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Queensland Nurses Union

Response to

National Review of Nursing Education Discussion Paper

28 February 2002

Preamble

The Queensland Nurses' Union (QNU) strongly believes it is essential that this review of nursing education consider relevant broader contextual issues. Although we appreciate the somewhat limited terms of reference for this review, we believe there is scope to investigate these wider contextual issues under the second reference point. We are concerned however that the questions posed in the discussion paper do not allow the scope to investigate these elements and we therefore will provide such comment in this preamble. In our view it simply is not good enough for this review to fail to investigate these "hard" issues under the pretence that they do not fall within the ambit of the review. Yes, such issues are likely to result in controversy in some quarters, but they must be brought into the light of day and examined. At least the questions need to be posed - there is a responsibility to nursing and the broader community to do so. Many of these issues were outlined in our submission to the Senate Inquiry into Nursing previously provided to this review and we refer you to our earlier submission. We will briefly summarise issues of major concern prior to answering the 42 questions posed by the discussion paper.

In summary, there are a number of issues impacting upon nurses and nursing that must be acknowledged and addressed. These include but are not limited to:

The broader ideological context: The dominance of free market economic theory over the last few decades and the impact this has had not only on nursing but on the delivery of health services and the wider community generally must be acknowledged. The conflict that has arisen as a result of the incongruence between these values and nursing values is in our view significant and a major cause of many of the current problems confronting nursing. In our view the issues of values (the predominance of economic values at the expense of other values) and valuing (how value is determined and acknowledged) are critically important and demand immediate attention. Values need to be placed centre stage in this review.

Values and valuing: Central to the issues confronting nurses and the health care system are conflicts in values. It is apparent to us that the community values nurses and the essential role they perform in the health system. In our view the same cannot be said for the health system generally. This incongruity is the source of significant tension and this needs to be resolved. Resolution starts with returning to basics and putting our values under scrutiny – nursing values, community values, government values, employer values and so forth – establishing commonality and then establishing a framework to resolve those that are in conflict. Such a process has moral, social and economic dimensions. The other issue requiring close scrutiny is the valuing of nurses and nursing and how this is demonstrated. This goes not only to issues such as pay equity, working conditions, workforce planning and workplace culture but the economic contribution that nursing makes and how much nursing wastage costs the Australian economy. It is a sad fact, but until we can quantify in dollar terms the economic costs associated with continuing to not address the fundamental causes of nursing wastage we will not get the attention of government and other key players in health funding and health service provision. We strongly urge that such analysis form a prominent part of the final report of this review.

The impact of de-regulation: In our view, the impact of the de-regulation agenda related to the predominance of free market ideology has been significant for nursing and the health sector generally. The area of industrial relations de-regulation and the impact this has had on wages and working conditions is of particular significance. So too is the potential for de-regulation of

health professions generally via review of the legislation regulating the health professions (for example, the current National Competition Policy (NCP) review of the Nursing Act 1992). The impact that de-regulation has not only on the nursing workforce but also standards of health care provided needs further close and urgent examination.

Gender Issues: The fact that nursing remains a predominantly female profession is also of critical importance. For example, the way in which the work of predominantly female occupational groups has been traditionally valued has been steeped in gendered assumptions of work and work value. Nursing workforce planning is also made more complex because of the discontinuous nature of the working lives of most nurses. Failure by employers and government to adequately address this structural issue and appropriately value nurses and their work has lead to nursing being viewed as a “disposable” and therefore been a significant cause of current nursing shortages. Those who refuse to accept that a gender analysis is appropriate are in our view delusional.

Community needs and expectations: Community needs and expectations are important factors underpinning the deliberations of this review. These must inform decision-making processes in health care, including those relating to nursing education and workforce issues. Processes that facilitate effective community involvement need to be investigated and supported by nurses, nursing and government.

Social and cultural issues: Broader social and cultural issues are of direct relevance to this review. Such considerations include but are not limited to issues such as: barriers to effective workforce participation for women; expanding career and educational opportunities for women; changing community expectations about the balancing of work and family; the ageing of the Australian population; the state of the Australian economy; the adequacy of retirement savings/superannuation and the nexus between this and our social security and health systems; the need for culturally appropriate health service delivery frameworks; and geographical issues (such as the decentralised nature of Queensland, community expectations and delivery of services to these communities). There are many and varied significant issues that need to be taken into consideration when examining issues affecting nurse education and nursing workforce planning. We know the review is keenly aware of the complexity of the issues under consideration and are pleased to see that social and cultural contextual issues have been included in the questions contained in the discussion paper.

The historical context: The historical context, the legacy of past decisions and past and present relationships between key nursing bodies/players need to be acknowledged but nursing key stakeholders must rise above entrenched positions. We must be cognisant of the past and learn from mistakes but must also accept the need to move forward to implement agreed strategies to improve the lot of nurses and nursing. To do so we must establish common values and goals, acknowledge and respect that at times differences in priorities and opinions will occur and concentrate efforts on those areas where there is commonality. Another issue that needs to be acknowledged is nursing “culture” and the positive and negative manifestations of this.

These broader contextual issues may seem to some to be “too big” to tackle and outside of the scope of this review. The QNU believes that it is only by acknowledging and addressing these issues that meaningful and sustainable improvements can be made to secure a better future for nurses and nursing. From our perspective the priority has been to group issues of concern under a number of broad headings and then devise and prioritise strategies to address each of these.

These strategies are often multi-layered and targets of activities/parties who can address the concern are diverse. A broad framework for issues of concern to our members is as follows:

1. Industrial – such as achieving remuneration and working conditions that appropriately acknowledge the skills and contribution of nurses. This includes both the re-establishment of pay parity for nurses working in different parts of the health sectors (both intra-state and inter-state parity) and achieving pay equity for nurses.

2. Professional – such as establishing mechanisms to adequately address workload (and standards of care) concerns, maintenance of a nursing model of care and achieving appropriate nursing skill mix.

3. Educational – such as encouraging people to undertake nursing education through waiving of HECS and postgraduate fees until such time that skills shortages are addressed, standardising curriculum and articulation arrangements, improving transition to work, improving access to and quality of on-the-job training and providing adequate and appropriate reward for undertaking further education.

4. Environmental and cultural – such as improving workplace amenities for nurses (eg car parking, child care etc), addressing occupational health and safety concerns (eg violence towards nurses), promoting a workplace culture that values nurses and nursing and addressing the de-regulation/de-skilling agenda.

5. Nursing workforce – such as adopting a consistent national agreed framework for addressing nursing workforce, regulation and educational issues that includes strategies to address the nature of nursing workforce.

The QNU acknowledges the complexities of the issues confronting nursing and the health system generally and appreciates that short, medium and long term strategies are required. We are extremely concerned about the current position in which nurses and nursing are situated. In our view we are precariously positioned and it is essential that all stakeholders have the courage to acknowledge this and be prepared to work together to address in a comprehensive way the myriad of complex and interrelated causal factors. There is no doubt the issues involved are daunting, but we believe firmly that with the will there is a way forward. This will necessitate "going back to basics", establishing clearly the issues that all stakeholders can agree on and then establishing mechanisms to facilitate collaboration and problem solving. This will not happen on goodwill alone, although some goodwill and discarding of old prejudices and animosity will be required. We know that such collaboration is possible because we have been involved in an embryonic form of the process we envisage through the Queensland Ministerial Nursing Recruitment and Retention Taskforce (though success of this particular taskforce was limited by funding constraints).

Such an approach will require leadership not only from the various nursing bodies but essentially will involve a significant commitment from federal and state/territory governments. In our view this will require not only funding but also the willingness of government to "go back to basics" and examine how their policies have contributed to the current serious situation confronting nurses and nursing and the Australian community as a whole. Of particular concern to the QNU is the current agenda of de-regulation and the serious adverse effect this has had on nurses and nursing (for example, through industrial relations de-regulation or the substitution agenda that

has resulted in de-regulation when qualified nursing personnel are substituted with unlicensed health service providers).

The extent to which such commitment is forthcoming from governments will be a measure of how nurses and nursing are valued by them. It is our view that the issue of funding of strategies to address the current critical shortage of nurses should be included as a priority issue in all future deliberations between commonwealth and state/territory governments, for example the upcoming negotiations on a new Australian HealthCare Agreement. The QNU awaits this response and places on record our willingness to be involved in finding solutions to the problems confronting us all. We will also continue to intensify our activities to ensure that government and employers take active and adequate responsibility for their part in finding these solutions.

Prior to addressing each of the questions raised in the discussion paper, we wish to place on record our strongly held view that no recommendations should be made to government by this Review until such time that these have been considered by all key stakeholders. It is essential that adequate time to allowed for comment on proposed recommendations. Although the discussion paper provides an overview of the current state of affairs for nursing education, it does not provide any suggested clear direction or proposal for change. In our view a further discussion paper containing recommendations arising from the review and the rationale for these must be released for public comment prior to a final report being prepared. If this does not occur the review process would be seriously flawed in our view as stakeholders would not have been afforded the opportunity to provide critique and analysis of any proposals. We therefore recommend that representations be made to the relevant Ministers for the review process to be amended to enable appropriate consultation to occur on proposed recommendations/strategies.

QNU/ANF (QLD BRANCH)

RESPONSE TO THE NATIONAL REVIEW OF NURSING EDUCATION DISCUSSION PAPER

FEBRUARY 2002

Question 1: ***What structural workforce changes do we need to consider, given:***

- ***The increase in the responsibilities of professional nurses,***
- ***The increased professional preparation of nurses, and the***
- ***Likely continuing difficulties in recruiting and retaining sufficient Registered Nurses to support future models of health care?***

Issues that need to be considered include:

- The industrial relations framework and how this is currently entrenching inequity and the under-valuing of nursing skills and the contribution that nurses and nursing make to the health system and the economy generally.
- The appropriateness of an industrial relations system predicated on conflict, competition and division (at the "enterprise" level) to an industry such as health.
- The development of appropriate tools to assess "work value" of nurses that enables appropriate recognition and reward for nursing skills and work.

- Strategies to improve the recruitment and retention of nurses and the costs and benefits of such strategies. These include improvements to wages and working conditions for nurses, including the implementation of adequate workload management tools.
- The nexus between the educational and work settings and overcoming barriers to professional development and education.
- Mechanisms to ensure appropriate nursing workload management.
- Nursing models of care that meet the increasingly complex demands of health service provision across sectors (based on community expectations and needs).
- The appropriateness of current skill mixes and strategies to ensure the maintenance of nursing models of care in all health settings.
- The impact (in terms of quality and appropriateness of care) resulting from the substitution of qualified nurses with unqualified (and unlicensed) personnel
- Strategies to facilitate the balancing of work and family responsibilities – eg improved rostering, better access to permanent part-time work, childcare that meets the needs of shift workers etc
- The articulation of nursing education in the TAFE and university sectors that will promote the maintenance of nursing models of care and meaningful nursing career structures

Question 2: ***To what extent is the shortage of nurses in the Australian health and aged care Systems influenced by the wider career and lifestyle choices available to the Australian workforce, particularly females?***

- Wider career and lifestyle changes for women do impact on the nursing shortages. However in our view such issues are not the major cause of this shortage. This lies with the way nurses are remunerated and their working conditions, especially current unsustainable workloads. If these were to be adequately addressed then the shortages would in turn be addressed. Look, for example, at recent experience in Victoria, where improvements to wages and working conditions (including a mandated minimum nurse patient ratio) for nurses employed by the public sector has resulted in the re-entry of around 2400 nurses into the public health system. There has also been a significant increase IN interest in pre-registration courses at Victorian universities.

Nursing is an intellectually, emotionally and physically challenging profession. The health system requires nursing coverage 24 hours a day 7 days a week. Few other occupations have such demands, especially for a predominantly female workforce. Until such time that workers are appropriately valued (in terms of remuneration, working conditions, family friendly policies and rostering etc) then the shortage will not be addressed. This current shortage has been a long time coming, the culmination of decades of neglect of nursing workforce planning.

Question 3: ***What national nursing leadership arrangement/s would enable nursing to promote its professional identity and direction within the profession and outside the profession?***

- The QNU recommends that a position of National Chief Nursing Officer is established that would be responsible for the overseeing of the national nursing agenda. The position would be involved in health policy development, provide advice to the Federal Government, coordinate national workforce planning strategies, and liaise with State and Territory Chief Nursing Officers.

<u>Question 4:</u> Should there be consistency for:

- ***the regulation of nursing?***
- ***the accreditation of courses and setting of standards for those courses, and if so how would this be achieved?***
- ***the use of nomenclature around specialisations and the roles associated with practice in specialities?***
- ***If so, how would this be achieved?***

- The legislative framework for the regulation of nursing is currently the responsibility of state governments. Consistency could be promoted by continuing cooperation between state nursing regulatory authorities, peak professional nursing organisations, and education providers.
- This could be facilitated through an office of the National Chief Nursing Officer.

<u>Question 5:</u> Would a system of credentialing of advanced practice be valuable? If you support such a system, how could this credentialing be achieved in a consistent manner, with efficiencies of scale as well as credibility for the range of specialisations that currently exist?

- The QNU would support the development of advanced practice competencies that may be consistently adopted by nurses working in specialty areas. The QNU recommends that the Federal Government support the exploration of models of advanced nursing practice, including nurse practitioner positions, so that such models develop in a nationally consistent and structured way**.** Credentialing is problematic as any listing of "core skills" may be limiting. See response to Q17.

<u>Question 6:</u> What approach could be taken to ensure quality of care by unregulated heath workers who work in a personal capacity with clients or in institutions? Should the arrangements differ for different work settings? Who should have responsibility for setting in place these projections?

- It has been the QNU's long held view that all people undertaking nursing practice should be regulated by the nurse regulating authority in each state or territory. (In Queensland this is the Queensland Nursing Council.) Our rationale for this and a mechanism for achieving such regulation have been detailed in our recent submission to the National Competition Policy Review of the Nursing Act 1992. (A copy of this submission is available upon request from the QNU.) In our view such regulation is essential to maintain standards of nursing care and educational preparation for those engaged in nursing practice in all settings. The protection of the community is enhanced if individual practitioners and their employers are accountable for the standard of care delivered. National consistency of approach for the extension of regulation beyond registered and enrolled nurses to include the third level of nurse (howsoever termed) would necessitate negotiation between the various nurse-registering authorities. In our view this should reflect best practice (ie should not be reduced to the lowest standard) and would entail both a title and practice restriction.

<u>Question 7:</u> Should all workers who are involved in care-work, be required to fulfil minimum educational requirements and be assessed for competencies for that work?

- Yes, in our view all workers undertaking nursing practice (and indeed other forms of non-nursing care) should be required to fulfil or be in the process of undertaking a stipulated minimum educational requirement. Competency assessment should be incorporated into

each level of educational preparation and there should be articulation between each course to facilitate consistency of approach and the establishment of a meaningful career structure for all engaged in nursing work. It may be necessary to have transitional arrangements for such a requirement to be implemented and funding would be required to support its implementation. The development of such a framework could be facilitated through the national Health and Community Services ITAB process and must involve all key stakeholders including nursing unions. (The review should note that there is a potential model for such an arrangement given that the proposed new Child Care Act and Regulations in Queensland proposes to incorporate the phasing in of minimum qualifications for all childcare workers in this state. It is our belief that there is broad support for this proposal from all key stakeholders (including unions) and that the state government has allocated funding to assist workers to obtain the stipulated qualification.)

<u>Question 8:</u> If the Review was to recommend a national awareness campaign for nursing, what objectives should it have? Who should fund this campaign? What organisation should develop and drive the campaign?

Prior to any campaign plan being developed the following issues should be considered:

1. If working conditions and remuneration of nurses are not addressed, any campaign to increase graduate numbers would be futile as a percentage of graduates once in the workforce would leave creating a void
2. Nurse education and training must meet future labour force needs.
3. A national workforce planning body be established which undertakes national workforce planning and negotiates with each state on enrolled nursing, undergraduates and post graduate nursing numbers.

If a campaign was to be considered:-

The campaign plan should target:-

- primary school children (boys and girls)
- advantages of nursing (as compared to another career)
  - provide holistic care to the ill and vulnerable
  - contribute to the saving of lives
  - contribute to improved wellness in the community
  - opportunity to travel/work overseas
  - advocacy/accountability/autonomy

- State/Territory Governments need to facilitate work experience and marketing in primary and secondary schools.
- Develop an effective link with secondary school career counsellors
- Working conditions and remuneration need to be addressed prior to any school campaign commencing (as outlined in first dot point)
- State/Territory Governments need to develop a Careers Advisory Service for undergraduate, new graduate and postgraduate nurses.
- Joint government approach to Federal/State funding and development of a campaign program.

***<u>Question 9:</u>* How could information on nursing career pathways be developed and documented in a form that remains up-to-date, accurate and accessible? Is there a value in attempting to develop this sort of material?**

- Each State/Territory Government should develop and implement information strategies that promote nursing career pathways.

***<u>Question 10:</u>* Would there be value in developing careers material on nursing at a national level or do States and Territories have their own approaches to this? Are you aware of any careers materials that would provide useful models?**

- It is the States'/ Territories' responsibility to develop appropriate information. A link with all states/territories could be maintained through information technology.
- Federal and State Territory funding to develop the technology required and ongoing review of material

***<u>Question 11:</u>* How can the education sectors combined with the healthcare sectors and professional bodies contribute to the development of better nursing management and leadership in clinical settings?**

- State/Territory governments in collaboration with health facilities and professional bodies develop appropriate management programs for senior nurse clinicians. These programs would be facility based and provide articulation into a tertiary course.
- State/Territory Governments should initiate statewide education programs (providing articulation into a tertiary facility) where there is identified workforce requirements.
- The tertiary sector together with identified professional bodies and health care providers undertake more research into the role of nurse leaders and the area of nursing leadership and management
- There is little incentive in Queensland for nurses to achieve any additional post basic qualification as qualification allowances are not paid

***<u>Question 12:</u>* What factors limit the ability of nurses to perform at their level of expertise and knowledge, that is, to use educational investment made by the community?**

A number of factors seriously limit the ability of nurses to perform at their level of expertise. These include excessive workloads which mean that nurses are able only to perform the basic care tasks and unable to fulfil functions they feel are integral to their role (eg sufficient patient education, adequate discharge planning etc). This is the source of significant dissatisfaction for nurses and results in them leaving nursing "burnt out" because they can not deliver the standard of care to the best of their ability. Another factor is poor resource allocation and limitation on roles determined by local management. An example of this is the inconsistent manner in which the advanced Enrolled Nurse has been implemented in Queensland, especially in relation to medication endorsement. Some facilities are implementing this role appropriately, enabling the endorsed enrolled nurse to function at the higher level, whereas others have failed to effectively capitalise on this recent development. Poor management and short sightedness at some facilities is the barrier in this instance. (Another barrier is the inadequate response by Queensland Health to appropriately compensate these nurses who can perform at the higher level as their preference is to strictly limit the number receiving a small amount of additional remuneration for performing at the higher level.) A third barrier is reluctance on behalf of other health professionals (eg medical practitioners) to allow the extension of the scope of nursing practice to incorporate tasks traditionally exclusively undertaken by them.

Factors include:
- Demanding and excessive workloads
- Skill mix issues lack of recognition of the expertise required to meet the position descriptions
- Working conditions (unpaid overtime, workloads, insufficient remuneration lead to nurses opting out of nursing.

<u>Question 13:</u> How can the culture of the working environment for nurses be made more supportive?

The QNU believes this must start with the explicit acknowledgment of the value and contribution of nurses and for this to be manifest in the implementation of a variety of strategies at the workplace level. These include but are not limited to:

- The implementation of enforceable mechanisms to ensure adequate workload management for nurses (eg mandated minimum nurse-patient ratios).
- Policies and procedures to ensure that bullying and other forms of violence towards nurses are not tolerated.
- The implementation of "best practice" rostering and other initiatives that help achieve a balance between work and family.
- The establishment of remuneration arrangements that adequately acknowledge the contribution of nurses and compensates them for unsocial hours of work (eg. Pay parity with other like health professionals, in charge of shift and qualification allowances and improved penalty rates for shift work).
- The provision of adequate workplace amenities (such as adequate staff rest areas and free car parking) and the provision of adequate equipment to ensure safe systems of work (eg lifting equipment, limiting exposure to chemicals etc).
- Ensuring that affordable high quality childcare that meets the needs of shift workers is available to those who require it (note the significant current limitation on the provision of extended hours care).
- The establishment of mechanisms that ensure meaningful input by nurses into health and aged care decision making at the work unit, facility and strategic levels - that is, the establishment of a true partnership approach.
- The further promotion of a team approach in health and aged care service delivery where the contributions of each member of the team are genuinely acknowledged and valued. (This would necessitate improved education of other health professionals and the community as a whole on the changed and emerging roles of nurses.)
- Improvements to employee assistance services and access to critical incident stress de-briefing.

<u>Question 14:</u> What approach should Australia take to determining the scope of practice for nurses? What projections and accountability measures need to be adopted to complement the approach you advocate?

- The QNC's *Scope of Nursing Practice Decision Making Framework* (1998) provides a framework for determining the scope of nursing practice in Queensland. The framework includes guiding principles to expand the scope of practice of Registered Nurses and also includes guiding principles for delegation among nurses and to unregulated care providers. The Framework clearly indicates the accountability of the RN for the provision of nursing and for delegation decisions. This approach may be considered by other jurisdictions as a mechanism for determining the scope of practice for nurses.

<u>Question 15:</u> To support the different models of health service, nurses will need to be involved in lifelong learning. What types of courses, education and training should be the responsibility of government versus industry or the individual?

- The QNU strongly recommends that undergraduate preparation at Bachelor degree level remain the minimum qualification for entry to practice as a Registered Nurse.
- It is also recommended that closer ties be developed between universities and health providers, including the development of cooperative networks, the establishment of university nursing campuses on health facility sites, and shared educational arrangements.
- It is recommended that State and Territory governments fund re-entry and refresher programs on an ongoing basis to facilitate a return to nursing for nurses who have been away from the nursing workforce for a period.
- It is recommended that educational programs to gain midwifery qualifications be accessible in both rural and metropolitan areas in a variety of delivery modes.

<u>Question 16:</u> Is there a stronger role for Enrolled Nurses in either or both the health and aged care sectors? What career pathways would be possible for Enrolled Nurses?

- It is recommended that a working group of the Australian Health Workforce Advisory Committee be established to develop national guidelines on the better utilisation of enrolled nurses in the provision of nursing care.

<u>Question 17:</u> Is this a comprehensive list of the core skills and knowledge required by all nurses? Do beginning nurses need all these skills?

- ***The ANCI National Competency Standards for the Registered and Enrolled Nurse aim to "identify the knowledge, skills and attitudes required by nurses". Any attempt to list core skills of nurses would be problematic as such a process may fail to reflect the complex nature of nursing work and the wide variety of settings in which nursing occurs.***

<u>Question 18:</u> What impact is the competitive employment environment of agency nursing, institutional shortage and new or developed models of care in the community likely to have on the acute and aged care sectors? What response will be necessary if these are to compete for a nursing workforce?

- In our view it is a combination of the predominance of market driven ideology and the systemic long term undervaluing of nurses and nursing that have in large part created the current critical shortage of nurses. It is therefore ironic that the competitive employment situation for nurses is being seen as a significant problem that must be overcome. It could just as easily be viewed as market forces. We see it as "chickens coming home to roost". Market forces are merely being played out and this is, in our view, having a detrimental impact on the delivery of health and aged care services. We have always expected this to be the case. For example, in various submissions by the QNU to senate inquiries into the federal government's workplace reform agenda, we warned of the potential negative consequences of subjecting the health industry (and nursing in particular) to such de-regulation. In the early 1990s nationally consistent rates of pay were finally established for all nurses in federal awards. The pay rates for all nurses within all sectors in Queensland were consistent. Then along came enterprise bargaining and we have been chasing parity ever since. Recruitment of nurses in sectors that have been "left behind" is becoming increasingly difficult. As problems are addressed in one sector this creates a vacuum in another (for example, the reported haemorrhaging of nurses from the aged care sector in Victoria to the acute care sector).

- A comprehensive national approach to this serious problem is required. There is of course a direct link between this issue and the manner in which health and aged care services are funded by federal and state/territory governments. Some areas require particular urgent attention, for example, the need to re-establish guaranteed funding for wage increases in aged care and mechanisms to ensure that employers acquit for funding received. Significant action is required if matters are not to deteriorate further. The appropriate re-regulation of nurses' wages and conditions is in our view critically important and is the only way in which all sectors will be able to "compete" for the nursing workforce on an equal footing.
- As an aside, we watch with interest what final determination the ACCC will make with respect to an application by the Victorian government (Health Purchasing Victoria) for exemption from prosecution under the Trade Practices Act with respect to their plan to limit payment to agency nurses employed in public hospitals in Melbourne and Geelong. Professor Fels has announced that the ACCC has decided not to grant the exemption at this time as the matter is complex and requires further careful consideration.

<u>Question 19:</u> Should formal nursing workforce planning be a national role with funded undergraduate nurse education places decided at a national level and tendered for by universities?

- It is recommended that a national nursing workforce planning body be established which undertakes national workforce planning and negotiates with each state/territory on enrolled nursing, undergraduate and post graduate nursing numbers.

<u>Question 20:</u> Could funded postgraduate nurse education places be decided at a national level and tendered for by universities?

- It is recommended that workforce planning models take account of the need for specialty and rural and remote nurses prior to determining total numbers required by the health care system.

<u>Question 21:</u> Is there a way to interface workforce requirements for Registered and Enrolled Nurses?

- It is recommended that a national nursing workforce planning body is a primary mechanism for interfacing the workforce requirements for Registered Nurses, Enrolled Nurses and unregulated workers who assist in the delivery of nursing practice.

<u>Question 22:</u> Should there be more national consistency around the scope of practice and the education and training of Enrolled Nurses, including the level of qualifications? If so how could this be achieved?

- The lack of consistency in Enrolled Nurse education has led to inconsistent utilisation of enrolled nurses in the workforce
- A nationally recognised qualification for enrolled nurses at the diploma level would achieve consistency
- The Queensland Nursing Council (QNC) regulates nursing practice in Queensland and maintains a register of enrolled nurses and in consultation with the profession, consumers and others develops, implements and monitors standards for the regulation, education practice and conduct of nurses.

***<u>Question 23:</u>* In order to ensure more consistency in the interpretation of the ANCI competencies, would you support the development of a curriculum framework or guidelines for Enrolled Nurse courses?**

- A nationally recognised qualification for enrolled nurses at the diploma level would achieve consistency
- The Enrolled Nurse program (Queensland) has a very clear framework and guidelines to achieve course objectives
- The ANCI competencies' broad approach would have to be reviewed prior to any national development of a curriculum framework or guidelines for enrolled nurse course occurring.

***<u>Question 24:</u>* In order to ensure more consistency in the interpretation of the ANCI competencies, would you support the development of a curriculum framework or guidelines for undergraduate nursing courses?**

- The tertiary facilities currently incorporate the ANCI competencies into the undergraduate nursing curriculum.
- The ANCI competencies broad approach would have to be reviewed prior to this occurring.

***<u>Question 25:</u>* We are interested in your views about models that could provide the opportunity for substantial experience in a specialist area within a comprehensive program.**

- As at February 2001 the National Skills Shortage (NSS) in Australia identified skills shortages in 16 specialities including operating theatre, emergency, intensive care, aged care, oncology, perioperative. Refresher and reentry programs are identified as strategies to address this. However exposure to these speciality areas in the undergraduate phase will facilitate a students interest in selecting one of these areas as a potential clinical pathway.
- The tertiary sector need to assess undergraduate clinical placements required with more spread across the university calendar and a more consultative/collaborative approach with the health providers if the number of clinical specialities was to be increased and made available to the students for placement.
- The duration of clinical placement needs to be reviewed if a nursing student is to obtain any clinical value from it.
- A local network of health providers and a few universities collaboratively working towards a model where clinical placements include specialities is one model that could be explored
- The philosophy of some academics may need to alter for clinical placement of undergraduate nursing students into speciality areas to occur

***<u>Question 26:</u>* How can nurses develop appropriate management skills, including delegation, supervision, budgeting, negotiation etc? What training opportunities can be provided?**

- Management theory and skills should be included in all tertiary level nursing programs.
- Financial assistance including scholarships, paid study leave and interest free loans should be progressed as a matter of urgency.
- Training opportunities are abundant in health facilities. However, for the opportunities to be taken financial assistance, leave and backfilling of positions needs to occur.
- The QH Ministerial Taskforce Nursing Recruitment and Retention has developed a Business Planning Framework. Reviewers may be interested in considering this document as an example of currently available nursing management tools.

<u>Question 27:</u> To become a beginning Registered Nurse practitioner how broad does the clinical exposure need to be? What types of experience does it need to cover? Could it be done entirely outside acute settings?

- Health care is delivered in various settings other than acute care facilities
- Clinical exposure for the undergraduate nursing student should be as broad as needed provided the nurse has all the beginning knowledge and skills required to work in the clinical setting of his/her choice and achieve registration as a registered nurse
- There are undergraduate nursing students if exposed to clinical settings outside the acute care area may choose to work in those settings as a new graduate

<u>Question 28:</u> What types of models of clinical exposure for student Enrolled and Registered Nurses could be developed in partnerships between the health services and the universities that could achieve the following:
a) improve the experience for the student,
b) ensure high quality learning experiences,
c) provide fair access to the variety of clinical settings,
d) depth of experience
e) and at a cost that is sustainable for all parties?

How could these models be implemented at a national, State and regional level?

- Clinical placement and experience for nurses is a significant factor in the appropriate educational preparation of registered and enrolled nurses. Clinical experience needs to be assisted by either appropriate facilitation or preceptorship within the facility. Either method requires funding for student support. The vital educational experience is not adequately catered for in the current tertiary funding arrangements. Health facility budgets take no account of this support in their funding models either. This essential component of student learning is placing a financial burden on both sectors. Friction develops between the parties over responsibility and it is the nurse in the workplace and the student who are disadvantaged.
- Appropriately costing the clinical placement component of the course and allocation of appropriate funding by each sector.
- Support of the student in the clinical setting through effective preceptorship programs
- Provide speciality units as areas where students can select clinical placement
- Collaboration with the tertiary sector and health facilities to ensure that enrolment courses match industry needs
- Funding for training and staff development of registered nurses responsible for the clinical education of pre registration nursing students needs to be a priority for both tertiary and health care sectors
- Registered nurses providing support to nursing students once allocated an appropriate patient load to do this
- Clinical placements need to be of a timeframe that is appropriate and meaningful to all involved
- Backfilling of these position needs to occur if clinical experiences are to occur for the students
- Rural and remote areas need to be included in clinical placements with the appropriate funding provided (tertiary and health providers responsibility)
- Address the inconsistency in remuneration for hospital based facilitators organising undergraduate pre registration placements

- This lack of remuneration and other aspects related to preceptor support such as rostering and staff skill mix needs to be addressed

<u>Question 29:</u> What are the features of effective partnerships?

- Respect for the opinions and needs of all stakeholders is a fundamental component of effective partnerships.
- Allocation of student nursing places to universities be based on thorough workforce planning, the nursing needs of geographical areas and the ability to resource appropriate clinical placement is a true and beneficial partnership approach not just one of income creation for individual universities.
- Features of effective partnerships are
  →effective collaboration between all parties
  →appropriate clinical support for students
  →coordinated approach to nursing education
- There are disparities in expectations between the higher education sector and healthcare providers
- State/Territory Health Departments should establish and resource appropriately a representative standing committee to facilitate the development of partnerships between the health and higher education sector to address these disparities.

<u>Question 30:</u> Should special assistance be provided to student Enrolled and Registered Nurses to meet the extra cost of clinical placement, e.g. travel, accommodation in two locations?

- Yes. In our view such support may encourage student nurses to consider employment in different employment settings (eg rural or remote locations). Such exposure to new environments would also enrich their educational preparation. As we have stated in our previous submission to this review, such courses should also be HECS exempt until such time that the current nursing shortage is addressed.

<u>Question 31:</u> How could national consistency about the requirements, course standards and level of qualification to be registered as a Midwife be implemented while building a system that allows articulation between nursing and midwifery education?

- Appropriate midwife professional associations, states regulatory bodies, QNU/ANF users and providers of the midwifery service would need to concur on how or whether to progress this.

<u>Question 32:</u> In order to protect beginning practitioners and assist their continuing education and development, is a more extensive period in the service sector prior to full registration desirable? If so how should this be done, who should have responsibility for this process: education or service? How could it be realistically funded to ensure that government, non-government and aged care sectors are included?

- Completion of an internship year should not be a requirement for nurse registration
- Clinical placements are often not long enough or coordinated well enough to provide the beginning nurse with knowledge and skills to perform at this level in a confident manner.
- Longer supernumerary time should be offered in the health facilities to which they are employed in (supernumerary time includes the graduates preceptor)
- Quality preceptors and providers support will enhance the graduates transition into a health facility

Question 33: ***Who should be responsible for refresher and re-entry courses? Where should the funding for them come from and under what conditions?***

- In the context of the current acute nurse shortages, the federal and state/territory governments should fund refresher and re-entry courses. Individual nurses wishing to undertake refresher or re-entry courses should not be expected to undertake these courses at their own expense. It should be possible for the various levels of government to negotiate the funding arrangements, for example through the next Australian Healthcare Agreement negotiation round due to commence shortly.
- We also find it astounding that the federal government does not fund Labour Market Programs for nurses wishing to re-enter the nursing workforce. Such programs existed in the past and should be re-implemented as a matter of urgency and should be ongoing (that is, continue beyond the resolution of the current acute shortage).

Question 34: ***The Review Panel supports the view that Masters and Higher Degrees are the responsibility of the university. It seeks your views in ways of achieving:***

a) consistency of nomenclature
b) consistency between course providers
c) consistency of graduate outcomes for different levels, e.g. Diplomas and Masters
d) a national approach to meet the needs of the smaller specialities?

- It is recommended that a national forum of education providers, registration bodies and industrial / professional organisations be established that would facilitate consistency in relation to Masters and Higher Degrees.

Question 35: ***How should health work force policy and planning influence the provision of these courses?***

- It is recommended that allocation of student nursing places to universities be based on thorough workforce planning, the nursing needs of the geographical area and the ability to resource appropriate clinical placement.

Question 36: ***Should there be endorsement to practice or credentialing for specialisation at an entry level? Should there be standardisation of the level of qualification to practice in a specialty area and who should decide to ensure national consistency? How should advanced practice be distinguished from entry to practice in a specialty area?***

- It is recommended that completion of an undergraduate degree remain the entry level for Registered Nurses and that higher degrees provide expansion of clinical practice in specialised areas.

Question 37: ***Assuming funding support was available for courses that provide the knowledge and skills to work in a specialty area, what criteria should be used to decide on the courses which would qualify for funding? Who should fund these courses? Which specialist courses need to be uniformly available across Australia?***

- It is recommended that HECS or course fees for postgraduate study in all specialty areas demonstrating shortages be waived until workforce planning data demonstrates shortages have eased.

Question 38: ***What models can be developed in universities that reward not only academic development but also clinical expertise in the teaching staff of nursing faculties?***

- Effective consultation/collaboration with health service providers and tertiary facilities
- Appropriate acknowledgment of clinical expertise is vital to maintain clinical credibility

<u>Question 39:</u> How do we foster a culture of learning in health service organisations? What funding and infrastructure are required to maintain it?

- A genuine culture of learning for nurses can only be truly fostered if significant structural impediments are first addressed. Firstly, a clear message from employers that a continuous learning culture is endorsed must be sent. This is not merely in the form of broad mission statements or policies, but given effect in actual practice. A combined "top down" and "bottom up" approach is required. It is our experience that to date a "bottom up" approach has been more common, with nurses largely taking responsibility themselves for significant elements of ongoing formal learning (eg by undertaking tertiary based post basic qualifications at significant personal cost) with little or no support from their employers. Nurses are also well aware of inequalities between health professionals in relation to actual support for continuing education and professional development (eg in practice medical officers receive much more support for their ongoing professional development than nurses). In summary, an equitable approach needs to be taken to all health professionals with regard to ongoing learning and resources must be combined with the rhetoric.
- Impediments to the fostering of a culture of learning include factors such as excessive workloads that effectively prevent nurses from engaging in both "on the job" and "off the job" learning. Significant funding to employ adequate numbers of nurses to address workload issues must be provided. (First, however, other strategies to encourage nurses to re-enter the nursing workforce and attract others to nursing will also need to be funded. Nursing must be made an attractive career choice, and issues such as adequate remuneration are central to this.) Nurses must be able to be released from direct patient care to participate in learning. Even learning in the direct care environment requires a component of "off-line" time. (An example of this is the component of non-contact time allocated to facilitate preceptorship arrangements.)
- Not only must time be allocated to facilitate a learning culture, adequate resources to facilitate this must also be provided. For example, in most health and aged care facilities IT hardware is currently insufficient to truly encourage learning by nurses. Appropriate software such as specialty specific IT based learning packages is also inadequate in many areas. Funding for the provision of appropriate IT hardware and software requires particular attention.

Other issues that must be addressed include:

- Appropriate workloads and skill mix
- Time to develop education and research plans/proposals as part of the working day
- Appropriate paid study leave and remuneration
- Budget allocation for this to occur on a recurrent basis

<u>Question 40:</u> What policies/programs could support the consolidation and expansion of quality nursing research by clinical practitioners, academics and researchers?

- *More of a clinical approach to research*
- *Establishment of a clinical school in hospitals whereby clinicians are seconded by health facilities and supported by academics*
- *Research/quality programs that are clinically based and have clinical significance or credibility to nurse clinicians working in health care facilities*

<u>Question 41:</u> Where do you see the most effective use of new technologies to support the education and training of nurses both initially and throughout their careers?

- There is significant potential for new technologies to be used very effectively to support the education and training of nurses. For example, CD-Rom based learning packages, satellite broadcasts and Internet based learning are all potential sources of innovative learning. However, we doubt that the IT and other hardware is available at this time to make such training vehicles accessible to the majority of nurses at this time. Workload pressures would also currently preclude many nurses from effectively participating in such forms of learning in a meaningful way. The use of new technologies needs to be thoroughly planned and adequately resourced if their use is to be optimised. Such technologies can not be seen as a substitute for "face to face" learning - rather they should be viewed as a adjunct to this.

<u>Question 42:</u> What type of policy and funding systems would support this development?

- An integrated approach is definitely required to ensure that the needs of health and aged care providers, educational institutions and nurses are adequately meet. The utilisation of new technologies must be a "subset" of an overarching policy framework for nurse education. Although the potential for use of new and emerging technologies is exciting, this should be viewed as merely one element of nurse education and professional development and should not assume importance beyond that. In our view further funding should be provided in the first instance to investigate the potential role of such technologies and the funding implications if such technologies are to be utilised effectively.