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Elton Humphery
Committee Secretary
Community Affairs Legislation Committee
PO Box 6100
PARLIAMENT HOUSE
CANBERRA ACT 2600

Dear Mr Humphery

Health Workforce Australia Bill 2009

Royal College of Nursing, Australia (RCNA) is pleased to provide the attached submission to the Senate Community Affairs Committee on the *Health Workforce Australia Bill 2009*.

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

RCNA offers strong support for the establishment of a National Health Workforce Authority (NHWA) to improve health workforce clinical training and education governance arrangements. In offering support RCNA stresses the importance of cooperative engagement with the nursing profession on the design, development and implementation of systems that will affect the nursing profession. Constituting over 50% of the health workforce the clinical training and education requirements of nurses must be carefully canvassed and appropriately integrated into any national systems.

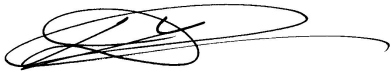
RCNA notes that it is critically important that a NHWA aims to reduce rather than introduce administrative burdens on health and education institutions and seeks to positively enhance the clinical experiences of nursing students. As part of a broader strategy to reduce nursing student attrition rates, a NHWA must avoid creating any disincentive for students working to complete the clinical training and education requirements of nursing education programs. To this end, RCNA is particularly supportive of the proposed health workforce research and planning function of a NHWA.

Australia's peak professional nursing organisation



Please do not hesitate to contact me for further information or clarification of issues raised.

Sincerely

A handwritten signature in black ink, appearing to read 'Debra Y Cerasa', with a long horizontal flourish extending to the right.

Debra Y Cerasa FRCNA
Chief Executive Officer



Royal College of Nursing, Australia (RCNA) Submission to the Community Affairs Legislation Committee on the *Health Workforce Australia Bill 2009*

1. Introduction

Quality clinical experience is recognised as a critical component of nursing education and undertaking these placements across a variety of settings is vital to the development of a capable, competent and flexible nursing workforce. Currently, the existing local systems are struggling to facilitate quality clinical placements for the increasing numbers of nursing students. With this in mind, Royal College of Nursing, Australia (RCNA) recognises the need for more effective governance arrangements for nursing workforce policy, planning and training and supports the establishment of a National Health Workforce Authority (NHWA) to develop more streamlined and integrated clinical training arrangements.

RCNA notes that nurses make up over 50% of the Australian health care workforce and represent the largest group of undergraduates requiring clinical placement. To ensure appropriateness and effectiveness, the nursing profession from the outset must be closely engaged in the design, development and implementation of clinical placement systems established by a NHWA. It is important that the Health Workforce Australia Bill 2009 (the Bill) supports the establishment of a NHWA that develops flexible governance systems that accommodate the needs of clinical facilities, education providers and nursing students. It is paramount that the establishment of a NHWA reduces administrative burden on universities or health institutions and does not impose unnecessary barriers to completing nursing courses. Enabling a smooth transition through clinical placements is of strategic interest to improve the attrition rates of nursing courses.

With the proposed functions of a NHWA under the Bill to include funding, planning and coordinating clinical training across all health disciplines, RCNA offers the following comments from a professional nursing perspective.

2. Funding

RCNA notes that financial support for the clinical component of health workforce education is essential in order to prepare graduates with competencies that meet workforce entry requirements and seek to address workforce shortages. That is, pre-professional entry clinical training should seek to prepare newly qualified health professionals for the transition to the work place. Accordingly, the Bill must ensure a NHWA is adequately funded to support comprehensive clinical education experiences. A lack of adequate financial support for the clinical component of nursing education is one of the factors that currently reduces capacity for:

- higher educational institutions to take up additional Commonwealth Supported places for nursing students; and
- health services to provide adequate supervision for nursing students while on clinical placement.

The Bill also tasks a NHWA to fund simulation training. While simulation is an excellent adjunct to in-situ clinical learning, RCNA would want to see the bulk of clinical education funds be allocated to learning that happens in the clinical area within health service institutions.

3. Planning

To ensure its effectiveness in seeking greater integration of clinical training arrangements on a national scale, a NHTW should promote the importance of collaborations between education and health service providers. The importance of clinical training models where both education and health service providers take ownership of and therefore responsibility for students is well documented in the literature¹. Such collaborative relationships are particularly important to ensure alignment between theoretical and clinical components of curricula is achieved². In addition, research has demonstrated enhanced development of a professional identity in graduates of programs where health service providers demonstrate active engagement with students³.

Locally negotiated and developed systems used to ensure such 'ownership' and collaboration need to be considered and where feasible incorporated in a nationally negotiated system. Additionally, consideration must be given to access equity. Any system created under a NHTW must provide allocation equity so that a nurse's clinical placement is based on their curriculum and not the funding that is provided for the student.

Also of particular significance are the supervisory arrangements between education and health service providers. Adequate numbers of appropriately prepared-clinical facilitators are essential for optimal student clinical learning experiences. Currently there are significant shortages of appropriately prepared clinical facilitators. There is a vital link between investing in continuing professional development and increasing the capacity to offer quality clinical placements. Increasing the number of nurses prepared to contribute to collegial teaching and mentoring students and others would be a vast improvement on the current situation.

Whilst laboratory simulation training is one of the alternative ways to develop clinical skills, it cannot fully address the mismatch between numbers of students and numbers of placements required. A national system is therefore welcomed for the potential to identify currently under-utilised capacity across the health sector.

4. Research

RCNA supports the research function of a NHTW. It is essential to ensure that funds are:

- distributed in a way that reflects costs incurred by both the education and health service sector;
- allocated to clinical training for each discipline within the health profession in a way that reflects costs incurred and rectifies the current inequities between funds allocated to medicine, nursing, and allied health; and
- allocated to methods of clinical training that demonstrate efficacy.

5. Issues of concern

In relation to the Bill, the following outlines issues of concern to RCNA.

5.1 Representation

The Bill does not specify a requirement for professional representation or membership of the proposed NHTW. RCNA is concerned that the nursing profession, which requires the bulk of clinical placements, will not be adequately represented under the proposed arrangements. RCNA believes professional representation of the nursing profession must be incorporated into the membership or committee structures of the proposed NHTW.

5.2 Commonwealth supported places

RCNA seeks clarification on whether institutes of TAFE are considered to be Commonwealth supported Australian tertiary institutions and recommends the Bill include appropriate specifications relating to institutions and clinical learning that will be funded.

RCNA notes that Diploma qualified nurses (Enrolled Nurses/Division 2 Nurses in Victoria) contribute a significant role within the nursing workforce. Clinical training within TAFE programs for Enrolled Nurses therefore requires financial support both within the educational

¹ Levett-Jones T, Fahy K, Parsons K & Mitchell A 2006

² Forbes & Strother, 2004; Davis, Turner & Osborne, 1999

³ Astin, McKenna, Newton & Moore-Coulsen, 2005; Grealish & Trevitt, 2005

facility and the service sector at a level comparable to undergraduate degree nursing programs.

5.3 Post-graduate clinical placement

While RCNA notes that the proposal for a NHWA relates to an initiative to fund undergraduate health professional clinical placements, there is currently also a need for more effective governance arrangements around health workforce training, planning and policy development for postgraduate clinical preparation of health professionals. In particular, funding, planning and coordinating post-professional training for nurse practitioners and midwives is essential. This is of central importance in light of the recent budget announcements providing Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) access to nurse practitioners and eligible midwives. In rural and remote areas particularly, funding is required to support nurse practitioner and midwifery clinical placements and supervisor training.

A related concern is the current lack of specialist nurses across the health sector including in aged care, intensive care and in rural areas. The strategic integration of post-graduate clinical placements is necessary to address workforce shortages in a range of specialty areas.

6. Conclusion

RCNA recognises the merit of a centralised, integrated national system that will allocate clinical places to nursing students. With Australia facing a nursing workforce crisis it is imperative that the governance of clinical placements enhances not diminishes the student nurse's clinical experience. RCNA stresses that any system implemented be flexible and responsive to local level needs and circumstances, reduces administrative burdens for clinical facilities and education providers, and supports and enhances the student experience.

7. Contact details

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