



# *Australian Government Response*

*Senate Community Affairs References Committee  
Report on the Inquiry into Nursing  
“The Patient Profession: Time For Action”*

**Commonwealth of Australia 2005**

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## Introduction

The Government Response to the Senate Community Affairs References Committee report on the Inquiry into Nursing, 'The Patient Profession: Time for Action' is presented. The response addresses each of the Senate Community Affairs References Committee's recommendations.

The responses detail a number of Australian Government initiatives aimed at addressing national nursing workforce issues. In keeping with the jurisdictional split of responsibilities between the Australian Government and the States and Territories, these initiatives are mainly education focused and incorporate incentives to attract and retain nurses in priority areas such as aged care and in rural and remote areas.

It is important to acknowledge that, alongside the Senate Inquiry into Nursing, the National Review of Nursing Education (2002) also examined current issues in nursing and made a number of recommendations. This review was commissioned jointly by the Minister for Education, Science and Training and the Minister for Health and Ageing to examine the future nursing educational needs of the health, community and aged care systems and to advise on appropriate policy and funding frameworks. The table overleaf illustrates the common themes and similar recommendations of the two Reviews.

Due to the similarities, a large number of the recommendations of the Senate Inquiry are currently being dealt with by the activities of the National Nursing and Nursing Education Taskforce. The Taskforce was established by Australian, State and Territory Ministers for Education and Health in 2003, to implement recommendations of the National Review of Nursing Education. Information on the activities being undertaken by the Taskforce can be found at [www.nnnet.gov.au](http://www.nnnet.gov.au).

## Common Recommendations – Senate Inquiry into Nursing and National Review of Nursing Education

Area of interest	Senate Inquiry Recommendation	National Review of Nursing Education Recommendation
Unregulated health workers	1 and 37	7 and 35
Workforce planning and data	5,6	31
National registration	9	4 and 6
Minimum level of qualification for registered nurses	10	22
Additional undergraduate places	12	33
Clinical education and development	13,16-17	15-16 and 24
Student nurse employment	14	13
Mentoring and preceptorship programmes	20	15
National framework and standards for transition programmes	21	14
Career pathways and opportunities	22 and 23	12 and 13
Quality nursing education programmes	24 and 25	19 and 21
National consistency for the education and training of enrolled nurses	26	21
Lifelong learning and continuing education	28 and 29	6 and 18
Specialty (postgraduate) and re-entry courses	32 and 33	18 and 25
Nurse Practitioners	35	5
Nursing research	42	8
Clinical education partnerships	44	24
Improving the image of nursing	50 and 77	9
Recruitment	51	31
Remuneration for practice and postgraduate course recognition	53	26
Accessible information on nursing	54 and 60	10 and 12
Multidisciplinary team approaches	55	27
Remuneration for practice and workplace culture	56 and 61	26 and 30
Nursing leadership and management	57 and 58, 67	36
Assistance for speciality and re-entry courses	59	25
Workplace safety	62 to 66	30
Documentation in Aged Care	68	29

## Chapter 1 - Standard Nomenclature

**Recommendation 1:** That standard nomenclature be adopted throughout Australia to describe level of nurse and their qualifications, and including unregulated nursing and personal care assistants.

The Australian Government notes that the authority to mandate minimum qualifications for different levels of nursing is the responsibility of State and Territory Governments.

The Department of Employment and Workplace Relations and the Australian Bureau of Statistics are currently working with Statistics New Zealand to review the Australian Standard Classification of Occupations and develop the Australian and New Zealand Standard Classification of Occupations (ANZSCO). This process includes an examination of occupation/job titles and it would be useful for any work on standardising nomenclature to involve continuing consultation with the ANZSCO group to ensure appropriate titles are reflected in ANZSCO.

## Chapter 2 - Nurse Shortages and the Impact on Health Services

**Recommendation 2:** That the Department of Immigration and Multicultural and Indigenous Affairs streamline visa arrangements and simplify the process of recognising overseas qualifications for nurses wishing to migrate to Australia on a permanent or temporary basis, and to publicise the capacity to extend and to change visa arrangements.

While the employment of overseas nurses should not be the primary mechanism for overcoming the shortage of nurses in Australia, immigration and temporary entry mechanisms can assist to ease shortages in the short term.

The Committee's recommendation is in three parts, and each will be dealt with in turn.

1. *That the Department of Immigration and Multicultural and Indigenous Affairs streamline visa arrangements for nurses wishing to migrate to Australia on a permanent or a temporary basis.*

There is a range of visa options which can be utilised by overseas trained nurses who wish to live and work in Australia.

### **Temporary Residence Visas**

The subclass 457 Temporary Business (Long Stay) visa is most commonly used by Australian employers wishing to employ overseas trained nurses for periods of up to 4 years at a time. In the programme year 2003-04, 2458 subclass 457 nominations for registered nurses were approved, approximately double the number approved in year 2001-02 (1049).

Working Holiday Maker visa holders can work for up to three months with a single employer. Nurses on Working Holiday Maker visas may also apply for other visas, such as the subclass 457 Temporary Business (Long Stay) visa after arrival in Australia.

### **Permanent Residence Visas**

Employers wishing to nominate overseas trained nurses to migrate or remain permanently in Australia can utilise the Employer Nomination Scheme, Regional Sponsored Migration Scheme or Labour Agreements. These migration visa classes require that the prospective migrant be nominated by an employer in Australia, under normal Australian conditions of employment. In 2003-04, 632 nominations for nurses were approved, compared with 390 in 2002-03 and 258 in 2001-02.

On 2 April 2005, changes were made to the Employer Nomination Scheme to further streamline processes, especially for those who have been working in Australia on the subclass 456 Temporary Business visa.

Nurses who wish to migrate independently of an employer can utilise the general skilled points tested migration categories. These visa classes require that the prospective migrant first has their qualifications assessed by the relevant Australian assessing authority (in the case of nurses, this is the Australian Nursing and Midwifery Council). If their qualifications are acceptable they may be eligible for the grant of a general skilled migration visa, subject to meeting other requirements such as English language proficiency and recent work

experience. There were 947 nurses granted skilled migration visas in 2003-04, compared with 906 in 2002-03 and 576 in 2001-02.

On 14 April 2005, the Minister Immigration, Multicultural and Indigenous Affairs, Senator the Hon Amanda Vanstone, announced an increase of up to 20,000 additional places in the Skill Stream for the 2005-06 Migration programme. Nurses are among the occupations listed on the Migration Occupations in Demand List (MODL) which are targeted by this increase.

### **Enhanced Visa Arrangements**

Since 2002, nurses have received priority processing under all visa categories.

As part of DIMIA's Global Working strategy, processing of all employer-sponsored visa categories used by health professionals has been directed to DIMIA Business Centres in Australia. Similarly, the general skilled migration and working holiday visa programmes have also been centralised at dedicated processing centres in Australia. These measures have significantly enhanced efficiency and consistency in the processing of applications from nurses.

DIMIA has introduced an e-visa facility for subclass 457 and Working Holiday Maker visas, allowing applications to be lodged over the internet and processed electronically. DIMIA has also introduced provisions allowing for label free travel to Australia for nurses holding specified passports who are granted subclass 457 visas.

E-lodgement facilities will be available for those applying for some independent skilled migration visas from 1 July 2005. There are plans to extend this internet lodgement facility to employer-sponsored permanent residence applications in the future.

DIMIA Business Centres have substantially increased use of electronic communication with sponsors and visa applicants to facilitate faster resolution of outstanding requirements.

A number of State-specific and regional migration initiatives have also been implemented in conjunction with State and Territory Governments to attract nurses to their regions.

*2. That the Department of Immigration and Multicultural and Indigenous Affairs simplify the process of recognising overseas qualifications for nurses wishing to migrate to Australia on a permanent or temporary basis.*

Recognition of qualifications of overseas nurses is the responsibility of the Australian Nursing and Midwifery Council, and the State and Territory nurse regulatory authorities, neither of which fall under Commonwealth jurisdiction. An applicant for migration in the skilled independent (points tested) categories must first have their nursing qualifications assessed by the Australian Nursing and Midwifery Council before being able to lodge a migration application.

Applicants for visas in other migration or temporary residence subclasses are not required to have their qualifications formally assessed prior to visa application. DIMIA does, however, need to be satisfied that the applicant will meet the registration requirements of the relevant State or Territory registration board.



There are a number of bridging or pre-registration courses that are available in Australia for overseas trained nurses who cannot immediately register with the State or Territory registration boards. To enable them to undertake these courses in Australia, overseas trained nurses may apply for student, or short term temporary entry visas.

*3. That the Department of Immigration and Multicultural and Indigenous Affairs publicise the capacity to extend and change visa arrangements.*

DIMIA has a number of strategies to publicise existing visa arrangements and to encourage employers and State and Territory nursing authorities to take advantage of the options available.

On 15 July 2002, the then Minister for Immigration and Multicultural Affairs, the Hon Philip Ruddock MP, wrote to State and Territory Health Ministers in those States/Territories that do not already have a Labour Agreement in place for the entry of overseas nurses. Mr Ruddock outlined the benefits of the Labour Agreement programme and recommended that the Ministers give consideration to concluding a Labour Agreement with the Australian Government to assist in streamlining the recruitment of overseas nurses. Labour Agreements enable Australian employers to recruit a specified number of workers from overseas in response to identified or emerging labour market (or skill) shortages in the Australian labour market. Employees may come to Australia on either a temporary or a permanent basis. A number of agreements now exist covering the entry of health professionals.

Staff of DIMIA Business Centres have been working with nursing authorities and recruitment agencies in their regions to explain the various visa options available and to assist them with expedited lodgement and processing.

DIMIA Business Centre staff have attended Nursing Expos to provide information on visa options to overseas nurses, employers and recruitment agencies.

Migration and Temporary Residence application booklets contain considerable information about DIMIA visa categories and application procedures, including qualifications assessment requirements. The booklets are available in hard copy and on the DIMIA website at [www.immi.gov.au](http://www.immi.gov.au).

DIMIA has developed information material specifically related to overseas nurses which can be provided to employers and nurses outlining the visa options available, including registration requirements. This information is available in hard copy and on the DIMIA website.

While recruitment is the responsibility of the employer, DIMIA supports business sponsors by providing information and advice about sponsorship and visa options, and undertakes to fast-track the visa applications of overseas nurses sponsored by Australian employers.

**Recommendation 3:** The Committee recommends that the Minister for Health and Ageing undertake an urgent national review of the charges and practices of nursing agencies, including their impact on costs to public and private providers of health services and their impact on the shortage of nurses in Australia.

The charges and practices of nursing agencies, including their impact on costs to public and private providers of health services is a matter for State and Territory Governments as the major employers of nurses.

**Recommendation 4:** The Committee recommends that the Australian Competition and Consumer Commission conduct a review of the practices of nursing agencies in the health care sector.

The Australian Competition and Consumer Commission advises that aspects of such a review would fall outside of its mandate.

**Recommendation 5:** That the Australian Government in cooperation with the States and Territories facilitate and expedite the development of a national nursing workforce planning strategy.

The Australian Government has a broad policy leadership role in national health systems and priorities and a strong interest in the supply, distribution and quality of the health workforce. The Department of Health and Ageing participates in the Australian Health Ministers' Advisory Council, which provides a mechanism for an integrated approach to health workforce planning through a number of committees such as the Australian Health Workforce Officials Committee (AHWOC) and the Australian Health Workforce Advisory Committee (AHWAC).

The Council of Australian Governments has commissioned a study on health workforce issues at its June 2004 meeting. This study, to be undertaken by the Productivity Commission, will examine supply of and demand for the broad range of health professionals, including nurses. The Productivity Commission expects to produce its report in December 2005.

The Department of Employment and Workplace Relations collects data on the labour market for nurses, including skill shortage research and Australian Bureau of Statistics labour force survey statistics. This research complements the work programme of the Australian Health Ministers' Advisory Council.

The Department of Health and Ageing in partnership with the Aged Care Workforce Committee have developed a National Aged Care Workforce Strategy. The Strategy will enable better planning for an adequate number of aged care workers – nurses and paid care workers with the appropriate skills and qualifications to meet the care needs of consumers of the Australian Government's aged care system.

**Recommendation 6:** That the Australian Government provide the Australian Institute of Health and Welfare with the resources required to establish a consistent, national approach to current data collection on the nursing workforce in Australia.

The Australian Government has provided the Australian Institute of Health and Welfare with the resources required for establishing a consistent, national approach to current data collection on the nursing workforce in Australia. Improvements to the approach to national data collection have been made in recent years in consultation with AHWAC and AHWOC. For example, AHWOC has worked with the Australian Institute of Health and Welfare to establish central processing of the annual nursing labour force survey. This collates information on registered nurses from each state and territory nursing regulatory authority and forms the basis of an annual publication on the nursing labour force.

The Department of Employment and Workplace Relations also has in place a skill shortage research programme which uses a nationally consistent methodology to survey employers and collect statistical and qualitative data for occupations and skills including Enrolled and Registered Nurses. This programme underpins the National and State Skill Shortage lists, which are published on the Australian Workplace Internet site, and also feed into Australia's skilled migration programme.

**Recommendation 7:** That research be undertaken to examine the relationship between health care needs, nursing workforce skill mix and patient outcomes in various general and specialist areas of care, with a view to providing "best practice" guidelines for allocating staff and for reviewing quality of care and awarding accreditation to institutions.

Issues around health care needs, nursing workforce skill mix and patient outcomes are primarily matters for the State and Territory Governments who are the major employers and regulators of nurses.

The Government participates in the Australian Health Workforce Advisory Committee which oversees health workforce planning in Australia for the nursing, midwifery and allied health workforces.

**Recommendation 8:** That the Australian Government, as a matter of urgency, establish the position of Chief Nursing Officer within the Department of Health and Ageing.

The Australian Government does not support this recommendation as it does not believe there is a good rationale for taking this step.

Comparisons are often made between a position of Australian Government Chief Nursing Officer, and the appointment of the Australian Government Medical Officer. There is a statutory requirement for an Australian Government Medical Officer. There is no legislative authority or legislated role for an Australian Government Nursing Officer.

The Government does, however recognise the important role of nurses. The Department of Health and Ageing works with the nursing profession through a number of organisations like the Royal College of Nursing, Australia, the Association for Australian Rural Nurses, the

Council of Remote Area Nurses of Australia, the Australian Nursing Federation, the Australian Practice Nurse Association and the National Nursing Organisations.

In the area of aged care funding and service provision, where the Government has a strong role, the Department has established the position of Clinical Adviser in Aged Care. The Clinical Adviser provides guidance on clinical and nursing issues in this programme, as well as coordination and liaison on a wide range of issues.

In recognition of the importance of the health workforce at the national level, there is a dedicated Health Workforce Branch within the Department which is responsible for the coordination of policy and programmes to address health workforce issues. This includes national nursing workforce issues relating to the education, supply and distribution of nurses within the broader health workforce.

The Department provides funding support to key nursing organisations for a range of nursing initiatives such as rural and aged care nurse scholarships, conferences, expositions and national meetings, which enable ongoing liaison between the Government and the nursing profession.

<p><b>Recommendation 9:</b> That national registration be implemented for registered and enrolled nurses.</p>
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This is a matter for State and Territory Governments that would require changes to State and Territory legislation that covers nurses, and to the role of State and Territory Nursing regulatory authorities.

## Chapter 3 - Undergraduate Education

**Recommendation 10:** That the current university-based system for the undergraduate education of Registered Nurses be continued.

This recommendation is supported.

**Recommendation 11:** That the Australian Government, in conjunction with the States and universities, implement improved mechanisms to determine the supply and demand for nursing places at universities and in determining how these targets are set.

The Australian Government, through the Department of Education, Science and Training (DEST), supports registered nurse education through the Commonwealth Grant Scheme (CGS). The CGS, introduced in 2005 as part of the *Our Universities: Backing Australia's Future* package of higher education reforms announced in the 2003-04 Budget, allows the Government to be more responsive to workforce shortages in areas such as nursing than the previous system of block grants to providers.

Under the CGS, higher education providers receive a contribution, set by discipline cluster, towards the cost of an agreed number of Commonwealth-supported places. The distribution of places between clusters is set out in an annual funding agreement between each provider and the Government. Providers must negotiate any major shifts between clusters with DEST.

The Government has already demonstrated its commitment to consulting with the States and Territories about course provision in Australian universities. The Government asked the States and Territories to provide input into the allocation process for the 9100 new university places that commenced in 2005 at the July 2003 meeting of the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA).

The Government will continue to consult States and Territories about the future allocation of new university places.

For the Health portfolio, the Australian Health Ministers' Advisory Council is coordinating a national approach to health workforce planning (including nursing) to standardise planning approaches where appropriate.

**Recommendation 12:** That the Australian Government provide funding for additional undergraduate nursing places to universities offering nurse education courses to meet the workforce requirements set by the States.

The Australian Government has designated nursing as one of two areas (the other is teaching) of National Priority. As a result, nursing was allocated around 2,000 additional university places commencing in 2004 and 2005, building to almost 5,000 by 2008 as students proceed through their courses. These places will support almost 6,500 students to study nursing (part-time and full-time) of whom some 1,600 will be focussing on aged care.

A further 6,700 places will also be provided to universities in 2007 and 2008, some of which may be allocated to nursing and allied health areas.

It is noted that as a necessary adjunct to any additional undergraduate nursing places, health systems will need to work with universities to support clinical placements for additional students.

**Recommendation 13:** That, while maintaining a balance between theoretical and practical training, undergraduate courses be structured to provide for more clinical exposure in the early years of the course and that clinical placements be of longer duration.

Decisions about the content of undergraduate nursing courses are for the nursing profession, the regulatory bodies, and the universities.

**Recommendation 14:** That hospitals and other healthcare agencies be encouraged to provide part-time paid employment for student nurses from the second year of undergraduate courses.

It is noted that the paid employment of student nurses is being progressed by State and Territory Governments.

**Recommendation 15:** That universities, as far as practicable, operate their clinical education programmes across the entire year.

It is not the role of the Australian Government to intervene in the management and administration of clinical education programmes in universities. It is noted that a number of universities currently have programmes that are consistent with this recommendation.

**Recommendation 16:** That undergraduate courses provide additional theory and clinical experience in mental health, aged care and cross-cultural nursing.

It is noted that the content of university courses, including the clinical component of courses, is determined, with reference to the national competency standards set by the Australian Nursing and Midwifery Council, by both the State and Territory Nursing regulatory authorities and the university.

In relation to the aged care components of nursing curricula, the Queensland University of Technology (QUT) was engaged by the Department of Health and Ageing to develop and disseminate a Principles Paper outlining desirable aged care content for inclusion in undergraduate nursing curricula.

The Principles Paper outlines the core values and learning outcomes for aged care education within undergraduate nursing curricula and was publicly released in early 2004 at the meeting of the Australian and New Zealand Council of Deans of Nurses meeting in Perth.

With reference to Indigenous course content, the '*getting em n keepin em*' Report of the Indigenous Nursing Education Working Group (INEWG), published in 2002, made 32

recommendations to ensure that all nursing curricula includes Indigenous content and that there is a concerted effort to recruit and retain Aboriginal and Torres Strait Islander people in the nursing workforce.

In 2003, the Australian Nursing and Midwifery Council (ANMC) endorsed the Position Statement for "Inclusion of Indigenous Health Issues in Nursing Undergraduate Programmes" to ensure that nursing courses include clearly identified units about Indigenous culture, history and health, to increase the capacity of all nurses to contribute competently to Indigenous health.

In 2004, an Interdisciplinary Workshop on Indigenous Curricula Development for Health Courses was held to share information and experiences across disciplines on Indigenous health curricula development and explore key issues for the development of a multi-disciplinary undergraduate Indigenous curriculum framework. Participants at the workshop included Deans of medicine, nursing, health sciences, pharmacy, dentistry and Schools of public health, as well as range of educators, professionals and State, Territory and Australian Government representatives.

**Recommendation 17:** That the Australian Government provide specific funding to support the clinical education component of undergraduate nursing courses; and that this funding provide that the clinical teacher/student be maintained at a ratio of 1:4.

The Australian Government has increased the funding rate for nursing places in recognition of its status as a National Priority area. The higher funding rate will include an extra \$54 million over the next four years for universities offering nursing courses. The additional funding, which represents a 7 per cent increase in funding for nursing places, will provide significant additional support for the clinical component of nursing courses.

As part of their funding agreement with the Government, universities are required to ensure the funding provided to support the clinical component of nursing courses is used for the purpose for which it is provided.

The Government is unable to influence directly the clinical teacher/student ratio which is a matter for negotiation between universities and providers of clinical placements.

**Recommendation 18:** That the Australian and State Governments provide additional targeted scholarships for undergraduate nursing students based on merit directed at students from economically and socially disadvantaged backgrounds, NESB and ATSI backgrounds, and from rural and regional areas.

The Australian Government notes that significant work has already been undertaken in this area through the following initiatives.

- The Government established the Puggy Hunter Memorial Scholarship Scheme, with funding of \$2.07 million over five academic years (2002 – 2006) to address the under-representation of Aboriginal and Torres Strait Islander people in health professions and to increase the number of Aboriginal and Torres Strait Islander Health Workers with qualifications. The Scheme provides undergraduate scholarships for Aboriginal and

Torres Strait Islander students in medicine, nursing, allied health (except pharmacy) and Aboriginal and Torres Strait Health Worker courses. So far the Scheme has awarded 79 scholarships; 21 in nursing.

- From 2003, the Government has provided funding to the Australian Rotary Health Research Fund for 25 scholarships at \$5,000 each academic year. The Fund targets Aboriginal and Torres Strait Islander undergraduate health students including nursing.
- The Australian Rural and Remote Nurse Scholarship Programme: Undergraduate Scheme provides a minimum of 110 scholarships each year (including 10 Aboriginal and Torres Strait Islander-specific scholarships) at up to \$30,000 per scholarship, for undergraduate nursing education for rural and remote students. To date over 650 scholarships have been awarded under this Scheme.
- In 2002-03, the Government committed to invest \$47.5 million in the aged care sector to support the sector's need for improved skills, knowledge and training in its workforce. This commitment includes an allocation of \$26.3 million to provide up to 1000 aged care nursing scholarships valued at up to \$10,000 per annum for undergraduate, postgraduate and continuing professional development opportunities, particularly for rural and regional students through rural and regional university campuses. These scholarships were available from the commencement of the 2003 academic year.
- The Government's ABSTUDY scheme provides a means-tested living allowance and a range of supplementary benefits for eligible students undertaking tertiary courses, including nursing qualifications.
- The Commonwealth Learning Scholarships (CLS) were introduced in 2004 as part of the package of higher education reforms. The scheme comprises the Commonwealth Education Costs Scholarships (valued at approximately \$2,000 per year) and Commonwealth Accommodation Scholarships (valued at approximately \$4,000 per year). Both Scholarships are for up to four years and the value is indexed each year. The Government is committing approximately \$427 million between 2005 and 2009 to the CLS to assist students from low socio-economic backgrounds to meet some of the costs of higher education. Significantly, the CLS are for students from low socio-economic backgrounds who incur additional costs in moving from a rural or regional area specifically to pursue higher education studies. The income from these Scholarships, given to disadvantaged students who are in receipt of other income support from the Government, such as Austudy or ABSTUDY, will not affect their social security allowance or pension.

**Recommendation 19:** That the Australian Government provide general scholarships for undergraduate nursing students based on merit.

The Australian Government is supporting the nursing workforce by providing a range of targeted scholarships as outlined in the response to recommendation 18.

The direct responsibility for the management of the nursing workforce rests with State and Territory Governments as the major employers and regulators of this workforce.



**Recommendation 20:** That formal mentoring and preceptorship programmes be developed nationally, with enhanced training and the payment of allowances for nurses chosen to become preceptors.

Nurses are required, as part of their professional obligations, to provide support on the basis of seniority and competence. It is noted that most States and Territories have programmes in place which address this recommendation.

The payment of allowances for nurses chosen to become preceptors is an industrial consideration, and this recommendation will require the support of States and Territory Governments and other employers.

The Australian Government recognises that mentor programmes are important in ensuring retention of students throughout the nursing course and in the transition to work. In rural and remote areas the Government has implemented a mentor programme as part of the support measures for scholarships recipients under the Australian Rural and Remote Nurse Scholarship Programme: Undergraduate Scheme. The programme provides a mentor in the workplace to encourage students to pursue a career in rural or remote nursing. Mentors also receive educational support to undertake this role.

As part of the Government aged care nursing scholarships scheme, financial assistance is being provided to the University of Tasmania and the Royal College of Nursing, Australia to provide pilot support programmes for aged care nursing scholarship recipients. The Minister for Ageing announced on 9 August 2005 that this project will be expanded to a national demonstration project, involving universities in Tasmania, South Australia, Western Australia and Queensland.

These projects will assist current scholarship recipients to access quality clinical placements in the aged care sector during their education and training to become an aged care nurse. These projects will also provide scholarship recipients with access to support programmes and aged care nursing mentors for the duration of their studies.

**Recommendation 21:** That graduate nurse programmes be available for all nursing graduates and that these programmes:

- concentrate on skills consolidation through a structured programme to enable professional development;
- be provided with appropriate supervision and support; and
- be jointly funded by the Australian Government and State Governments.

The Australian Government agrees in principle that graduate nurse programmes should be available for all nursing graduates. However, the funding of these programmes is the responsibility of State and Territory Governments as the major employers and regulators of the nursing workforce. It is noted that State and Territory Governments have progressed work in this area.

However, through the Aged Care Nursing Scholarships Scheme, the Australian Government does offer funding for Continuing Professional Development/Postgraduate nursing scholarships to people with a demonstrated commitment to the aged care sector to assist them

to upgrade their skills and knowledge.

**Recommendation 22:** That formal articulation arrangements and recognition of prior learning between enrolled nurse courses and registered nurse courses by universities and enrolled nurse education providers be further developed nationally.

The Australian Government supports the ongoing development of articulation arrangements and the recognition of prior learning by nursing education and training providers.

Formal credit transfer and articulation arrangements have been developed with some universities and vocational education providers. At its May 2005 meeting, the Ministerial Council on Education, Employment, Training and Youth Affairs endorsed a number of initiatives to improve credit transfer and articulation from vocational education and training (VET) to higher education.

**Recommendation 23:** That formal articulation arrangements and recognition of prior learning be developed between Certificate III courses for unregulated healthcare workers and enrolled nurse courses, and between courses for ATSI health workers and enrolled nurse courses.

The Australian Government supports the ongoing development of articulation arrangements and the recognition of prior learning by the VET and higher education sectors.

During the development of nationally endorsed Training Packages, links between different qualifications and qualification pathways are documented, with common competencies for related work roles identified. This facilitates recognition of prior learning and vertical or horizontal articulation.

The Health Training Package, which covers a number of different VET qualifications in health service delivery, is currently being reviewed by the Community Services and Health Industry Skills Council, and will include further consideration of the qualification links and articulation arrangements outlined above.

**Recommendation 24:** That the Australian Nursing and Midwifery Council, in conjunction with key stakeholders, including State regulatory bodies, the universities, professional nursing bodies and nursing unions, develop a national curriculum framework or guidelines for undergraduate nursing courses to ensure greater consistency in the interpretation of the ANMC competencies.

This is a matter for the Australian Nursing and Midwifery Council, State and Territory Governments and other relevant stakeholders.

## Chapter 4 - Improving Other Aspects of Education and Training

**Recommendation 25:** That the Australian Nursing and Midwifery Council, in consultation with major stakeholders, develop a national framework for the education of enrolled nurses in relation to course structure, duration and content.

The training of enrolled nurses takes place in the Vocational Education and Training sector. Courses are accredited by State and Territory regulatory bodies, based on the Australian Nursing and Midwifery Council (ANMC) enrolled nurse competencies.

The Australian Government funded Community Services and Health Training Australia, (now known as Community Services and Health Industry Skills Council) is working with ANMC and industry to develop competency standards and qualifications pathways in the Health Training package. The Community Services and Health Industry Skills Council is the recognised national body leading the development of an integrated approach to skills development for the community services and health industries.

**Recommendation 26:** That State and Territory Governments develop nationally consistent legislation in relation to the administration of medications by Enrolled Nurses.

Legislative changes to achieve national consistency in relation to the administration of medications by enrolled nurses is a matter for State and Territory Governments. Greater consistency will assist in providing better clarity around roles and responsibilities for enrolled nurses across both the acute care and aged care sectors.

In the 2004/05 Federal Budget, the Australian Government announced its commitment of \$7.5 million over 4 years to assist up to 5,250 enrolled nurses to access approved medication administration education and training programs. The *Aged Care Enrolled Nurse Medication Administration Initiative* is providing funding to Registered Training Organisations, who are authorised and approved by the relevant State or Territory Nursing Regulatory Authority, to deliver training in the administration and management of medications.

**Recommendation 27:** That the Australian Nursing and Midwifery Council, in conjunction with key stakeholders such as state regulatory bodies, professional nursing bodies, universities and unions, develop a national curriculum framework or guidelines for midwifery courses.

This is a matter for the Australian Nursing and Midwifery Council, State and Territory Governments and other relevant stakeholders.

**Recommendation 28:** That nurses be informed of their continuing education support and options, and encouraged to undertake continuing education courses.

Given the challenging tasks undertaken by nurses and the rapid changes that can occur, continuing education for nurses is an important strategy in the development and retention of a skilled nursing workforce.

Since 2001, the Government has sponsored the Nursing Careers, Educational and Employment Expositions conducted annually by the Royal College of Nursing, Australia to promote and support nursing and other health professions nationally.

The Government provides funding for up-skilling and postgraduate scholarships through the Australian Rural and Remote Nurse Scholarship Programme. These scholarships allow rural and remote nurses to undertake postgraduate study, attend conferences or participate in workshops and clinical placements to improve their knowledge base and further their professional development. To date over 700 postgraduate scholarships and over 400 up-skilling scholarships have been awarded under this Programme.

Through the Aged Care Nursing Scholarships Scheme, the Government offers funding for Continuing Professional Development/Postgraduate nursing scholarships to people in rural and regional areas with a demonstrated commitment to the aged care sector to assist them to enter the aged care sector or to upgrade their skills and knowledge.

The Government has introduced a new income-contingent loan scheme called FEE-HELP from 1 January 2005. FEE-HELP, which replaces the Postgraduate Education Loans Scheme (PELS), assists eligible undergraduate and postgraduate students to pay their tuition fees. Students may borrow up to a maximum of \$50,000 to pay tuition fees over their lifetime.

**Recommendation 29:** That State nurse regulatory bodies examine the feasibility of introducing the requirement of continuing education and professional development as a condition for continuing registration.

Under existing State and Territory legislation the provisions do not require that the regulatory bodies make continuing education and professional development a condition for renewal of registration.

**Recommendation 30:** That research be undertaken into the costs of providing paid study leave entitlements for nurses.

As the largest employers of nurses, State and Territory Governments are best placed to conduct research into the costs of providing paid study leave entitlements for nurses.

**Recommendation 31:** That paid study leave arrangements for nurses be negotiated by the Australian Nursing Federation and employers.

This is a matter for negotiation between nurses and their employers.

**Recommendation 32:** That the Australian Government provide additional HECS places in postgraduate nursing courses currently attracting fees, especially in areas of national skills shortage.

As outlined in response to recommendation 12, the Australian Government has significantly increased the number of Commonwealth supported university places in nursing. The classification of courses as either undergraduate or postgraduate is a matter for individual universities and the nursing profession.

Domestic students in fee-paying postgraduate places can access an income-contingent loan under the FEE-HELP scheme. This will ensure that fees do not pose a barrier to entry for students.

**Recommendation 33:** That the Australian and State Governments provide additional postgraduate scholarships in specialist areas, including midwifery.

The Australian Government acknowledges that there is a general need for specialised nurses, especially in rural and regional areas where shortages are most acute.

The Government provides funding for up-skilling and postgraduate scholarships through the Australian Rural and Remote Nurse Scholarship Programme. These scholarships allow rural and remote nurses to undertake postgraduate study, attend conferences or participate in workshops and clinical placements to improve their knowledge base and further their professional development. To date over 700 postgraduate scholarships and over 400 up-skilling scholarships have been awarded under this Programme.

The Government announced in the 2002-2003 Budget \$26.3 million over four years to provide a range of scholarships with a focus on aged care. As at mid 2005 329 Continuing Professional Development/Postgraduate and 17 honours nursing scholarships have been awarded.

It is also noted that some State and Territory Governments have progressed initiatives in this area.

**Recommendation 34:** That the Australian Government and State Governments promote and support the development and introduction of Nurse Practitioners across Australia as a viable component of healthcare services.

The development of the nurse practitioner role is predominantly a matter for State and Territory Governments, as the employers and regulators of the nursing workforce, in conjunction with the nursing regulatory authority in each State and Territory which administer the Nurses' Acts. It is noted that all State and Territory Governments have progressed work on the establishment of the nurse practitioner role.

The Minister for Ageing requested that the Aged Care Workforce Committee (ACWC) develop a pilot project to test how a nurse practitioner model might be adopted in the aged

care sector. The ACWC considered formal submissions from several organisations that indicated an interest in conducting a nurse practitioner trial within the aged care sector.

A funding agreement for conducting an Aged Care Nurse Practitioner Pilot was signed in June 2004 with the ACT Government through ACT Health. The pilot is being conducted across a range of health care settings (residential aged care, community care and acute care). The nurse practitioner trial in the ACT will provide more information about the effectiveness and efficiencies of nurse practitioners across a range of settings.

**Recommendation 35:** That the Royal College of Nursing and the NSW College of Nursing, in conjunction with the Department of Health and Ageing, the States and key stakeholders, develop a framework for nationally consistent standards and competencies for Nurse Practitioners.

The development of national standards and competencies for nurses (including nurse practitioners) is largely the responsibility of the Australian Nursing and Midwifery Council.

It is noted that the Australian Nursing and Midwifery Council is collaborating with the Nursing Council of New Zealand in progressing consistent standards and competencies for nurse practitioners. The recently released ANMC Nurse Practitioner Standards Report will provide the foundation for the establishment of educational and practice standards for this new and evolving role in Australian and New Zealand.

**Recommendation 36:** That the Royal College of Nursing and the NSW College of Nursing, in conjunction with the Department of Health and Ageing and other key stakeholders, such as nurse regulatory bodies, examine the feasibility of establishing a national approach to the credentialling of Advanced Practice Nurses.

The issue of establishing a national approach to the credentialling of Advanced Practice Nurses is a matter for State and Territory Governments, as the major employers of nurses, to consider in conjunction with the nursing regulatory authority in each State and Territory that administers the Nurses' Acts.

**Recommendation 37:** That State and Territory nursing regulatory authorities develop a framework for the regulation of unregulated healthcare workers.

The regulation of the health workforce occurs at the State and Territory level and this is a matter for the State and Territory Governments to consider.

The aged care sector is largely reliant on unregulated health care workers, who have no professional representation, to provide basic health care to the elderly. It is important that this group of workers has in place the appropriate skills to perform their role, mechanisms in place to ensure competency, professional support and leadership, and training that has consistent standards and outcomes.

**Recommendation 38:** That the relevant State and Territory legislation be amended to provide that unregulated healthcare workers not be permitted to administer medications.

This is a matter for the State and Territory Governments to consider. In terms of the safe delivery of health care, the Australian Government supports the development of competency standards rather than a regulatory approach.

Administration of medication by unregulated health care workers is established practice, but this practice must meet State and Territory Government legislation and regulatory requirements. Adequate training in administration and supervision is required (see also response to Recommendation 26). Greater consistency will assist in providing clarity around roles and responsibilities for a significant aged care workforce component.

**Recommendation 39:** That the standard minimum level of training required for unregulated workers before they can be employed in healthcare facilities be equivalent to Level III of the Australian Qualifications Framework (Certificate Level III).

While the Australian Government supports the provision of appropriate training for all health workers, the level of qualification required for unregulated workers is a matter for State and Territory Governments in the main. The former Minister for Ageing, the Hon Kevin Andrews MP, challenged the sector to embrace by 2008 Certificate Level III as the minimum level of training required for health care workers working in aged care.

In the 2004-05 Budget, the Australian Government provided \$56 million over 4 years to assist 15,750 aged care workers to access recognised education and training opportunities such as Certificate Level III to Enrolled Nurse qualifications. This is in addition to the \$21 million provided in the 2002-03 Budget to help train personal care workers in smaller less viable aged care homes.

**Recommendation 40:** That universities continue to promote and develop IT in undergraduate nursing courses, in particular the training needs of mature aged undergraduates.

This matter is the responsibility of University Schools of Nursing.

It is noted that many of the universities in Australia already have compulsory computing courses for undergraduates.

**Recommendation 41:** That in-service training in IT skills be widely developed and promoted for graduate nurses.

The Australian Government recognises the merits of professional development in the IT area for nurses, particularly as they are the end users of a number of electronic health records systems and decision support systems. However, in-service training is largely an employer responsibility.

**Recommendation 42:** That the Australian Government, through the National Health and Medical Research Council, increase funding for nursing research as a matter of priority.

Under the *National Health and Medical Research Council Act of 1992*, the NHMRC is unable to be directed to undertake specific research. In the main, the NHMRC does not determine the topics of the research it funds: these are a function of the applications made each year to the NHMRC. Applications are assessed on the basis of the significance, approach and feasibility of the proposed research, and on the track record of the applicants. In addition, the NHMRC offers a wide range of support to researchers across both the research continuum (basic, clinical, population and health services research) and at different stages of an individual's career (scholarships to support individuals at undertaking PhD studies through to the most senior research Fellows). Through these processes, the NHMRC already supports a range of research relevant to nursing.

A wide range of disciplines, including nursing, are involved in the NHMRC's implementation of the National Research Priorities, announced by the Australian Government in December 2002. One of the four agreed priorities, *Promoting and Maintaining Good Health*, provides opportunities for researchers from a variety of backgrounds and perspectives to contribute to maximising the Government's investment in research.

**Recommendation 43:** That the research funding provided by the Department of Education, Science and Training to universities be increased to facilitate additional university-based nursing research.

The Australian Government acknowledges the vital role Australian universities play in the national research and innovation system and is providing increased levels of funding for research through both of the *Backing Australia's Ability* packages announced in 2001 and 2004. Through *Backing Australia's Ability- Building Our Future through Science and Innovation* (2004), the Government will provide an additional \$1,189.2 million over seven years, to maintain the doubled level of funding provided to the Australian Research Council for the National Competitive Grants Programme under *Backing Australia's Ability*.

An additional \$554.5 million is provided over five years to the Research Infrastructure Block Grants Scheme to support project-based infrastructure and overhead costs for competitive grants in recognition of the continued importance of supporting universities to undertake competitively funded research projects. Each institution is responsible for allocating this funding to faculties and disciplines in line with internal processes. A specific allocation of \$200 million over seven years has also been made (through the Health and Ageing portfolio) to provide overhead infrastructure support for health and medical research.

To provide researchers with access to new major research infrastructure, \$542 million will also be provided over seven years through the new National Collaborative Research Infrastructure Strategy.



## Chapter 5 - Interface Between the Education Sector and the Health System

**Recommendation 44:** That partnership arrangements be further developed between the public and private health sectors and universities and the vocational education sectors to facilitate the clinical education and training of nurses.

The Council of Australian Governments commissioned a study on health workforce issues at its June 2004 meeting. This study, to be undertaken by the Productivity Commission, will be examining the health and education sectors and the interface between the two. Partnership arrangements in relation to the education and training of nurses already exist but could be enhanced at the State and Territory level with the assistance of the relevant regulatory authority.

**Recommendation 45:** That partnerships be developed between universities to facilitate the sharing of resources and expertise; and facilitate undergraduate student clinical placements in a range of metropolitan and regional clinical settings.

One of the key activities of the University Departments of Rural Health (UDRH) Programme is to provide opportunities for undergraduate health students to undertake clinical placements in rural and remote environments. Another core activity is to contribute to innovation in education, research and service development through collaboration not only with universities, but also health services, and professional and community organisations.

The Department of Health and Ageing also funds 18 university rural health clubs for medical, nursing, allied health and other health students, plus a National Rural Health Network (NRHN) of which these clubs are members. The primary aim of the NRHN is to provide a communication network between rural health clubs, for the sharing of ideas and information to assist the individual clubs in informing students about rural health issues and encouraging them to consider a career in rural health.

**Recommendation 46:** That improved partnership arrangements be established between the universities and the health sector in relation to curriculum development, including the appointment of clinicians to university curriculum committees.

The Australian Government does not have a role in the appointment of clinicians to universities.

**Recommendation 47:** That the Australian Government provide funding for the establishment of more joint appointments between universities and health services.

While the Australian Government recognises that there are advantages in joint appointments between the academic and health sector, universities set their own staffing priorities. The establishment of joint chairs is a matter for universities and the health services.

**Recommendation 48:** That the Australian Government provide funding for the establishment of additional clinical chairs of nursing.

The Australian Government recognises the importance of clinical academic appointments. However, universities set their own staffing priorities. The establishment of additional clinical chairs of nursing is a matter for individual universities.

## Chapter 6 - Recruitment, Retention and Return to Nursing

**Recommendation 49:** That the Australian Government support the proposal by the Royal College of Nursing to conduct a pilot project in Australia on the Magnet Hospital Recognition Programme.

Australian, State and Territory Governments continue to consider the broad range of issues impacting on nursing and strategies for addressing nursing workforce issues.

Through the Australian Council for Safety and Quality in Health Care, the Australian Government has progressed a number of initiatives in relation to nursing with a focus on improving patient safety. In March 2004, the Council convened a national workshop, *Healthy Hospitals: Transforming the Work Environment for Patient Safety* which included discussion of the Magnet Hospital recognition in progress at Princess Alexandra Hospital. The workshop also highlighted the need to provide capacity and support to develop nurses' and midwives' leadership qualities and build on their professionalism and commitment, with particular focus on middle managers in the profession.

With the support of the Government, the Council has responded to the outcomes of this workshop by providing \$1.5 million over two years to enable all States and Territories to participate in the national implementation of a Clinical Leadership Programme for nurses and midwives at middle to senior levels. The Council also agreed to work with key stakeholders to examine the Magnet programme and how it might be applied in Australia.

**Recommendation 50:** That the Australian Government and States fund regular, sustained campaigns conducted on a nationally coordinated basis to promote the status and positive image of nursing.

The Australian Government already contributes funding for the promotion and support of nursing through the Australian Nursing Awards and the annual Nursing Careers and Educational Expositions.

Through the Aged Care Workforce initiatives announced in the 2002-03 Budget, the Government is working in partnership with the nursing and aged care sectors to promote and publicise not only the new initiatives, but also the opportunities and benefits of working in the aged care sector. The Aged Care Workforce Committee provides the Department of Health and Ageing with valuable advice and guidance on this activity including through its support of the National Aged Care Workforce Strategy which has as one of its objectives enhancement of the status and image of working in aged care.

The Minister's Awards for Excellence in Aged Care are designed to reward innovation and excellence in aged care and to encourage other providers to strive for best practice. Through the identification of 'champions' in aged care, it is hoped to enhance aged care as a career of choice. The Awards generate confidence in the quality of residential and community aged care and support the Government's vision of a world class system of aged care that is high quality, affordable and accessible, and meets the needs and preferences of older Australians and their families.

In particular, the Awards seek out examples of excellence in innovation, commitment, professional growth, participation and achievement.

**Recommendation 51:** That a national nursing recruitment strategy be developed by the Australian Government in consultation with the States and relevant nursing and employer bodies, with recruitment targets established through national workforce planning.

Nursing recruitment strategies are a matter for State and Territory Governments, as the regulators and major employers of the nursing workforce. Nursing recruitment campaigns need to be tailored to meet the differing needs of individual jurisdictions.

The National Aged Care Workforce Strategy provides the aged care industry with a strategic framework to attract, recruit and retain staff.

**Recommendation 52:** That any recruitment strategy and marketing campaigns specifically include encouragement for more males to adopt nursing as a career.

Recruitment and marketing are the responsibility of State and Territory Governments and other health and aged care employers.

**Recommendation 53:** That the current career structure be reviewed and revised to provide career pathways that include continued clinical practice, enhanced opportunities for postgraduate study and accelerated pathways through which nurses can move to an advanced practitioner status. The career structure needs to recognise the skills obtained through postgraduate study and remunerate them accordingly.

This is a matter for the nursing profession, nurse educators, and the peak nursing organisations. Further, remuneration for postgraduate studies is a matter for States and Territories to consider as part of their industrial relations frameworks.

The National Aged Care Workforce Strategy provides the aged care industry/sector with key actions to address the creation of career pathways for its workforce. It is important that the aged care industry/sector develop its own responses to address its workforce issues. These can be through the recognition of additional skills and the creation of financial and non-financial rewards.

**Recommendation 54:** That governments and professional nursing bodies provide detailed information to nurses on career pathways.

This is a matter for the State and Territory Governments, the nursing profession, nurse educators, and the peak nursing organisations.

In relation to career decision making in general, the website [www.myfuture.edu.au](http://www.myfuture.edu.au) is a joint initiative of the Australian, State and Territory Governments. Australia's new Internet based career information and exploration service contains a personal career decision-making tool which guides the user's career exploration process by matching interests and capabilities with

potential occupations. It includes comprehensive information about occupations, including nursing, as well as labour market information, related jobs, earnings data, related courses and State and Territory specific information.

The Australian Government provides copies of *Job Guide* each year to schools to assist young people to identify career options and to provide helpful hints on how to choose their career. It describes nearly 600 occupations, including nursing, and explains how to choose a job, plan a career and look for work. It details what jobs involve, where the necessary training is available, and where to get future advice and information. The *Job Guide* is also available on the Internet at [www.jobguide.dest.gov.au](http://www.jobguide.dest.gov.au).

The Department of Education, Science and Training published, *No Shame Job*, a guide to careers in health for Indigenous students in 2002. This publication also includes an entry and contact information about careers in nursing.

<p><b>Recommendation 55:</b> That the Australian Government and States encourage providers of health care services to promote multidisciplinary team approaches to patient care which recognise all members of the team as valued and valuable.</p>
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The Australian Government recognises the valuable role of multi-disciplinary teams in patient care.

In 2004, as part of the Strengthening Medicare package, the Government introduced new Medicare rebates for practice nurses to provide immunisation and wound management services on behalf of a general practitioner (GP). In January 2005, the Government also introduced a Medicare rebate for practice nurses in regional, rural and remote areas to take Pap smears.

By supporting nurses in general practice, these initiatives will help to encourage a team-based approach to patient care in general practice. These initiatives recognise the important role that nurses play as a member of the general practice team, and help to free up GPs for other clinical matters that need their attention.

The Government also provides grants to general practices in rural areas, and certain urban areas of workforce shortage, to employ practice nurses under the Practice Incentives Programme (PIP). The potential for general practices to provide more effective health outcomes is enhanced where nurses work in the practice and can be further enhanced where the practice nurse works at an advanced level and the role is targeted to health priority areas.

In addition, Since 1 July 2004, Medicare rebates have been available for up to five allied health services a year for patients whose chronic conditions and complex care needs are being managed by their GP under an Enhanced Primary Care (EPC) plan. An EPC care plan is a multidisciplinary team approach prepared with collaboration by the GP and at least two other care providers.

**Recommendation 56:** That experienced, skilled and educated nurses be recognised and rewarded, both financially and through promotional opportunity, for the work they perform in decision making and the management and coordination of patient care across the continuum of care.

Recognition of, and remuneration for, experienced, skilled and educated nurses is a matter for industrial bodies, employers and State and Territory Governments to consider as part of their industrial relations frameworks.

See also response to recommendation 73 with respect to nurses working in aged care.

**Recommendation 57:** That the Australian Government and States encourage providers of health care services to support nursing leadership by integrating nurses into the organisational hierarchy through their appointment to and meaningful participation in management; and by promoting nurse involvement in decision-making relating to nursing practice and clinical patient care.

This recommendation is the responsibility of the employers of nurses, including State and Territory Governments.

The National Aged Care Workforce Strategy, which was prepared by the Aged Care Workforce Committee in partnership with the Australian Government, has good leadership and management as one of its objectives.

**Recommendation 58:** That the Australian Government and States ensure that nursing leaders are provided with the necessary in-service training and development to support them in their constantly evolving roles.

This recommendation is the responsibility of the employers of nurses, including State and Territory Governments.

**Recommendation 59:** That the Australian Government and States fund re-entry and refresher programmes in all States and Territories, including the employment and payment of salaries for nurses undertaking such programmes.

Ongoing education and training, including refresher and re-entry courses, play an important role in the retention of the workforce.

To this end, the Government provides funding for re-entry scholarships to assist former nurses in returning to the nursing workforce. Initially provided to former nurses in rural and remote areas, the scholarships were expanded in 2004 to support metropolitan nurses as well. To date over 300 rural and remote nurse re-entry scholarships and over 60 metropolitan nurse re-entry scholarships have been awarded.

**Recommendation 60:** That there be greater coordination of re-entry and refresher programmes provided through hospitals and tertiary institutions and of the content of these programmes.

This matter is the responsibility of individual tertiary institutions and the hospitals with which they collaborate.

**Recommendation 61:** That the following ‘family friendly’ practices be advocated by all levels of government as best practice for all providers of health care services and nurse employers:

- That flexible rostering be introduced or where appropriate developed further, together with the encouragement of greater use of part-time and job-share options.
- That paid maternity and paternity leave be available to all nurses.
- That adequate, affordable, quality childcare be provided over extended hours at the workplace, or through other forms of direct childcare assistance such as the procurement of places at nearby childcare centres.
- That adequate facilities to meet breastfeeding requirements be provided in the workplace.
- That work practices be established to encourage experienced older nurses to remain in the profession.

Employment conditions and industrial award issues, which are matters between staff and employers, should be addressed at the enterprise level under relevant industrial legislation.

In 2002, the Australian Government commissioned and released the *Quality of Working Life for Nurses: Report on Qualitative Research*. The primary objective of this research was to explore the reasons that influence the level of job satisfaction or dissatisfaction for nurses working in the aged care sector.

This report also contained ideas for practical, workplace-based interventions to improve the quality of working life for aged care nurses. The *Quality of Working Life for Nurses* report proposes a three-tiered strategy that identifies the important practical actions that the community, the industry, and the individual aged care services can take to address the quality of working life for aged care nurses. Copies of this report were provided to all aged care service providers to assist them in developing appropriate workplace practices and policies to assist them in the attraction and retention of nurses in the aged care sector. The report is also available on the Department of Health and Ageing website at [www.health.gov.au](http://www.health.gov.au).

**Recommendation 62:** That governments ensure that providers of health care services guarantee that education and other support measures for managing and responding appropriately to aggressive and violent behaviour are available to, and routinely provided for, nurses as continuing education in the workplace.

On the 11 August 2005 legislation to establish the Australian Safety and Compensation Council (ASCC) to replace the National Occupational Health and Safety Commission (NOHSC) was presented to Parliament.

The Australian Safety and Compensation Council will establish a national approach to workplace safety and workers' compensation. Under the new arrangements, it is expected that a commitment to the National OHS Strategy will continue however any new initiatives will need to be considered by the ASCC.

The Australian Government has referred recommendation 62 to the ASCC. National activity and guidance on occupational health and safety and workers compensation policy previously undertaken by NOHSC will now be coordinated by the ASCC. The National OHS Strategy 2002-12 will continue to provide a framework for activities to improve Australia's OHS performance. Its focus is initially on areas of high incidence/high severity risk to achieve material impact in reducing work-related fatalities and injuries. The Health & Community Services sector has been identified as a priority industry under this strategy.

Previously, NOHSC had commenced a collaborative research project with NSW Workcover which is investigating best practice initiatives in the prevention and management of work-related stress within the Health and Community Services. This work is being continued by the ASCC and the project is expected to be completed soon. In addition, a Watching Brief on violence and bullying is being undertaken which periodically provides members with information on recent research and prevention initiatives.

**Recommendation 63:** That the Australian Government introduce a national reporting system for violence and aggression toward nurses and other health workers in order to understand the factors which give rise to violent incidents, the extent of the problem, and to inform the development of strategies to prevent future violent incidents involving nurses and other health workers.

The Australian Government considers that violence towards nurses and other health workers is totally unacceptable. The Government encourages the industry and the States and Territories to set nationally consistent standards and codes.

**Recommendation 64:** That the National Occupational Health and Safety Commission urgently develop model uniform OH&S legislation and regulations for the Australian Government, States and Territories relating to the use of safe needle technologies in Australian hospitals and other health workplaces, and work cooperatively with the States and Territories to improve associated safety education and training programmes for health care workers.

The more effective prevention of occupational diseases (including infectious and parasitic diseases) is one of the national priority areas within the National OHS Strategy 2002-2012. Work in this area includes the revision of guidance material on HIV/AIDS and Hepatitis C. Previously the NOHSC Office staff have met and consulted with the Australian Government Department of Health and Ageing regarding the initiative and the new body, the ASCC, will continue to participate in the initiative as required.

The Australian Government will work closely with stakeholders to canvass opportunities to strengthen occupational health and safety regulations relating to the use of safe needle technologies and will work cooperatively with the States and Territories to improve associated safety education and training programs for health care workers.



**Recommendation 65:** That governments ensure that all nurse education curricula include occupational health and safety theory and practice covering aggression management training, use of safety equipment and devices, manual handling training, and competency assessment.

Under the National OHS Strategy, the National Education and Skills Development Action Plan 2004-1012 includes integration of OHS into vocational and tertiary education. The Community Services and Health Industry Skills Council is currently reviewing the Health Industry training package and the Office of the ASCC is working with them to enhance the OHS component of this package. The management of violence and aggression is one of the key industry hazards to be addressed in the review. The revised package is to include qualifications for enrolled nurses.

The curricula of undergraduate nursing courses and their clinical placements are a matter for determination between the individual University Departments and the relevant State and Territory nursing regulatory authority. Nursing curricula are approved by each State and Territory nursing regulatory authority.

**Recommendation 66:** That the following ‘occupational health and safety’ practices be advocated by all levels of government as best practice for all providers of health care services and nurse employers:

- That all health and aged care facilities provide nurses with access to peer support, appropriate counselling, post-incident defusing and debriefing, and grievance handling.
- That providers of health care services support their nursing staff in the prosecution of violent offenders.
- That providers of health care services be required to ensure that nurses do not work alone in areas of high risk or where the level of risk is unknown. Where this is not possible, personal duress alarms or similar communications devices should be provided for personnel.
- That staff car parking should be accessible, well secured and well lit for access at all hours. In recurring problem areas, dedicated 24-hour a day security presence should be provided.
- That sufficient funding be available to ensure that hospital equipment, including safe lifting devices, are up to date, readily available for staff use and regularly maintained.
- That research be commissioned into the long-term effects of exposure to glutaraldehyde and that a process be put in place to eliminate the use of glutaraldehyde in health and aged care sectors.
- That alternative equipment be provided for those who are allergic to latex, with a view to eventually replacing the use of latex products by health care workers.

Most of the recommendation relates to the responsibility of the employers of nurses, and State and Territory Governments as their legislation governs occupational health and safety requirements. Employers have a responsibility to ensure their workforce is appropriately skilled, trained and provided with equipment and other resources to ensure that optimum conditions are provided in a safe working environment.

The Australian Government will work closely with stakeholders to advocate best practices in occupation health and safety and will work cooperatively with the States and Territories to improve associated safety education and training programs for health care workers.

To assist the aged care industry meet its occupational health and safety responsibilities, the Australian Government has developed the *The Guide: Implementing Occupational Health and Safety in Residential Aged Care* as a resource to all providers.

**Recommendation 67:** That governments ensure that all managers in health services receive training in:

- Management styles that promote leadership and consultation;
- Management skills to include conflict resolution and grievance management, improved human resource management, understanding industrial relations and awards, and information technology skills; and
- Occupational health and safety responsibilities and risk management.

The provision of training in management skills is the responsibility of employers of the health workforce.

Under the National OHS Strategy the Education and Skills Development Action Plan 2004-12 includes integration of OHS into vocational and tertiary management education. The ASCC will continue to provide advice to Business Services Training Australia on the development of management competencies addressing both risk management, as well as the development and implementation of occupational health and safety systems.

On June 27 2005, the Australian Government announced that aged care homes across Australia would receive an extra \$1,000 per resident in a one-off payment to target specific issues that will help ensure they remain sustainable in the long term. One of the aims of these payments, totalling \$152 million, was to help aged care providers improve their business practices.

## Chapter 7 - Aged Care Nursing

**Recommendation 68:** That the Australian Government review the level of documentation required under the RCS tool to relieve the paperwork burden on aged care nurses.

In 2002, the Australian Government commissioned the Resident Classification Scale (RCS) Review in response to dissatisfaction expressed by industry peak bodies, provider organisations and residential aged care staff regarding the documentation and accountability requirements for RCS funding. The Review Report, released in March 2003, made a primary recommendation that the Department of Health and Ageing support the development of a new model for residential aged care funding. Many of its recommendations, because of their cost implications, were referred for further consideration to the *Review of Pricing Arrangements in Residential Aged Care*. In the meantime, development projects were commissioned to reduce the number of RCS questions and to trial independent assessment for funding as an alternative to the current system of provider assessed funding and departmental validation of RCS funding claims against care documentation.

As an outcome of these processes a new funding instrument has been developed, called the Aged Care funding Instrument (ACFI). The ACFI has been designed to focus on those areas of care that are the best predictors of differences in the relative cost of care and to measure the need for care, not the care provided when determining funding. It has been designed to support a different model of accountability for funding. With the ACFI, validation would no longer be based upon the care plan and the record of care delivery. Rather it would focus on the resident and on the assessments of need required by the ACFI and completed by the aged care home. It has also been designed to be able to be used by either aged care home staff or external assessors to determine funding.

The ACFI is being tested in a national trial involving up to 750 aged care homes in 2005. The trial will also provide data to assist in decisions about the structure of a new funding model for residential aged care involving reduction in the number of basic funding categories and the introduction of two new supplements for people with complex health and nursing care needs and challenging behaviours related to dementia.

**Recommendation 69:** That the outcomes of reviews and research be used to establish appropriate benchmarks for resources and skills mix in aged care nursing so as to support improved care for residents, workforce management, organisational outcomes and best practice and that Australian Government funding guidelines be reviewed in light of this research.

Since the 1997 reforms to the aged care system, the Australian Government has focussed on the outcomes for residents rather than on inputs.

The Aged Care Act 1997 requires that providers maintain an adequate number of appropriately skilled staff and have in place a skills mix appropriate to the care needs of the residents. Providers must also have in place arrangements for the ongoing development of staff skills to ensure that quality care continues to be delivered. Providers must be able to demonstrate the achievements of these outcomes for residents and this is done during the course of an accreditation audit directed by the Aged Care Standards and Accreditation

Agency. The *Quality of Care Principles* were developed in consultation with, and supported by, the industry and consumers. To assist the industry meet its obligations, the Australian Government has provided over \$150 million since 2002 to assist with staff training and education.

A census and survey of the national aged care workforce was conducted in 2003 by the National Institute of Labour Studies, Flinders University to inform the National Aged Care Workforce Strategy. The census and survey identified the workforce profile of the residential aged care sector which will assist in facilitating strategic aged care workforce planning.

In addition, the Government has conducted research into nurses who left nursing, examined why qualified nurses are working in professions other than nursing and identified the factors that would encourage their return to the aged care sector. The result of this research was published in the report *Recruitment and Retention of Nurses in Residential Aged Care* and this has provided direction for the industry on areas for further development to improve recruitment and retention of staff in aged care. Many of the recommendations in the Report are already being addressed by the Government.

The Aged Care Standards and Accreditation Agency's role extends to the promotion of high quality care and assistance to industry to improve service quality by identifying best practice, and providing information, education and training. The Agency provides education to industry about the accreditation process through a range of strategies including the website, publications and events.

In late 2002, the Agency established an Education Division to strengthen its focus on its education function, which is critical to encourage continuous improvement in the quality of life for older Australians.

An education industry needs analysis was conducted during the second half of 2003, through consultation with a sample of homes and industry association representatives. Staff and management were consulted about education initiatives and needs through staff meetings. The analysis builds on the information the Agency already has from survey and feedback data, accreditation results, and discussions with approved providers and Agency staff.

<p><b>Recommendation 70:</b> That universities review the content and quality of clinical placements and experiences of students in aged care in their undergraduate courses and that clinical placements include a range of aged care settings.</p>
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The curricula of undergraduate nursing courses and the provision of clinical placements, are matters for determination between the individual university departments and the relevant State and Territory nursing regulatory authority.

Whilst nursing curricula is approved by each State and Territory nursing regulatory authority, and the courses are the responsibility of each university, the Government is working with academia to investigate how a more focused and appropriate aged care and ageing curricula component might be developed and implemented within the existing curricula frameworks.

The Queensland University of Technology developed principles setting out the core aged care nursing curricula that should be demonstrable in undergraduate nursing courses. This framework has been provided to universities to help guide their course development.

In recognition of the importance of quality clinical experiences, especially in aged care, the Government has provided resources to several organisations to pilot a range of support systems that will assist scholarship recipients (particularly undergraduate students) to not only maintain their connection with the aged care sector, but also provide a possible network of mentors and preceptors to guide them during their training and education. It is also anticipated that these support systems will in some cases assist students to access quality clinical placements within the aged care sector.

**Recommendation 71:** That universities review and develop postgraduate programmes and courses, including the provision of courses by distance education, appropriate for the aged care sector.

While the Australian Government supports the development of appropriate post-graduate training in aged care, the content of post-graduate training is a matter for the universities.

**Recommendation 72:** That the Australian Government fund the expansion of re-entry/refresher programmes specifically targeted at aged care nurses.

The Australian Government provides funding for re-entry scholarships to assist former nurses in returning to the nursing workforce. Initially provided to former nurses in rural and remote areas, the scholarships were expanded in 2004 to support metropolitan nurses as well. To date over 300 rural and remote nurse re-entry scholarships and over 60 metropolitan nurse re-entry scholarships have been awarded. While not specifically targeting aged care, nurses with an interest in aged care are eligible to apply.

The Australian Government funded Aged Care Nursing Scholarship Scheme also includes nurse re-entry training and scholarship support systems, in partnership with the aged care sector. These systems provide support, not only to nursing students at the undergraduate level, but also to nurses re-entering the aged care workforce.

See also the response to recommendation 18.

**Recommendation 73:** That the Australian Government provide additional funding to implement wage parity between aged care and acute care nurses in each State and Territory.

The Australian Government does not have the jurisdiction to set wages for aged care staff through either the award or enterprise bargaining structures. Employment conditions and industrial award issues are matters for negotiation between staff and providers at the enterprise level or as determined by the Federal, State or Territory industrial tribunals, under the relevant Australian, State or Territory regulatory frameworks.

The Government indexes its payments to aged care providers annually in line with movements in the Consumer Price Index and with the Safety Net Decision of the Australian Industrial Relations Commission. Pay increases in aged care above those determined in the Safety Net Decision need to be funded through productivity improvement, as they are in the rest of the economy.

The Government provided an additional \$211 million over four years (\$50 million indexed each year) in the 2002-03 Budget to increase residential aged care subsidies to aged care providers. This assisted providers of aged care services to meet their labour force costs and address the disparity between wages in the aged care and acute care sectors.

In response to the Review of the Pricing Arrangements for Residential Aged Care, the Government provided a further \$877.8 million over four years in the 2004-05 Budget for a new Conditional Adjustment Payment (CAP). CAP is calculated at 1.75% of the basic subsidy amount in 2004-05, rising to 7% of the basic subsidy amount by 2007-08. CAP will raise subsidies to Approved Providers by an average of about \$500 per resident in 2004-05 rising to about \$2000 per resident by 2007-08. These CAP payments will also assist providers pay more competitive wages to their staff.

**Recommendation 74:** That strategies be implemented to improve the image of aged care nursing.

The Australian Government has supported a number of initiatives to raise the image of aged care nursing in Australia. These initiatives have included highlighting aged care services and individuals that have demonstrated excellence in staff and professional development programmes through Minister's Awards for Excellence in Aged Care and Better Health and Safety awards (refer to the response to Recommendation 50 for further information).

The National Aged Care Workforce Strategy has a focus on improving the professional and community status and image of working in the aged care sector.

**Recommendation 75:** That the Australian Government take measures to reduce occupational injuries to nurses working in aged care, including the introduction of 'no lift' programmes across the aged care sector in conjunction with the provision of up to date safe lifting devices that are readily available for staff use and are regularly maintained.

This is the responsibility of all aged care service providers in their capacity as an employer. State and Territory Governments are also responsible for these matters as their legislation governs Occupational Health and Safety requirements.

The Australian Government assists the aged care sector to meet its occupational health and safety responsibilities through the provision of resources such as the *Practical Guide to Implementing Occupational Health and Safety in Residential Aged Care*.

## Chapter 8 - Needs in Specialist Nursing

**Recommendation 76:** That the Australian Government fund scholarships for psychiatric/mental health nursing for graduate year students wanting to specialise in the area, and for already qualified nurses wishing to undertake a mental health nursing course.

The Australian Government does not fund scholarships specifically for psychiatric/mental health nursing. However, the Government provides funding for up-skilling and postgraduate scholarships through the Australian Rural and Remote Nurse Scholarship Programme. These scholarships allow rural and remote nurses to undertake postgraduate study, attend conferences or participate in workshops and clinical placements to improve their knowledge base and further their professional development. While not specifically targeting mental health, nurses with an interest in this area are eligible to apply.

The Australian Health Ministers' Advisory Council through the National Mental Health Working Group subcommittee and the Australian Health Workforce Officials Committee, has recently undertaken a project on issues related to the recruitment and retention of mental health nurses as well as pathways into the workforce and has made recommendations for the future.

At their meeting on 28 July 2005 Australian, State and Territory Health Ministers identified the mental health workforce as a key issue. They have asked the Australian Health Ministers Advisory Council to address a range of mental health workforce issues as part of an updated National Mental Health Policy and Plan.

**Recommendation 77:** That a targeted campaign be undertaken to improve the status and image of psychiatric/mental health nursing.

Through the work of the National Mental Health Working Group the Government will work with State Governments and other key stakeholders to explore appropriate activities which could be pursued in relation to promoting and improving the status and image of the mental health workforce including psychiatric/mental health nursing.

**Recommendation 78:** That funding be provided for the development of advanced practice courses in mental health nursing.

Education and training issues for mental health nursing are being considered through the work of the National Mental Health Working Group and the Australian Health Workforce Officials Committee. These findings will help to inform future directions.

**Recommendation 79:** The Australian Government provide additional funds to universities to extend clinical education in rural and remote regional hospitals.

The Australian Government provides funding to universities for this activity.

The University Departments of Rural Health Programme is a long-term strategy which aims to increase the recruitment and retention of rural health professionals and to improve the quality and appropriateness of health care for rural and remote communities.

The Programme encourages students of medicine, nursing and allied health disciplines to pursue a career in rural practice. It also supports those health professionals who are currently practising in rural settings. One of the key activities of the University Departments of Rural Health Programme is to provide opportunities for health students, including nurses, to undertake clinical placements in a rural and remote environment.

The Government has created a separate, higher funding rate for nursing places in recognition of its status as a National Priority area. The higher funding rate will include an extra \$54 million over the next four years for universities offering nursing courses. The additional funding, which represents a 7 per cent increase in funding for nursing places, will provide significant additional support for the clinical component of nursing courses.

**Recommendation 80:** That the Australian Government increase the amount of funding of rural and remote nursing programmes, including scholarship programmes, in line with funding of medical programmes.

Over the past few years, the Australian Government has introduced a range of initiatives to address nursing shortages. These are mainly education focused and incorporate incentives to attract and retain nurses in rural and remote areas and the aged care sector, where shortages are most acute.

The Australian Rural and Remote Nurse Scholarship Programme offers incentives to nurses wishing to pursue or build on a career in rural or remote nursing. The Programme consists of four schemes – undergraduate, postgraduate, enrolled to registered nurse and re-entry/up-skilling. The Programme has awarded over 2000 scholarships to date and received continued funding of \$20.6 million over three years in the 2005-06 Budget. This represents a significant investment in nursing for rural and remote areas of Australia.

The Government is also committed to encouraging more people to enter or re-enter aged care nursing, especially in rural and regional areas. Additional funding of \$26.3 million will provide up to 1,000 scholarships (valued at up to \$10,000 a year) for students from rural and regional areas, with a particular interest in caring for the aged, to undertake nursing studies at rural and regional universities. State and Territory Governments have also progressed similar initiatives in this area.



**Recommendation 81:** That the Australian Government and States provide funding for nursing relief programmes such as ‘circuit nurse’ programmes in rural and remote Australia.

This recommendation is the responsibility of the employers of nurses, including State and Territory Governments.

**Recommendation 82:** That all rural and remote area health services with the assistance of State governments offer additional incentives to nursing staff through employment packages including accommodation assistance, additional recreation and professional development leave, and appointment and transfer expenses to encourage nurse recruitment.

This recommendation is the responsibility of the employers of nurses, including State and Territory Governments.

**Recommendation 83:** That the Australian Government increase the number of scholarships for Aboriginal and Torres Strait Islander nursing students and health workers to increase their numbers and upgrade their qualifications.

The Australian Government established the Puggy Hunter Memorial Scholarship Scheme, with funding of \$2.07 million over five academic years (2002 – 2006) to address the under-representation of Aboriginal and Torres Strait Islander people in health professions and to increase the number of Aboriginal and Torres Strait Islander Health Workers with qualifications. The Scheme provides undergraduate scholarships for Aboriginal and Torres Strait Islander students in medicine, nursing, allied health (except pharmacy) and Aboriginal and Torres Strait Health Worker courses. So far the Scheme has awarded 79 scholarships; 21 in nursing.

From 2003, the Government has provided funding to the Australian Rotary Health Research Fund for 25 scholarships at \$5,000 each academic year. The Fund targets Aboriginal and Torres Strait Islander undergraduate health students including nursing.

Under the Australian Rural and Remote Nurse Scholarship Programme: Undergraduate Scheme, at least ten scholarships are awarded each year to Aboriginal and Torres Strait Islander nursing students to assist them in undertaking undergraduate studies in nursing. Since 2001, over 40 of these scholarships have been awarded.

Under the Aged Care Nursing Scholarships Scheme up to 10 undergraduate aged care nursing scholarships are set aside each scholarship round for Aboriginal and Torres Strait Islander Students.

See also the response to recommendation 18.

**Recommendation 84:** The strategies for the Aboriginal and Torres Strait Islander nursing workforce proposed in the Health Workforce National Strategic Framework be implemented as a matter of urgency.

The Australian Health Ministers' Advisory Council endorsed the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework in May 2002. This is a ten year plan to improve the training, supply, recruitment and retention of appropriately skilled health professionals, health service managers and health policy officers in both mainstream and Indigenous specific health services.

The majority of the strategies in the Framework will be implemented by the Aboriginal Health Workforce Working Group which includes members from all States and Territories, nominees from the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN), the National Aboriginal Community Controlled Health Organisation and the Australian Indigenous Doctors' Association, as well as Government representatives.

The Working Group has endorsed the Workforce Strategic Framework Action Plan to drive the implementation of the Framework strategies. Most of the nursing strategies in the Framework are being implemented.

CATSIN is funded by the Government to provide advice to governments and professional support to Indigenous nurses, as well as collaboration with the education and employment sectors.

In addition to the base funding, CATSIN is currently being funded to manage the Indigenous Nurses Mentoring programme and the future response to the Indigenous Nursing Education Working Group final report.

**Recommendation 85:** That the Australian Government while examining medical insurance issues also consider the issue of professional indemnity insurance for nurses, including midwives and allied health workers.

The Australian Government believes that once the measures it has announced in relation to professional indemnity and public liability insurance are fully operational (in conjunction with the various actions being taken by the States and Territories) and these have had time to take effect, there will be improvement in the affordability and availability of professional indemnity insurance in Australia. Reports by the Australian Competition and Consumer Commission and the Australian Prudential Regulation Authority confirm that we are now seeing reductions in the cost of premiums relating to public liability and professional indemnity insurance.

It is important to note that the majority of Australia's midwives and nurses are directly employed by hospitals and are therefore covered under the professional indemnity arrangements of their employers.

In the meantime, a number of possible approaches to this issue have already been raised. The State and Territory Governments can choose to cover independent midwives as being employees or contractors in relation to their publicly funded services. Western Australia and South Australia have extended insurance coverage to independent midwives by effectively

bringing them under the umbrella of Government employment. The Government encourages other State and Territory Governments to consider similar action as a simple and effective way of addressing this issue.