

10/09/2026

Australian Tertiary Education Commission (ATEC)

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Dear Australian Tertiary Education Commission,

Re: ATEC Discussion paper: Review of Research Requirements: 'Australian University Category' Higher Education Standards Framework (Threshold Standards)

Thank you for the opportunity to comment on the Australian Tertiary Education Commission's (ATEC's) *Review of Research Requirements: 'Australian University Category' Higher Education Standards Framework (Threshold Standards)*.

The Council of Deans of Nursing and Midwifery (Australia and New Zealand) "CDNM" is the peak organisation representing universities and other higher education institutions that offer undergraduate and postgraduate programs in nursing and midwifery throughout Australia and New Zealand. CDNM has an essential role in ensuring a safe and sustainable nursing and midwifery workforce by leading higher education, research, and knowledge translation in these professions.

We understand that the discussion paper is across all disciplines. This submission focuses on university-based nursing and midwifery research.

Overall Comments

CDNM acknowledges that ATEC's Discussion paper: Review of Research Requirements: 'Australian University Category' Higher Education Standards Framework (Threshold Standards) is currently looking at whether the research requirements associated with Australian university status should be amended to enable greater research specialisation.

We also acknowledge that the purpose of the consultation is to inform *how* any potential reform might be designed, sequenced and implemented to provide greater flexibility to build research scale in areas of strength while maintaining research quality, student outcomes and public confidence in the Australian University category. Our responses to these matters are outlined in the *Responses to Consultation Questions* section below.

More broadly, CDNM recommends that any reforms should be carefully designed to strengthen research capability and capacity across the sector. While greater specialisation and the development of concentrated areas of research excellence may offer benefits, this should not come at the expense of maintaining broad-based research capability in nursing and midwifery.

Nurses and midwives are in prime positions to identify practice and system improvements to support quality, value-for-money care. When these observations are formalised and investigated through rigorous research, they can lead to meaningful advances in healthcare. Numerous examples of such contributions exist within nursing and midwifery research. The current MRFF focus on clinician-led research also further reinforces the importance of these contributions.

As such, CDNM supports policy and regulatory settings that enable broad involvement of nurses and midwives – from students to researchers to clinicians – in research. However, without a strong, national clinician-researcher network to link into, the opportunities for such improvements are reduced.

Understanding evidence-based practice is already an important part of nursing and midwifery programs of study within universities and is a requirement of ANMAC accreditation. As nurses and midwives take on increasingly expanded scopes of practice and advanced roles, the need

for all nursing and midwifery students to understand how to contribute to and translate research, will also increase.

There are benefits in creating concentrated areas of research specialisation (such as Nursing and Midwifery Research Centres of Excellence). However, given the growing need for nurses and midwives (including non-PhD nursing and midwifery students) to be involved in research, CDNM suggests that a system-level approach may be needed to ensure such specialisation does not result in gaps in disciplinary capacity, workforce development or research training opportunities.

If nursing and midwifery research activity becomes concentrated in fewer universities, safeguards may be needed to ensure students across all programs continue to benefit from research-informed teaching, contemporary disciplinary expertise and access to research pathways.

Responses to Consultation Questions

1. How should research depth, scale and sustainability be demonstrated under a more specialised model, including in relation to staffing, infrastructure, governance, research training, research integrity and research security?

Measures of research depth and scale should explicitly recognise practice-based, translational and health-service-embedded research outputs, not only conventional bibliometric or grant-income indicators. Demonstrating sustainability should also include evidence of a strong clinician-researcher pipeline, including supervision capacity and HDR training pathways, beyond research income or output volume alone.

2. What safeguards are needed to ensure a more specialised research model continues to support research quality, scholarship, teaching and learning, student outcomes and institutional maturity?

Safeguards are needed to ensure students across all nursing and midwifery programs, not only those at research-intensive institutions, continue to benefit from research-informed teaching and access to research training pathways. Given that nursing and midwifery programs carry accreditation-driven research literacy teaching obligations regardless of an institution's research specialisation status, regulatory design should ensure this teaching obligation does not become disconnected from actual research capacity within an institution.

3. How should regulatory settings be designed to enable greater research specialisation while maintaining confidence in the Australian University category?

Consider regulatory settings that encourage collaborative and cross-institutional research models, such as consortia, hub-and-spoke networks, and funded joint academic appointments. This would allow universities to specialise while ensuring that research training and mentorship in disciplines such as nursing and midwifery remain distributed across the national higher education system and not condensed to select institutions.

4. What institutional, regulatory or system-level risks could arise during implementation, and how could these be mitigated through regulatory design, transition arrangements, guidance or monitoring?

A risk is that research capability in disciplines with a predominantly female academic workforce, such as nursing and midwifery, becomes concentrated in a small number of institutions, with disproportionate impacts on women's academic career progression and a reduced national clinician-researcher network. This risk could be mitigated through ongoing, sector-wide monitoring of discipline-specific research capacity indicators, such as HDR completions, supervisor availability and a structured funded clinician-researcher pipeline.

5. What transition arrangements, implementation timeframes and grandfathering provisions, if any, should apply to existing Australian Universities, Australian Universities with a specialised focus, prospective applicants and providers currently progressing under existing transitional arrangements?

Any process for determining which institutions pursue nursing and midwifery research specialisation should include meaningful input from the nursing and midwifery professions, rather than being determined solely through regulatory or competitive settings, especially initially. Transition arrangements build in a mechanism for ongoing, sector-wide monitoring of nursing and midwifery research capacity and transition timeframes should allow sufficient lead time for collaborative research models to be established between institutions before any reduction in individual institutional research investment takes effect.

CDNM welcomes the opportunity to work with ATEC to further discuss university-based nursing and midwifery research. Please contact us to discuss how we can assist.

Yours sincerely,
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