

Beth Mohle

14 February 2003

Mr John Carter
The Secretary
Senate Employment, Workplace Relations and Education References Committee
Suite SG. 52, Parliament House
Canberra ACT 2600

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Dear Mr Carter

RE: Inquiry into *Current and future skills needs*

The Queensland Nurses' Union (QNU) welcomes the opportunity to provide a submission to your committee's inquiry *Current and future skills needs*.

We intend to make a brief submission to this inquiry given that we have made detailed submissions in the past on the issue of skills shortages in nursing to the Senate Community Affairs References Committee Inquiry into Nursing and the National Review of Nursing Education. (We attach copies of the QNU submissions to these inquiries for your information.) While the terms of reference for these inquiries went beyond the specific issue of skills shortages this issue is central to the current challenges confronting nursing. Both of these inquiries reported in 2002 and we commend their detailed final reports to your committee. The National Review of Nursing Education commissioned specific research on the current and future skills need in nursing and this is publicly available in the background papers produced for this inquiry. (The full list of background and research papers can be found at: <http://www.dest.gov.au/highered/programmes/nursing/reports.htm#research>)

The QNU believes that nursing would provide a good case study area for your inquiry given the recent detailed research work that has already been undertaken. The current national (and indeed international) shortage of nurses testifies to the consequences of a lack of a coherent and comprehensive policy framework for workforce planning. The depth and breadth of the current nursing shortage is the most extreme of the shortages identified in any occupational group. It is having a serious effect on the delivery of health and aged care services in this country. Skills Shortage Surveys by the Department of Employment and Workplace Relations (DEWR) attest to this. Indeed the worsening of the shortage can be tracked by consulting the DEWR National Skills Shortages lists over recent years. The warning signs of an impending shortage have been clearly visible for some time and yet corrective action, when taken, has been piecemeal, state specific and insufficient to address the extent of the shortage. Despite the detailed reports and the significant number of recommendations arising from the recent concurrent inquiries into nursing we are still awaiting a coordinated national policy response to the nursing skills shortage crisis. The time has well and truly come for action on this issue, a fact acknowledged by the title of the final Senate inquiry report *The Patient Profession: Time for Action*. (The title of the final report of the National Nursing Review of Nursing Education is *Our Duty of Care*.)

It is of extreme concern to the QNU that the longer we wait for a coordinated policy response to the current critical nursing shortage (from state and federal governments, employers, the educational sector and unions and other nursing bodies) the greater the potential for the skill void to be “filled” by unqualified or underqualified personnel. Indeed in some areas, especially in the aged care sector, this is already occurring. This substitution agenda would not only have a significant effect on the quality of services delivered and hence outcomes for patients/residents but also serves to undermine the nursing career structure and a nursing model of care. It suits the purposes of some employers to substitute qualified nursing personnel with unqualified and unregulated personnel not only because of the wage savings that are made but also because they are subject to decreased regulation as these personnel are not accountable for their practice to nursing regulatory bodies. This substitution/de-regulation trend should be of significant concern to the whole Australian community given the potential threat this poses to the provision of quality health and aged care services. (This serious issue is addressed in more detail in the attached submissions, especially the QNU submission to the Senate inquiry under the heading of the de-regulation agenda.)

Because of the significant public interest at stake in the health and aged care sectors the issues of training, skills shortage/mix and appropriate levels of regulation are inextricably linked. This is why the QNU supports the formal regulation of all people undertaking nursing work by the relevant state nursing regulatory authority. The QNU is extremely concerned that economic imperatives are resulting in workers that are currently unregulated performing tasks that are well outside of their scope of practice. The current training “industry” is facilitating this agenda and insufficient checks and balances exist to ensure the public interest is appropriately served.

We will now briefly address each of the terms of reference for this inquiry.

(a) areas of skills shortage and labour demand in different areas and locations, with particular emphasis on projecting future skills requirements;

The extent and location of nursing skills shortages has been well summarised in the Senate Inquiry into Nursing final report and the final report of (and background papers produced for the National Review of Nursing Education. Please see these publications for further details.

The follow table extracted from the Senate Inquiry into Nursing final report –the 2002 DEWR National Nursing Skills Shortage List – and summarises the nature of the shortages. (DEWR conducted its most recent survey at the end of 2002 and this is expected to be publicly released shortly.)

Table 2.1: National Skills Shortage List – February 2002

	AUST	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Registered nurse (general)	N	S	S	S	S	S	S	S	S
Accident/Emergency	N	S	S	S	S	S	S		
Aged Care	N	S	S	S	S	S	S		S
Cardiothoracic	N	S	S	S	S	S	S		
Community	N	S		S	S	S	S	S	
Critical/Intensive Care	N	S	S	S	S	S	S		S
Indigenous Health	N			R	S	S		S	
Neo-Natal Intensive Care	N	S	S	S	S	S	S		
Neurology	N	S	S	S	S	S			
Oncology	N	S	S	S	S	S	S		S
Operating theatre	N	S	S	S	S	S	S	S	S
Orthopaedics	N	S		S	S	S	S		
Paediatric	N	S	S	S	S	S	S		
Palliative Care	N	D	S	S	S	S			
Perioperative	N	S	S	S	S	S			
Rehabilitation	N	S		S	S	S	S		
Renal/Dialysis	N	D	S	S	S	S	S	S	
Respiratory	N	S		S	S	S	S		
Registered Midwife	N	S	S	S	S	S	S		
Registered Mental Health	N	S	S	S	R	S	S		S
Enrolled Nurse	N	S	S	S	S	S	S		

N = National shortage
S = State-wide shortage

R = Shortage in regional areas
D = Recruitment difficulties

Shortages are being experienced in the range of nursing specialties across all locations, with extreme shortages being reported in remote areas and some regional areas. It is difficult to obtain data on the Assistant in Nursing workforce given data limitations. Assistants in Nursing are currently unregulated (although many hold a Certificate 3 qualification) and therefore data on those workers (howsoever named) is difficult to obtain.

(b) the effectiveness of current Commonwealth, state and territory education, training and employment policies, and programs and mechanisms for meeting current and future skills needs, and any recommended improvements;

The current nursing workforce planning policy framework has been woefully inadequate to date and we eagerly await the formal response of the Commonwealth and state/territory governments to the recommendations arising out of the two recent inquiries into nursing. Suggested structures or processes for improving the policy framework were included in the recommendations of both reviews and the QNU is keen to be involved in driving the agenda for positive change.

It should be noted that some work has been done on nursing recruitment and retention by individual state/territory governments (eg the Queensland Ministerial Nursing Recruitment and Retention Taskforce that reported in 1999). However the success of such processes, have been limited because they have occurred in isolation – ie they have not taken place as part of a coordinated national process. The QNU believes that success in Queensland has also been constrained by funding limitations. Those strategies requiring little or no funding have tended to be prioritised and implementation of those recommendations with more significant budgetary implications has been delayed. It is also the case that no rigorous assessment of the success of the strategies implemented has occurred.

Of particular concern at present is the inadequate level of funding for tertiary education of nurses that is limiting enrolments and preventing appropriate clinical practice opportunities. Information recently released on the demand for nursing places in undergraduate university courses in 2003 exemplifies this point. (See table below.)

Total eligible but unsuccessful applicants for nursing

State/Terr	1997	1998	1999	2000	2001	2002	Total
NSW/ACT	-155	-9	225	265	368	309	1,003
VIC	281	262	591	484	610	1,632	3,860
QLD	330	531	483	593	436	753	3,126
WA	0	1	6	33	32	33	105
SA	61	31	80	87	56	118	433
TAS	103	20	8	11	42	89	273
Australia	620	836	1,393	1,473	1,544	2,934	8,800

Source: Australian Vice-Chancellors' Committee 2003

(c) the effectiveness of industry strategies to meet current and emerging skill needs;

The effectiveness of industry strategies for nursing has been mixed to date. Certainly there is an urgent need for a whole of government/industry approach to the skills shortage problems in nursing. Solving a problem in one sector of the industry or one geographical area in isolation has proved to merely create problems in other areas. For example, the Victorian government has been successful in attracting 3,300 nurses back to the public sector with a range of recruitment and retention strategies. However this has reportedly exacerbated shortages in areas such as aged care and has encouraged interstate migration of nurses. (See the Victorian Auditor General's 2002 *Nurse Workforce Planning* report which analyses the success of the various strategies – available at http://www.audit.vic.gov.au/reports_par/aggp78cv.html)

In summary there currently is no industry strategy to address current and emerging skill needs in nursing.

(d) the performance and capacity of Job Network to match skills availability with labour-market needs on a regional basis and the need for improvements;

The Job Network does not have the capacity to match skills with labour market needs on a regional basis and it is our understanding that this was never its brief. It is focused on placing individual clients in employment and does not have a focus on labour market needs. It may have this consequence for a small number of people (i.e. those in intensive assistance receiving training) but it has no overarching perspective on the issue of labour market needs or skills shortages. This is currently a significant deficiency in the system – the government has no real direct ability to drive a labour market agenda given the way in which this function has been contracted out. Given the significant staffing cuts that have occurred in relevant Commonwealth public sector agencies in recent years and the splitting of the education and training/employment functions between two agencies (DEWR and DEST) there is also currently no ability for this function to be coordinated appropriately by the Commonwealth.

Targeted labour market programmes provided by the Commonwealth are effectively a thing of the past. For example, in the past the Commonwealth funded re-entry and refresher programmes for nurses but the Howard government decided to discontinue this funding (In last years Commonwealth budget limited funding was restored for rural/remote areas and the aged care sector.) In the years following the Commonwealth's cessation of funding limited or no re-entry/refresher programmes were available for nurses. In our view this seriously exacerbated the nursing skills shortage situation. It is now the case that some state governments have picked up all or some of the cost of this training; (In Queensland unfortunately there is a significant user pays" component whereas in other states the government met all the costs of the training.). The success of this strategy is still to be evaluated in some states, though in Victoria the evaluation by the Auditor General was positive.

The Commonwealth has a very clear and important role to play in this area for nursing, especially given the national nature of the skills shortage, but to date has refused to provide a comprehensive policy response. The QNU made various recommendations on strategies to address this issue in our submission to the two recent nursing inquiries, most notably the waiving of HECS and PELS fees for those areas of identified skills shortage and the full funding of refresher/re-entry courses for nurses. These recommendations have been rejected by the Commonwealth government.

(e) strategies to anticipate the vocational education and training needs flowing from industry restructuring and redundancies, and any recommended improvements; and

This is an area that requires more attention and targeted funding. The Queensland government should be congratulated for providing some assistance for displaced workers through its Worker Assistance Programme. However, funding for this programme is in our view inadequate. The Queensland government is merely attempting to fill a void left by the lack of policy attention to this area by the Commonwealth. An enhanced and better funded model based on the Queensland scheme is required.

(f) consultation arrangements with industry, unions and the community on labour-market trends and skills demand in particular, and any recommended appropriate changes.

In our view current consultation arrangements are inadequate. The National Nursing Education Review recommendations suggest a model for a consultation framework involving all key stakeholders to coordinate the policy response to the current state of nursing education and training. However a formal government response to the recommendations of this review is yet to be made public. It is our understanding that the Commonwealth and state/territory governments are in the process of considering the reports and formulating a response. We hope this response is imminent given the current dire nature of nursing shortages and the impact this is having on the delivery of health and aged care services in this state.

Thank you for the opportunity to provide a submission to this important inquiry. Please do not hesitate to contact the QNU should you require any additional information or assistance with your deliberations.

Yours sincerely

GAY HAWKSWORTH
Secretary