



Continuing Education Report Nursing Office





Table of Contents

Pg. 2 of 2

Introduction	3
Background	4
Discussion	6
Recommendations	9



Introduction

Pg. 3 of 3

The Continuing Education Standards Subcommittee was developed to address specific recommendations outlined in The South Australian Nursing & Midwifery Recruitment and Retention Strategic Directions Plan 2002 – 2005. The subcommittee formed in September 2003, and was disbanded from formal meetings in February 2004.

The following document provides a summary of the activity of the subcommittee and the recommendations submitted to the Continuing Education Advisory Committee.



Background

The South Australian Nursing & Midwifery Recruitment and Retention Strategic Directions Plan 2002 – 2005 was commissioned by the Hon Lea Stevens, MP, Minister for Health to review workforce issues and the recruitment and retention of nurses and midwives in South Australia.

The Department of Human Services, the Australian Nursing Federation (SA Branch), nurse/midwife leaders, nurses and midwives, industry partners and peak professional nursing and midwifery bodies worked in a collaborative partnership in the development of the strategic directions plan.

Through this collaboration and the review of literature it was identified that the supply and retention of nurses and midwives depends on many factors, including educational opportunity, clinical training, support for new graduates, improved workplace practices, meaningful careers and continuing education.

A set of recommendations was established to address the identified issues.

In relation to the delivery and modes of delivery of continuing education, The South Australian Nursing & Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005 recommended:

Multi-modal education products (5 Education [19])

- That the DHS ensures modes of delivery meet the student's requirements rather than the needs of the education sector.
- That the DHS:
 - Explores what is currently available in tele/video conferencing facilities in South Australia and that a strategy be developed to make effective use of these as a means of delivery of continuing education in rural and remote areas.
 - Reviews existing multi-modal education products with a view to identifying what is currently available, the product's ability to meet current industry needs, and identify any unmet needs. The review should also evaluate, as well as recommend, appropriate products for multi-modal education such as tele/video conferencing, distance education and CD-ROMs to fill identified gaps in continuing education.
 - Ensures information on existing multi-modal education products and postgraduate modules and courses be disseminated to healthcare facilities and their nurses/midwives via the most appropriate method, such as the Clinicians Health Channel.

The Continuing Education Advisory Committee established the Continuing Education Standards Subcommittee in September 2003 to address these recommendations. Two further subcommittees, the Funding Model Subcommittee and the Transition to Professional Practice Subcommittee, were



also established by the Continuing Education Advisory Committee to address other recommendations relating to continuing education.

The membership of the Continuing Education Standards Subcommittee differed to that of the other subcommittees. This subcommittee had a greater clinician representation with four members participating in the Clinical Leadership Program. As a result, the discussion within the committee considered the recommendations from both an educator and clinician based perspective.



Discussion

The National Review of Nursing Education 2002 recommended that:

“Given the challenging tasks undertaken by nurses and the rapid changes that can occur in technology, knowledge and skills, all nurses should be expected to undertake continuing education activities to maintain and enhance their professional competence and this should be taken into account in retaining registration and enrolment”. (Recommendation 18 Lifelong Learning and nursing competency)

In order to ascertain what is currently delivered as continuing education and in-service in South Australia, a process of data collection and collation was completed to inform discussions.

The Continuing Education Advisory Committee had developed an inventory of continuing education detailing course title, student number, student status, level of course/award, course length, cost, external availability and university role in the course (if any) to be used by the subcommittees as base information (Refer Attachment 1). The inventory includes courses provided by health units represented on the Advisory Committee and is therefore not a comprehensive inventory for South Australia, but rather a snapshot.

Members of the Continuing Education Standards Subcommittee gathered further data to reflect the perspective's of clinicians, and to address the recommendations specifically aligned with the subcommittee. Data was provided and collated (Refer Attachment 2) under the following three headings:

1. A mapping of what is currently delivered as continuing education and in-service under the headings of 'Common', 'Less Common' and 'Infrequent'.
2. A 'wish' list of content for continuing education and in-service.
3. A table of delivery modes arranged in terms of their frequency under the headings of 'Common', 'Less Common' and 'Infrequent'.

A large component of the common types of continuing education and in-service delivery related to competencies such as clinical skills, while those listed as infrequent were often those related to professional development. Those topics that were listed as infrequent tended to be listed in the 'wish list' for continuing education. Professional development, mentorship, clinical teaching and advanced practice issues were the most common 'wished for' continuing education and in-service delivery topics. The most common mode of delivery of continuing education and in-service education was in



a classroom followed by video. The less common modes of delivery included the more technology based modes such as PC or Internet based learning.

As a result of discussion around the data, principles of continuing education were identified as follows:

1. Continuing education programs are delivered flexibly to facilitate equity of access by all nursing and midwifery staff.
2. The effectiveness of continuing education should be reflected by changes to practice, which can be identified through program evaluation.
3. The recognition of the importance of continuing education should be reflected in organisational core business and supported by appropriate and accountable funding.
4. Continuing education for nurses/midwives needs to incorporate a balance of initiating, developing, maintaining and advancing competence in clinical, professional and personal skills and knowledge.
5. Continuing education should facilitate nurses' and midwives career development, succession planning, mentoring and peer support.
6. Nurses and midwives will have the opportunity to participate in continuing education programs.
7. Early staff development and orientation for graduates needs to facilitate the transition of new graduates to the role of registered and enrolled nurses, mental health nurses and midwives.
8. Continuing education both supports and leads practice change, and promotes the learning culture that underpins quality health outcomes.
9. The design and delivery of continuing education should be determined by identified organisational and staff learning needs rather than by funding models.
10. The continuing education needs of the community and rural health sector should be identified, developed and supported by appropriate funding and access to a range of educational resources.
11. Infrastructures need to be developed to facilitate access to continuing education and information technology/resources to all health sectors.



12. Mechanisms need to be developed for all health sectors to access continuing education delivered through information technology/resources.

These principles align with those of the Continuing Education Advisory Committee who state, Continuing Education should be:

- Accessible;
- Equitable;
- Relevant to organisational and professional development and direction;
- Flexible in delivery; and
- Timely.

The means of implementing these principles became the next phase of the subcommittees' discussion.

Given the interrelationship of recommendations between the subcommittees, much of the work of the Continuing Education Standards Subcommittee has served to provide information to the Funding Model Subcommittee to inform decision making for the development of a draft funding model. In particular, it has been identified that there is a need for flexibility in the delivery of programs which has influenced the development of the draft funding model.

Networking was the other key component of discussion regarding implementation of the identified principles. It was acknowledged that networks currently exist between education representatives of health units. Courses are shared and/or offered externally through various purchasing arrangements. The intent is therefore to decrease the duplication of courses, and the unsustainable development of courses for smaller health units, by utilising informally established purchasing arrangements. This is particularly significant for rural areas, where education services are often purchased rather than provided as a means to ensure flexibility in content delivery.

While there are informal arrangements for purchasing arrangements of programs between sites, the formalisation of these arrangements would ensure equity and ongoing flexibility.

Further, to ensure equity in delivery of continuing education it was recognised that networking between the educator representatives at various health units is necessary for ongoing communication about programs including those that can be delivered electronically. The establishment of a formal Educator Forum would provide a central point of collaboration, and enhanced awareness of available products.



Recommendations

Pg. 9 of 9

1. The principles of Continuing Education are adopted by health units in the development of continuing education programs.
2. An Educator Forum with widespread health unit representation is established.
3. Guidelines for Purchasing Arrangements of Continuing Education Programs are developed through consultation.

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