practitioner Regulation Agency (AHPRA), Annual Report 2011-12, viewed 20 February 2014, www.ahpra.gov.au

3 Health Workforce Australia, 2013, Australia's Health Workforce Series – Nurses in Focus.

4 *ibid.*

Accreditation

Accreditation of nursing programs of study is necessary to ensure national consistency and quality in nursing education. It is achieved through an assessment process using contemporary accreditation standards. The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme.⁵

ANMAC accredits and monitors nursing and midwifery programs of study leading to eligibility for registration and endorsement in Australia. These accredited programs are approved by the Nursing and Midwifery Board of Australia (NMBA) as providing qualifications for registration and endorsement.

ANMAC also develops and reviews the accreditation standards used as the basis for accreditation and monitoring which are approved by the NMBA. Accredited programs and accreditation standards include those leading to registration and endorsement of registered nurses, registered midwives, enrolled nurses and nurse practitioners.

The accreditation standards developed by ANMAC specify a minimum number of clinical placement hours a program must provide for it to be accredited as a program leading to initial registration as a nurse. These are:

- A minimum of 800 hours of workplace experience for registered nurses, not inclusive of simulation activities, incorporated into the program and providing exposure to a variety of health-care settings (Standard 3, Criteria 3.6).⁶
- A minimum of 400 total professional experience placement hours for enrolled nurses (Standard 4, Criteria 5).⁷

5 AHPRA/Nursing and Midwifery Board of Australia, viewed 20 February 2014, www.nursingmidwiferyboard.gov.au

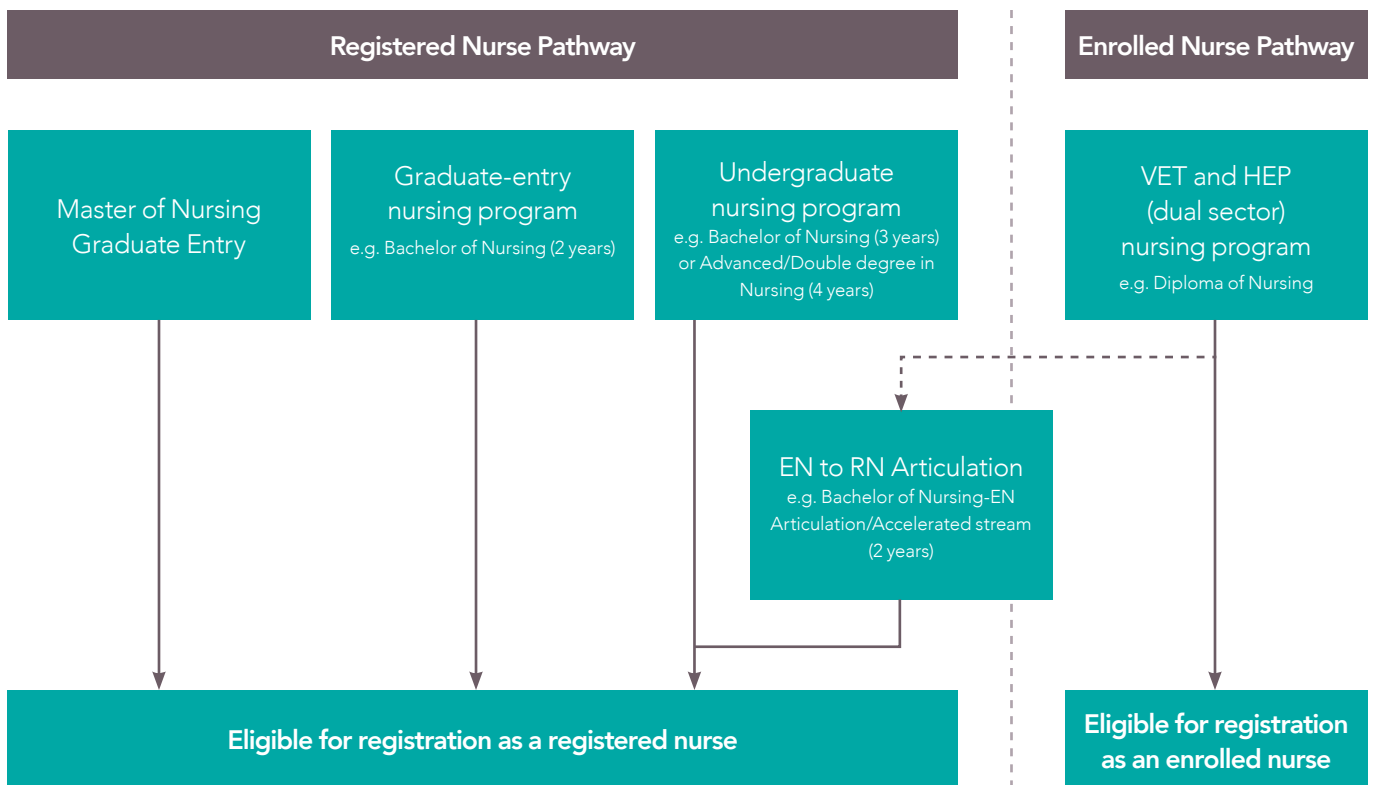
6 Australian Nursing & Midwifery Accreditation Council (ANMAC), 2012, Registered Nurse Accreditation Standards

7 Australian Nursing & Midwifery Accreditation Council (ANMAC), 2009, Enrolled Nurse Accreditation Standards

Nursing education pathway in Australia

Figure 1 shows the education pathways leading to eligibility for registration as a registered nurse or enrolled nurse in Australia.

Figure 1: Nursing education pathways in Australia



For enrolled nurses, there are currently two approved programs of study:

- Certificate IV in Nursing (Enrolled/Division 2 nursing in New South Wales and Victoria)
- Diploma of Nursing (Enrolled/Division 2 nursing).

The current accreditation standards require that for programs leading to registration as an enrolled nurse, the minimum qualification must be a diploma. There are several enrolled nurse programs that are provided by Higher Education Providers, (HEP dual sector providers); however, the majority are facilitated through VET providers.

Clinical training

Nursing is a discipline that requires substantial levels of clinical training prior to registration. Professional experience or clinical training in the health care context is vital for developing professional competencies. It is also important for promoting cultural acclimatisation to the realities of nursing work. Clinical placements involve nursing students working under supervision in a specific health-care setting, with the aim of providing the link between theoretical knowledge and practical application in a supportive environment.

Clinical training is an important part of nursing education; however minimum training requirements, available training places and the number of students have created pressures on the existing system.

The following sections reflect the clinical training hours offered by NMBA approved programs of study and highlight the variation in clinical hours across higher education providers.

Enrolled nurse programs

Reflective of the scope of practice of an enrolled nurse, students of enrolled nurse programs complete less hours of clinical training than students of registered nurse programs.

The minimum clinical training requirement is 400 hours for the Diploma of Nursing qualification and 320 hours for the Certificate IV in Nursing.⁸

Enrolled nurse programs are not included in the remainder of this profile as the relevant data was not available at the time of publication.

NMBA approved programs of study leading to registration as a registered nurse

Clinical training comprises approximately 40-45 per cent of total course time for students in programs of study that lead to eligibility for registration as a registered nurse. In some programs, block placements are weighted towards the final years of study, whilst in others, placements occur regularly throughout the semesters. Some programs use a combination of these approaches.

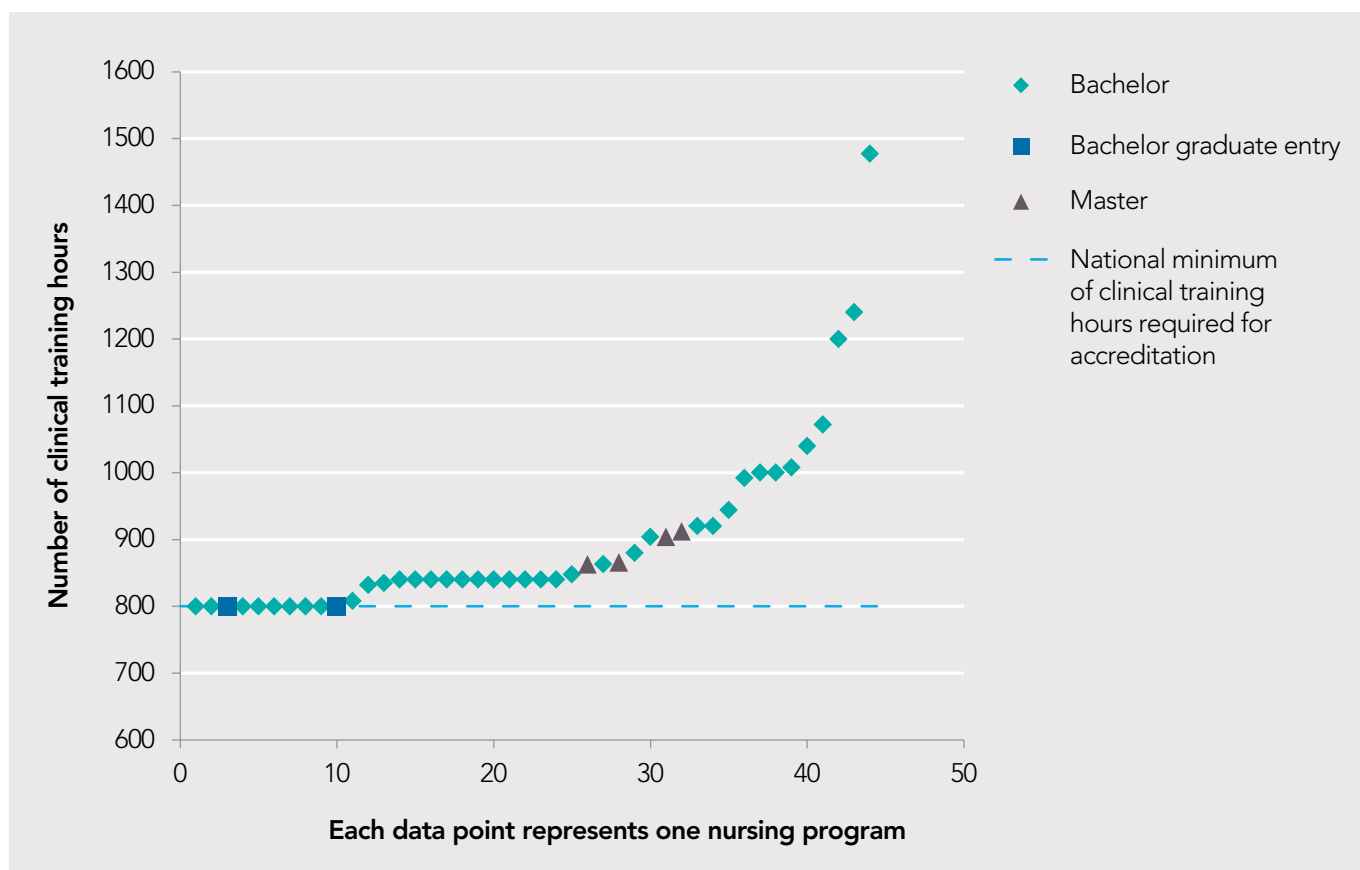
Clinical placements begin in the first academic year of study and continue throughout the 3 year program, with the number of clinical days increasing with each training year. The minimum number of clinical placement hours needed for graduation as determined by ANMAC is 800.

⁸ Community Services & Health Industry Training Board, State Government Victoria, 2010, Handbook for Students on Clinical Placement.

Clinical training hours

Figure 2 depicts the range of clinical training hours across 44 different nursing programs leading to registration as a registered nurse. Clinical training requirements range between 800 and 1,478 clinical training hours. The overall average equals 899 hours. This is 12 per cent above the mandatory minimum number of clinical training hours.

Figure 2: Range of clinical training hours across nursing programs, 2012



Source: Health Workforce Australia survey of 2012 clinical training placements

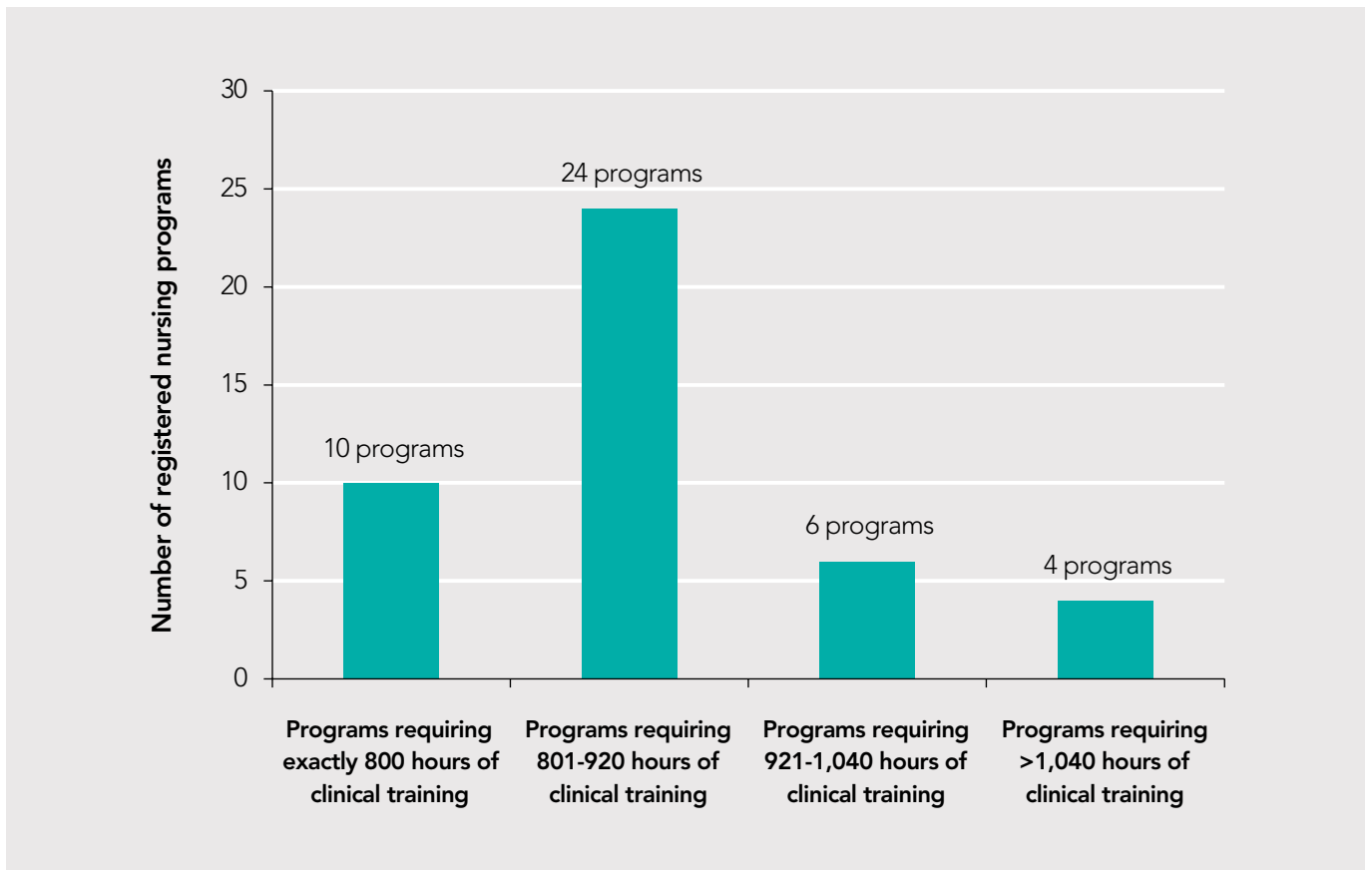
For the data analysis, 'nursing program' was defined as nursing training delivered in Australia that on completion leads to eligibility for registration as a registered nurse. Programs that include conversion courses, double degrees or require less than 800 hours of clinical training have been excluded from the data analysis.

The four masters programs in Figure 2 require slightly more than the minimum 800 hours of clinical training, while both of the graduate entry bachelor programs require exactly 800 hours. Bachelor programs require students to complete an average of 906 hours of clinical training, while the average clinical training requirement for masters programs is 886 hours. The student load enrolled in nursing programs ranges from 20 to 3,390 in bachelor programs, from 30 to 152 in graduate entry bachelor programs, and from 12 to 219 in masters programs.

Programs

Figure 3 divides programs offered in 2012 into four groups based on the amount of clinical training hours they require in comparison to the national minimum of 800 hours. In 24 programs, students were required to complete between 801 and 920 hours of clinical training, which is up to 15 per cent more than the national minimum requirement. Ten of the 44 nursing programs had clinical training requirements of exactly 800 hours.

Figure 3: Numbers of nursing programs within different ranges of clinical training hours, 2012

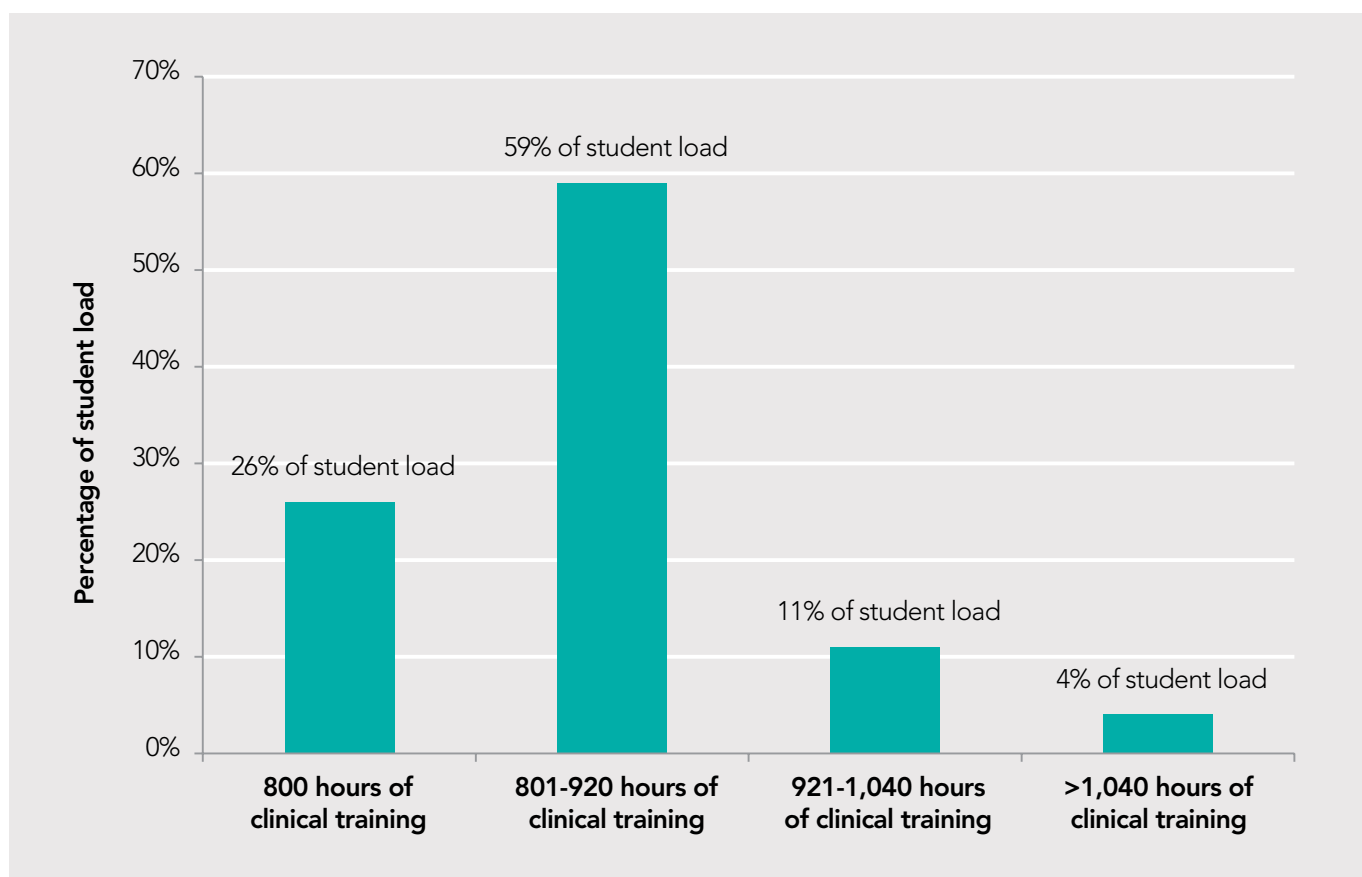


Source: Health Workforce Australia survey of 2012 clinical training placements

Student load

Figure 4 demonstrates the proportion of students studying programs that require completion of clinical training hours in line with the four categories defined in Figure 3. The columns compare each category of programs with the equivalent full time student load (EFTSL) studying that program. The majority of students were enrolled in programs with clinical training requirements close to the national minimum of 800 hours. Programs that required exactly 800 hours of clinical training carried 26 per cent of the student load. A total of 86 per cent of student load was in programs ranging from 800 to 920 hours of clinical training (the upper range being 15% above the mandatory minimum). Less than four per cent of student load was in programs with more than 1,040 hours of clinical training (30% more than the required minimum).

Figure 4: Proportion of student load in nursing programs, 2012



Source: Health Workforce Australia survey of 2012 clinical training placements

Clinical training settings

Table 1 depicts the distribution of settings in which nursing students complete their required clinical training hours. Clinical placements in acute settings including medical, surgical, maternity, and emergency areas are by far the most common, representing almost 70 per cent of all clinical training as this is where the majority of registered nurses work. Settings such as ambulatory/outpatients, diagnostic services, educational institutions, general practice, human services, and private practice each have less than one per cent each of clinical placements. A description and examples for each type of setting can be found in Appendix A.

Table 1: Proportion of nursing clinical training by placement setting, 2012

Clinical placement setting	Clinical placement activity (%)
Acute	68
Mental health / alcohol & other drugs	12
Aged care	9
Primary care and community health	6
Sub-acute	3
Ambulatory/outpatients	<1
Educational institutions	<1
General practice	1
Human services	<1
Private practice	<1
Other	<1

Source: Health Workforce Australia, 2013, Clinical Training 2012

Higher education providers are responsible for allocating nursing students to clinical training settings. Constructive relationships and clear contractual arrangements are required with health service providers where students gain their clinical experience with processes in place to ensure clinical placements are regularly evaluated and updated for accreditation with ANMAC. Regularly updated risk management strategies need to be in place in all environments where students are placed for clinical training.⁹

⁹ ANMAC, 2012, Registered Nurse Accreditation Standards, op. cit

Metropolitan, regional and remote placements

As displayed in Table 1 (p. 8), most nursing students complete their placements in acute settings which generally shows they gain clinical experience in larger hospitals in metropolitan areas.

Figure 5 presents the location of clinical training placements for nursing programs. The figure distinguishes between major cities of Australia (Remoteness Area 1), inner and outer regional Australia (Remoteness Area 2 and 3 respectively) and remote and very remote Australia (Remoteness Area 4 and 5 respectively).

The proportion of training in each area varies across programs. While the majority of placements occur in metropolitan settings (74%), a minority also occur in regional (25%) and remote locations (1%).

Figure 5: Proportion of clinical placements by geographical location, 2012



Source: Health Workforce Australia, 2013, Clinical Training 2012

Clinical training supervision

The Registered Nurse Accreditation Standards require education providers to have clearly articulated models of supervision, support, facilitation and assessment in place so that students can achieve the required learning outcomes and meet the current National Competency Standards¹⁰. Health professionals engaged in supervising and supporting students during workplace experiences need to be adequately prepared for this role and seek to incorporate contemporary and evidence-based Australian and international perspectives in nursing practice. The assessment of competence within the context of clinical placements needs to be undertaken by an appropriately qualified registered nurse.¹¹

There are a number of models of clinical supervision in nursing that includes the preceptor, facilitation and combined facilitation-preceptorship models, a Dedicated Education Unit and a mentoring model identified in the HWA Clinical Supervision Support Program Environment Scan and Research that are briefly described below.¹²

In the preceptor model; a student is assigned to a registered nurse in one to one supervision. The student works alongside the preceptor registered nurse, who provides day to day supervision and undertakes assessment. Preceptors usually have completed preceptorship training.

In the facilitation/supervision model; a registered nurse supervises a group of 6 to 8 students. The facilitator or educator evaluates the clinical placement. Facilitators have generally undertaken training for their role. The facilitator may be drawn from the university or the health service staff. Where the facilitator is a health service employee, the university may reimburse the health service for their time in the facilitation role.

In a combined facilitation preceptorship model; a student is 'buddied' with a designated clinical nurse and works together with a facilitator who is responsible for the supervision or management of a number of students. This model has similar employment and funding arrangements to the facilitation model.

The Dedicated Education Unit model; is a variation on the combined model which involves a partnership between the health service and the university. This model emphasises support and training for clinicians. A facilitator from the health service or university provides supervision for up to 8 students, whilst there is also a preceptor for each student. There may also be a Clinical Liaison Nurse, a registered nurse from the placement area who provides the link to the university.¹³

The mentor model; is similar to the preceptor model, but involves a longer term relationship between the student and the registered nurse.

10 *ibid.*

11 *ibid.*

12 John Ramsay & Associates, 2010, Clinical Supervision Support Program, Environmental Scan and Research.

13 *ibid.*

Simulated learning environments

The Registered Nurse Accreditation Standards 2012 defines simulation as “any educational method or experience evoking or replicating aspects of the real world in an interactive manner.”¹⁴

Simulation is explicitly excluded from the minimum 800 hours of clinical training determined in the standard. However, simulation as a learning technique is recognised in the pre-clinical training program for nursing students.

Standard 3: Program Development and Structure

*3.7 Content and sequencing of the program of study prepares students for workplace experience and, wherever possible, incorporates opportunities for simulated learning.*¹⁵

Pre-clinical training comprises the education and training delivered to the student prior to the commencement of the 800 hours of workplace experience referred to in Criteria 3.6.

The accreditation standards are consistent with the findings of Health Workforce Australia’s Simulated Learning Environments (SLEs) National Project. The project aimed to identify the curriculum aspects most effectively delivered using simulated learning techniques. While 100 per cent of nursing program coordinators surveyed stated that there are training activities that can be complemented by Simulated Learning Programs, only 37 per cent agreed that some activities can be replaced by such programs.¹⁶

Disclaimer: Please note that the survey of clinical placements is a young collection and as such has data constraints which limit interpretation of the results. With time and investment, this type of data will be progressively standardised and analysis of the collection should become more accurate. The data has been reported by the participant HEPs. Training providers were not required to validate the data in 2012.

14 ANMAC, 2012, Registered Nurse Accreditation Standards, op. cit.

15 *ibid.*, p. 13

16 Health Workforce Australia, 2010, Use of Simulated Learning Environments in Nursing Curricula.

Appendix A – Definition of 2012 clinical placement settings

Setting name	Definition	Examples
Acute (medical/surgical/maternity/emergency)	Includes all hospital placements in wards, theatres and other specialty programs excluding sub-acute, mental health and ambulatory/outpatients	Emergency, ICU, HDU, peri-operative, maternity, paediatric, hospital pharmacy, day surgery etc. not psychiatric wards
Sub-acute	Includes placements in rehabilitation, palliative care, geriatric evaluation and management units	
Ambulatory/outpatients	Includes all hospital placements involving outpatient and non-admitted patient care and home delivered services provided by hospital staff	Specialist clinics, outpatient clinics, hospital in the home, antenatal clinics
Aged care	Placements in residential and community aged care facilities and day programs	Low and high care facilities, independent living units, respite programs
Primary care and community health excluding general practice (GP)	Placements in community health centres or government managed health services that involve direct patient care	Community health centre, superclinic, community pharmacy, HACC, health promotion, maternal and child health centres – unless covered by another setting
Diagnostic services	Placements in diagnostic laboratories and medical imaging organisations	Pathology laboratories, medical imaging, sonography
General practice	Includes general practice whether in a private clinic, community health centre, superclinic or other setting	
Private/professional Practice (excluding GP and diagnostic)	Placements in non-hospital based professional practices including specialist medical clinics and excluding GP and community health centres	Audiology, allied health, retail pharmacy, paramedics
Mental health/alcohol and other drugs	Includes all placements in mental health programs. This also includes alcohol and other drugs services	Psychiatric/mental health wards, day programs, community mental health services and programs
Dental and oral health	Includes placements in school dental clinics, private or public clinics or laboratories	

Setting name	Definition	Examples
Educational institutions	Includes all university administered clinics and other secondary and tertiary education provider clinics	University clinics, primary and secondary schools, specialist schools
Human services	Includes placements with organisations that are involved in human service related industries	Child protection, public health, disability support, correctional facilities, relevant state, federal and local government departments, special interest organisations e.g. Red Cross, Heart Foundation etc. – unless covered by another setting
Other	If the placement does not correspond to any of the listed settings	

Source: Health Workforce Australia, 2013, Clinical Training 2012 (Appendix C)



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Post | GPO Box 2098, Adelaide SA 5001

Telephone | 1800 707 351

Email | hwa@hwa.gov.au

Internet | www.hwa.gov.au

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