CDNM COUNCIL OF DEANS OF NURSING & MIDWIFERY
AUSTRALIA & NEW ZEALAND

Response to the AQF Council

STRENGTHENING THE AQF:

A Framework for Australia's Qualifications

Consultation Paper July 2010

From the

Council of Deans of Nursing and Midwifery
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The Council of Deans of Nursing and Midwifery (CDNM) welcomes the opportunity to comment on the AQF Council document: "Strengthening the AQF: A Framework for Australia's Qualifications Consultation paper" (July 2010). The CDNM supports the process entailed in the development of this document involving as it did numerous consultations with stakeholders and incorporation of the input provided by participants engaged in its development. The CDNM is well aware that Australia was innovative in the development of a qualifications framework and recognises the need now for the framework to be further developed to be consistent with international initiatives. The magnitude of international mobility today and the need for portability of professional qualifications is an important issue for the CDNM as nursing particularly is a highly mobile workforce internationally. In Nursing and Midwifery there has been some variability within and between states and territories particularly in approaches to cross sectoral linkages and pathways, and credit transfer. The CDNM therefore is supportive of a strengthening of the current system to improve national consistency and transparency.

However, there are some issues of concern which the CDNM believes need to be raised. The AQF is precisely that, a framework or structure, that sets out criteria for 10 AQF levels of knowledge and skills (the learning outcomes) expected at each qualification type in the hierarchy. The 10 levels identified are cumulative and hierarchical and through this mechanism set up a structure for pathways and a logic and framework for qualification linkages and pathways. But by its nature it is content free and for the disciplines of Nursing and Midwifery there are a number of discipline specific requirements of graduates aimed at ensuring safe, contextualised practice that do not fit the rigid delineations set out in the document.

It is therefore imperative that the relationship between the directives of the AQF Council and the professional regulatory authority vested in the Australian Nursing and Midwifery Council (ANMC) is clarified. The purpose of the AQF Qualifications and Linkages Policy is to maximise the credit that can be gained from learning already undertaken. This is a worthy aim, but differs from the purpose of the ANMC which is to ensure the quality of the professions and their work in the interests of public safety. It is not at all inconceivable that

these two aims could come into conflict over issues such as Recognition of Prior Learning (RPL).

Examples include those such as the amount of credit that can be given to enrolled nurses at Certificate 1V or Diploma level seeking to upgrade their qualifications to a degree. This varies across the country at the moment and it is important that some consistency is achieved. In our view this should be the purview of the ANMC taking account of the AQF and drawing upon it in formulating discipline specific policies. A further example could lie in the amount of RPL to be given to an enrolled nurse who has undertaken an advanced diploma and wishes to upgrade their qualifications to that of a bachelor degree. Should that advanced diploma be in a specialised contextualised field of practice, e.g. operating room, the knowledge and skills gained, while necessary for that particular field of practice, may not align with recommended RPL towards a broad generic entry to professional practice qualification such as a Bachelor of Nursing.

 It is also noted that in the consultation paper there is no distinction drawn between a graduate diploma and a post graduate diploma. A graduate diploma has normally referred to a qualification in an area different from the field in which the first degree was obtained and a post graduate diploma has referred to a qualification that builds upon and further develops knowledge and skills within the discipline in which the first degree was obtained through study in a specialised area. There are therefore differences in both the level and depth of knowledge and skills required for the different awards. Would this have implications for the amount of RPL to be given towards a Masters degree?

Another important issue for Nursing and Midwifery is that courses leading to registration are often totally prescribed, with no electives. RPL can only be given if applicants have undertaken units/subjects in a previous course which have precisely the same learning outcomes. This has been a matter closely monitored by the State and Territory Nursing/Midwifery Boards and the CDNM would expect similar vigilance by the ANMC. This is therefore at odds with 2.2.2 of the document which states that 10% credit is required to be given.

Because of these issues, the CDNM believes it is important that RPL policies to be applied for Nursing and Midwifery courses must have approval of the ANMC.

At one consultation meeting, one of the AQF speakers stressed that while each sector deals with knowledge and skills, there is greater emphasis on graduate outcomes in Higher Education while skills are emphasised in the VET sector. This has very important implications when degrees are offered in the VET sector and the CDNM believes that this needs to be monitored extremely carefully in the case of the disciplines of Nursing and Midwifery where the knowledge base required to ensure safe practice must take highest priority.

In closing, CDNM wishes to make to clear that it is supportive of the principles of Credit Accumulation and Transfer and Recognition of Prior Learning. As professions, nursing and midwifery have a long history of implementing protocols to facilitate entry and progression through levels of development, within their programmes. This has always been undertaken with the protection of the public at its heart and it is imperative that this basic principle is carried forward as the strengthened AQF framework is operationalised.