

16 December 2011

2407/H

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Email: Community.affairs.sen@aph.gov.au

Dear Sir/Madam

Re: RCNA Response to Senate Inquiry – *Factors affecting the supply of health services and medical professionals in rural areas*

Royal College of Nursing, *Australia* (RCNA) is pleased to provide the attached submission to Senate Inquiry – health services and medical professionals in rural areas.

RCNA is the peak professional organisation for nurses in Australia. RCNA represents nurses across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by advocating on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

RCNA believes that nurses and midwives have a major role to play in setting the direction of health delivery in all areas of health including rural and remote areas.

Please do not hesitate to contact me for further information or discussion on the attached feedback.

Yours sincerely

Debra Y Cerasa FRCNA FCN
Chief Executive Officer

Attachment

Inquiry into the factors affecting the supply of health services and medical professionals in rural areas

Terms of Reference

(a) the factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres

The diversity of health care services available to people living in metropolitan Australia is greater than that offered to rural people. If specialist health services are required by rural people they must bear the burden of additional financial costs in order to access the required services. These services can include travel, accommodation, childcare and making arrangements for caretaking of property and businesses.

Nurses and midwives are the 'agents of connectivity' within our health care system. They have the unique role of providing essential linkages between the system's many users, health professionals and service arrangements. Recognition of the size of the Australian nursing and midwifery workforce, the breadth of nursing services provided across acute, aged care and community environments including rural and remote is important when considering the design, development and implementation of any health service planning.

There is a need for investment in building capacity within the nursing and midwifery workforce in the areas of leadership, governance, mentoring and the next generation of nurses. It is essential to support ongoing professional development for nurses and midwives so that they maintain competence, knowledge and skills across a diverse health care system and wide geographical spread.

RCNA has called upon policy makers stressing the urgent need for a National Nursing and Midwifery Workforce Strategy that extends beyond workforce numbers. Currently it is unclear the degree of nursing and midwifery workforce distribution spread across major regional, metropolitan and more particularly rural and remote areas. However, a workforce project has been undertaken by Health Workforce Australia that relates to health workforce planning including associated nursing and midwifery data. It is understood that report will be available by the end of the year.

RCNA believes that a strategy to strengthen the development of a flexible, sustainable nursing and midwifery workforce needs to be designed. The strategy should ensure that the workforce is educationally prepared to meet the health care needs of the population. There needs to be recognition that sufficient supply of nurses and midwives is only one aspect of workforce planning; support in the workplace, mentoring and retainment are essential areas of focus if future workforce demands are to be met.

Nursing and midwifery workforce development in the rural setting faces additional inhibitors that are specific to the rural, regional and remote settings. Isolation, financial factors, limited family supports and/or employment opportunities for partners, transportation, lack of access to technology and inadequate professional development support are all matters that inhibit potential growth in the rural nursing and midwifery workforce.

A significant barrier to addressing the nursing and midwifery workforce development challenges has been the difficulties for rural and regional nurses and midwives in maintaining continuing professional development activities as required by the National Registration and Accreditation Scheme. Access to professional development opportunities in remote areas is often constrained to telehealth operations.

Therefore telehealth opportunities and the infrastructure required need further investment, especially in remote areas.

Nurses and midwives in rural areas require sufficient financial supports for travel arrangements and temporary replacements to access face-to-face professional development. The recently developed Nursing and Allied Health Rural Locum Scheme, funded by the Australian Government, has helped to address this barrier since its commencement in mid-2011. This opportunity aims to provide 750 nursing and midwifery locum placements and 100 allied health locum placements per annum. The placements enable nurses, midwives and eligible allied health professionals in rural areas to take leave to undertake continuing professional development activities and for organisations to back-fill their positions to support ongoing service delivery. It also enables interested nurses, midwives and eligible allied health professionals to experience rural practice through a locum placement.

(b) the effect of the introduction of Medicare Locals on the provision of medical services in rural areas

The introduction of Medicare Locals is at various levels of implementation. At this point it is too early to determine the effect of Medicare Locals on the provision of health services.

RCNA continues to endorse a range of proposals for Medicare Locals that advocate for productive partnerships, inclusive membership, skill-based corporate governance arrangements, meaningful engagement with users of health services and primary health care professionals and locally tailored solutions.

RCNA continues to strive for a multidisciplinary collaboration and a departure from medico-centric models of health care funding and delivery. There remains little evidence of incentives for other health professionals, for example nurses and midwives, to support them in the various roles across primary health care particularly in rural and remote areas.

(c) current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities, including:

(i) their role, structure and effectiveness

Nurses and midwives assume their place in health system governance structures in order to effectively contribute to ensuring optimal patient outcomes. Nursing and midwifery representation advocates for patient, client and resident outcomes by providing nursing and midwifery expertise and systems knowledge that is exclusively understood by the nursing and midwifery professions. Investment in the professional development of nurses in corporate and clinical governance roles and responsibilities is required to empower nursing and midwifery representation on governance committees and boards and to ensure knowledge transfer from the nursing and midwifery profession.

Interprofessional collaborations and partnerships are essential in the design and governance of primary health care reforms including rural and remote areas. Nursing and midwifery leaders must be part of professional representation on relevant primary health care reform forums to influence the design of the future primary health care system and its ongoing operation and development. The representation role of nurses and midwives needs to be recognised in present and future health care governance structures including Local Health Networks, Primary Health Care Organisations and Medicare Locals.

Funding is required for professional development initiatives to support and empower nursing participation in corporate and clinical governance roles.

(ii) the appropriateness of the delivery model

RCNA strongly supports the need to reduce systems fragmentation, duplication and resource wastage and the need for comprehensive integration of community and primary health care services to promote continuity of care and responsiveness within the primary health care system. Primary health care

organisations provide an opportunity to support this goal if they are designed to truly support multidisciplinary care.

RCNA seeks freeing up of funding arrangements to give the community easier and greater access to the range of health care professionals available. The decision to provide nurse practitioners and eligible midwives access to Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) is a strong step in this direction but does not go far enough. New MBS and PBS arrangements for nurses and midwives should not be limited by regulations that tie nurses and midwives to medical practitioners or other unnecessary restrictions that potentially limit public access to their services.

Nurses can play a pivotal role in reducing service gaps and in progressing the aims of a health system focussed on health promotion and disease prevention. Current funding arrangements are not linked to health outcomes for at-risk or isolated groups and do not support the capacity of nurses to influence health outcomes. Public health funding could be made more efficient by combining prevention and treatment in community-based services.

Nurses have a presence in nearly all primary health settings and are able to extend their services well beyond the boundaries of the health system. The reach and community engagement of nurses, particularly in primary health care settings, is unmatched by any other health profession. The success of any innovation in primary health care delivery is dependent on acknowledging, engaging and expanding the role of nurses.

There is limited funding recognition of the role of nurses in preventative health both within and outside of general practice. Nurses have a presence working in and within communities (including hardest to reach and at-risk communities) across the health care sector and there must be a push to acknowledge, address and change policy that fails to capitalise on their skill base and therefore prevent the primary health care system from realising the full potential of nurses for delivery of preventative health care.

(d) other related matters

To support greater participation of nurses and midwives in policy discussions and decision-making forums, opportunities for nurses and midwives to access leadership development programs must be supported. Funding is required for leadership development programs to support nurses' and midwives' development of knowledge and skills that will enhance confidence to contribute to health policy discussions.

Technology needs to link in to the health sector to promote greater efficiencies and to create opportunities for eHealth solutions. As key players and leaders in the community and health sector, the nursing and midwifery workforce must have easy access to eHealth solutions to promote effective uptake. Significant knowledge gaps in relation to information and communication technology exist and there is a substantial need to support the up-skilling of some nurses and midwives in information and communication technologies (ICT).

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