Queensland Nurses & Midwives' Union

Submission to

Joint Select Committee on Northern Australia

Inquiry into Northern Australia workforce development

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Joint Select Committee on Northern Australia for the opportunity to comment on the *Inquiry into Northern Australia workforce development*.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 67,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU. As the Queensland state branch of the Australian Nursing and Midwifery Federation, the QNMU is the peak professional body for nurses and midwives in Queensland.

Through our submissions and other initiatives, the QNMU expresses our commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity and ensure the voices of Aboriginal and Torres Strait Islander nurses and midwives are heard. The QNMU supports the Uluru Statement from the Heart and the call for a First Nations Voice enshrined in our Constitution. The QNMU acknowledges the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

Health and aged care are identified as one of the industries with significant growth prospects in North Australia, in the *Our North, Our Future: White Paper on Developing Northern Australia* (Commonwealth of Australia, 2015). However, the challenges of geographic spread, low population density, limited infrastructure and the higher costs of delivering rural and remote health care are well documented and can affect access to health care (Australian Institute of Health and Welfare, 2022b). Health equity and improved access to quality health care must therefore be the primary drivers of health workforce planning and development.

The QNMU responded to the 2014 *Inquiry into the Development of Northern Australia*. It is disappointing that the issues raised in the 2014 submission continue to this day, namely unresolved workforce recruitment and retention challenges, unequitable access to workforce training and professional development, and lack of real progress in furthering innovative, evidence-based, effective nurse-led and midwife-led models of care.

Significant investment is needed for Northern Australia to reach its economic potential. The QNMU asserts that this investment must be made in people – in building and developing skills and capacity in local communities, and in creating financially and socially attractive workplaces to stimulate interstate and foreign migration into the regions.

Recommendations

The QNMU recommends:

- Incentives for hard-to-staff positions, roles, or locations
- Student nurse and midwife employment opportunities
- Data collection and public reporting on graduate employment
- Workforce capability development
- Placing nurses and midwives at the forefront of care delivery

Trends in Northern Australia that influence economic development and industry investment including population growth, economic and business growth, workforce development, infrastructure development, and Indigenous economic participation

Disparity in health outcomes for rural and remote communities

Northern Australia has a greater density of regional, rural, and remote communities. People who live in rural and remote areas experience poorer health outcomes in comparison to those who live in metropolitan areas. This may take the form of higher rates of hospitalisations, deaths, or injury than people living in major cities (Australian Institute of Health and Welfare, 2022b). Some identified contributing factors include the shortage of healthcare providers, reduced ability to access health services, and increased exposure to healthcare risk factors (Australian Institute of Health and Welfare, 2022a). Delays to receiving treatment may exacerbate health morbidities and increase the complexity of treatment required, which places greater strain on the health workforce.

Social determinants of health - Housing

The social determinants of health can be more important than health care or lifestyle choices in influencing health (World health Organization, 2022), and housing is an important social determinant of health, with housing conditions, affordability and residential stability having been associated with physical and mental health illness (Hernandez & Suglia, 2016).

The housing crisis affecting many communities in Northern Australia is of significant concern to the QNMU. While we acknowledge the economic, social, and industrial benefits of development projects, we ask the local and state governments to also consider the impacts from the likely corresponding increase in demand for health services and resources, and to plan accordingly.

For example, in small communities such as Thursday Island and Weipa, the cost of housing has been artificially inflated to prohibitive levels by the demand for government staff accommodation, such as it is no longer affordable for the local population to live in their own communities. In particular, Aboriginal and Torres Strait Islander communities have been driven out of their homes and into crowded living conditions, impacting upon their physical and mental health. Government services must accept responsibility for their role in the housing crisis and taking corrective action by capping rental expenditure in each community to equalise the housing market in small and remote communities.

Another area of concern is the industrial development of regional communities that already struggle to provide adequate housing. For example, Mackay recorded a vacancy rate of 0.5% in March 2022, and yet no plans have been announced to support housing the 100,000 new jobs set to be created by 2040 for the Pioneer-Burdekin energy project. This is further complicated by the increasing trend of some government agencies or services no longer providing accommodation for their staff, causing additional reliance on the private sector. Without significant and fast government intervention, healthcare staff will likely be competing with an influx of workers for a very limited amount of affordable housing.

Challenges to attracting and retaining a skilled workforce across Northern Australia

Overview

The QNMU advocates for community health equity and good working conditions for healthcare workers who live and work in Northern Australia. Our members work in communities ranging from vibrant, industrial regional hubs to very remote and isolated island townships. We therefore acknowledge the challenges in developing a broad strategy that nonetheless fairly progresses the interests of this geographically and culturally diverse population.

As the most geographically dispersed health professionals in Australia, nurses and midwives work across a range of health sectors, systems, and models of care. Nurses comprise the largest proportion of the rural and remote healthcare workforce and many communities rely on nurse-led services to provide care. Being a highly skilled, adaptable, and resilient workforce, nurses and midwives are well placed to address some of the barriers that populations in Northern Australia face in receiving equitable access to healthcare, including social and geographical isolation, limited access to services and infrastructure, continuity of care, and social determinants of health (Cosgrave et al., 2019).

However, the current workforce is unable to provide adequate access to care for rural and remote living residents (Wakerman et al., 2019). Rural and remote areas are often reliant on a transient workforce, such as agency staff taking on short or longer-term contracts to fill workforce gaps or staff on 6- to 12-month contracts. This results in a continuous loss of organisational memory and places additional strain on the staff who are permanent.

The rural and remote health workforce is subject to different stressors including professional and geographical isolation, fatigue, workforce shortages, resource shortages, limited transport, financial strain, limited career development opportunities and other factors that reduce job satisfaction and contributes to high staff turnover (Cosgrave et al., 2019).

Member experience data

The QNMU have been working with Queensland Health to review the provisions of the Remote Area Nursing Incentive Package (RANIP) to encourage and enable more nurses and midwives to move into rural and remote areas for work. The program is provided to “suitably qualified and experienced nurses and midwives, Nurse Grade 3 and above, in designated remote areas of Queensland” who are employed with Queensland Health either permanent full-time and part-time or long-term temporary (12 months and over) (Queensland Health, 2022). It uses the Modified Monash Model to classify remoteness and eligibility for RANIP designation.

As part of this review, the QNMU surveyed our members regarding their experiences living in rural and remote areas. Key findings are as follows:

Accommodation in Rural and Remote Areas Survey (2020)

Demographics

- Most respondents lived in employer-provided accommodation (76%), followed by own accommodation (16%), then commercial or private providers (7%).
- 69% had worked in a rural or remote area for more than 24 months.

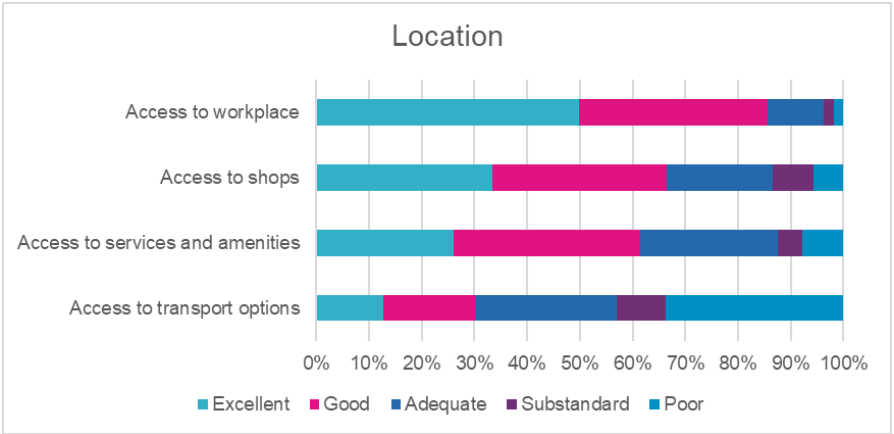
Relevant findings

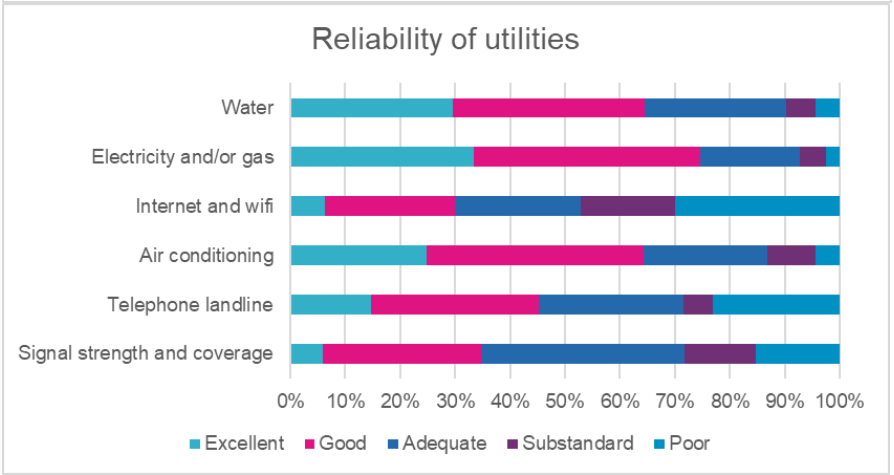
- Most respondents (68%) said that the accommodation options played a significant role in their decision-making around their employment in rural and remote areas.

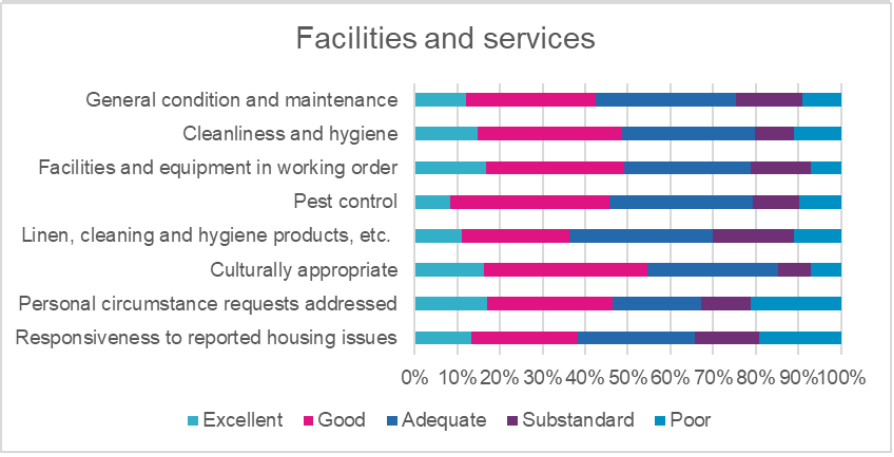
- Location
  - While access to the workplace was generally rated very positively, access to shops, services and amenities, and transport was lacking.
  - The main issue was transport options, with over a third (43%) rating it either substandard or poor. Comments noted that travelling out of town required considerable effort and planning, and transport such as flights or buses were limited and expensive.

- Utilities
  - The largest issue around the reliability of utilities was around internet/wifi access and general telecommunications signal strength and coverage.
  - Almost half (47%) reported that internet and wifi connection was substandard or poor.

- Facilities and services
  - Few respondents rated the condition of housing facilities as excellent – this included maintenance, cleanliness, pest control, and working equipment.
  - A third (33%) indicated that their requests to accommodate for their personal circumstances were not addressed. Several comments said it was difficult or impossible to obtain housing for families or couples.







Issues identified

Several areas of concern emerge from the survey findings that impact on the health workforce development in rural and remote areas, and subsequently across Northern Australia:

1. Accessibility is a significant area of concern. When considering long-term retention of the workforce, challenges such as travelling long distances for basic amenities (e.g., transport off an island, or buses that only service an area once a week) may pose significant deterrents.

2. Extreme weather conditions are more frequent in Northern Australia, and the impact of climate change is likely to exacerbate this issue. Improvements to the liveability of this area, especially when considering the cost of electricity bills for air conditioning, must be supported by climate change action and investment in green energy.

3. There are costs involved with recruitment and onboarding of new staff members, which ends up being more costly to health services and impacts on the ability to plan long-term.

4. There are no financial incentives at all for local staff or those who already live in rural or remote towns. Members have expressed their desire to leave their local communities in search of better opportunities, as they are placed at a significant financial disadvantage by having to privately rent (versus subsidised accommodation for RANIP recipients) or pay for transportation costs (e.g., for professional development) out of pocket.

5. The eligibility criteria for RANIP (being based on the Modified Monash Model) means that many locations are disqualified despite residents of those towns experiencing similar challenges. For example, regions such as Longreach and Mount Isa face significant geographical, social, and logistical barriers to developing thriving workforce, yet there are few financial incentives available to attract or retain staff.

6. Limited local healthcare options in smaller towns mean that staff may be required to see the medical officers they work alongside, leading to privacy concerns. This could be avoided by introducing or strengthening telehealth services.

7. Nurses and midwives face challenges in maintaining professional competencies, whether fulfilling Continuing Professional Development requirements for registration, or general competencies training within their area of specialty. This is because training courses, seminars, and conferences are typically located in large metropolitan cities. Our members report prohibitively expensive costs for travel and accommodation, and that existing workforce shortages results in requests for professional development leave being denied by their management.

Options and recommendations

Considering the experiences from our members who live in Northern Australia, and those who live in rural and remote areas, the QNMU suggests the Committee considers the following options for strengthening the health workforce in Northern Australia:

1. Incentives for hard-to-staff positions, roles, or locations

The QNMU has consistently advocated for substantial whole-of-government investment and planning to resolve workforce shortages. This could encompass a broad range of:

- one-off payments,
- subsidies for housing (for renters and home ownership),
- subsidies for professional development (including transportation costs),
- free training in the healthcare sector for high school students (e.g., cadetships), and
- an urgent review of current fringe benefit tax (FBT) arrangements to ensure these do not exacerbate recruitment difficulties in rural and remote areas.

While there are health workforce subsidies available in Northern Australia, these schemes do not always align across state jurisdictions. We believe that consistency through a joint state government approach would be more beneficial to attracting the workforce to Northern Australia as a whole, rather than the current competitive approach to recruitment.

Moreover, such incentives must be made available to the people who already live and work in these communities to enable retention of the existing local workforce and to support long-term migration into these areas.

Investment into supporting services and infrastructure includes upgrading and expanding telecommunications/digital services and coverage (which could also potentially promote and/or support a digital workforce), and new affordable housing schemes and projects. As identified in *Advancing rural and remote service delivery through workforce: A strategy for Queensland 2017-2020*:

> *"The quality, accessibility, safety and flexibility of housing and accommodation options is known to influence the engagement of staff and associated attraction and retention in rural and remote locations."* (Queensland Health, 2017)

2. Student nurse and midwife employment opportunities

Increased utilisation of Undergraduate Students in Nursing (USINs) and Undergraduate Students in Midwifery (USIMs) as healthcare workers has gained momentum in Australia, especially following the workforce challenges presented by the COVID-19 pandemic. Evaluation studies suggest that the integration of this workforce may have a positive impact on perceptions of patient safety, skill-mix, and workload (Raffelt et al., 2018).

Given that the regulatory and organisational structures are already in place for public health services to employ USINs and USIMs, the QNMU believe that the model could be beneficial for addressing workforce issues in Northern Australia, by:

- Developing the workforce pipeline for the healthcare sector
- Building overall health workforce capability and capacity
- Addressing youth unemployment

- Equipping young people with skills to be work-ready
- Providing early career nurses and midwives with a head-start in professional development and career progression.
- Easing workload pressures on fully qualified nursing and midwifery staff to reduce instances of staff burnout and manage retention issues.

3. Data collection and public reporting on graduate employment

There is a paucity in available data regarding graduate nursing and midwifery placements. The QNMU considers the need for greater transparency of workforce employment data and public reporting by health services, including:

- A breakdown of employment statistics according to locality within Northern Australia,
- The number or percentage of temporary graduate employment contracts that are transitioned into permanent contracts.

This would aid workforce planning to ensure that employment targets are met, identify areas for potential workforce development, and enable graduates to make informed decisions regarding their early career pathways.

4. Workforce capability development

Existing workforce shortages presents challenges for our Northern Australian members to access non-mandatory training, such as specialist training or additional qualifications. Lack of staffing resources means that managers are reluctant to release staff to take their professional development entitlements or undergo secondment or transfer arrangements. As a result, few are given the opportunity to develop their clinical skills in other areas or practice at a more senior level.

The QNMU recommends consideration of a scheme similar to the *Victorian Psychiatric State Enrolled Nursing Grants*, wherein the grant amount is payable to employers to backfill staff who are undertaking clinical placements while they study (Australian College of Nursing, 2022). In the Northern Australian context, funding should be made available not only in the form of scholarships to nurses and midwives who wish to develop their clinical and leadership skills, but to enable their employers to support upskilling their staff. We are supportive of free post graduate tertiary qualifications in an area related to their practice including (i.e., Master of Nursing) where an employer could fund a nurse or midwife to undertake a qualification while they are working in rural or remote area as part of a recruitment package.

5. Placing nurses and midwives at the forefront of care delivery

Inclusion of nurses and midwives in care delivery strengthens the provision and access to primary healthcare, particularly in rural and remote areas. They are invaluable in places with service gaps due to workforce shortages and can facilitate timely access to specialist services.

While there has been an increase in nurse-led and midwife-led clinics in Queensland, further expansion of these models throughout Northern Australian would be supported by:

- A modernized regulatory and policy framework to support sustainable nurse-led and midwife-led services (Douglas et al., 2018).

- Enabling nurses and midwives to work to their full potential (scope of practice), including autonomous practice that is not linked to the provision of service by other healthcare disciplines (i.e., General Practitioners). That is:
    - Nurse Practitioner clinics in both public and private sectors (inc. aged care)
    - Midwifery group practice or privately practicing midwives
- A cohesive accreditation scheme that enables nurses and midwives with additional qualifications to work across state jurisdictions without the need to be re-accredited each time.

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