

Australian Catholic University

**Submission to the Australian Government
in response to the Terms of Reference for
its proposed Employment White Paper**

November 2022

Australian Catholic University (ACU)

Submission to the Australian Government’s Employment White Paper Consultation Process

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Executive summary

Australian Catholic University (ACU) welcomes the opportunity to respond to the Australian Government's Terms of Reference (ToRs) for its proposed Employment White Paper (the White Paper). ACU's submission focuses on two ToRs:

- 2.1 Building a sustainable care economy in the context of an ageing population and other drivers of demand for care services; and
- 5.3 Skills, education and training, upskilling and reskilling, including in transitioning sectors and regions.

As the largest educator of undergraduate nurses and teachers in Australia, ACU is well placed to comment on these issues, which directly relate to the education of Australia's future health and education workforce.

The greatest barrier to building a sustainable care economy is a sufficient health care workforce, and the greatest pinch point is the limited supply of clinical placements, whereby health students gain mandatory experience in workforce settings as part of their education.

ACU recommends the White Paper consider ways to increase the capacity of clinical placements in Australia, such as:

- a) including simulations as part of clinical training hours;
- b) increasing clinical educator funding and recognition; and
- c) increasing the diversity of clinical placement settings.

Further, ACU supports a recommendation contained in a recent paper, supported by nine Victorian universities' health and medical faculties, to accelerate registration of internationally qualified healthcare workers to practice in Australia.¹

Expanding workforce capacity also relates to TOR 5.3.

More early childhood education and care (ECEC) workers are needed, especially more degree qualified ECEC teachers, to remove women's barrier to workforce participation, and ACU recommends the White Paper consider ways to increase the ECEC workforce.

A high functioning school system is the bedrock upon which Australia's future labour force is built. An undersupply of teachers, however, is proving to be a significant barrier to Australia's schools achieving optimal results, a trend reflected in international comparisons of student performance.

ACU recommends the White Paper acknowledge that the primary barriers to increasing teacher supply are:

- a) the public standing and perceived status of the teaching profession; and
- b) the working conditions of teachers.

Further, ACU recommends appropriately funding and recognising teacher supervisors, as above for clinical educators in health.

¹ Deakin University, *Growing the Nursing and Midwifery Health Work Force in Australia*, 26 August 2022.

TOR 2.1 Building a sustainable care economy

According to the most recently available data, ACU educates nearly 50 per cent more nursing students (7,509) than all of the prestigious Group of Eight universities combined (5,015).² ACU is also one of the largest educators of physiotherapists, occupational therapists and speech therapists in Australia.

From this perspective, ACU sees a major pinch point in producing enough health workers for a sustainable care economy as the lack of, and increasing cost of, supervised workplace experience (known as “clinical placements” in health settings).

Minimum quality and quantity of clinical placements are requirements set by course accreditation bodies and are essential in enabling students to refine their skills and, ultimately, help to grow a profession’s workforce.

Unfortunately, the chronic – and worsening – under-supply of placement availability, together with a narrowing of placement types to public providers when more students will end up working for private providers, is now a serious problem that restricts the capacity of universities to enrol enough students to meet the nation’s growing health workforce needs.

There is, it is worth noting, no shortage of demand from students to fill this gap. University application data show that “Health” is the most popular broad field of education, and that “Health” also recorded the strongest growth in applications in 2021.³

A recent paper from nine Victorian universities’ health and medical faculties found the current capacity to find clinical placements for their students to be the biggest challenge to enrolling and graduating more nurses and midwives for the Victorian workforce.⁴ The capacity for universities to increase the number of health students they enrol, and therefore the future health workforce, is being stymied by the current clinical placement model.

There are a number of reasons why there is a shortage of clinical placements, including health workers’ already overstretched workloads, and costs of supervision not being built into a provider’s capacity or business model (the latter particularly relevant for small, private health providers).

The mismatch in supply and demand for clinical placements creates a short-term risk for universities – but a much more profound risk for society – by restricting the supply of the next generation of health workers.

ACU submits that increasing the capacity of clinical placements, which is key to building a sustainable care economy, can be achieved by the following steps:

- a) including simulation as part of clinical training hours;
- b) increasing clinical educator funding and recognition; and
- c) increasing the diversity of clinical placement settings to alleviate the burden on hospitals.

² Department of Education and Training, *2020 Higher Education Data Collection – Students, Special Courses*. Section 8, table 8.3. (Group of Eight universities are: University of New South Wales, The University of Sydney, The University of Melbourne, Monash University, The Australian National University, The University of Adelaide, The University of Queensland and The University of Western Australia).

³ Commonwealth Department of Education, Skills and Employment, *Undergraduate applications, offers and acceptances 2021*, October 2021

⁴ Deakin University, *Growing the Nursing and Midwifery Health Work Force in Australia*, 26 August 2022.

ACU also supports proposals recently made by Deakin University, expressing the views of nine Victorian universities' health and medical faculties, for a better process to register international nurses and midwives in Australia.

The problem here is that overseas health workers who have been allowed to migrate to Australia and are ready for immediate deployment nevertheless face delays in being able to undertake the requirements to register in Australia.

Deakin notes the conflicting expectations and requirements of these potential staff by ANMAC, the Nursing and Midwifery Board of Australia (NMBA), and the Australian Health Practitioner Regulation Agency (AHPRA), that have arisen since COVID-19 and which delays and makes more expensive their ability to work in Australia.⁵

ACU was one of the universities that contributed to this work, and therefore supports the proposals put forward by Deakin University to address these challenges, including financial subsidies and reverting to previous processes of managing these international applicants. This includes re-instituting processes for recognising "equivalent qualifications" and streamlining processes for credit transfers and recognition of prior learning.

a) Including quality simulations as part of clinical training hours

Historically, simulation has used replica body parts to teach skills, and manikins for teaching students how to respond to critical incidents such as a cardiac arrest; those high-impact, low-frequency events for which a new nurse must be ready.

Over the past 20 years significant advances have been made in healthcare simulation practice, based on technological advances in conjunction with educational theory. In contemporary simulation, the focus is on the design of highly realistic learning experiences, using a range of simulation methods including computerised manikins, virtual reality, and established practices such as the use of professional actors.

Today, simulation provides very concrete opportunities for students to develop communication skills and emotional resilience, which are as important to learn as technical skills, which simulation also teaches. Learning to speak up about a patient concern can be more daunting and difficult for a beginning health worker than the technical skill of taking vital signs. For example, the simulation of a person with dementia can develop in student nurses an understanding of the disease, practical knowledge of communication, assessment and management, and tacit attributes such as awareness, empathy, and resilience. Contemporary simulation involves the replication of these everyday situations students will encounter during clinical experience, in addition to the snapshots of urgent crises.

Currently, many health course accreditation bodies – such as the Australian Nursing and Midwifery Accreditation Council (ANMAC) – rule out counting simulation towards a student's clinical placement hours. This is despite quality simulation being an effective and efficient approach to provide health students with clinical experience. Used as a partial substitute for accredited clinical placements, it could enable more health workers to complete degrees and enter the profession.

Appropriate simulation requires substantial investment but, if done properly, it can reduce the pressures of placement availability.

⁵ For more detail, see note 4 above.

Simulation would free up the currently limited number of qualified nurses to continue to fulfil their roles while also allow for more students to be enrolled, graduate and meet workforce needs. Quality simulation, used as a partial substitute for accredited clinical placements, can be the enabler of more nurses and midwives completing degrees and entering the profession.

If simulation is included as part of clinical placement hours, quality assurance is critical, which could be facilitated by the creation of a national simulation curriculum.

However, removing simulation as a possibility altogether reduces the incentives to invest in simulation-based learning at a time of significant advancement and opportunity.

b) Increase clinical educator funding and recognition

In Australia, the role of clinical educator, and the supervision of health students in general, is often under-valued, inadequately recognised and treated as a burden rather than a core competency in need of development.

Clinical education is part of many health professions' standards of competency, but there is no incentive for senior practitioners to supervise students and in fact, senior registered nurses (RNs) will earn less if they take on this role. An eighth year RN (who is automatically at the top of the RN pay scale) will receive less as a clinical nurse educator (CNE) than as an eighth year RN, particularly after taking shift work penalties into account. Consequently, inexperienced RNs in their second or third year often take on the role of CNE rather than more experienced RNs.

An opportunity exists to properly value and give appropriate recognition to the clinical educator role via incentives or credentials that are provided by registration bodies and recognised and rewarded by employers.

In the United Kingdom, for example, taking on the role of clinical educator of nurses (or becoming a mentor, as it is called) is considered an important step in a nurse's career development and nurses are incentivised by the National Health Service to become mentors in order to gain promotion.

This does not occur in Australia, where supervision is relegated to junior RNs who may not even be employed by health services but rather on a casual basis by the university, further depleting a healthcare workforce already exhausted by COVID-19.

A constant refrain from health providers is that their staff are stretched to capacity and cannot take on any additional non-core responsibilities, such as the supervision of students. More professional recognition for the clinical educator role may change this situation.

c) Increase diversity of clinical placement settings

There have been profound changes to health service delivery in Australia not matched in the training of nurses. Australia has shifted to more decentralized care of patients in local communities, however, the clinical training of nurses is still largely operating under an apprenticeship model focused on public hospitals, where three-quarters of health training hours occurs in public health services.⁶ The shift to primary and community-based care and

⁶ Health Workforce Australia (HWA). (2013). *Clinical Training 2012: Survey Results June 2013*. p.9 (latest available data of this type).

to private provision has not been matched by an increase in clinical placements for nurses in these private settings. While the public and not-for-profit sectors provide much of the clinical training, many graduates end up working for private providers, often without having any experience in those settings.

More placements in private, community-based, and preventative health care locations would expand the supply of placements and ensure students' experience at university matches the real practice settings where they are likely to be working.

One option is to publish a benchmark number of clinical placement hours that a health service should provide (based, potentially, on the number of full-time equivalent health staff employed or the amount of public funding received). Health providers could then be required to publicly report the number of clinical placement hours they provide each year. This would identify which health providers are doing the "heavy lifting" and encourage more clinical placements.

ACU offers this suggestion not as a prescriptive recommendation but as an illustration of the type of incentive that policymakers could adopt to prompt health providers to help alleviate the shortfall in clinical placements.

Recommendation 1

That the White Paper consider ways to increase the capacity of clinical placements by:

- including simulations as part of clinical training hours;
- increasing clinical educator funding and recognition; and
- increasing the diversity of clinical placements settings.

TOR 5.3 Skills, education and training

Early Childhood Education and Care (ECEC)

The Jobs and Skills Summit Issues Paper said that one barrier to full participation in the labour force was that “parents, particularly women, can face financial disincentives, such as out-of-pocket child care costs, when returning to work.”⁷

Federal parliament recently passed the “Cheaper Child Care Bill” which, from July 2023, will increase the childcare subsidy rate for all families unless their total income is \$530,000 or more, with families earning up to \$80,000 refunded 90 per cent of their first child's fees. This \$4.7 billion legislation will ease parents’ (particularly mothers’) return to work but will also increase demand for ECEC places at a time when the ECEC workforce is under pressure.

From 2016-21, the ECEC workforce increased 11 per cent, from 194,994 in to 216,619,⁸ but by 2025, Australia will need 16,000 new early childhood educators to address shortages and meet increased demand.⁹ The quality authority for ECEC in Australia believes the sector is facing an acute workforce shortage:

“In the context of declining enrolments in approved educator and teacher qualifications, increasing demand for early childhood teachers and a growing shortage of primary school teachers, the children’s education and care sector continues to face significant and increasingly urgent workforce challenges.”¹⁰

Low pay, burnout and lack of professional recognition are also driving a mass exodus of qualified ECEC staff.

More ECEC workers are needed in general, but especially more degree qualified ECEC teachers.

There is a significant and positive correlation between teacher qualification and quality with respect to the learning environment for all young children in ECEC settings, including infants and toddlers.¹¹

Every preschool program also requires a qualified teacher, and NSW and Victoria are rapidly expanding their preschool offerings (i.e., the two years prior to formal schooling).

11.9 per cent of the ECEC workforce hold a bachelor’s degree or above,¹² but to improve quality and deliver on policies, this proportion must increase.

This will be difficult because qualified early childhood teachers earn less than teachers in primary schools, which are already in short supply. The minimum starting salary for both ‘graduate’ and ‘proficient’ primary school teachers is higher than the starting salary for a

⁷ Australian Government Treasury, *Jobs + Skills Summit, Issues Paper*, 17 August 2022.

⁸ The Social Research Centre, *2021 Early Childhood Education and Care National Workforce Census*, Report prepared for Australian Government Department of Education, August 2022.

⁹ The National Skills Commission’s five-year employment projections show growth in ECEC will continue to increase over the five years to November 2025, with employment expected to increase by around 16,000 (qtd in ACECQA, “Shaping Our Future”, September 2021). See also Goodstart Early Learning qtd in AAP, “Australia needs 16,000 new educators to fill shortfall in childcare sector, inquiry told,” *The Guardian*, 31 October 2022.

¹⁰ Australian Children’s Education and Care Quality Authority (ACECQA), “*Shaping Our Future*” A ten-year strategy to ensure a sustainable, high-quality children’s education and care workforce 2022–2031, September 2021.

¹¹ Manning M, Garvis S, Fleming C, Wong T. W. G. *The relationship between teacher qualification and the quality of the early childhood care and learning environment*. Campbell Systematic Reviews 2017:1

¹² The Social Research Centre, *2021 Early Childhood Education and Care National Workforce Census*, Report prepared for the Australian Government Department of Education, August 2022.

four-year university-trained early childhood teacher with the same qualifications, and this pay gap widens over time as greater career development is available in schools compared to early childhood settings.¹³

As demand for ECEC places is boosted by government subsidies, and supply is cramped because of a shortage of staff, the price of ECEC may increase, placing further pressure on families to access affordable education and care.

ACU recommendation 2:

That the White Paper consider the skills, education and training to increase the ECEC workforce, especially degree qualified ECEC teachers.

Schools

ACU has a unique perspective on the issues facing the teaching profession. ACU teaches initial teacher education (ITE) in four states and territories, is the exclusive university partner of Teach for Australia, and has taken a lead role in advocating for good teacher education policy and reform over many years.

There is now a widely recognised and growing teacher shortage across Australia that is commonly being described as a crisis.¹⁴ ACU had foreseen and been warning policymakers about this scenario for at least a decade.¹⁵

Much of the growing shortfall of teachers – and lack of teachers entering the profession – stems from a reduced level of interest among students to study ITE. This is caused, in large part, by a decline in the prestige or perceived status of the teaching profession.

In August 2022, federal Education Minister The Hon Jason Clare MP released an issues paper that listed a number of the factors behind the mismatch in teaching supply and demand:

- An increasing number of school-age students translates to an increased need for more teachers. Both primary and secondary student enrolments have grown strongly over recent years and this growth is projected to continue. Primary school enrolments are projected to grow by 11 per cent between 2021 and 2031, while secondary enrolments are projected to grow by 10 per cent in this time.¹⁶
- Across Australia, annual commencements in ITE courses declined by eight per cent between 2017 and 2020 and completions during this time declined by 17 per cent.¹⁷

The National Skills Commission's *Skills Priority List*, released in October 2022, used teaching to illustrate the complexities of occupational skills shortages, where the supply of

¹³ AITSL, "Celebrating Early Childhood Teachers," October 2021.

¹⁴ For example, see "NSW schools struggle to find teachers as supply collapses," *Sydney Morning Herald*, 23rd June 2021; "Serious staff shortages loom as schools prepare to reopen," *The Educator*, 27 September 2021; "Public school teacher shortage raises fears they will 'run out of teachers'," *Sydney Morning Herald*, 7th October 2021; "School teacher shortages hit PE, English and primary education," *Sydney Morning Herald*, 4th June 2022.

¹⁵ Greg Craven, "Picking Winners and Avoiding Mug Punters: Quality and Selection in Australia's Universities," Address to the National Press Club, October 2012.

¹⁶ Australian Government Department of Education, *Issues Paper: Teacher Workforce Shortages*, 8 August 2022.

¹⁷ *Ibid.*

trained professionals may not necessarily translate into adequate supply to meet labour market needs.

According to the National Skills Commission, the number of graduates who are trained and qualified as Primary School and Secondary School teachers in the Australian labour market should be sufficient to meet demand but is not. The Commission speculated this mismatch may be due to factors other than supply – “including but not limited to workplace conditions, remuneration and perceptions of remuneration, impacts on wellbeing and mental health, skills wastage and attrition such as loss of qualified teachers to other occupations”.¹⁸

The Commission concluded that, “if supply and demand is to be fully understood, greater insight into teacher attrition rates across the teaching lifecycle is needed”.¹⁹

According to the National Skills Commission, too many teaching graduates are leaving the profession, or not entering it once they qualify.

Research has repeatedly shown that the main reason individuals leave teaching is the intense workload. For example:

- A 2018 national survey of almost 18,000 teachers by the Australian Institute of Teaching and School Leadership (AITSL) found that 34 per cent of teachers aged under 30 years, 38 per cent of teachers aged 30 to 39 years, and 32 per cent of teachers aged 40 to 49 years intend to leave the profession before they retire.
 - For nine-in-ten of those intending to leave, the main reason is the heavy workload and not being able to cope.²⁰
- A 2019 Monash University report found that three-quarters of teachers did not find their workload manageable.²¹
- A 2019 survey of approximately 2,500 teachers found the main reason for intending to leave was an overwhelming workload.²²

This Australian research matches that from overseas, which finds that, while pay levels and relative professional status are contributing factors, the primary driver for teachers to leave the profession is work intensity.²³

Teacher supply will increase when working conditions improve, such as the reduction in weekly face-to-face teaching hours in Victoria from 2024, or the Commonwealth’s proposed actions in its *Draft National Teacher Workforce Action Plan*. These initiatives to provide teachers with more time to complete work such as class preparation, marking, and administrative tasks are difficult and expensive, but will boost the number of teachers and the status of the profession.

It remains the case that attracting and retaining high quality applicants to teaching is dependent on the work conditions pertaining to teaching, as it is for any other profession.

¹⁸ National Skills Commission, *2022 Skills Priority List: Key Findings Report*, 6 October 2022.

¹⁹ Ibid.

²⁰ AITSL, *Australian Teacher Workforce Data: National Teacher Workforce Characteristics Report*, December 2021

²¹ Amanda Heffernan et al, *Perceptions of Teachers and Teaching in Australia*, Monash University, November 2019.

²² Amanda Heffernan, et al, “I cannot sustain the workload and the emotional toll’: Reasons behind Australian teachers’ intentions to leave the profession,” *Australian Journal of Education* 2022, Vol. 0(0) 1–14.

²³ See, for example, U.K. House of Commons Education Committee, “Recruitment and retention of teachers,” 8 February 2017.

ACU recommendation 3:

That there should be a formal acknowledgement within the White Paper that improving the working conditions of teachers will increase teacher supply, and the status of the profession.

Ensuring an adequate supply of teachers relies on broad industrial changes, but specific changes are also needed to improve the experience of ITE students already enrolled.

As with health, providing high-quality supervised workplace experiences (known in teaching as “professional experience placements” or “practicum”) is key to growing the workforce.

Yet, as in health, many practising professionals are reluctant to supervise students. ACU’s experience is that many teachers appear to consider supervising the professional placement as an unrewarding chore.

This problem is not specific to ACU. A national study for the Commonwealth Government conducted by the Australian Council of Deans of Education (ACDE) found that teachers are typically required to self-nominate to undertake supervisor roles and there is little professional recognition for their work.²⁴

ACU has found that it is often the same schools, and the same teachers within those schools, who routinely host student practicums.

Not every teacher sees supervision as a duty they should perform or as an important way of supporting the profession to train the next generation of teachers.

As the ACDE report notes, incentivising teachers to supervise practicums by providing greater formal professional recognition would make it more rewarding and, in turn, would decrease the variability in the quality of support that pre-service teachers receive during placements.²⁵

ACU suggested above that more professional recognition for the clinical educator role may change the negative perception RN’s hold for the supervision of students. ACU suggests the same for teachers, that appropriate recognition of the teacher supervisor’s role would increase the supply and quality of professional experience placements.

ACU recommendation 4:

Increase funding and recognition of teacher supervisors, as for clinical educators in recommendation 1.

²⁴ ACDE, commissioned by the Federal Department of Education and Training, *Professional Experience in Initial Teacher Education: A Review of Current Practices in Australian ITE*, October 2017, revised March 2018.

²⁵ Ibid.

Attachment A: Australian Catholic University Profile

Australian Catholic University (ACU) is a publicly funded Catholic university, open to people of all faiths and of none and with teaching, learning and research inspired by 2,000 years of Catholic intellectual tradition.

ACU operates as a multi-jurisdictional university with eight campuses across four states and one territory. Campuses are located in North Sydney, Strathfield, Blacktown, Canberra, Melbourne, Ballarat, Brisbane and Adelaide. ACU also has a campus in Rome, Italy.

ACU is the largest Catholic university in the English-speaking world. In 2020, ACU had over 33,000 students and 2,300 staff.²⁶

ACU graduates demonstrate high standards of professional excellence and are also socially responsible, highly employable and committed to active and responsive learning. ACU is the number one university in the country when it comes to graduate employment outcomes three years after graduation, with a 95.5 per cent employment rate.²⁷

ACU has built its reputation in the areas of Health and Education, educating the largest number of undergraduate nursing and teaching students in Australia²⁸ and serving a significant workforce need in these areas. Under the demand driven system, ACU sought to focus and build on these strengths.

Since 2014, ACU has had four faculties: Health Services; Education and Arts; Law and Business; and Theology and Philosophy.

As part of its commitment to educational excellence, ACU is committed to targeted and quality research. ACU's strategic plan focuses on research areas that align with ACU's mission and reflect most of its learning and teaching: Education; Health and Wellbeing; Theology and Philosophy; and Social Justice and the Common Good. To underpin its plan for research intensification, ACU has appointed high profile leaders to assume the directorships, and work with high calibre members, in six research institutes.²⁹

In recent years, the public standing of ACU's research has improved dramatically. The last Excellence in Research for Australia (ERA) assessment (in 2018) awarded ACU particularly high ratings in the fields of research identified as strategic priorities and in which investment has been especially concentrated. For example, ACU more than doubled the total number of top scores of 5 (well above world standard) in the 2018 ERA. In health sciences, ACU did not receive a single score below 5 while in education, ACU is one of only four universities in Australia to achieve a top score of 5 in the 4-digit fields of research. ACU's rapidly growing reputation in research is in line with its steady expansion.

²⁶ ACU *Pocket Statistics 2022*.

²⁷ QILT (August 2020), *2020 Graduate Outcomes Survey – Longitudinal (GOS-L)*

²⁸ Department of Education and Training, *2019 Higher Education Data Collection – Students, Special Courses*. Section 8, table 8.3

²⁹ Australian Catholic University, *ACU Research*, acu.edu.au/research