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Council of Deans of Nursing and Midwifery (CDNM) submission to the TAFE Centre of Excellence in Health Care and Support re: a possible higher apprenticeship in nursing | September 2025

Introduction

Thank you for the opportunity to provide our feedback on the idea of a higher apprenticeship in nursing. The Council of Deans of Nursing and Midwifery (CDNM) is the peak body representing higher education institutions in Australia and New Zealand Aotearoa that deliver undergraduate and postgraduate nursing and midwifery education and research. This written submission reiterates feedback we have already made in various roundtables and survey responses as part of the higher apprenticeship consultation process.

CDNM's understanding of a possible "Higher Apprenticeship" (HA) degree in Nursing

The Queensland TAFE Centre of Excellence Health Care and Support (TCE HCS) has been tasked[1] to provide feedback and recommendations regarding a potential national "Higher Apprenticeship" (HA) degree in Nursing. We understand that the potential HA would include the following elements:

- it would be equivalent to a Bachelor of Nursing (BoN) degree. In Australia, this is the minimum qualification required for entry to practice as a Registered Nurse (RN);
- it would be an earn-as-you learn model – that is, an HA student would be a paid apprentice in a health service and would learn on the job;
- education delivery would be health-service, rather than university, based.
- there would be a focus on the following components:
  - Aged Care;
  - Enrolled Nurse[2] (EN) to RN transition;
  - students from equity groups and/or those who may not traditionally attend university; and
  - rural/regional education and workforce.

Comments regarding the possible Higher Apprenticeship (HA) in nursing

CDNM supports growth of the nursing workforce by attracting and retaining students from a wide range of situations. The current higher education model already works well in this regard and provides a solid framework on which further nursing workforce can be built and distributed. We therefore question the need for a new approach and do not support the introduction of the possible higher apprenticeship in nursing. Our comments and concerns are outlined below.

Effective higher education models already exist to support equity group students to study nursing

Universities already have good models for supporting equity group students and/or students who may not traditionally be attracted to higher education to study nursing or other degrees. Higher education support for students from equity and other groups is available through avenues, such as: enabling programs; cultural support; certain study scholarships; Commonwealth Supported Places (CSPs); and the recently introduced Commonwealth Prac Payment. These supports are available in nursing and other disciplines.

[1] by the Department of Employment and Workplace Relations (DEWR)
[2] The minimum qualification for entry to practice as an Enrolled Nurse (EN) in Australia is a diploma of nursing

Nursing has one of the highest proportions of equity group students in higher education

Higher Education data shows that year on year across the sector over the last 15 years, more than 25% of nursing students are from equity groups (see data below). These figures suggest that nursing degrees delivered in universities already work well to attract students from a range of groups, including a high proportion of equity groups.

Equity group	2011	2016	2018[3]
Indigenous	2.4%	2.8%	2.9%
Non-English speaking background	6.2%	7.9%	7.2%
Disability	4.3%	5.0%	5.3%
Low SES	23.7%	23.2%	24.3%

Source: Department of Education (DOE), unpublished HEIMS dataset. Equity group as defined by DOE.

Earn as you learn type models already exist in nursing

Earn as you learn models in nursing already exist, for example the Registered Undergraduate Student of Nursing (RUSON) model. In these models, undergraduate nursing students who have completed at least one year of their BoN can work as nursing assistants in healthcare settings under the supervision of RNs. The model provides students with practical experience and helps with workforce. None of the students' paid work counts towards their clinical placement hours as it is at a lower level than required in a BoN. RUSON models also clearly separate the earning component from the learning component.

EN to RN career progression is already a well-trodden path

Significant numbers of ENs transition to RNs by enrolling in a BoN. Generally a year's credit is given to the EN for their Diploma in Nursing, reducing the BoN study period to two years. This pathway is a well-established one. However, each individual EN needs to apply for credit of their Diploma with their respective higher education provider. CDNM acknowledges that there is room for greater harmonisation in this pathway - potentially through a national credit and/or recognition of prior learning (RPL) framework - and welcomes the opportunity to work with relevant stakeholders such as Jobs and Skills Australia (JSA) and the Vocational Education Sector (VET) to achieve this.

Universities already offer RN education in rural Australia

The Commonwealth Department of Health, Disability and Ageing (DoHDA) delivers the Rural Health Multidisciplinary Training (RHMT) program. The program funds universities to deliver entry-level health professional education programs – including in nursing and midwifery - in rural areas. The RHMT program supports students to undertake extended placements in rural health services. The program includes infrastructure funding for rural clinical schools, university departments of rural health, regional training hubs and some student/staff accommodation. The program develops rural health workforce capacity. A 2020 evaluation of the program found that students who undertook rural clinical placements were more likely to work in rural Australia as graduates than those who do not. For nursing and midwifery graduates, this represented an additional 18.02 more work hours per week (0.47 FTE)[4]. **We recommend building on this already effective program to further support rural nurse workforce development.**

[3] More recent data not available to CDNM but verbal reports show these trends have been maintained.
[4] KBC Australia, May 2020. Independent Evaluation of the Rural Health Multidisciplinary Training Program Final Report to the Commonwealth Department of Health

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Nursing sub-specialisations occur after an initial RN qualification has been attained

A bachelor of nursing (BoN) degree is designed to develop an entry-level RN with broad, generalist knowledge and competencies across multiple nursing areas – including aged care. Further sub-specialisation in areas such as aged care are gained post-graduation. It is difficult to see how a possible higher apprenticeship delivered in a health service largely focused on Aged Care could provide the sufficient breadth and depth of education required to meet the Australian Nursing and Midwifery Accreditation Council (ANMAC) standards. It is also unclear how the Tertiary Education Quality Standards Agency's (TEQSA) Higher Education Standards will be met through education delivery in this setting.

A scholarship program already exists to support aged care nursing workforce development

DoDHA recently introduced the Aged Care Nursing Scholarships Program[5]. The program specifically:

- supports aged care workers to complete formal qualifications in aged care nursing; and
- provides registered and enrolled nurses with training to develop clinical management and leadership skills to progress their careers in aged care.

Over one thousand scholarships are available, including a guaranteed number for First Nations peoples. Eligible courses include vocational education training, undergraduate and postgraduate courses.

Nurse education needs to be based in research-rich settings to support the evolving role of RNs

In Australia registered nurse education transitioned to universities in the mid-1980s. Since that time, RNs have increasingly taken on greater scopes of practice. This includes the recent introduction of the "Designated Registered Nurse Prescriber" role. Expanded roles and responsibilities for RNs are also highlighted in relevant contemporary Australian work such as:

- the National Nursing Workforce Strategy, a key plank of which is to raise the professional standing of nurses; and
- the Scope of Practice Review – Final Report which aims to maximise our current health workforce by enabling nurses and other practitioners to work to full and advanced scopes.

There will always be a place for hands-on, health service-based clinical experience as part of nurse education. However, reversion of RN education to an apprenticeship model is counter to the evolving role of RNs and may damage the professional standing of nurses.

A new definition of nurse and nursing by the International Council of Nurses (ICN) also recognises the profession's multiple and expanding aspects. The definition highlights that nursing practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, therapeutic relationships and evidence-informed decision-making. Preparation for such roles requires RN education to be delivered in higher education institutions that: link research to practice, support critical thinking and advance the use of new technology. Opportunities to provide this education are more limited in health services where the focus is patient care. There are also risks to education quality in a health service-based apprenticeship model due to the inability to clearly separate dedicated teaching/learning time from work/earning time.

For all of the above reasons, CDNM does not support further pursuing the idea of a higher apprenticeship in nursing in Australia. Rather, we recommend building on existing RN education programs and processes to build the nursing workforce we need, where we need it.

[5] More information about the Scholarship program is available here