



Review of the impact of the Higher Education Support Act 2003:

- Funding Cluster Mechanism (including Funding of Clinical Disciplines)
- Pipeline Arrangements for funding of new Commonwealth supported places

Submission from the Council of Deans of Nursing and Midwifery
(Australia & New Zealand)

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- 1. Do the current funding clusters adequately reflect broad discipline relativities?**
- 2. Are individual disciplines placed in appropriate clusters? Are there any undesirable consequences of the placement of specific disciplines in particular clusters?**

For Commonwealth Grant Scheme (CGS) funding, Nursing and Midwifery are placed in a cluster of their own, the fourth-highest, below Engineering, Science, Surveying and just above Foreign Languages, Visual and Performing Arts. While – like everyone else – we would like to be more generously funded, we do not argue that this placing is inappropriate. However, the Discussion Paper recognises that the total funding for a discipline is the combination of CGS plus student contribution amounts. From this perspective, Nursing and Midwifery compares badly with Engineering, Science, Surveying.

We have no doubt that when the Commonwealth Government capped, at a low rate, the total permissible student contribution, it acted with the best of intentions to make careers in Nursing and Midwifery affordable for students. However, the result illustrates a weakness in the “cluster” system. The Engineering, Science, Surveying cluster receives grant funding of \$13,411, which is \$2458 more than Nursing; but, when HECS income is added, that cluster receives a total of \$20,529, which is \$5578 more than Nursing. The funding relativity is not between \$10,953 (Nursing) and \$13,411 (Engineering, Science, Surveying) but between \$14,951 and \$20,529, which is a significantly higher percentage difference. The Engineering, Science, Surveying cluster may charge some 53% above the Commonwealth grant, whereas Nursing may charge only 36.5 % above its grant. We recognise and applaud the Government’s desire to limit the HECS burden for Nursing and Midwifery students, but the CDNM argues that if for reasons of national priorities the Government is going to cap the student contribution below the figure around 50% permitted to other clusters, then the Government ought to make up the difference. Otherwise the disciplines of Nursing and Midwifery are carrying the cost of the Government’s social policy.

- 3. Should the number of clusters change? What would be the advantages or disadvantages? If the number of clusters were to change, how should disciplines be grouped within those clusters?**

Since the Council is unaware of the rationale for the placing of other disciplines within their clusters (for instance, Health with Built Environment, and Performing Arts with Foreign Languages) we are unable to comment. As to the number of clusters: whilst that might be a problem for DEST, it is not a problem for any given discipline.

- 4. How have higher education providers used funding under specific measures, such as the additional funding for nursing units of study that was introduced in BAF to assist with the costs of supporting clinical training?**

When this funding was introduced the Council canvassed its members on the use that different universities made of the funding. The responses covered the full range, from universities which passed the full sum on to the Faculty/School of Nursing, through to those which passed on a proportion of it, and to those which absorbed the full sum into their general expenditures.

5. Should the current standard pipelines for most new Commonwealth supported places across most disciplines be kept? Does it unduly constrain providers in the provision of new places?

Current funding pipeline arrangements underestimate nursing retention rates in many cases. For Nursing as a whole, this is disadvantageous since most Schools of Nursing tend to have better retention rates than other University courses.

6. If the current model were to be largely retained, should any further exceptions be made?

Council would like to suggest a recommendation that Nursing places be funded at a 75 per cent pipeline over three years.