

# NENAC response to the review of HLT54120 Diploma of Nursing & HLT64120 Advanced Diploma of Nursing October 2020



## Introduction

The National Enrolled Nursing Advisory Council (NENAC) is the peak body within Australia representing the TAFE sector, in all state and territories, that offer enrolled nursing programs.

NENAC's role is to inform and contribute to national vocational education and training (VET) reform agendas, including the current review and development of training packages in relation to the Diploma of Nursing. As a collective voice for enrolled nursing education, NENAC has provided an educators' and practitioners' perspective as well as recommendations on the review of the Enrolled Nursing (EN) qualifications, including the process that is being undertaken for consultation and feedback, and timelines, for consideration. Educators in RTOs who deliver the Diploma of Nursing qualification must be registered nurses and be able to demonstrate their industry currency. As such their feedback on behalf of an RTO and industry is critical and we hope would be considered as essential.

In the interests of transparency, NENAC's feedback on the HLT54120 Diploma of Nursing Draft 2 is provided below for information, including its recommendations and further discussion of the review of the EN qualification.

## Recommendations

In relation to the review of the EN qualifications, NENAC recommends the following:

1. Delay the review of the current qualification structure and validation of the *HLT54120 Diploma of Nursing* and *HLT64120 Advanced Diploma of Nursing* given:
  - a. The number and complexity of units included in the qualification needs to be reviewed and streamlined (currently there are 25 units)
  - b. The qualification needs to be developed based on contemporary and best practice education principles
  - c. Contemporary frameworks for assessment and a review of practices and number of assessments should be utilised and undertaken
  - d. The number of units attached to work placements needs to be reviewed.
2. Urgently undertake a major holistic review of the qualification rather than the current Unit of Competency (UoC) level review.
3. Consider pathways into higher education to enable a seamless transition for the graduating Diploma of Nursing student.
4. Review the appropriateness of CBT for a complex qualification such as enrolled nursing which requires critical thinking and problem solving.
5. Ensure that educationalists are core to the holistic review of the qualification, given their understanding of the profession, regulatory bodies, and the compliance and quality requirements of ASQA driven by training package content.

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6. Provide mapping that demonstrates UoCs and the overall qualification aligns units with the nursing standards for practice and the accreditation standards to ensure best outcomes and compliance for students and the profession.
7. Ensure relevant recommendations from the Aged Care Royal Commission, Disability Commission, the AQF Review, and *Educating the Nurse of the Future – Report of the Independent Review of Nursing Education* by Emeritus Professor Steven Schwartz (the Schwartz Report) are considered in any new iteration of the Diploma of Nursing qualification.
8. Review the project timings for the final draft to ensure that the case for endorsement and the companion volumes do not proceed to external quality assurance without a Draft 3 being provided for further consultation for a period of 20 working days.

Our concern remains that if this review is conducted too quickly, as it was previously, it risks not addressing some of the shortcomings of the current training package. That is, the revised qualification will not be contemporary, feedback from RTOs will not be duly considered, and the course will be more problematic and disjointed to deliver.

Further discussion is provided below as a basis for the above recommendations.

### **Approach to consultation**

NENAC is concerned the current approach of the review of the Diploma of Nursing does not allow for the qualification to be viewed from a holistic perspective and therefore critical gaps have emerged including:

- The linkage between the qualification, industry perception of the graduate outcomes for the EN and the job role
- Disparity between the Australian Nursing Midwifery Accreditation Council (ANMAC) standards of accreditation and the Diploma of Nursing
- Disparity between the Nursing Midwifery Board of Australia (NMBA) Enrolled Nursing standards for practice and the Diploma of Nursing. The relevant SSO website states the Health Training Package must be reflective of the contemporary requirements of industry. Nursing is a highly regulated profession.

A major concern is that there is no mention of the contemporary requirements of the nursing profession, accrediting bodies, or regulatory authorities. The lack of entry requirements for this qualification also creates potential problems for meeting ANMAC accreditation standards. Additionally, units do not align to the NMBA enrolled nurse Standards for Practice, which are a requirement to meet ANMAC accreditation and subsequent registration of graduates to be able to practice as an EN within Australia.

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NENAC believes industry feedback is essential and invaluable in the development of training products. However, industry's input may benefit from a deeper understanding of the structure of training packages in terms of how they are delivered. This includes the RTO Standards and the principles of delivery and assessment including pedagogy, as well as the practicalities of translating the training product into a structure that meets the needs of the student, the health industry, the health sector's industry regulators, and the training sector's regulator the Australian Skills Quality Authority (ASQA).

When seeking industry feedback, it is often obtained from individuals within an organisation who focus on a particular aspect of the qualification not the qualification as a whole. These individuals and organisations generally do not represent the whole health care industry. Most health care facilities would have anywhere between zero and 30 per cent of their nursing workforce as ENs. At times there may be a lack of understanding from organisations of the scope of practice of ENs. Often organisational feedback reflects a particular organisation's policy that guides their own staff on scope of practice, however, it is not reflective of the actual national scope of practice in totality.

Unlike RTOs, industry do not get audited by ASQA or for Victoria by the Higher Education & Skills Group (HESG), or by the Training and Accreditation Council in Western Australia, and do not deal with complaints from students and industry on the number of assessments EN students are required to undertake. Different jurisdictions have different requirements for ENs, with existing state and territory differences in legislation limiting scope of practice. Without representation from all health care areas and all jurisdictions, feedback may only provide a limited view of the scope of practice for an EN.

RTOs are required to ensure they have robust industry consultation as part of their ASQA registration. In addition, ANMAC requires that approved providers of the Diploma of Nursing demonstrate how they engage with, and incorporate feedback from industry into their courses. RTOs frequently receive industry feedback on EN students being too task oriented and skill focused. Nursing as a profession requires ENs to have a holistic approach to their activities and person-centred care – this is very difficult to structure with the overwhelming number of assessment requirements. Students operate at a novice level and should be able to move across a continuum over time and with experience, and not be expected to demonstrate 100 per cent achievement at all stages of the program (which is an ASQA requirement). This is overwhelming for both students and the workplace.

NENAC members, and RTOs generally, do in fact represent industry aligned opinion on many matters, including feedback on the currently proposed training package changes. However, as educators and as registered nurses, with demonstrable industry currency, who deliver the Diploma of Nursing qualification, NENAC notes in some consultation forums, RTO input has been openly dismissed, with RTO representatives advised to submit their responses to the

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online forum as a practitioner rather than as an RTO representative, as responses from industry are considered to be more valid. This places RTOs in the position where they are being dissuaded from providing feedback on a product which is core to their business and where they clearly understand the complexities and shortcomings that exist within qualifications and their delivery. Clarification on the approach and process for input would be valued by NENAC members, including transparency around the publication of responses to feedback submitted, and the rationale for why or why not actions are taken/decisions made as a result of that feedback.

A training provider cannot deliver this qualification without receiving accreditation with ANMAC. NENAC has observed there are significant gaps in the content of the Draft 2 Training Package that will require all training providers to undertake extensive mapping and further gap training to ensure graduates of the qualification will meet areas such as:

- Analytical and reflective practice
- Health informatics and health technology
- Quality and Safety principles
- Engendering deep rather than surface learning
- Engagement with inter-professional learning for collaborative practice.

Current feedback sought on the review of the qualification is focused on the UoC level or qualification structure, with feedback provided often reflecting changes in knowledge content or changes to wording of performance criteria. No option is provided for feedback on the qualification holistically – only on the UoCs presented for review. The structure of the training package with the associated RTO Standards and compliance requirements for training providers hinder the ability to tailor and structure training to meet the holistic nature of the job role and industry workplace and graduate expectations. The current dilemma experienced with the Diploma of Nursing qualification highlights the constraints and potential inadequacies of the training package structure to address the emerging needs of some industry areas in the vocational sector.

There is a lack of pedagogy/nursing theory/alignment/incorporation of the EN accreditation standards and EN Standards for Practice into the UoCs and the qualification as a whole. Crucial content missing from the proposed course includes health informatics/digital literacy, national health priorities, safety and quality standards, and evidence-based practice. Worldwide, the health care industry is undergoing a radical transformation due to the expectations of stakeholders, patients, governments, insurers, employers and providers, and digital disruption (such as telehealth). Organisations will be required to adopt both technology and process improvement strategies to enable secure access, exchange, and analysis of patient information and to create greater efficiencies in both business and clinical processes. Diploma of Nursing students are required to work in a rapidly changing

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technological health care environment. We encourage further consideration of this issue in the revised Diploma of Nursing qualification as we do not believe it is sufficiently addressed in the current or proposed version.

NENAC has other concerns regarding the draft HLT54120 qualification. For example, the inclusion of *HLTENN060 Apply nursing practice in the paediatric care setting\_Draft2* as an elective. This unit applies to "enrolled nurses, registered with the Nursing and Midwifery Board of Australia...". Yet the removal of *HLTENN039 Contribute to nursing care of a person with complex needs* has created some training gaps. The inclusion of specific skills leads to the exclusion of other potentially equally important skills and applies subjectivity to what EN education should incorporate. Additionally, some of the included skills are not relevant to general EN practice and align more to extended practice (for example, male catheterisation).

### **Assessments**

Frequent feedback from industry directly to TAFEs indicates EN students, whilst on work placement and when commencing as a beginner practitioner, are very skills and task orientated and are not able to structure their daily activities to meet the full scope of the EN role. The structure of the training package, with overwhelming assessment requirements, reinforces this skills/assessment focus. For students to be successful they must demonstrate 100 per cent achievement across all levels. The current training package format does not provide students with the opportunity to be recognised as a learner, by reflecting on performance, and being recognised for these critical skills.

The increasingly complex assessment requirements for the EN have created a high level of stress and anxiety for students, leading to high withdrawal rates often in the first semester of the qualification. Many training providers have recently been involved in audits with ASQA. The level of assessment evidence required to address a UoC for compliance has become extremely unworkable and in many instances difficult to achieve within the current parameters and frameworks for RTOs. The attention to minute details has taken away from the importance of the holistic job role. This has led to Australia having a very task and/or skills focused workforce for those undertaking a vocational education and training pathway.

Feedback to TAFEs from industry partners is that the qualification is too skill focused and students spend all their time completing tasks, including reflection and documentation activities related to these tasks, rather than participating in holistic nursing care and graduate role outcomes underpinned by knowledge. Facilitators and supervising Registered Nurses are increasingly objecting to the burden of completing the required documentation making it further stressful for students, and for supervising and teaching staff.

To illustrate the issue with assessments, the proposed number of items that require assessments in the Diploma of Nursing qualification are:

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In the 13 HLTENN core units:

- Performance criteria – 305
- Performance evidence – 40
- Clinical placement – 34
- Knowledge evidence – 509

The other 7 core units (not up for review in draft 2):

- Performance criteria – 122
- Performance evidence – 30
- Clinical placement – 4
- Knowledge evidence – 131

This is a total of 1,175 assessments to be completed over 18 to 24 months (depending on the education provider's approved course length for delivery).

Please note this does not include assessment requirements for the five electives. Every item listed in a UoC is required to be assessed by ASQA and students are required to demonstrate 100 per cent knowledge. This is an ever increasing burden to which industry may not be fully attuned.

Excluding electives, students are expected to complete a total of 38 assessments on placement. RTOs consistently receive negative feedback from employing industry on the number of assessments a student is required to undertake, as generally a clinical facilitator would supervise up to 8 students on a placement. This means on average, students would need to complete 6 to 8 assessments on a two-week placement. In turn, this means that a clinical facilitator on a two week placement would need to undertake up to 64 assessments during that two weeks. This leaves little or no time for the clinical facilitators to do anything other than assess students.

The increasing burden of workplace assessment places an additional stress on an already overwhelmed health care sector. Apart from the aged care sector, many health care facilities use their own clinical facilitators. Many industry partners prioritise undergraduate Bachelor of Nursing students for placements and state the number of EN work placement assessments required is prohibitive to taking on EN students.

A competency-based training package that requires a student to get 100 per cent on every assessment is not realistic and not based on contemporary education practice/pedagogy at a national or global level. No other health profession (medicine, nursing, midwifery, allied health) has this quantity of assessments nor is there the requirement to achieve 100 per cent for the knowledge component. EN students are expected to have knowledge for all diseases, medications and so on listed in a UoC. The UoCs are fragmented and do not allow for

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demonstration of holistic nursing care or summative assessment against the EN Standards for Practice. There is a disjointedness of the UoC to the job role of the EN and preparing the EN for the realities of nursing practice.

Some performance criteria are written in a way that they are not observable and it is questionable as to whether the EN needs to perform/be observed completing a task, or do they need to know about the task? For example, how would the following performance criteria be observed as a performable task: *Maintain knowledge of current health issues impacting clinical practice and health policy development*. There may be a lack of understanding that the EN will graduate as a beginning practitioner, who is required to work within their scope of practice (therefore they should not need to know everything before they graduate).

State-wide feedback on the current qualification has highlighted major concerns with the complexity and high level of assessment requirements across knowledge evidence, performance criteria and performance evidence assessment. (Note many performance evidence requirements have more than one criteria requiring demonstration by the student). NENAC is concerned this feedback may not be adequately reflected in the revised qualification, including what this level of assessment evidence means from both a delivery and assessment and a quality compliance perspective. The enormity of assessment tasks that sit across the revised qualification needs to be considered holistically rather than at an individual unit level.

ENs are an integral part of the healthcare team and should have reasonable and realistic assessments to enable them to enhance their knowledge and gain specialised skills within the context of their practice, especially given the health sector is not static but requires continuous learning. In its current iteration, there are parts of this qualification that do not seem to support this outcome.

In addition, mandated assessments required to be conducted on work placement are attached to a number of units. If a student fails a placement, or placements are delayed as they are now during COVID, or if a student is unable to have an opportunity to undertake all assessments required on a placement, this will impede and delay a student's progress in the course and students are often required to re-enroll in several units. Funding to RTOs is attached to completion of units. Having placement requirements attached to several units means funding is delayed as well.

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**HLT64120 Advanced Diploma of Nursing**

This qualification offers ENs the potential to extend their practice and develop enhanced skills and knowledge. Unfortunately, this intent and outcome is made unlikely by the inclusion of performance evidence in a number of units that would be difficult for non-specialised registered nurses to achieve. For example, the assessment requirements of some of the units in this qualification include: care of permanent and temporary mechanical ventilation including suctioning and bagging; tracheal suction via an endotracheal tube (ETT); assisted with the insertion or removal of pleural and intercostal or under water seal drains; monitoring of electrocardiograph readings for abnormalities; assessment of chest pain.

As with HLT54120 Diploma of Nursing, the HLT64120 qualification seems to lack an overarching alignment between regulatory bodies. According to the NMBA, Decision-making framework for nursing and midwifery (2020) an EN is responsible for determining when an activity is one that they are appropriately trained and competent to do, and which is within their scope of practice. Determining the treatment plan of a patient and changing the treatment plan of a patient is out of scope.

The structure of the Diploma of Nursing allows progression to the Advanced Diploma, however progression to a higher-level qualification such as a Bachelor of Nursing is not well supported. Only a small number of ENs complete the Advanced Diploma as the additional study brings limited career benefits and is costly. Continuing studies in higher education is seen as the better option for career progression. The Advanced Diploma gives no further credit towards the Bachelor of Nursing so as a pathway is not particularly appealing for many. The packaging rules/specialisations that came in with the last training package update made it much less attractive for students and industry, with many wanting to undertake skill sets rather than a whole qualification. Overall, the assessment requirements are not realistic in many of the units and skills for assessment are at a higher level than for an undergraduate Bachelor student. Industry often asks for skills sets, however as mentioned this is limited by the packaging rules.

2019 NCVER data recorded 95 enrolments across Australia in the Advanced Diploma of Nursing. This is also mentioned in the Schwartz Report: "Although ENs may undertake additional training by completing an advanced diploma (AQF level 6), only a tiny number take up this option. It seems that additional study at the VET level brings few career benefits; ENs who wish to advance in their careers are better off continuing their studies in higher education". NENAC encourages further consultation with employing industry and RTOs, to consider the content and structure of the Advanced Diploma of Nursing before releasing another iteration of the qualification. The current lack of uptake indicates that it is not meeting the requirements of either students or employers.

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## **Summary**

While industry feedback is critical, RTOs are bound by other considerations such as best practice education principles and national nursing regulations. Increasingly, RTOs are required to meet the obligations of conflicting requirements.

NENAC suggests that to achieve the best outcomes for students and employing industry, the qualification needs to be reviewed holistically and not only at a UoC level. Further to this, consideration needs to be given to the interplay between, and alignment with, the EN Standards for Practice and the EN accreditation standards to ensure best outcomes for students and the profession.

A major difference between the VET and HE sectors is the use of competency-based training (CBT) in VET compared to a curriculum focus in HE. There is a tension in Australian tertiary education policy, where government policy insists on the distinction between VET and HE, however all governments seek to promote seamless student transfer and articulation between the two sectors. CBT was introduced in the late 1980s to improve the skill levels of the Australian workforce through meeting the needs of industry. CBT has been defined as being based on competency standards; outcomes based; industry involved and led; flexibly delivered; and performance oriented. While CBT assists with technical skill acquisition, there is lesser recognition of the development of conceptual and experiential learning. For some professions and industries, CBT may no longer be the most contemporary fit. The lack of graded assessment in most CBT training also makes it difficult for some students to gain recognition for prior learning (RPL) in higher education courses.

In the 2019 review of the Australian Qualifications Framework (AQF), adopting a shared credit point system in Australia was recommended as a strategy that could improve student awareness of potential credit, and encourage the take-up of pathways between VET and HE. NENAC agrees there has been a loss of balance between knowledge, skills and application as set out at all levels in the report and in the recommendations in the report that were accepted by the Australian Government. There are also a number of other relevant reviews and reports that need to be taken into consideration in the new iteration of the Diploma of Nursing qualification. These include the Aged Care Royal Commission and Disability Commission, the recommendations in the Schwartz Report, as well as the review of the AQF.

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**Contact NENAC**

NENAC welcomes further dialogue with all relevant stakeholders on the current review of the EN qualifications. If you wish to discuss these issues further, please contact:

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