

Reviews related to nursing education

July 2025



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Aotearoa New Zealand Reviews

Introduction

Nursing education in New Zealand has been the subject of multiple reviews since the 1970s, reflecting the evolving needs of the healthcare system and the nursing profession. These reviews, conducted by both local experts and international consultants, have examined the structure, content, and delivery of nursing education, often in response to systemic challenges and shifting societal expectations. While some recommendations have led to transformative reforms, others have seen limited implementation. The last comprehensive review occurred in 2001, but subsequent targeted reviews have continued to offer valuable insights and guidance. This document summarises key findings and recommendations from five significant reviews, highlighting their impact on the development of nursing education in New Zealand.

Carpenter, H. (1971). An Improved System of Nursing Education for New Zealand. Report for the Department of Health. Department of Health.

This report was the result of a World Health Organization (WHO) 'assignment' undertaken by Dr Helen Carpenter (Canada), at the request of senior nurse leaders in education, policy and practice. The New Zealand government had approached the WHO for this assignment in response to the dissatisfaction expressed by nursing organisations concerning the methods used to prepare nurses to practice. The terms of reference for the assignment agreed upon were to examine the nursing education system at all levels concerning other health professions, considering social changes, healthcare and educational trends, and expert opinions. Based on these findings, the goal was to provide informed recommendations to the Government on improving nursing education in New Zealand.

The late 1960s and early 1970s were a period of educational reform in New Zealand. There was growing recognition that health professionals needed stronger academic foundations. At the time of the review, New Zealand's nursing education model was still based on a British apprenticeship-style model, where student nurses learned primarily through on-the-job training. The role of the nurse was also evolving in a way that the current education system could not support. Healthcare was becoming more complex, and nurses were expected to take on greater responsibility in patient care, work more independently, collaborate with doctors and engage in health promotion and community care.

Over a three-month period, Dr Carpenter reviewed the health system structure and the mainly hospital-based training for registered nurses. She consulted with and interviewed a wide range of



educators, both university and polytechnic, in areas such as social science, science and education, and policy advisors, hospital board executives, medical administrators and heads of professional bodies for nursing and other health disciplines.

Dr. Carpenter identified that both nursing students and nursing tutors viewed hospital-based education as being unsatisfactory, with minimal education being provided for a high level of responsibility. Both groups expressed that the curriculum was too rigid, the tutors were inexperienced, and the teaching was sometimes unsuitable. Dr. Carpenter also established that there was a conflict between the needs of the hospitals and the educational needs of the students. There was a resistance to change from the Superintendents of hospitals due to rising costs and strained budgets. There was agreement, however, amongst the Hospital Boards Association, Registered Nurses' Association and nursing educators that change needed to occur.

The result of this comprehensive review was the recommendation to develop a National Diploma in Nursing and shift the teaching of nursing and students of nursing to an education-focused environment in the vocational tertiary education sector. Dr. Carpenter also recommended that the Minister of Education appoint a committee to oversee the recommended nursing programme and the transition to the vocational tertiary education sector. This occurred over time, with the last nursing school closing in 1989 and resulting in the present-day structure of nursing education.

Nursing Council of New Zealand (2001). KPMG Strategic Review of Undergraduate Nursing Education. Nursing Council of New Zealand.

This comprehensive report was focused deliberately on the nurse of the future (2010) and was based on extensive consultation, including specifically with Māori and Pacific individuals and groups. The Nursing Council commissioned KPMG a multi-national professional services network, to undertake the report.

The focus of the review was to look at the future, rather than a detailed examination of the education programmes offered at the time. The final report is a result of a combination of three reports:

1. Environmental scan:
2. Defining the nurse of the future:
3. Preparing the nurse of the future

By this time in 2001, entry to the register required completing an undergraduate degree such as a Bachelor of Nursing or similar. The report identified that changes to the health system and the regulation of nursing were continuous and accelerating. The healthcare sector underwent major



reconstruction in the mid-1980s with the introduction of competitive models, establishing contractual models between education and healthcare providers to purchase student clinical experiences. There is an acknowledgement of the need to increase the participation of Māori in nursing education and the provision of care. It is also noted that the first year of practice was increasingly becoming focused on a specialty practice.

KPMG conducted a consultation process and a literature review. The reviewers completed both formal and informal consultations and established a virtual reference group. Discussion papers and reports were disseminated amongst stakeholders for comment. Consultation with Māori was also undertaken with an established national Māori reference group and formal consultation with Māori groups and individuals. The reviewers also conducted two fono and formally consulted with Pacific peoples groups and individuals.

The environmental scan explored the forces and influences that shaped what nurses did. The scan identified that technological and professional advances were leading to stressful working conditions for nurses. New Zealand was seeing increased disparities between Māori and non-Māori, while concurrently, the government and health sector were becoming increasingly responsive to Te Tiriti o Waitangi. The review also noted that health consumers were becoming increasingly independent with managing their health care and that nurses will “be required to redefine their relationships”¹ with them. The environmental scan closely examined key trends and issues related to nursing education, including technological developments, consumer and community expectations, political, social and economic forces, demography and disease projections and service delivery issues.

The next section of the review defined the nurse of the future through the understanding that what nurses do will shape how they need to be prepared. The review looked at influences on the enhancement of nursing practice, areas of growth, as well as specific issues for Māori and Pacific people. The reviewers envisaged that the nurse of 2010 would need to be skilled in clinical inquiry, communication with patients and interprofessional teams, health and information technology skills, business and management and cultural safety.

The report then explored the issues for nursing education, acknowledging that the tertiary sector had been trending towards a more competitive approach, while in the health sector, there was a signal towards greater collaboration and emphasis on many learning settings. The findings from

¹ KPMG. (2001). *Strategic Review of Undergraduate Nursing Education: Final Report to the Nursing Council*. p. 26.



the Māori and Pacific consultations are presented, highlighting the need for targeted recruitment, relevant cultural safety, better support and other affirming actions for Māori and Pacific students.

Other issues for nursing education identified in the report included:

Curriculum challenges

- Limited capacity to add new content.
- Needs to adapt to evolving healthcare trends and demographics.
- Inadequate coverage of mental health, especially Māori mental health.
- Inconsistent delivery of cultural safety education.
- Debate over curriculum focus: broad critical thinking vs. clinical skill development.
- Variation in how theoretical content is taught.

Systemic and Structural Issues

- Concerns about Nursing Council becoming overly prescriptive, potentially limiting educational diversity.
- Too many education providers for the population, with no formal collaboration networks.
- Clinical assessments lack standardisation and coordination.

Educator and Student Pressures

- Educators faced heavy workloads, administrative burdens, and often taught outside their expertise, limiting clinical involvement.
- Students were pressured to prepare for the State Final Exam instead of focusing on practical readiness.
- Uncertainty around competency standards and acceptance of diverse skill levels above the minimum.

The report included a series of recommendations for undergraduate nursing education (attached as Appendix 1) concerning the structure and delivery of nursing programmes and emphasised the need for flexibility in delivery to enable students to access the programme, demonstrable linkages between theory and clinical practice and options such as preparation for specialty practice to begin at an earlier stage. The report also stressed the importance of the establishment of collaborative relationships amongst education providers. The reviewers also made recommendations for the broader system, including targeted recruitment for specific groups, establishing a national professional forum, the removal of clinical access payment arrangements and incentive schemes for education providers and students to encourage clinical experience in rural settings. The report also recommended the discontinuation of the State Final Exam

The implementation of many of the recommendations resulted in the current structure of education programmes, leading to registration and the standards for accreditation that we are very familiar with today.



Lee, E., & Hendry, C. (2001). *Clinical practice experience for comprehensive nurse students in the year 2000*. Nursing Council of New Zealand.

This report presents the findings of a study commissioned by the Nursing Council of New Zealand to inform the development of a national benchmark of clinical practice experience. It was seen as contributing to the KPMG review (above) being undertaken concurrently. The review was undertaken by Elizabeth Lee, an independent nurse advisor and Chris Hendry, an independent nurse researcher. The review focused on the clinical placement experience in undergraduate nursing programmes, the nature of practice experience that was offered nationally and the issues related to the development of and planning of clinical experience.

Information was gathered from 14 out of the 15 schools of nursing in New Zealand. The reviewers collected quantitative and qualitative data related to aspects of clinical practice placements. The data were analysed to describe the nature and extent of clinical practice experiences across different years of the nursing programme.

The report detailed the number of students enrolled and the availability and barriers to clinical practice placements. It highlighted the variety of clinical practice experiences offered, including the typical hours spent in each category. The review identified challenges such as difficulty in accessing certain placements, the impact of charging for clinical placements, and the variability in the duration of placements.

Lee and Hendry recommended the provision of more support and resources for nursing educators. The report also suggested updates to the nursing curriculum to better prepare students for the evolving healthcare environment. The importance of integrating technology into nursing education was also emphasised. The report also discussed issues related to developing and planning clinical experiences, such as the impact of staffing shortages and the need for better relationships between education providers and clinical practice settings.

Cook, L. (2009). *A Nurse Education and Training Board for New Zealand: Report to the Minister of Health*. Wellington.

This report was commissioned by the then Minister of Health to inform decision-making in relation to the establishment of a Nurse Education and Training Board, replicating the Education and Training Board already in place for doctors and chaired by Len Cook. The purpose of the review



was also to ensure that the nursing profession had access to strategic education and development opportunities comparable to those established for the medical profession.

The review involved an assessment of how better decisions could be made about the appropriate number and types of nurses that are needed each year, to inform and provide a national focus to their education and training. At the time of the commissioning of the review, fewer nurses were being educated than the workforce required. New Zealand was increasingly relying on overseas-educated nurses, with this reliance impacting the age distribution and sustainability of the nursing workforce. The healthcare sector was also seeing shifting mixes of healthcare demands and an ageing population.

Cook conducted 20 meetings and some less formal discussions with nurse leaders, educators and others in the health service. Cook found that the nursing education system was fragmented, with varying levels of collaboration and consistency among providers. He also identified that there were high attrition rates among nursing students, particularly among Māori and Pacific students. There was also a growing number of nurses seeking post-graduate qualifications, but the link between the qualifications and career advancement was not well established.

Cook recommended the establishment of a Nurse Education and Training Board that would provide oversight and ensure a cohesive approach to nursing education and workforce development. He also recommended the implementation of initiatives to increase the number of Māori and Pacific nurses and improve their retention rates. The promotion of nursing as a career was also recommended through the development of national campaigns. While many of Cook's recommendations could perhaps have been achieved with the establishment of a Nurse Education and Training Board, it appears that this did not occur, which may be due to many professional nursing bodies already established and communicating with each other.

College of Nurses (NZ). (2019). *Education Consensus Making Workshop Discussion Document*. College of Nurses Aotearoa (NZ) Inc.

This discussion document was commissioned by the National Nursing Organisations group and prepared by the College of Nurses Aotearoa (NZ). The document was drafted due to three pieces of work being undertaken: the review of the Health and Disability System, Review of Vocational Education and Waitangi Tribunal- Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575). The authors synthesised existing reports, data and literature. The document maps current nursing education pathways, including undergraduate, postgraduate and return-to-nursing programmes.



This document provides an overview of nurse education in New Zealand. It highlights significant variation in the quality and structure of undergraduate programmes across different providers. Key concerns included the inconsistent preparedness of graduates for the workforce, disparities in the quality and availability of clinical placements, and the reluctance of some institutions to fail underperforming students, often influenced by the commercial pressures of the tertiary education model. Further, the document underscored that the current funding model did not adequately support innovation or equity in nursing education.

The document also drew attention to findings from the WAI 2575 Waitangi Tribunal report, which highlighted the presence of institutional racism and the urgent need for co-designed, culturally appropriate nursing education. Although limited in number, Wānanga and Pacific-focused programmes were identified as vital for delivering culturally responsive training. The underrepresentation of Māori and Pacific nurse educators was also noted as a barrier to effective student support and success. The document pointed to a disconnect between education providers and healthcare employers, which further complicates the transition from education to practice.

Rather than making recommendations, this document posed several questions about these changes, as this was seen as a time of significant change in a large section of the education sector. The need for co-design with Māori, equity and strategic alignment across the sector is also emphasised. Based on the results, it is unclear whether further development was made.

Conclusion

From 1971 to the present, nursing education and those working within it have faced sustained pressure from both internal and external forces. As a profession which needs to continuously adapt to a rapidly changing world, yet often lacks the necessary resources to do so, regular and comprehensive reviews of its educational foundations are essential to ensuring its long-term sustainability. Across the five major reviews examined, a consistent call emerges for a more cohesive, culturally responsive, collaborative and future-focused approach to nursing education. From Dr. Carpenter's recommendations in the 1970s to the more recent consensus-building efforts by the CNA(NZ) in 2019, each review has contributed valuable insights into the strengths and shortcomings of the sector. While some recommendations have led to significant structural changes, such as the shift to tertiary education and the development of national standards, others, particularly those addressing equity, cultural safety, and workforce planning, remain only partially addressed.



International reviews

Introduction

The landscape of nursing education has undergone significant transformation over recent decades, both in New Zealand and internationally. As the demands on the nursing workforce continue to evolve, various reviews and reports have provided critical insights into the challenges, innovations, and pathways shaping the future of the profession. The following section presents an overview of key findings and recommendations from major international reports, illuminating persistent issues and highlighting opportunities for progress within nursing education.

Schwartz, S. (2019). Educating the Nurse of the Future: Report of the Independent Review of Nursing Education. Australia

This report was commissioned by the Australian Department of Health and undertaken by Emeritus Professor Steven Schwartz (USA and AU). Professor Schwartz consulted, debated and discussed nursing education in Australia with a wide range of people and organisations. Professor Schwartz undertook a series of face-to-face consultations with stakeholders: students, educators, clinicians, supervisors, policymakers, patient group members, managers and union representatives. The report covers the educational preparation of nurses and the factors that influence individuals to choose nursing as a career. Recommended improvements to nursing education include increasing the diversity of the nursing workforce, providing easily navigable career paths, fostering inter-professional collaboration and ensuring that all nurses are adequately prepared to practice.

The Australian government published a response to this report in 2021, including a commitment to facilitate consideration of the recommendations by continuing to support nursing organisations (including ANMAC). The response also states that the recommendations would be considered in the development of Australia's first National Nursing Strategy, which opened for consultation in 2024.



Willis, P. (2015). *Raising the Bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. United Kingdom

Commissioned by Health Education England (merged with the NHS, 2023), this report focused on care staff and registered nurses to determine if the education and training in place at the time were fit for purpose. The report was conducted by Lord Willis and was aimed at supporting the delivery of high-quality care over the 15 years following. The review involved engaging with registered nurses and care assistants, healthcare organisations, patients and local education and training boards. Lord Willis made recommendations that were guided by two principles: celebrating existing good practice and the need to provide the appropriate foundation architecture to make change necessary. The review made 34 recommendations under eight themes:

1. Enhancing co-production and the voice of the patient
2. Valuing care assistants
3. Widening access for care assistants who wish to enter nursing
4. Assuring flexibility in nursing
5. Assuring a high-quality learning environment in undergraduate nursing education
6. Assuring predictable and sustainable access to ongoing learning and development for registered nurses
7. Supporting and enabling research, innovation and evidence-based practice
8. Funding and commissioning levers to support future education and training

Health Education England then published a response to the report that the Nursing and Midwifery Council also endorsed. In this response, Health Education England accepted all 34 recommendations in principle and advised that they were already working on plans for the 26 recommendations that were within its remit.

Palmer, B. Reed, S. Hemmings, N. Julian, S. Bodea, M. Oaten, R. Plotkin, L. (2024). *Practice learning in nursing and midwifery education: An independent rapid review*. Nullfield Trust. United Kingdom

This report was commissioned by the Nursing and Midwifery Council and was undertaken by the Nuffield Trust in partnership with the Florence Nightingale Foundation. The focus of this review was on practice learning: hands-on experience, exposure to different roles, supervision and feedback and opportunities to build competencies in nursing and midwifery education. The review highlighted some key findings:

- Quality over quantity in practice hours



- Confusion and anxiety among students about what counts as practice learning
- Specific practice learning requirements sometimes promoted task-oriented care over continuity of care
- The need for better communication by NMC
- A call for dedicated national strategies

In response to this report, the NMC's Council approved five key lines of enquiry in 2025:

- Review how the needs of students with protected characteristics are accommodated during practice learning, and how this affects retention.
- Expand support for students, supervisors, and assessors, including strengthening protected learning time for nursing associate students.
- Develop quality indicators to better assess and support students' achievement of required proficiencies through practice learning.
- Evaluate midwifery curricula to enhance students' practice learning and support achievement of midwifery-specific skills, such as the required number of births.
- Evaluate nursing curricula to identify strengths and areas for improvement in supporting students to meet education standards within their nursing field.

Ryder, M., Browne, F., Curtin, M., Furlong, E., Connolly, M., Brenner, M., Larkin, J., Prendergast, M., Meegan, M., Geraghty, S., & Zampiero, N. (2024). *A report of the review of undergraduate nursing and midwifery curriculum leading to registration in Ireland*. Nursing and Midwifery Board of Ireland. Ireland.

This is a comprehensive report commissioned by the Nursing and Midwifery Board of Ireland and undertaken by 10 staff from five universities. The research team utilised a specific curriculum evaluation framework underpinned by Appreciative Inquiry (AI) principles and philosophy. The AI framework was used to focus on what was working well at the time and to build on positively to plan for the future using the 5D cycle (define, discovery, dream, design, destiny). The review involved a policy document review, curriculum document review, systemic scoping review and stakeholder engagement. The stakeholder engagement involved an anonymous survey from recent graduates and a series of focus group discussions. The review resulted in 22 recommendations for the undergraduate curriculum for both nurses and midwives. These recommendations include updating the curriculum to better reflect current healthcare needs, enhancing interprofessional education, and increasing the focus on community-based care. Additionally, the report emphasises the importance of integrating technology and simulation in training and ensuring that the curriculum supports the development of critical thinking and



leadership skills among nursing and midwifery students. In 2025, NMBI consulted on new standards for nursing and midwifery education that reflect several of the report's recommendations.

American Association of Colleges of Nursing. (2019). AACN's vision for academic nursing. United States of America

An environmental scan was conducted by the American Association of Colleges of Nursing's Vision for Nursing Education Task Force to clarify educational pathways and preparation for future nursing roles, evaluate workforce needs and academic nursing's role in population health, and propose broad curricular recommendations for nursing programs. The task force completed a literature review and consulted with leaders in nursing, health care and higher education. The goals and suggestions from the task force include:

- Advance diversity and inclusion in nursing education and practice
- Transition to competency-based education and assessment
- Increase collaboration between education and practice through expanded and more formalised academic-practice partnerships
- Increase emphasis on faculty development and career advancement
- Explore and adopt opportunities for resource efficiencies

As nursing education is governed by the various state nursing boards, it is difficult to gauge the impact of this report and its recommendations. There has, however, been an increased emphasis on competency-based education in the USA, with the National League for Nursing publishing its vision statement for integrating competency-based education in 2023.

Canadian Association of Schools of Nursing. (2022). National nursing education framework. Canada.

The Canadian Association of Schools of Nursing (CASN) is the "national voice for nursing education, research and scholarship in Canada", and in 2015, they published a national, consensus-based framework for nursing education. In 2021, two of CASN's committees (the Undergraduate Education Committee and the Graduate Education Committee) launched a review and revision of the framework. A project team was formed that reviewed the existing framework, conducted an environmental scan and utilised their expertise to determine appropriate learning outcomes. The review also involved key stakeholders completing a validation survey. The project team were also guided by several documents, including the *Global Pillars for Nursing Education*. The result of this



review was the development of a new national framework for nursing education for Bachelor's, Master's and Doctoral programmes.

Global Alliance for Leadership in Nursing Education and Science. (2019). *Global pillars for nursing education.*

This report was commissioned in response to the WHO's 2016 call for the international community to transform, expand and increase the capacity of quality nursing education to address the global shortage of nurses. The goal of the Global Alliance for Leadership in Nursing Education and Science in the review was to develop and disseminate a framework for nursing education that promoted high-quality education for graduate nurses globally. The process involved a literature review, in-person consultations, testing of framework drafts, and an international validation survey. The review resulted in the creation of domains and standards for global nursing education.

Conclusion

Recent international reviews underscore a shared commitment to advancing nursing education through competency-based approaches, robust frameworks, and global collaboration. Whether through the adoption of national standards, the integration of best practices, or the development of frameworks to address pressing global needs, these efforts collectively aim to ensure that nursing graduates are equipped to meet emerging healthcare demands. As nursing education continues to evolve, the ongoing exchange of perspectives and validation of frameworks across borders will remain essential to fostering excellence and innovation in the profession.

