

**Review of
Postgraduate Nursing and Midwifery Education
in Victoria**

Final Report – Summary Version

September 2015

Foreword

A note about the scope of the project

This report documents a review of postgraduate nursing and midwifery education in Victoria, in the main, to examine the factors that impact on the uptake of postgraduate education by these groups of health professionals in Victorian public health services.

In commissioning this project, Nursing and Midwifery Workforce in the Department of Health and Human Services indicated the review should focus specifically on postgraduate education that increases current skills or knowledge, or develops new skills and knowledge in new professional areas, for practitioners who already have their entry-level qualifications. This includes courses that lead to Graduate Certificate, Graduate Diploma or Masters qualifications.

The project scope specifically did **not** include postgraduate courses that result in entry-level qualifications for nursing or midwifery, such as a Graduate Diploma of Midwifery or a Master of Nursing Science entry-to-practice course. Master of Nursing (Nurse Practitioner) courses were also not included, as these are entry-to-practice qualifications at nurse practitioner level.

Although not specifically excluded from the scope of the review, postgraduate mental health courses were not considered a focus of the project. This reflects, in part, that scholarships for these courses are not the responsibility of Nursing and Midwifery Workforce, but also the fact that postgraduate qualifications are a prerequisite for nurses wishing to work in mental health above the Registered Psychiatric Nurse level 3 classification. Moreover, postgraduate mental health nursing initiatives will be reviewed as part of other work being undertaken by the department.

Since the courses within the scope of this project require applicants to hold, at a minimum, a Registered Nurse registration, the project was effectively a review of specialist postgraduate nursing education. Of course, Registered Nurses may also be midwives and therefore throughout this report, reference is made to *nurses and midwives* or *nursing and midwifery*.

However, with respect to midwives, it is important to note the review addresses postgraduate education for registered midwives, as opposed to postgraduate education in midwifery.

Table of Contents

EXECUTIVE SUMMARY	III
1 INTRODUCTION	5
1.1 Postgraduate nursing and midwifery education	5
1.2 Background to this project	6
1.3 Project scope	6
2 SUMMARY OF PROJECT FINDINGS.....	9
3 DISCUSSION AND RECOMMENDATIONS	12
4 BIBLIOGRAPHY	30

Executive Summary

Nursing and Midwifery Workforce (Health Workforce Branch, Department of Health and Human Services; the department), is responsible – amongst other things – for policies and programs that address key aspects of the entry-level education, specialist training and ongoing professional development of nurses and midwives in Victoria.

One of its important programs is the Training & Development grant (Nursing and Midwifery), which is part of the overall Training & Development grant to public health services that supports costs associated with teaching, training and research activities. Another key program is the postgraduate scholarship program for registered nurses and midwives working in the Victorian public health sector in areas of clinical practice where additional postgraduate studies are considered to be an important workforce requirement.

The *Postgraduate Nursing and Midwifery Education* component of the Training & Development grant (Nursing and Midwifery) supports the clinical component of postgraduate education programs. Recent Training & Development grant data has revealed a significant reduction in requests for funding under this stream since 2012, as well as a decline in the uptake of postgraduate scholarships in rural/regional Victoria.

The trends observed in departmental data, together with anecdotal reports from Directors of Nursing about declining interest in postgraduate study, were key drivers for Nursing and Midwifery Workforce to establish this review of postgraduate nursing and midwifery education in Victoria. The purpose of the review was to determine the full range of factors impacting on the uptake of postgraduate nursing and midwifery education. In addition, the review was asked to examine the link between patient outcomes and having a nursing and midwifery workforce trained at postgraduate level. It was intended the review would identify those aspects of the system where the department can most efficiently offer support, through a robust evidence base that informs future initiatives, policy settings and resource allocation.

This summary report presents an overview of the project scope and findings of the project, as well as the complete discussion and associated recommendations from the project report. The literature review, full methodology and project results are presented in the full project report.

The report is presented in four sections.

Section 1: Introduction – provides context and background for the project, as well as the project scope.

Section 2: Project Findings – presents a summary of the project findings.

Section 3: Discussion and Recommendations – discusses the aggregated findings in the context of the major issues identified through the review and presents eight recommendations for action by the department.

Section 4: Bibliography – includes references cited in this summary report.

Summary of recommendations

It is recommended that the department:

1. Facilitate a dialogue between health services, education providers and professional bodies to address the issue of postgraduate course fees and other access issues.
2. Investigate the level of need – and the most appropriate option for implementation – for travel-related assistance to rurally based postgraduate nursing and midwifery students.
3. Undertake further analysis of the tiered scholarship model to explore its application within the Victorian environment.
4. Review its communications strategies relevant to the postgraduate nursing and midwifery scholarship programs, specifically:
 - Improve the content and ease of access to information on the website.
 - Publish information as part of a series of Frequently Asked Questions (FAQs) on its website, as well as other relevant publications, that addresses the underlying rationale of the scholarships program and the practical reasons for the annual timeline of decision-making.
 - Improve the accessibility of information it provides on taxation arrangements relevant to its scholarships and self-education expenses.
 - Consider longer term strategies for improving communication that could include establishing a social media presence and creating a central repository of information about all scholarships available for postgraduate nursing and midwifery study.
5. Determine the proportion of postgraduate nursing and midwifery students who are accessing multiple sources of funding.
6. Work with the relevant bodies to enable the development of reliable nursing and midwifery workforce datasets that include up-to-date information about the postgraduate qualifications of these health professionals.
7. Encourage projects that examine the usefulness of various nurse sensitive outcome (NSO) measures in monitoring the benefits of a postgraduate-trained nursing and midwifery workforce.
8. Explore mechanisms for providing guidance to health services on a range of issues relevant to developing, supporting and utilising a postgraduate-trained nursing and midwifery workforce.

1 Introduction

1.1 Postgraduate nursing and midwifery education

The drive to improve the safety and quality of healthcare has gained considerable momentum over the last fifteen years. This quality improvement movement has emphasised the importance of systems-based solutions, rather than focusing upon the attributes of the individual clinicians delivering health services. Nonetheless, there is still a recognition that high quality healthcare requires a highly skilled and well-trained health workforce.

In the nursing and midwifery workforce, the need for specialised training has increased, in part, because of general trends and developments within healthcare, namely:

- the specialised nature of healthcare and the use of advanced medical technologies
- an expanded scope of practice in a number of domains, as it is recognised nurses and midwives, with suitable training and experience, can deliver services that were previously only provided by medical practitioners
- an increased emphasis upon interdisciplinary, team-based healthcare service delivery.

In Australia, education providers have responded to this demand for specialised qualifications by offering an increasingly diverse range of postgraduate courses, diplomas and degrees. These are being delivered in modalities designed to facilitate participation by employed nurses and midwives (i.e. distance-based courses utilising online technology, out-of-hours lectures, etc). Countering this to some extent, there have been changes to the funding and organisation of higher education, which have had the effect of discouraging nurses and midwives from undertaking further education. This is despite there being financial assistance for nurses and midwives to undertake postgraduate education, through scholarship and grant schemes at both federal and state level.

Postgraduate education for nurses and midwives is not only an issue in the context of changes to scope of practice and the delivery of clinical care. It is also highly relevant in addressing concerns about retention and productivity of the nursing and midwifery workforce. Health Workforce Australia (HWA), before its incorporation into the federal Department of Health, had commenced a program in this area. HWA's projections identified retention and productivity of nurses and midwives as significant factors in reducing the projected gap between supply and demand for nurses by 2025. HWA was developing recommendations for change in three areas, all of which have a significant postgraduate education and training component, specifically:

- building nurse leadership capacity
- improving nurse retention through early career preparation, support and provision of opportunities
- improving nurse productivity by enabling and encouraging innovationⁱ.

Notwithstanding the acknowledged importance of postgraduate education to nursing practice, retention and productivity, the extent of uptake of postgraduate study opportunities across the nursing and midwifery professions is not known. The major problem is that national workforce data in relation to postgraduate education is not routinely collected. The Australian Institute of Health and Welfare (AIHW) produces an annual report on the Australian nursing and midwifery workforceⁱⁱ. The report is based on surveys of the profession conducted by registration bodies. Until 2009, this survey was administered by the state-based registration bodies and some of the surveys included a question that asked nurses and midwives whether they had completed, or were in the process of completing, further education (defined as including hospital-based certificates and tertiary qualifications in nurse management, clinical practice and nursing education, while excluding in-service/continuing education sessions, refresher or re-entry courses or courses of less than six months duration). The results for this survey in 2009 found that 44.6% of Australian nurses and midwives reported a postgraduate qualification, although the averages for surgical and medical areas were only in the mid-30 percent range. Victoria was slightly above the national average with 45.2 percent of nurses and midwives reporting a postgraduate qualification.

The data presented in the AIHW nursing and midwifery workforce report is now based on the results from a survey administered by the Australian Health Practitioner Regulation Agency (AHPRA) and which forms part of the registration renewal process under the National Registration and

Accreditation Scheme (NRAS). To date, these surveys have not included any questions about post-registration qualification and enrolment in courses.

Given the potential importance of postgraduate education in addressing a number of nursing and midwifery workforce issues, there has been very little work done in Victoria to examine the factors that impact upon uptake of postgraduate education by nurses and midwives. A study of postgraduate mental health nursing programmes in Victoria conducted in 2008 found that cost and workload issues were the main factors for not commencing, or not completing a courseⁱⁱⁱ. However, the issue has not been investigated since then. There has also never been a systematic review of the impact of postgraduate-trained nurses and midwives on outcomes within the Victorian health system.

1.2 Background to this project

Nursing and Midwifery Workforce (Health Workforce Branch, Department of Health and Human Services (DHHS; the department)), is responsible – amongst other things – for policies and programs that address key aspects of the entry-level education, specialist training and ongoing professional development of nurses and midwives in Victoria.

One of its important programs is the Training & Development (T&D) grant (Nursing and Midwifery), which is part of the overall T&D grant to public health services that supports the costs associated with teaching, training and research activities.

The T&D grant (Nursing and Midwifery) comprises two streams, namely *Graduate Nurse & Midwifery Programs* (for graduates in their first year of employment post-entry-level qualification) and *Postgraduate Nursing and Midwifery Education*, which supports the clinical component of postgraduate education programs. Recent T&D grant data has revealed a significant (i.e. 16.5 percent) reduction in requests for funding under the *Postgraduate Nursing and Midwifery Education* stream since 2012.

Another important initiative of the department is the postgraduate scholarships program for registered nurses and midwives working in the Victorian public health sector. These scholarships are in areas of clinical practice where additional postgraduate studies are considered to be an important workforce requirement.

While the department provides the funding for the scholarships, the responsibility for selection of scholarship recipients and dispersal of funds sits with health services (in metropolitan areas) and high-level regional committees. Decisions about scholarship allocations are intended to be based on local (or regional) workforce priorities. Recent departmental data suggests there has been a decline in the uptake of postgraduate scholarships in rural and regional Victoria.

The trends observed in departmental data, together with anecdotal reports from Directors of Nursing about declining interest in postgraduate study, were key drivers for Nursing and Midwifery Workforce to establish this review of postgraduate nursing and midwifery education in Victoria. The purpose of the review was to determine the full range of factors impacting on the uptake of postgraduate nursing and midwifery education (*project question #1*). In addition, the review was asked to examine the link between patient outcomes and having a nursing and midwifery workforce trained at postgraduate level (*project question #2*). Importantly, it was intended the review would identify those aspects of the system where the department can most efficiently offer support, through a robust evidence base that informs future initiatives, policy settings and resource allocation.

1.3 Project scope

This review set out to address two key questions, specifically:

- (1) What are the factors underpinning recent trends in uptake of postgraduate nursing and midwifery education in Victoria?
- (2) What is the impact on patient outcomes of having a nursing and midwifery workforce trained at postgraduate level?

The project scope was considered in terms of three dimensions, specifically:

- the categories of nursing and midwifery postgraduate education that would be investigated
- the stakeholder categories that would be invited to participate
- the types of data collection activities that would be undertaken.

In terms of the categories of postgraduate education to be investigated, the department had determined the focus of this review would be on postgraduate education that increases current skills or knowledge, or develops new skills and knowledge in new professional areas, for practitioners who already have their entry-level qualifications. This includes courses that lead to Graduate Certificate, Graduate Diploma or Masters qualifications. The project scope specifically did **not** include postgraduate courses that result in entry-level qualifications for nursing or midwifery, such as a Graduate Diploma of Midwifery or a Master of Nursing Science entry-to-practice course. Master of Nursing (Nurse Practitioner) courses were also not included, as these are entry-to-practice qualifications at nurse practitioner level.

Although not specifically excluded from the scope of the review, postgraduate courses in mental health were not considered a major focus for the project, as postgraduate qualifications are a prerequisite for nurses wishing to work in mental health above the Registered Psychiatric Nurse level 3 (RPN3) classification. Moreover, postgraduate mental health nursing initiatives will be reviewed as part of other work being undertaken by the department.

To ensure the stakeholder consultations of the project were appropriate and relevant to the project questions, a model was developed showing entry-level and postgraduate education of nurses and midwives in the context of patient care (see Figure 1). This model was helpful in identifying relevant stakeholder groups to include in the consultation processes and also in identifying the most appropriate approach to addressing the two project questions.

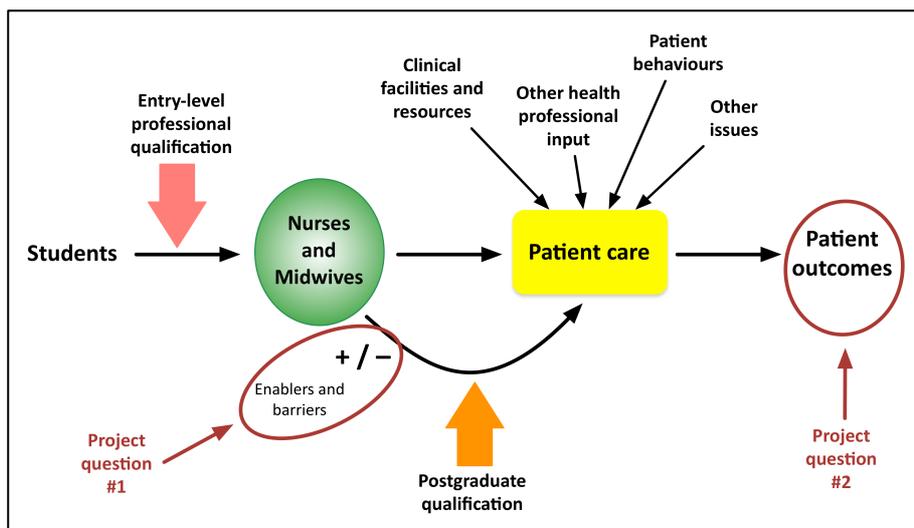


Figure 1: Postgraduate nursing and midwifery education in the context of patient care

As illustrated in the model, students obtain entry-level professional qualifications to become nurses and midwives and, in that capacity, contribute to patient care. However, the contribution of nurses and midwives to patient care is only one factor that determines patient outcomes. The model also shows a pathway through which nurses and midwives obtain postgraduate qualifications. While those qualifications are expected to enable a more advanced contribution to patient care by nurses and midwives, it is nevertheless the case that other factors continue to contribute to patient outcomes. This point was very relevant to determining how to address project question #2, as discussed later in this section.

The model also shows that whether or not individuals undertake postgraduate education may be influenced by a number of enablers or barriers to participation in postgraduate study. A number of these enablers and barriers have been described in the literature, but determining which of these factors are relevant in the *Victorian* system and the relative importance of these factors in current postgraduate education trends is largely what was to be addressed in project question #1.

Another consideration relevant to project question #1 is the fact that postgraduate education of nurses and midwives is essentially a *supply and demand* model, with education providers on the supply side of the equation and the practitioners on the demand side and a range of factors driving behaviours on each side. Since supply and demand are interrelated and since many of the factors on the demand side become barriers or enablers to undertaking postgraduate study, it was deemed important to include informants in this project that could provide insights to the full range of factors relevant to the system. For this reason, education providers, representatives of nursing and midwifery professional bodies and senior managers of health services, as well as nurses and midwives, were invited to participate in the various data collection activities used to address project question #1.

As noted earlier, the model in Figure 1 provided important insights relating to project question #2, which sought to examine the link between patient outcomes and postgraduate training of nurses and midwives. The most significant of these insights was that demonstration of a causal relationship between postgraduate qualifications and improved patient outcomes would most likely be quite difficult, given the multi-factorial nature of inputs to patient care. Indeed, a recent literature review by Cotterill-Walker (2012) starts with the following introductory paragraph (references removed):

"It is recognised that continued education for nurses positively affects practice, but conclusive proof that this directly affects patient care is difficult to ascertain. Despite the acknowledged importance of evaluating the impact of nurse education on patient outcomes there are few studies which directly measure this, or explore cost benefit analysis. There is also no consensus on acceptable outcome measures and appropriate design methods for the evaluation of the impact of education in nursing."

Cotterill-Walker, S.M. (2012) *Nurse Education Today* 32: 57-64

Therefore, rather than attempting to correlate postgraduate education data with patient outcome data (an *outcome evaluation* approach), it was decided to utilise a *process evaluation* approach for project question #2 of this review. Such an approach is commonly used in the evaluation of systems where outcomes are mostly realised in the long-term and/or are the product of many factors. Applied to this project, the process evaluation approach began by asking the question, *"what are the mechanisms or pathways by which it is hypothesised/ expected that a postgraduate-prepared nursing and midwifery workforce will result in better patient outcomes?"* Therefore, a key first step in addressing project question #2 was to map the relevant pathways in a logic model, which then served as a framework that informed the consultations conducted with key stakeholder groups.

An important consideration for designing the data collection approach was that the department was seeking to understand the postgraduate education landscape for nurses and midwives, as opposed to identifying organisational arrangements that might constitute "best practice". This distinction was important, because a comprehensive environmental scan requires a different approach to stakeholder consultations than does seeking examples of good practice.

To maximise data collection from stakeholders, the project included a mix of interviews, focus groups, online surveys and written submissions. As the project plan was being developed, it was also decided to include four case studies in the data collection activities. As noted above, the purpose of the case studies was not to present examples of best practice, but rather to allow a more in-depth analysis of the circumstances within a single health service, potentially revealing the complex interplay of factors that produce the observed outcomes. To ensure adequate representation of metropolitan, regional and rural perspectives, case study and focus group activities were conducted across the state.

The final consideration relevant to project scope was whether the data collection activities should be restricted to individuals and organisations in the public health sector. The T&D grants and scholarships administered by the department are only available to public health services and their staff. However, nurses and midwives move between the public and private sectors and postgraduate education activities in both sectors serve the overall health needs of the state. Therefore, it was decided that online surveys and written submissions would be open to stakeholders in both sectors, while focus groups and case studies were only conducted in public health services.

2 Summary of project findings

Over the course of this project, through consultations that included online surveys, 22 focus groups, four cases studies, 18 key informant interviews and written submissions, an estimated 1,200 stakeholders provided input to this review of postgraduate nursing and midwifery education in Victoria. Importantly, there was a high level of agreement between the feedback received through the various consultation activities, which allows this review to draw a number of conclusions relevant to the two project questions being addressed. While these findings do not describe every person's experience of the system, they are nevertheless broadly relevant to the nursing and midwifery professions.

The review found the major barriers to the uptake of postgraduate education by nurses and midwives fall into three categories: individual issues, financial issues and structural issues.

- *Individual issues* primarily relate to the difficulty of juggling family, financial, work and study commitments.
- *Financial issues* include the combination of the cost of courses, reduced income during the period of study and the costs associated with travel and accommodation. This last issue is principally an issue for rurally based nurses and midwives.
- *Structural issues* mainly relate to the circumstances within health services that reduce their ability to promote or support postgraduate study for their staff. These include lack of staff available to provide backfill for nurses that are studying (particularly in rural areas), limited local resources (human and material) for education, and lack of organisational (particularly senior management) support for education. Another structural issue that is important in rural areas is the lack of locally offered postgraduate course options.

On the other side of the ledger, major enablers of postgraduate education were found to be:

- supportive health service cultures that embrace the value of education and training
- 'discovery programs' that showcase specialty practice and professional career opportunities
- study options that are practitioner-friendly, including online and locally offered courses
- scholarships and other financial support.

One important finding of the review was that the barriers exist everywhere (with the exception of those barriers that are rural-specific), whereas implementation of the enabling strategies has been variable. Some health services have been very proactive in their approach to postgraduate education of their nursing and midwifery workforce and have been innovative in the strategies they have developed. In these health services, while the barriers still exist, the *impact* of those barriers on the uptake of postgraduate education has been effectively reduced. On the other hand, a significant proportion of informants indicated they received no support at all from their health service while they were undertaking their studies and an even larger proportion indicated they had not received access to their EBA study leave allowance.

Another important finding is that active discouragement of nurses and midwives in relation to postgraduate education is still occurring. It is not possible to quantify the extent of the problem, but reports of negative behaviour towards staff undertaking – or who have recently completed – postgraduate study were not isolated incidents.

Regarding the DHHS scholarships, stakeholders across the system indicated these are highly valued, although most informants indicated the scholarship amount should be increased, to cover a higher proportion of the course fees. The levels of awareness of the scholarships were variable, although in many instances this reflected deliberate policies of health services to restrict the dissemination of information to those nursing/midwifery staff for whom postgraduate study would be most appropriate. Nevertheless, there were numerous comments from stakeholders about the difficulties of finding information on the department's website.

Other issues that emerged in relation to the scholarships included:

- There are timing issues for staff, in that they have to pay for their first semester of study before they find out if they have received a scholarship.
- There is a perceived lack of transparency about how scholarships are awarded.

- There are equity issues, with numerous reports of individuals being able to access multiple sources of financial support while others receive nothing.
- Rurally based students have additional travel and accommodation costs associated with their postgraduate study, but the scholarship does not include any rural loading to take account of this.

The most important finding of the review relevant to the DHHS scholarships is that financial issues are a major determining factor for a significant proportion of nurses and midwives, as to whether or not they undertake postgraduate study.

In relation to the second project question, the review found that stakeholders in all categories perceive benefits arising from nurses and midwives undertaking postgraduate study. There are benefits for the individual practitioner, for patients and for the health services.

For individuals, the benefits identified included:

- improved job satisfaction
- increased levels of knowledge and understanding
- improved skill levels, including improved critical thinking and improved skill as an educator of others
- greater confidence in their clinical practice and in participating in multidisciplinary teams.

In terms of benefits for patients, the consensus view was that it is self-evident that practitioners who have enhanced knowledge and skills will deliver better patient care. The attributes of postgraduate-trained staff that enable those staff to deliver better care included:

- improved critical thinking skills
- enhanced ability to anticipate outcomes or recognise issues that could impact on outcomes
- awareness of evidence-based practice and research
- a more integrated and holistic understanding of pathophysiology
- enhanced ability to manage patients with complex care needs
- enhanced capacity to guide the work of others, thereby improving the overall care provided to patients, not just the care provided by themselves.

The benefits for health services of having a postgraduate-trained workforce that were identified by the review included:

- improved patient health outcomes
- improved recruitment, retention and succession planning of staff
- a more efficient and productive workforce
- higher levels of staff satisfaction and staff morale
- a better organisational culture
- a more innovative organisation
- the ability to offer a broader range of services to patients.

Importantly, this review was unable to identify any examples of health services actively monitoring or measuring the perceived benefits to patients or health services. Moreover, the review found that most health services have an *ad hoc* approach to realising the benefits of having a postgraduate-trained nursing and midwifery workforce.

Finally, analysis of DHHS data on T&D grant funding and scholarship allocation reveals these data to be of limited use in understanding the landscape for postgraduate nursing and midwifery education in Victoria.

In relation to the general nursing scholarships, the overall numbers allocated have increased, even taking into account a slight hiatus in 2012-13, with similar trends observed in both metropolitan and regional areas. Amongst the five regional areas, only Loddon Mallee has experienced a decline since the peak demand of 2011-12, although the drop was not particularly large. Regardless, scholarship allocations are not a good indicator of actual demand because their numbers are capped and there are eligibility restrictions.

In relation to the T&D grant data, there has certainly been a decline in activity overall since the peak recorded in 2011, but most of the decline has been recorded in metropolitan, not regional, health services. Moreover, most health services have fluctuated – sometimes quite dramatically – in their T&D funding over the last five years. Without exploring these variations with individual health services, it would be difficult to determine whether the factors are local or systemic. Indeed, it is highly possible these fluctuations reflect local “saturation” of postgraduate education, which inevitably passes as new generations of staff move through the organisation.

Importantly, the trends observed in the graphed T&D grant data do not align with the input of stakeholders collected through surveys, interviews, focus groups and case studies. On face value, from the T&D grant data it would appear the major barriers to undertaking study exist in metropolitan health services. However, based on stakeholder input, there are more barriers in regional areas than in metropolitan health services, and the barriers are more acutely having an impact in regional areas, while the options to enable postgraduate study are more limited for rural health services.

3 Discussion and recommendations

Over the course of four months, this review collected data from a range of stakeholders with an interest in the postgraduate education of nurses and midwives in Victoria. This included nurses and midwives, their immediate managers, senior health service managers, educators, education providers, peak professional groups and an industrial body. A literature review was conducted, relevant information was collected from other jurisdictions and data was analysed. In addition, a logic model was developed that identified the processes needed within health services to realise the full range of benefits of having a postgraduate-trained nursing and midwifery workforce.

Through these activities, a picture has formed of the major issues that are impacting on the uptake of postgraduate study opportunities by Victoria’s nursing and midwifery workforce. Overall, it is a reasonably good picture. Significant numbers of staff undertake postgraduate study each year and the overwhelming majority believe the effort was worthwhile and would recommend postgraduate study to their colleagues. On the other hand, many of the processes set out in the logic model were not found to be routinely implemented across Victorian public health services.

In many regards, the issues identified by this review are not particularly surprising and could even be described as predictable. Importantly, any attempts to address these issues can now be based on a significant evidence base, rather than supposition or guesswork. Some of the issues may be beyond the remit of the department to address, while others might lend themselves to solutions either implemented or facilitated by the department. This section will deal with each issue identified by the review, suggesting and discussing possible solutions.

As a starting point, it is useful to provide some context for the issues and problems that require attention. Figure 2 presents a model showing that nurses/midwives fall into five main groupings when it comes to postgraduate education. The first two groups include those individuals that are either not interested in further study and never will be, or those that are interested in further study, but are not academically capable of successfully completing a postgraduate level course. These two groups are shown with a cross (X) because they are unlikely to undertake postgraduate study regardless of any strategies aimed at increasing the uptake of postgraduate study and therefore will not be the target of those strategies.

The grouping shown on the far right side of the model includes those individuals that are interested in further study, are academically capable of studying at postgraduate level and are not impacted to any great extent by the identified barriers. This group is shown with a tick (✓) because they are likely to undertake postgraduate study irrespective of any strategies aimed at increasing the uptake of postgraduate study amongst nurses and midwives.

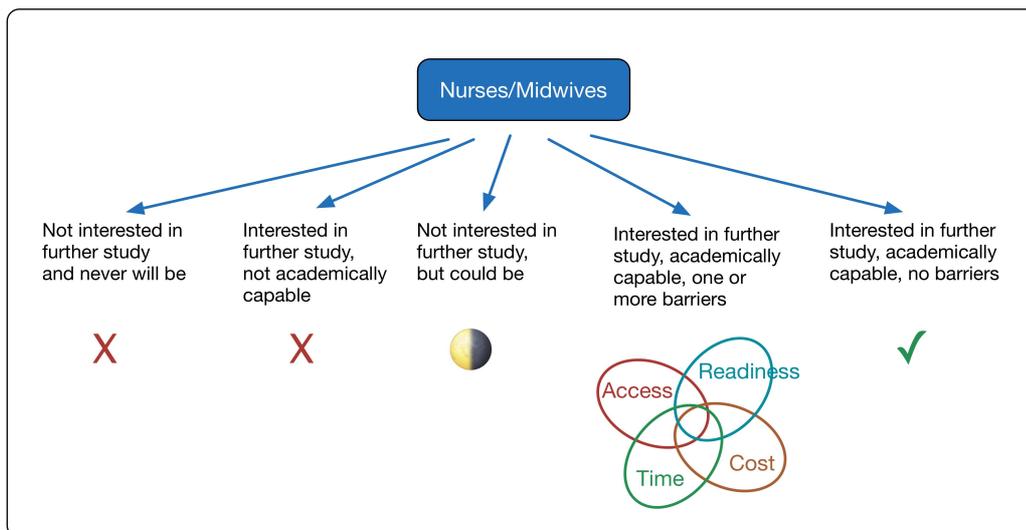


Figure 2: Groupings of nurses/midwives with respect to uptake of postgraduate education

The remaining two groups are the likely targets of any strategies to increase the uptake of postgraduate study amongst nurses and midwives. These groups include the individuals that are

not currently interested in further study, but could be interested if they find themselves in the right environment, as well as those individuals that are interested in study, academically capable, but are significantly impacted by one or more barriers.

There are some barriers that are beyond the control of governments or organisations. These include personal readiness to undertake study (in terms of the stage of an individual’s personal and professional development) and whether the individual has family or personal commitments that preclude a commitment to further study. These barriers are not included in the following discussion.

For the issues discussed below, the proposed solutions fall broadly into two categories: those that could be considered *system-level* solutions and those that could be considered *health service-level* solutions.

Issues requiring system-level solutions

Issue #1: Postgraduate courses are very costly and most do not have CSP options

Findings from literature review/desktop research	<ul style="list-style-type: none"> ▪ The high cost of courses has been identified as a significant barrier for nurses wishing to undertake postgraduate study. ▪ A number of other Australian jurisdictions have addressed this by covering a larger proportion of course fees/costs. 	
Input from key informants	<ul style="list-style-type: none"> ▪ Education providers (EPs) recognise course fees are an issue for potential students, but are constrained by their institutional policies and expectations regarding the financial viability of courses. ▪ The availability of Commonwealth Supported Places (CSPs) is variable, but is impacted by both Commonwealth Government and institutional policies. ▪ The cost of postgraduate study is a significant factor, particularly as undertaking postgraduate study often coincides with reduced income. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ The cost of courses is amongst the first issues raised when staff are asked about the factors influencing their decisions to study. ▪ Not being able to afford study from a financial perspective is the reason nominated by more individuals than any other reason for a decision not to undertake study. 	
Possible strategies/solutions	Positives	Negatives
Cost containment – Work with EPs to address cost issues	<ul style="list-style-type: none"> ▪ postgraduate study would be more affordable for everyone 	<ul style="list-style-type: none"> ▪ EPs are unlikely to support reducing course fees
Cost containment – Find alternative providers of PG education	<ul style="list-style-type: none"> ▪ postgraduate study would be more affordable for everyone 	<ul style="list-style-type: none"> ▪ potential loss of university-level courses ▪ may lose academic rigour and quality
Increase financial support for students	<ul style="list-style-type: none"> ▪ postgraduate study would be more affordable for those who receive financial support 	<ul style="list-style-type: none"> ▪ potential cost overrun ▪ fewer individuals may receive support ▪ course fees might increase

As noted earlier in this report, postgraduate education of nurses and midwives is a supply and demand model. However, the model is imperfect because the “commodity” at the heart of the system – advanced knowledge and skills to allow improved patient care – is essentially a public good that carries with it little financial value for the individual that obtains it. Moreover, while obtaining postgraduate qualifications opens up many opportunities for nurses and midwives, it is also possible for this workforce to gain career advancement without these qualifications. With this combination of circumstances, high course fees provide a potent disincentive for individuals to undertake postgraduate study. Although this disincentive doesn’t apply to all nurses and midwives – indeed, more than 60 percent of survey respondents completely self-funded their postgraduate study – the health system would not benefit from a situation where the ability to afford study is the primary determinant of who undertakes postgraduate education.

One option is for financial assistance to cover a higher proportion of course fees. Indeed, there are already many examples of scholarships with higher monetary value than the DHHS general nursing

scholarships. The major problem with adopting this solution is that it could result in fewer individuals obtaining financial assistance, since it is unlikely the department would be able to sustain a large overrun in the cost of its scholarship program. Moreover, it is very likely that a significant increase in the value of the scholarship will simply result in a corresponding increase in the cost of courses, in much the same way that schemes like the *first home buyers grant* helped to drive increases in house prices.

Therefore, to address this issue, it is probably more appropriate to address the cost side of the equation. This is likely to be challenging for education providers, who are required to ensure the courses they run deliver a minimum return to their institution. Nevertheless, it is imperative to explore options for reducing the costs and overheads for delivering courses, so that fees can be kept as low as possible and the best candidates can enrol in postgraduate courses. Some health services have already implemented arrangements with education providers whereby hospital educators deliver part of the theory component of the course. This significantly reduces the cost of the course to the students, although there is an element of cost shifting to health services that should also be avoided.

If existing education providers are unable to reduce their course fees, it may be necessary for a more radical rethink about the provision of postgraduate education for nurses and midwives. Postgraduate education for registered nurses is effectively the equivalent of vocational training for registered medical practitioners. Medical vocational training is under the auspices of the specialist colleges and, interestingly, is significantly less expensive for doctors than postgraduate courses are for nurses and midwives. For example, a doctor can undertake training to become an emergency physician at a cost of less than \$1,000 per year for a five-year program. While there are clearly differences between vocational training for doctors and postgraduate training for nurses, the reality is that both training pathways are about developing advanced skills and knowledge in the workforce to ensure the best possible care is delivered to patients. Therefore, it might be appropriate to consider whether a change to an arrangement more analogous to the specialist medical colleges – i.e. whereby postgraduate training of nurses and midwives is conducted under the auspices of their respective professional colleges – could help to drive a reduction in the costs of postgraduate study for these health professionals.

Recommended approach	This issue is very important, but while DHHS is a key stakeholder, the department does not have jurisdiction to develop and implement appropriate solutions. However, DHHS could play a significant role in facilitating a dialogue between education providers and health services to discuss possible approaches to containing course costs and reducing fees.
Level of priority	Very high

Recommendation 1:

It is recommended that the department facilitate a dialogue between health services, education providers and professional bodies to address the issue of postgraduate course fees and other access issues.

Issue #2: Rurally based students have additional travel and accommodation costs as part of undertaking postgraduate study

Findings from literature review/desktop research	<ul style="list-style-type: none"> ▪ Some jurisdictions offer travel bursaries for students in rural health services.
Input from key informants	<ul style="list-style-type: none"> ▪ Most of the courses considered to be higher quality include face-to-face study blocks that require students to travel to major metropolitan or regional centres. ▪ Some large regional health services are working with the sub-regional and small rural health services in their regions to reduce the amount of travel students have to do as part of the postgraduate course.

Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ Rurally based students noted that travel and accommodation costs can add significantly to the costs of undertaking study, depending on the requirements of the course. ▪ Some rural health services are able to provide assistance with travel, either by providing vehicles or by covering some or all of the travel costs. 	
Possible strategies/solutions	Positives	Negatives
Provide additional support to rurally based postgraduate students to assist with these added costs	<ul style="list-style-type: none"> ▪ would make the system more equitable 	<ul style="list-style-type: none"> ▪ would increase the cost of the scholarship scheme ▪ fewer individuals may receive support ▪ might create administrative issues ▪ might be difficult to implement equitably

This is an area of obvious inequity that is easily addressed. Nurses and midwives in rural areas are already significantly disadvantaged when it comes to postgraduate study options and assisting them to meet the additional costs of travel and accommodation they face so they can undertake high quality courses is a rational and defensible course of action.

There are several options for how rural students could be assisted with travel costs:

- (i) The overall value of the DHHS scholarship awarded to rurally based students could be increased by a specified amount. This could notionally be to cover travel costs, although if the department doesn't wish to monitor this, the additional amount could be used for other purposes.
- (ii) Separate travel bursaries could be available for individuals to apply for. The major disadvantages of this approach are that it represents an additional scheme that needs to be administered, and also this would require individuals to prepare a separate application for this funding.
- (iii) Health services could receive funds to cover the travel costs of their staff undertaking postgraduate study. It could be left to each organisation to allocate the funds to staff and to decide whether funds are paid against expense claims from staff or through some other arrangement.

Recommended approach	The first step is to investigate the actual expenditure of rurally based students in relation to travel and accommodation as part of their postgraduate study. This might involve collecting data on actual out-of-pocket expenses over the course of a year, as well as data from rural health services about the ways in which they subsidise or cover the study-related travel costs of staff. Once the true costs are understood, it will be possible to determine the likely cost of a rural student travel subsidy and to identify the most appropriate option for implementing such a scheme.
Level of priority	Moderate

Recommendation 2:

It is recommended that the department investigate the level of need – and the most appropriate option for implementation – for travel-related assistance to rurally based postgraduate nursing and midwifery students.

Issue #3: The DHHS scholarship amount is not very substantial compared to the cost of courses

Findings from literature review/desktop research	<ul style="list-style-type: none"> ▪ Government funded assistance to nurses and midwives to assist them with the costs of postgraduate education have a significant impact on the uptake of postgraduate study. In NZ, full funding of course fees has resulted in the proportion of registered nurses with postgraduate qualifications increasing from 12.7 percent in 2001 to 20.7 percent in 2010. ▪ Different jurisdictions have different approaches to assisting with course fees, including full fee coverage, sliding scales for the various qualification levels, sliding scales for the various course costs, and covering a fixed number of units.
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Input from key informants	<ul style="list-style-type: none"> Some health services have their own scholarships that cover full fees. Some health services have trusts or endowments that are used to top up DHHS scholarships. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> Nurses/midwives accept they should contribute to the costs of their own postgraduate education, but note the DHHS scholarship covers only about 25 percent of the cost of most courses (or less). As noted above for Issue #1, the cost of courses is a major factor influencing decisions to study and not being able to afford study from a financial perspective is the main reason for deciding not to undertake study. 	
Possible strategies/solutions	Positives	Negatives
Increase the scholarship amount	<ul style="list-style-type: none"> PG study would be more affordable for those who receive a scholarship 	<ul style="list-style-type: none"> potential cost overrun fewer individuals may receive support course fees might increase
Implement a tiered funding model, whereby the amount of individual scholarships increases as the level of the qualification increases	<ul style="list-style-type: none"> may enable more scholarships to be offered would address current anomalies whereby individuals undertaking higher level courses pay a significantly larger proportion of the costs than those enrolled in Grad Cert courses 	<ul style="list-style-type: none"> students completing lower level qualifications may receive a significantly lower scholarship amount than under present arrangements may produce perverse or unintended outcomes (e.g. staff enrol in Masters to receive higher scholarship payment and then opt-out at a lower level qualification)

The possibility of increasing the amount of financial assistance provided through the DHHS scholarships was discussed briefly in relation to Issue #1. In that discussion, it was noted this might result in fewer individuals receiving any funds at all, particularly if the department’s budget for the scholarship program were not to increase accordingly. The second issue raised was in relation to potentially fuelling an upward spiral in course fees, which could result in even fewer individuals undertaking study, as more of the self-funded postgraduate students become unable to afford the cost.

On the other hand, there are clearly examples both interstate and overseas where the full costs of postgraduate study are covered by government funding. There does not appear to be evidence of this resulting in dramatic increases in course fees, perhaps because governments have considerable negotiating power when they effectively purchase education for their workforce through a block funding arrangement.

There are also numerous interstate examples where the scholarship amount is greater than the DHHS scholarship. This would suggest there is some room to move in terms of increasing the value of the department’s scholarships before there is a real risk of creating either perverse incentives or unintended consequences for stakeholders.

While small increases in the value of the department’s scholarships may be possible, significant increases in the level of financial support provided by the department will be contingent on there being sufficient budget allocated to the scholarship program to support such increases. To achieve a significant increase in the allocated budget, Nursing and Midwifery Workforce would need to argue its case through the relevant budget review processes. Realistically, for the case to be successful, it would need to demonstrate the direct benefits for patient care and health services that come from postgraduate training of nurses and midwives. As this review has found, there is currently no systematic monitoring of the impact of educational levels of nursing staff on patient outcomes. Indeed, there is virtually no reliable data on the qualifications of the nursing and midwifery workforce. This is discussed later in relation to Issue #11.

Therefore, in respect of the specific issue of increasing the relative contribution of the DHHS scholarship to the cost of postgraduate study, the most likely short-term solution will be to find alternative ways of using the existing pool of funding, perhaps through a tiered funding model.

Recommended approach	Initially, the department should undertake some modelling of the various tiered funding options, to identify the costs of implementing such a model. The department should also consult with their counterparts in jurisdictions utilising tiered models, to develop a better understanding of how such models are implemented.
Level of priority	Moderate to high

Issue #4: Health services have no flexibility in how they allocate total scholarship dollars

Findings from literature review/desktop research	<ul style="list-style-type: none"> Some jurisdictions have flexible arrangements for the amount of funding allocated to individuals. A number of jurisdictions have fixed scholarship amounts, but utilise a tiered scale whereby students undertaking higher-level qualifications receive higher levels of funding. 	
Input from key informants	<ul style="list-style-type: none"> The Australian Nursing and Midwifery Federation (ANMF) indicated greater flexibility in the scholarship funding arrangements would be welcome. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> The response from focus group participants about having flexibility in the amounts for individual scholarships was mixed. The major concern was the practicalities of determining the different amounts to be awarded to individuals and associated concerns about potential lack of transparency. If health services are allowed some flexibility/discretion to split scholarships, it was generally agreed there should be a guaranteed minimum amount for recipients. The concept of a tiered approach to the scholarship amounts was generally viewed favourably. 	
Possible strategies/solutions	Positives	Negatives
Health services to be provided with a total amount for scholarships which could then be divided at their discretion (within some defined parameters)	<ul style="list-style-type: none"> health services could decide to spread their scholarship funds amongst a greater number of nurses and midwives than is possible with the current fixed amount per scholarship could result in greater financial assistance for those studying more expensive and higher level courses might increase the perceived value of the scholarships 	<ul style="list-style-type: none"> may add to admin burden for health services of disbursing funds to recipients may create difficulties for health services in having to define the criteria by which they apportion individual scholarships could increase perceptions of inequity in the system would be of little benefit to small health services who only receive 1-2 scholarships each year may produce perverse outcomes e.g. staff move health services to be at a health service that offers more generous postgraduate scholarships
Implement a tiered funding model, whereby the amount of individual scholarships increases as the level of the qualification increases	<ul style="list-style-type: none"> may enable more scholarships to be offered would address current anomalies whereby individuals undertaking higher level courses pay a significantly larger proportion of the costs than those enrolled in Grad Cert courses 	<ul style="list-style-type: none"> nurses and midwives completing lower level qualifications may receive a significantly lower scholarship amount than under present arrangements may produce perverse or unintended outcomes (e.g. staff enrol in Masters to receive higher scholarship payment and then opt-out at a lower level qualification)

The prospect of allowing individual health services to determine how they utilise their total allocation of scholarship funds has some superficial appeal. However, there are a number of unintended negative outcomes that could eventuate if this were implemented, which would diminish any of the potential benefits that could be realised. In particular, it is unlikely that larger health services would welcome the increased administrative burden that such a system would entail.

On the other hand, a tiered funding model would appear to have more merit and could warrant further investigation. Depending on how the sliding scale is structured, this model could achieve the

objective of allowing more individuals to be awarded scholarships, which is one of the main anticipated benefits of having a flexible approach to scholarship allocations. This would particularly be the case in health services or regions where the majority of students are undertaking graduate certificate courses.

The tiered model is not without its own issues. One issue is that some education providers require students to enrol at the Masters level with the ability to exit after completing graduate certificate or graduate diploma requirements. It would be necessary to schedule scholarship payments so as to avoid students having to repay funds if they exit at Grad Cert or Grad Dip level. Such scheduling of payments would also be necessary to avoid situations where individuals enrol in a higher-level course to obtain the higher value scholarship and then exit the course at a lower award.

Recommended approach	As discussed above in Issue #3, the department should undertake some modelling of the various tiered funding options, to identify the costs of implementing such a model. The department should also consult with their counterparts in other jurisdictions utilising tiered models, to develop a better understanding of how such models are implemented.
Level of priority	Moderate

Recommendation 3:

It is recommended that the department undertake further analysis of the tiered scholarship model to explore its application within the Victorian environment.

Issue #5: The timing of the notification of DHHS scholarship outcomes relative to payment of first semester is problematic for some nurses and midwives.

Findings from literature review/desktop research	<ul style="list-style-type: none"> ▪ The majority of postgraduate scholarships schemes in other jurisdictions adopt a similar approach to the payment of their scholarships i.e. students have to be enrolled and have paid course fees before they receive their scholarship. Indeed, in some instances, scholarships are not actually paid until the course is completed and satisfactory academic results can be demonstrated. ▪ The philosophy that nurses and midwives are being reimbursed for a range of possible costs associated with postgraduate study is a stated feature of many of the other scholarship programs. 	
Input from key informants	<ul style="list-style-type: none"> ▪ Some informants suggested the timeline for the scholarships needs to be reviewed because of the “lateness” of the decisions around individual scholarship recipients. ▪ Several informants noted that nurses and midwives need to have “skin in the game” if they are to value their postgraduate education. There must be an understanding that a financial cost is involved with postgraduate study. ▪ One informant noted that to make any realistic impact upon the timelines for decision-making around the DHHS scholarships, this would entail commencing the process in the previous financial year (i.e. for scholarships in 2016, the process would have needed to commence in April-May of 2015). 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ Nurses and midwives would like the timing of the scholarships to be brought forward so this can be factored into their decision-making about whether to pursue postgraduate study. ▪ Given the high cost of postgraduate courses, it is a source of frustration and concern amongst scholarship recipients that funds do not become available before they have to pay the first semester course fees. 	
Possible strategies/solutions	Positives	Negatives
Amend the timelines to enable DHHS scholarship applicants to be informed earlier about the outcome of their application	<ul style="list-style-type: none"> ▪ will allow nurses/midwives to factor whether they have been awarded a DHHS scholarship into their decision-making ▪ will reduce the amount of the course fees scholarship recipients have to pay up-front (if this is 	<ul style="list-style-type: none"> ▪ moving the timelines is not feasible from a logistical perspective. ▪ the administrative process may become less efficient ▪ this option assumes that scholarship recipients only want

	<p>chosen as the way to use scholarship funds)</p> <ul style="list-style-type: none"> may reduce the number of people who withdraw late from courses 	<p>funds to go towards course fees and no other costs associated with PG study</p>
<p>Improve communication to better explain the rationale for the timelines of the DHHS scholarships program</p>	<ul style="list-style-type: none"> may help to alleviate concerns about meeting costs would help nurses and midwives to understand the underlying rationale of the scholarships program 	<ul style="list-style-type: none"> will not affect the financial impact of having to pay course fees 'up front' no evidence that improved communications from DHHS will reach the target audience

At its foundation, this issue relates to the high cost of postgraduate courses. If course fees were not so high, it is unlikely the timing of the scholarships would present such a concern or be a source of frustration for stakeholders. That being said, the reality is that for nurses and midwives who are severely financially constrained, the receipt of a DHHS scholarship may well be the difference between undertaking postgraduate study, deferring or not undertaking study at all. For this group, finding out as early as possible whether they have been successful in accessing a DHHS scholarship is vital to their decision-making.

For nurses and midwives who do not have financial constraints, receipt of a DHHS scholarship is welcome but is not the ultimate determinant of whether postgraduate study is undertaken. Therefore, the issue of the timing around scholarship notification is unlikely to be of much significance for this group.

While it would be desirable to assist nurses and midwives who are financially constrained with their decision-making, it does not appear possible within the current set-up of the program. That is, adjustments to the annual timeline of the scholarship program are not feasible given all the steps that are involved and the potential for adding inefficiencies to the administration of the program. To some extent it would also involve amending the underlying philosophy or rationale of the scholarship program, which is to reimburse and assist nurses and midwives with the costs they have incurred for their postgraduate study, not to enable study to be undertaken in the first place.

However, it may assist the general understanding of these issues amongst stakeholders if DHHS were to produce some better-targeted information that explains the reasons for the scholarship timelines and the underlying rationale of the program.

Ultimately this is not a make-or-break issue for the DHHS scholarship program. Nurses and midwives still welcome any financial assistance towards the cost of their postgraduate education, whenever this is actually delivered to them.

Recommended approach	DHHS should provide further information that explains the overall rationale or philosophy of its scholarship programs and the specific reasons for the timeline of decision-making within the program.
Level of priority	Low to moderate

Issue #6: Some nurses and midwives are not aware of DHHS scholarship options

Input from key informants	<ul style="list-style-type: none"> A number of key informants indicated it was difficult to access detailed information about the DHHS scholarships, particularly through the DHHS website. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> Amongst survey respondents, 73 percent indicated they were not aware of the scholarships offered by DHHS prior to undertaking the survey. Generally, the lower staff were in the organisational hierarchy, the less likely they were to be informed about the DHHS scholarships. 	
Possible strategies/solutions	Positives	Negatives
Improve relevant pages on DHHS website	<ul style="list-style-type: none"> improves awareness about DHHS scholarships 	<ul style="list-style-type: none"> may be difficult to achieve in DHHS website structure

Establish a social media presence for DHHS scholarships	<ul style="list-style-type: none"> ▪ avoids reliance on health service information channels to disseminate information ▪ increases the likelihood of reaching new generations of nurses and midwives 	<ul style="list-style-type: none"> ▪ social media forums must be regularly updated to be useful ▪ cost could be prohibitive
Encourage EPs to provide information about DHHS scholarships on their websites	<ul style="list-style-type: none"> ▪ prospective students can find information or links to funding support when they are considering courses of study ▪ providing a simple link to the relevant portal/page on DHHS website will mean information does not need to be continually updated on the EP website 	<ul style="list-style-type: none"> ▪ the EPs must maintain the currency of the information for it to be useful
Establish a central repository of information about all scholarships	<ul style="list-style-type: none"> ▪ improves awareness of the range of funding support options ▪ simplifies the task of finding relevant information for nurses and midwives considering postgraduate study 	<ul style="list-style-type: none"> ▪ significant time and resource requirement to maintain information currency

To date, information about the DHHS scholarships program has been made available through two main sources:

- The DHHS website; and
- Provision of the program guidelines and related materials through the network of EDONs and DONs in all Victorian health services. These individuals are expected to use distribution channels within their own health services to disseminate the information to all relevant staff (a 'trickle-down' approach to communication).

This review has determined these approaches are not working very effectively.

Some health services have either deliberately or by default adopted a strategy whereby information about postgraduate study and the DHHS scholarships are only directed to nurses and midwives who demonstrate an interest and/or aptitude for postgraduate study. In other health services, the imperfections of the 'trickle-down' approach mean that information is poorly disseminated through internal networks.

The unintended outcome is that some staff that are contemplating study or have committed to self-fund their postgraduate study are unaware of potential sources of financial assistance. Of course, no matter how widely and appropriately information is broadcast, some people will not pay attention to information that is not directly relevant to them.

While DHHS can only do so much to make information available, it is clear that improvements in the way the department communicates information are required. An immediate fix is to ensure the information about postgraduate scholarships on the DHHS website is more accessible. It is understood the department's website is in the process of being re-developed. Nursing and Midwifery Workforce should ensure that redesigned pages include links that will enable stakeholders to find the information about scholarships and related issues in a more direct fashion than at present.

Once the revised DHHS website is operational, it should be another relatively straightforward exercise to encourage education providers to provide links to the new website on their web pages that contain information about postgraduate nursing and midwifery courses.

Of the other potential strategies, the development of a social media presence may not be essential, but is almost inevitable as younger generations of nurses and midwives come into the workforce and consider postgraduate study options.

The development of a central repository of information about all scholarships on offer for postgraduate nursing and midwifery study is a much bigger and longer-term undertaking that would require significant resourcing to establish and maintain over time. It is anticipated that some form of cost benefit analysis would be required to justify the level of expenditure that would be involved.

Recommended approach	DHHS can implement some relatively quick fixes to its communication strategy for information about postgraduate scholarships. Consideration should also be given to longer-term strategies that may also improve the overall reach of relevant information to the target audiences.
Level of priority	Moderate

Issue #7: The deduction of tax when DHHS scholarships are paid to recipients is a concern because of the immediate reduction in the funds available to recipients to pay for costs associated with their postgraduate study.

Findings from literature review/desktop research	<ul style="list-style-type: none"> Other jurisdictions provide some advice in relation to the tax implications of their scholarships. 	
Input from key informants	<ul style="list-style-type: none"> Many scholarship recipients do not receive the full amount of the scholarship because tax is deducted upfront, which reduces the perceived value of the scholarship. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> Most Victorian health services pay the scholarship and apply the marginal tax rate of the individual, resulting in a reduction of the amount immediately available towards the cost of their postgraduate study. Staff have received different information (or no information) to assist them with maximising the financial value of their scholarship. A proportion of nurses and midwives are not aware that self-education is a legitimate expense that can be claimed in annual tax returns. 	
Possible strategies/solutions	Positives	Negatives
Amend DHHS information about scholarship program to include statements about the tax implications of a scholarship payment and deductions for self-education expenses that may be possible	<ul style="list-style-type: none"> may enable greater awareness of the tax issues associated with the scholarships and self-education expenses scholarship recipients may be able to access more of the value of the scholarship upfront self-funded postgraduate students may obtain tax deductions they are entitled to for self-education expenses 	<ul style="list-style-type: none"> nurses and midwives may source professional tax advice and still achieve no greater financial benefit there is a risk DHHS could be providing incorrect tax advice

The Australian Tax Office’s website states that scholarships received for part-time students are assessable income. Payers of scholarships should be instructed to withhold tax (PAYG) from the scholarship payments and recipients need to show the scholarship amount as assessable income in their tax return. However, there are individual circumstances that may permit other arrangements for the payment of tax associated with scholarships or bursaries.

DHHS currently provides information to health services about scholarship taxation issues in the scholarship program guidelines. The findings of this review suggest the majority of individuals and a considerable number of health services are not aware of the taxation issues. Therefore, it might be prudent for the department to make this information more prominent. If possible, the information could also alert nurses and midwives who are undertaking postgraduate study to the existence of tax deductions that may be permitted for self-education expenses.

The laws and regulations around taxation on scholarships are a Commonwealth issue. The department can draw the attention of individuals and health services to taxation issues, but it would be imprudent for the department to provide advice in an area for which it has no expertise or jurisdiction. The consequences of providing incorrect advice would be significant.

Recommended approach	As a first step, DHHS should include more information in its scholarship program guidelines and FAQs about the tax issue and encourage individuals to obtain independent tax advice about their obligations and potential deductions for self-education expenses.
Level of priority	Low

Recommendation 4:

It is recommended that the department review its communications strategies relevant to the postgraduate nursing and midwifery scholarship programs. Specifically:

- **Improve the content and ease of access to information on the website.**
- **Publish information as part of a series of Frequently Asked Questions (FAQs) on its website, as well as other relevant publications, that addresses the underlying rationale of the scholarships program and the practical reasons for the annual timeline of decision-making.**
- **Improve the accessibility of information it provides on taxation arrangements relevant to its scholarships and self-education expenses.**
- **Consider longer term strategies for improving communication that could include establishing a social media presence and creating a central repository of information about all scholarships available for postgraduate nursing and midwifery study.**

Issue #8: Some students have access to CSPs and multiple scholarships whilst others may receive no support

Findings from literature review/desktop research	<ul style="list-style-type: none"> ▪ In other jurisdictions, some scholarship programs have explicit rules that prevent recipients from accessing multiple scholarships. 	
Input from key informants	<ul style="list-style-type: none"> ▪ Victorian education providers acknowledged the possibility that some students may be able to access a CSP as well as receive scholarships from multiple sources. ▪ Previously, some education providers had discussed with the department which students had been allocated a CSP, so they would not also be awarded a scholarship; however, this no longer occurs. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ There were several anecdotal reports of nurses who were in receipt of more than one scholarship or bursary. ▪ Suggested improvement to the DHHS scholarships program included removing the ability for individuals to receive financial support from multiple sources. 	
Possible strategies/solutions	Positives	Negatives
Tighten eligibility rules for the DHHS scholarships	<ul style="list-style-type: none"> ▪ financial support may be available to more individuals 	<ul style="list-style-type: none"> ▪ coordination between funding schemes would be challenging

The input in relation to this issue was entirely anecdotal. It is therefore difficult to estimate the extent to which this practice is occurring.

Regardless of the actual number of students in receipt of multiple funding sources, it could be argued on principle that this practice is inequitable and should not be permitted. An alternative argument is that resourceful students should not be disadvantaged if they are able to access multiple sources of funding for their postgraduate education and there is nothing to prevent others from doing this as well. On balance, it seems reasonable that the argument around equity and making limited resources available to a larger number of individuals should prevail.

The ability to access multiple scholarships or combine a CSP with a DHHS scholarship could be removed by simply adding words to this effect in the DHHS Scholarship Program Guidelines. However, there may not be much point in tightening eligibility rules for the scholarships if there isn't going to be any monitoring or enforcement of the rules, which may not be straightforward. It is also important to note that some health services have schemes through which they top-up the

financial support provided to their staff. It will be necessary to ensure any tightening of eligibility for DHHS scholarships does not inadvertently prevent health services from providing small amounts of additional financial assistance to their staff.

It is important that whatever process is put in place will not involve a large administrative burden for the department, health services or education providers. In addition, a mechanism for scholarship re-allocation will be required if an education provider awards a CSP at late notice (which has occurred in the past) to a student who has been awarded a DHHS scholarship.

Recommended approach	A reasonable starting point would be to determine the true extent of this issue, as this will assist with determining the most appropriate way forward. If the number of individuals accessing multiple sources of significant funding assistance is very small, the costs of policing the system may outweigh the value in terms of perceived or actual fairness. On the other hand, if significant numbers of individuals are gaining an unfair financial advantage through the current arrangements, the department should consult with other jurisdictions on the most effective and efficient way to restrict access to multiple sources of financial assistance.
Level of priority	Moderate

Recommendation 5:

It is recommended that the department determine the proportion of postgraduate nursing and midwifery students who are accessing multiple sources of funding.

Issue #9: For rurally based nurses and midwives, local course offerings are limited

Input from key informants	<ul style="list-style-type: none"> ▪ While there are some courses offered in major regional centres, these can still be difficult to access for nurses and midwives in outlying rural locations. ▪ Some education providers are withdrawing from some regional areas because of a lack of demand for courses, and therefore reduced profitability. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ There is a lack of locally delivered, high quality courses available for staff in rural regions, mainly reflecting the low levels of demand in those areas. ▪ While rurally based nurses and midwives can access online courses, these can be of varying quality; poor internet access can also be a factor that limits participation. ▪ Metropolitan courses are often the only option in some specialities. 	
Possible strategies/solutions	Positives	Negatives
Investigate creative options for expanding local course offerings for rural health services	<ul style="list-style-type: none"> ▪ more rurally based staff could undertake PG study 	<ul style="list-style-type: none"> ▪ unlikely to be financially attractive to education providers
Investigate mechanisms to uncouple course offerings from demand	<ul style="list-style-type: none"> ▪ more study options for nurses and midwives 	<ul style="list-style-type: none"> ▪ unlikely to be financially attractive to education providers

This issue reflects structural factors that are unlikely to change in the short-term. Sub-regional and rural health services have relatively small workforces and cannot generate levels of demand for postgraduate courses that can sustain local delivery of those courses. An added issue is that smaller health services often do not have a clinical caseload that can meet the clinical education requirements of some specialty courses. Thus, even where videoconferencing can be utilised for the delivery of lectures, tutorials and other non-clinical learning activities, it may still not be feasible to deliver the clinical education component of a course at a rural health service. This situation is unlikely to change in the foreseeable future, not without dramatic increases in the population of rural centres.

At the same time, it must be acknowledged that the inability to make progress with this issue creates something of a “catch 22” situation for sub-regional and rural health services. Without locally offered postgraduate courses, the ability to up-skill the workforce is limited, which in turn

makes it difficult for the health service to retain its workforce and expand its service delivery, which in turn reduces the local demand for postgraduate education.

Therefore, it might be appropriate for a new conversation to be established, one that examines the issue from a more creative perspective. Rather than starting the conversation with the proposition that courses can't be offered locally in rural settings because of the lack of demand, the conversation could begin by asking "how can we uncouple the ability to supply a course in a given location from the issue of local demand?" The conversation could also consider whether there are creative options such as *virtual placements* or *staff exchanges* that could allow rurally based staff to obtain the requisite clinical experience at a range of partner health services.

Not every rural access issue can be resolved through such approaches. But just as technology solutions such as videoconferencing and webinars have allowed students to participate in lectures remotely, by thinking creatively about the problems, it might be possible to utilise new technologies to make postgraduate study more accessible for rurally based nurses and midwives.

Recommended approach	The recommended dialogue between health services and education providers to be facilitated by DHHS (as per Issue #1) could also consider creative solutions to address the structural barriers that limit local delivery of postgraduate courses in rural areas.
Level of priority	Moderate

Issue #10: The focus of postgraduate education is on specialty areas of practice, without a corresponding emphasis on advanced skills for generalist staff

Input from key informants	<ul style="list-style-type: none"> ▪ Education providers are interested in offering courses targeted at general nursing, but historically there has not been sufficient demand for this course to make it viable. ▪ Most informants believe the same advanced critical thinking skills that are valued in specialist areas are needed in general medical and surgical wards as well. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ Many nurses working in general medical and surgical wards would like to be able to undertake a "generalist-specialist" postgraduate course, but can't find suitable courses. ▪ Some health services are beginning to seek generalist courses for their staff 	
Possible strategies/solutions	Positives	Negatives
Facilitate a conversation across the profession about the development of advanced skills amongst generalist staff	<ul style="list-style-type: none"> ▪ would provide postgraduate education opportunities for nursing staff who are not interested in specialist practice ▪ would improve patient care in general medical/surgical wards 	<ul style="list-style-type: none"> ▪ health services do not generally have many education resources targeted to general wards and therefore this might have significant cost implications

According to the majority of participants in this review, a major benefit from undertaking postgraduate study is the development of critical thinking skills and the ability to anticipate clinical outcomes. Informants emphasised that these skills are central to the provision of high quality patient care. The logical extension of this is that critical thinking skills and the ability to anticipate clinical outcomes would improve patient care in any context, not only in specialist areas like coronary care units, intensive care units or emergency departments.

When this proposition was put to interview and focus group participants, they readily agreed that development of these advanced skills through postgraduate study should probably be emphasised in all areas of the health service, not just in the areas historically recognised as specialist areas.

To a large extent, this is a conversation that must take place within the profession and is beyond the remit of the department to influence. It will only be when leaders in the profession embrace the concept of generalist-specialist nurses and start to implement these roles within their health services that there might be sufficient demand for generalist-specialist postgraduate courses to make them widely available.

Recommended approach	In the first instance, the department might convene a discussion forum to explore the value of the generalist-specialist concept and how this might be implemented. Some discussion of potential cost implications and the impact on existing educational resources within health services should be included on the agenda.
Level of priority	Low

Issue #11: *Some health services do not have a culture that supports and encourages postgraduate study by nurses and midwives, or that values staff with postgraduate qualifications*

Findings from literature review/desktop research	<ul style="list-style-type: none"> A number of issues that reflect lack of support for postgraduate study by health services have been reported by nurses, including: difficulty gaining access to study leave; lack of study-friendly rostering; and lack of backfill for nurses who are absent from the health service whilst fulfilling their study commitments. 	
Input from key informants	<ul style="list-style-type: none"> The ANMF identified budget considerations as major factors that make some health services reluctant to encourage their staff to undertake postgraduate study. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> The significant majority of health services have no formal policy in relation to postgraduate education for nurses and midwives. There are many Victorian health services where there is a culture that supports education. However, active discouragement of nurses and midwives in relation to postgraduate study still occurs in many health services. Survey respondents reported varying levels of support during postgraduate study; 20% of respondents indicated they received no support from their employer during their postgraduate study; less than three-quarters reported they had access to their EBA study leave entitlement. Opinions on whether the health service values staff with postgraduate qualifications varied considerably; senior managers were very clear that postgraduate-trained staff are highly valued, whereas middle managers and staff were significantly less sure this was the case. Most health services have an <i>ad hoc</i> approach to realising the benefits of having a postgraduate-trained nursing and midwifery workforce. No examples were identified of health services actively monitoring or measuring the benefits of a postgraduate-trained workforce to patients or the health service. 	
Possible strategies/solutions	Positives	Negatives
Publish information about the benefits of having a postgraduate trained workforce	<ul style="list-style-type: none"> may assist health services to see how investment in staff development can ensure service delivery and efficiency objectives are met 	<ul style="list-style-type: none"> the current lack of quantifiable measures may limit the utility of the information provided.
Develop a non-mandatory framework that provides guidance in relation to supporting and utilising a postgraduate-trained nursing and midwifery workforce	<ul style="list-style-type: none"> will provide guidance to health services on appropriate ways to support and encourage PG study by nurses and midwives will provide guidance to health services on appropriate ways to utilise the enhanced skills and knowledge of PG-trained staff 	<ul style="list-style-type: none"> health services may resist “another framework” that requires resources to implement
Identify indicators relevant to measuring: <ul style="list-style-type: none"> Support for postgraduate education of nurses and midwives Benefits of postgraduate training 	<ul style="list-style-type: none"> evidence to support cultural change with respect to the value placed on the postgraduate education of nurses and midwives quantifiable measures that can provide a means for benchmarking between health services 	<ul style="list-style-type: none"> additional data collection and reporting burden for health services

This is a difficult issue to address for several reasons. Firstly, the view that some health services don't have a particularly supportive culture when it comes to postgraduate education for nurses and

midwives was not a view that was shared by all informants. A recurring theme throughout this review was that the senior manager perspective within health services was often very different from the staff perspective. Where senior managers would present a very positive picture of health service attitudes and expectations in relation to postgraduate education, the nurses and midwives – and sometimes the NUMs and ANUMs – would present a very different story. The differences in perspective were not dramatic everywhere, but it was evident at many health services that the value senior managers undoubtedly place on postgraduate-trained staff was not effectively communicated to those very staff.

Secondly, organisational cultures cannot be mandated or imposed from without. Culture is an intrinsic characteristic of an organisation and reflects historical, structural, financial and personnel factors. Left to their own devices, these factors are usually slow to evolve, which is why significant cultural change within organisations usually requires a significant driving force.

One potential driving force for significant cultural change could – and should – be evidence of the value of having a postgraduate-trained nursing and midwifery workforce. Unfortunately, while there is a significant level of *belief* amongst all stakeholder groups that postgraduate education brings benefits to individuals, patients and health services, there is a lack of hard data to objectively demonstrate this is the case. There are two aspects to this data deficit.

The first is the lack of reliable data on the qualifications of the current Victorian nursing and midwifery workforce. Health services collect some information, although many organisations do not record the qualifications obtained by staff prior to their employment at that health service, particularly if those qualifications were not directly relevant to the position they were recruited for. As discovered in the course of this review, the data on qualifications collected through the annual registration process for nurses and midwives is very poor quality and is not even suitable for the most low-level analysis of the proportion of nurses and midwives that have postgraduate qualifications. Without even this most basic of statistics, it is difficult to imagine how a case can be made that postgraduate training of nurses and midwives has made a significant impact on patient health outcomes or the efficient and productive operation of health services.

The second aspect of the data deficit is in relation to monitoring of patient outcomes as a measure of the value of postgraduate education to clinical nursing practice. As this review has found, there is a widely held view that postgraduate training of nurses and midwives is pivotal to high quality patient care. There are very good reasons – including several anecdotal reports of “before-and-after” examples – for experienced health professionals holding the view that postgraduate training improves patient care. However, there is no data demonstrating a direct causal link between postgraduate nursing education levels and improved patient outcomes.

This is by no means a Victorian issue. It is an issue confronting both the nursing and midwifery professions, in Australia and overseas. Notwithstanding the identification of several nursing sensitive outcomes (NSOs) in recent years, there has been no system-wide data collection that would permit even a fairly basic correlation analysis between selected NSOs and the qualifications of nursing/midwifery staff in Victorian hospitals.

Such data collection would not be without issues and the analysis and interpretation of the data would need to be carefully considered and rigorously undertaken. Nonetheless, until sector-wide NSO data collection is trialled, the value or otherwise of such measures can only be speculated upon. On this point, it is worth noting that existing differences across the Victorian public health system in the proportion of staff with postgraduate qualifications might provide sufficient “control” groups to allow statistically significant correlations with outcomes to be observed, if sector-wide NSO data was collected.

Recommended approach	Addressing the data deficits is probably the most important priority in relation to this issue. Organisations change their behaviours – and their cultures – when they can see the value in doing so and the value proposition with respect to postgraduate training of the nursing and midwifery workforce would be considerably supported by rigorous evidence.
Level of priority	High

Recommendation 6:

It is recommended that the department work with the relevant bodies to enable the development of reliable nursing and midwifery workforce datasets that include up-to-date information about the postgraduate qualifications of these health professionals.

Recommendation 7:

It is recommended that the department encourage projects that examine the usefulness of various nurse sensitive outcome (NSO) measures in monitoring the benefits of a postgraduate-trained nursing and midwifery workforce.

Issues requiring health service-level solutions

Issue #11: Workforce pressures in rural areas limit the number of staff that can undertake postgraduate study at any given time

Findings from literature review/desktop research	<ul style="list-style-type: none"> A major challenge for health services is being able to release staff from normal duties to undertake educational activities, irrespective of the commitment of health service managers to the development of their staff. The most frequently reported barriers to attending training courses – even in metropolitan settings – have included staff shortages and workload demands. 	
Input from key informants	<ul style="list-style-type: none"> The budget of Health Workforce New Zealand to cover postgraduate training of nursing/midwifery workforce includes funds for health services to cover backfill costs. Grampians region has recognised the need for innovative models for supporting sub-regional and small rural health services, where the burden of releasing staff to undertake study is proportionally much greater. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> Participants in rural focus groups for managers identified lack of available staff to provide backfill as a major factor in determining the number of staff encouraged to undertake postgraduate education each year. Survey respondents from small rural health services were much less likely to have had access to supernumerary time or access to educators and more likely to report that no support was provided. 	
Possible strategies/solutions	Positives	Negatives
Investigate mechanisms to circumvent structural issues that restrict the ability of rural health services to up-skill staff	<ul style="list-style-type: none"> more rurally based staff could undertake postgraduate study 	<ul style="list-style-type: none"> likely to have significant cost implications

As with the issue of limited course offerings in rural health services (Issue #9), the structural factors underlying this issue are unlikely to change in the foreseeable future. The workforces of sub-regional and rural health services are small, with a significant proportion employed on a part-time basis. It is simply not possible to staff these health services if large numbers of nurses and midwives are absent from the workplace.

That being said, several informants to this review identified innovative solutions that have been – and are being – developed by regional health services to enable a proportion of their nurses and midwives to undertake postgraduate study. These local solutions may have relevance and be applicable in other regional health services facing the same issues.

Recommended approach	As a first step, the department should conduct a forum with regional, sub-regional and rural health services, to share existing approaches and explore new avenues to address the workforce pressures that limit the availability of postgraduate education to rurally based nurses and midwives. The forum could also consider establishment of more permanent forums for sharing and developing innovative solutions to common problems.
Level of priority	Moderate

Issue #12: Support for staff once they have completed postgraduate study (i.e. consolidation and career development) is ad hoc

Input from key informants	<ul style="list-style-type: none"> ▪ No Australian or NZ jurisdictions have any type of framework to guide health services on managing, supporting and appropriately utilising staff that have completed postgraduate study. 	
Findings from surveys, focus groups and case studies	<ul style="list-style-type: none"> ▪ Some health services have explicit expectations of staff that have completed postgraduate study, but the majority have an <i>ad hoc</i> approach to managing and supporting those staff. ▪ Managers acknowledge that staff generally require about 12 months to consolidate their skills and knowledge following postgraduate study and to develop confidence in their advanced levels of practice. ▪ Staff that have completed postgraduate education often feel unprepared for the higher levels of responsibility they are given. ▪ Some staff were disappointed to find their duties or level of responsibility post-study did not change compared to pre-study. 	
Possible strategies/solutions	Positives	Negatives
Develop non-mandatory guidelines that suggest appropriate ways to assist staff that have completed postgraduate study with consolidation of skills and knowledge, as well as career development	<ul style="list-style-type: none"> ▪ create consistency across the system ▪ ensure maximum benefit is realised from the investment in postgraduate education 	<ul style="list-style-type: none"> ▪ may just “sit on the shelf” in some health services ▪ could be seen as burdensome by some stakeholders

The first major task of this project was the development of a logic model that would identify the mechanisms or pathways by which it is expected a postgraduate-prepared nursing and midwifery workforce would deliver better patient outcomes. The rationale underpinning this activity was that if the mechanisms by which an objective will be achieved cannot be identified, then the likelihood of achieving the objective is probably reduced. While it is true that some outcomes happen as a matter of course, it is equally true that many outcomes do not.

In this context, it is important to note that a number of nurses who participated in this review indicated their additional skills and knowledge acquired through postgraduate study had not been utilised at all since they had completed their course. Clearly, if staff with advanced skills and knowledge are not given roles or responsibilities that require them to use their skills and knowledge, then this makes it unlikely any benefit will be derived, either for the individual, the patient or the health service. Equally, staff that indicated they had been “thrown in the deep end” too quickly after completing their course probably represents another missed opportunity for maximising the benefits of postgraduate study.

Importantly, it was not only the feedback from staff that suggests most health services do not have a particularly strategic approach to managing, supporting and utilising postgraduate-trained staff. Managers at all levels also acknowledged they have some good initiatives, but the overall approach is *ad hoc* and informal.

The idea of some kind of non-mandatory guidelines to advise health services in this domain was raised with all review participants. While there were some individuals that were not particularly positive about the concept, a significant number of survey, case study and focus group participants thought that some form of guidance would be invaluable. As one regional health service manager noted, even the list of possible mechanisms included in the relevant survey question had provided a useful checklist for how her organisation might actually ensure it is supporting and utilising its postgraduate-trained workforce. Provided the guidelines are non-mandatory, health services that don’t believe they need any assistance can choose not to use the guidelines, while those health services that are looking for ideas to implement can extract whatever is useful or relevant for them.

Recommended approach	Development of the kind of guidelines proposed here is something that health departments must take the lead on, since individual health services lack the resources or the vantage point to be able to create such a resource. Convening an advisory group to oversight the process and conducting workshops/forums to collect input that
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	informs guideline development will help ensure broad sectoral support for the resulting document.
Level of priority	Moderate to high

Recommendation 8:

It is recommended that the department explore mechanisms for providing guidance to health services on a range of issues relevant to developing, supporting and utilising a postgraduate-trained nursing and midwifery workforce.

Conclusions

This project set out to address two key questions: firstly, the factors impacting on the uptake of postgraduate study by Victorian public sector nurses and midwives and secondly, the relationship between patient outcomes and having a nursing and midwifery workforce trained at postgraduate level.

The review was successful in addressing the first question and identified the issues that are impacting on the decisions of nurses and midwives in Victorian public health services about whether to undertake postgraduate study. None of the issues identified were particularly surprising; indeed, literature from the Australian and international context has highlighted similar issues. In any event, the department now has a body of evidence that reveals the relative importance of the full range of issues within the Victorian context, as well as some recommendations about where it might focus its policies and resources to improve the situation.

On this point, a major driver for this review was the observation of a decline in postgraduate education activity, as measured by requests for relevant components of the department’s T&D grant funding and applications for scholarships, the latter particularly in regional areas. As it transpired, these data did not really reflect what is being experienced at the coalface and probably do not provide a very reliable indicator of where there might be issues that need to be addressed at a whole-of-system level.

Indeed, a major deficit of the current system is the lack of reliable data on the postgraduate qualifications of Victoria’s nursing and midwifery workforce. These data are absolutely essential if the impact of departmental policies and programs are to be meaningfully evaluated.

On the second question, the review successfully identified a range of benefits – including improved patient care, benefits to the individual practitioner and benefits to the health service – that stakeholders generally agree are a consequence of nurses and midwives being trained at a postgraduate level. The review also determined that health services have an *ad hoc* approach to realising the benefits of their postgraduate-trained workforce and are not currently monitoring whether outcomes/benefits are being realised. These findings point to the need for guidance on how health services can ensure they maximise the benefits from investing in the professional development of their workforce, as well as further work to identify valid indicators for measuring outcomes.

This review has identified a number of areas where improvements are needed and it is likely that many of these improvements are possible within the current paradigm of the nursing and midwifery professions. However, it is also clear that some issues actually reflect the current arrangements and these are unlikely to be resolved without a shift in the *status quo*. Specifically, while obtaining postgraduate qualifications is “preferred but optional” for the majority of specialty areas and experience is a legitimate alternative to postgraduate training for career advancement in specialist roles and management positions, a proportion of practitioners will choose not to undertake postgraduate study, particularly if course fees remain high or increase. This is not to say the paradigm is wrong, but it reflects the way the profession views itself and helps to inform the way in which others view the profession. Ultimately, these are conversations for nursing and midwifery practitioners and leaders, as they pursue the development of their respective professions.

4 Bibliography

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