

GOVERNMENT MEMBERS MINORITY REPORT

There are a number of issues that have been raised and recommendations made by the Opposition Parties that are already the focus of the Commonwealth Government.

The Government Senators, prior to this matter being referred to the Committee, expressed reservations about the proposed (and subsequently accepted) Terms of Reference on the basis that the Commonwealth does not employ nurses in the acute sector. Therefore it follows that the Terms of Reference that refer particularly to remuneration, conditions and workplace issues are the province of the States.

The Government Senators however agree that matters revolving around the education of nurses, the university component and the delivery of aged care services were issues that could be usefully examined. They did however note, prior to the referral that the Government was soon to announce a National Review of Nursing Education. They believed the Review should be undertaken and completed prior to yet another inquiry.

The Review encompasses the preparation of enrolled, registered and specialist nurses. The Review has the support of the State Health Ministers. They were consulted on the Terms of Reference. The Review is to make recommendations on models of nursing education and training to meet future labour force needs and will have regard to regional needs and circumstances and financial arrangements.

At the commencement of the Review interested parties and organisations were asked to make a submission to the review of any information, opinions, arguments or recommendations on any issues relevant to the Terms of Reference of the Review. A total of 159 submissions were received.

Members of the Review Panel held meetings across Australia between August and October 2001. The Review Panel was diligent to ensure that they received input and advice from the key stakeholders concerned about the future needs of nursing education. Public Forums were held in each State and Territory along with focus groups targeting enrolled nurses, registered nurses, students and Directors of Nursing. State and Territory Health Departments, nursing registration boards, key unions, national representative bodies, universities and TAFE institutions have been consulted.

Following the release of the discussion paper at the end of December 2001 many comments were received and a second round of consultations were completed by the end of March 2002. The Review has commissioned 17 research studies into a wide range of nursing issues and areas including mental health nursing education, the health labour force, midwifery education, aged care nursing, nursing knowledge and skills required to meet changing workforce need, student expectations of nurse education, enrolled nurse education, nursing career pathways, education in a multicultural context and projected demand for nurses.

The question of nursing shortages is something for which the States and Territories are the major employers, not the Commonwealth. The States and Territories also have direct responsibility for the regulation and registration of nurses in the public and private sectors. It is pleasing to note that most State Governments have recently and progressively implemented nurse recruitment and retention initiatives.

It is also worth noting that there is a diverse mixture of groups that have responsibility for nurses and nursing. In addition to the Commonwealth, the States and Territories there are State Registration Boards, national and state-based bodies representing nurses including the colleges, Federations and Associations, the providers of health care services that employ nurses in both the public and private sectors, and the universities and TAFEs that provide nursing education.

Within this amalgamation of roles and responsibilities the Commonwealth has an overall interest in the supply, distribution and quality of the health workforce, including nurses. It also provides funding for Registered Nurse education through the Department of Education, Science and Training. The Commonwealth also has responsibility in the funding and delivery of aged care services, a major employer of nurses. The Commonwealth also administers HECS.

It is a recognised fact that nurses provide the major component of the delivery of health care services in Australia. They work in public and private hospitals, nursing homes, rural and regional areas, home and community care setting, and in a variety of specialised fields.

The comment was drawn by some witnesses that it would be desirable to have incentive funding for the recruitment and retention of nurses in rural and remote areas of Australia.

As the Report by the Opposition Parties recognises, issues associated with nurse recruitment and retention, workforce planning, education, and specialised fields of nursing practice have been the subject of a large number of inquiries, reviews, research projects and commissioned studies since the early 1990s. Many of these reports have been undertaken by, or as commissioned studies for, the Commonwealth Department of Health or the respective State Health Departments.

Over 50 reports of recent reviews, inquiries or commissioned studies that are considered to be major or influential are listed in Appendix 4 to this Report, indicating the breadth and volume of research work that has been undertaken into all aspects of nursing in Australia. The list is by no means exhaustive.

While it is impractical and undesirable to suggest that the Commonwealth should take control of the nursing workforce, the Commonwealth Government has introduced a number of important initiatives in an effort to address nurse shortages. Naturally, these are mainly focused on education and incorporate incentives to attract and retain nurses in aged care and in rural and remote areas, where the shortage is most acute. The prime example of this is the Australian Remote and Rural Scholarship Program that

offers incentives to nurses wishing to pursue or build on a career in rural or remote area nursing.

It is important to note that the first Commonwealth Undergraduate Remote and Rural Nursing Scholarship (CURRNS) scheme was fully implemented within eleven weeks of its announcement. A total of 1014 applications were received for the 110 scholarships.

The CURRNS scheme proved so popular that in December 2001 the Minister for Health and Ageing agreed to a one off expansion of 30 places in 2002 at an additional cost of \$900,000 over three years.

Additionally, the Australian Remote and Rural Nursing Scholarship Program has four different scholarship programs.

Postgraduate – to support continuing nursing education

Conference – provides a contribution toward travel and registration fees

Undergraduate – to improve access to undergraduate nursing education for rural and remote students

Re-entry and Upskilling – to fund former nurses to undertake re-entry courses

Once all the components of the Program are running at maximum capacity, approximately the same amount of financial support through scholarships will be available to nurses as to medical practitioners in rural and remote areas of Australia.

There are a number of other initiatives that are funded by the Commonwealth to support a range of health practitioners, including nurses, including the Midwifery Upskilling Program, First-Line Emergency Care Courses for Remote Practitioners and the Bush Crisis Line.

Funding has also been provided to nursing professional organisations to undertake Secretariat functions, these include Council of Remote Area Nurses of Australia (CRANA) Inc and the Association for Australian Rural Nurses (AARN).

The other issue that is of great concern to the Government Senators and the profession is the variation in wages and conditions for aged care nurses compared to those in the acute setting. This variation creates its own difficulty in the areas of recruitment and retention. The Committee heard repeated evidence of these factors along with a real or perceived poor image of aged care nursing, that their professional standing was lower than those in the acute setting, that their work environment was less attractive, that there are fewer career structures or opportunities for professional development, and a need for greater skills development and training.

These issues have been comprehensively studied and reported upon by the Australian Nursing Federation's report '*Quality Wages, Quality Staff, Quality Care*'.

The Government Senators wish to note that the Commonwealth has already increased funding to the sector in an effort to ensure that aged care nurses are not worse off. There are, of course, different awards for registered nurses in hospitals and those working in aged care and they may vary between States. Providers may pay above the award and the Government encourages all areas of the workforce to use Australian Workplace Agreements (AWAs) so that employees as well as employers can agree to pay and conditions at the local level, subject to a 'no disadvantage' test of minimum conditions. The Commonwealth has ensured a strong basis for this to occur with increased funding to the sector.

Last year the government announced that \$200 million would be provided over four years, commencing in 2002-03 for increases in residential care subsidies. This measure will provide additional funding to aged care providers for the provision of residential aged care and will incorporate a pricing review of the industry.

As part of the cooperative process to examine long term financing options for the aged care industry, the review will take into account the improved care outcomes that are now required under accreditation; underlying cost pressures, including movements in nurses' and other wages; and industry views.

Following the weight of evidence given by those working in or associated with aged care the Government Senators were pleased to note in the recent Budget that an additional \$26.3 million will be provided over four years to fund up to 250 scholarships, valued at up to \$10,000 a year, for students from regional areas to do undergraduate, postgraduate or re-entry nursing studies at rural and regional university campuses.

The Committee was also told about the need for appropriate training opportunities for personal care workers in aged care.

The Budget this year provided additional funding of \$21.2 million over four years so personal care staff in smaller, less viable aged care homes can do a range of accredited courses related to geriatric care. Participating aged care homes will be helped with course fees and other associated costs, including travel, accommodation and replacement staff.

In total, the Government Senators note that \$132.3 million will be provided under the Ageing Support and Strategies.

The issue of a Commonwealth Chief Nurse was proposed by many witnesses particularly as there is a Commonwealth Medical Officer. It needs to be noted that the CMO does not specifically look after the important issues surrounding doctors. Therefore the Government Senators recommend that the Government wait until the National Review of Nursing Education is completed before assessing the viability or suitability of such an initiative.

Many witnesses suggested that the Commonwealth should supply additional funding to the States for more nurses.

It needs to be acknowledged that through the Australian Health Care Agreements, the Commonwealth provides \$31.7 billion over the five years of the 1998-2003 agreement for public hospitals. That amount represented a 28% real increase in the Commonwealth contribution.

It was disappointing to observe that following the increase a number of States either cut or slowed the rate of their real funding to health generally and hospitals specifically.

Commonwealth funding is not earmarked for particular hospitals or for particular components of hospital budgets, including nursing staff. It is the sole responsibility of the States and Territories to determine the operating budgets of their hospitals.

The Government Senators would however recommend that the Commonwealth Government examine the merit of determining the level of the States contribution for nursing staff prior to the signing of the next agreements.

The Committee was told in every venue that there was a shortage of university places for nursing and that many who applied missed out. The request was therefore made of the Committee that the Commonwealth provide more places for nursing.

It needs to be recognised that while the bulk of the funding for universities is the responsibility of the Minister for Education, Science and Training, higher education institutions are essentially autonomous organisations that are responsible for the distribution of funds between faculties and schools based on their own assessments of priorities and needs. Although universities are responsible for the allocation of places across various fields, they are discussed during the annual profiles consultations. They are expected to take into account the extent of student demand, and the needs of the labour market. In recent years the profiles discussions have specifically covered relative supply and demand in respect of a number of professions, including nursing.

While the National Review of Nursing Education may shed some light on this issue, the Government Senators would recommend that before taking any action the Government should wait to consider the recommendations of the Review.

In an effort to attract more students into nursing it was claimed that there should be an incentive of HECS exemption. The Government Senators found this somewhat contradictory to the above claim that the universities are over-subscribed for nursing.

Regardless of which is correct, the idea of HECS exemption for student nurses would have ramifications for the training of the wider health workforce and would need to be considered in that context. Such a decision could not be taken in isolation from other university courses.

Probably of more significance is the introduction earlier this year of the Postgraduate Education Loans Scheme (PELS). The Department of Education, Science, and Training introduced it. The Scheme provides an interest free loan facility similar to the HECS for eligible students enrolled in fee-paying postgraduate non-research courses.

PELS will be available to commencing students as well as students who commenced a course of study prior to 2002.

One issue of great significance to all in the profession is the widespread introduction of retractable needles and syringes. This is not only important for all health workers but also for the general public who may get needle stick injuries in public places.

It is for that reason the Government in the recent Budget announced that as part of its *Tough on Drugs* initiative it will provide \$27.5 million over four years to develop and introduce retractable needles and syringe technology. This will particularly protect health workers and the general public but will also be available to people with diabetes who need to inject insulin.

The research and development of these new products will be carried out in Australia by Australian researchers and commercial interests. This measure represents a major preventative health measure.

There are many allied health professionals who feel that they can make a better contribution to health care with a view to progressively gaining more qualifications.

The Government Senators are therefore pleased to see the announcement, earlier this year, of the Health Training Package. It is the largest Training Package developed to date and covers an existing workforce of 150,000 ranging across ambulance service, dental support, general health services and complementary and alternative health care. Eventually it will also cover health technicians, public health and indigenous health work and it is anticipated that enrolled nursing qualifications will be integrated into the framework.

The Package is an industry-developed set of national qualifications and competency standards applying to non-university trained workers in that industry. Because it is developed by industry it will address the issues specific to that industry.

The Package will considerably enhance skill development in important service delivery areas. For the first time, health workers will be able to receive formal recognition of the accumulated skills and on-the-job experience. This will give them greater mobility, greater career choices and greater employment prospects. This will also make the industry more attractive to young people by identifying clear career paths.

While this initiative is recognised by Government Senators as a most valuable first step, they would recommend that following on from this, there be a thorough investigation as to how qualifications of all levels of nursing be recognised nationally.

The Government Senators also recommend that the Department of Immigration and Multicultural and Indigenous Affairs examine ways in which nurses who are working in Australia can, if they show that they will continue to work in areas of need, have their Working Holiday Maker visas extended. The duration should be determined on a case-by-case basis.

The Opposition parties call on the government to “facilitate and expedite the development of a national nursing workforce planning strategy”. Such a strategy has already been established by the Commonwealth in conjunction with the States and Territories.

It was brought to the attention of the Committee that the amount of clinical practice students did meant that only half the year was being utilised. Given that many students wish to take on all types of part time work to earn money, the Government Senators would recommend that the Minister for Education, Science and Training discuss with the universities the possibility of them negotiating with the hospitals better utilisation of available time in which students could work for remuneration. This would give them a greater exposure to the workplace and provide an income at the same time.

All in all, the Government Senators believe that there is much to be done to make nursing a more attractive, long term proposition. The responsibility for this is not only the province of the Commonwealth Government. It needs the cooperation and goodwill of all stakeholders.

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