The ANMF response to the National Skills Commission (NSC) Skills Priority List (SPL) Stakeholder Survey

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Midwifery
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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. We welcome the opportunity to provide input into the development of the 2023 Skills Priority List.

6. The information below provides a brief outline of the current workforce challenges widely experienced by nurses, midwives and carers across the health and aged care sectors and factors that should be taken into account in this review.

Current Skills Priority List

7. The ANMF notes that most nursing, midwifery and carer occupations are currently assessed as being in shortage nationally and in all States and Territories. The occupations below are listed as "in national shortage" with strong future demand.[1]

    254111 - Midwife
    254212 - Nurse Researcher
    254411 - Nurse Practitioner
    254412 - Registered Nurse (Aged Care)
    254413 - Registered Nurse (Child and Family Health)
    254414 - Registered Nurse (Community Health)
    254415 - Registered Nurse (Critical Care and Emergency)
    254416 - Registered Nurse (Developmental Disability)
    254417 - Registered Nurse (Disability and Rehabilitation)
    254418 - Registered Nurse (Medical)
    254421 - Registered Nurse (Medical Practice)
    254422 – Registered Nurse (Mental Health)
    254423 – Registered Nurse (Perioperative)
    254424 – Registered Nurse (Surgical)
    254425 – Registered Nurse (Paediatrics)
    411411 - Enrolled Nurses
    423111 – Aged or Disabled Carer
    423313 – Personal Care Assistant

Continuing impact of Covid 19 on the Healthcare workforce

8. At the end of the third year of the Covid-19 pandemic with on-going outbreaks impacting heavily on health and aged care workers in all settings, it is crucial more effort is directed to supporting the retention of the existing workforce with more investment to improve retention and prevent the loss of skilled and experienced staff.

9. High levels of Covid-19 infection in the community continues to impact the health workforce through increased demand for health care services and hospitalisations and reduced workforce capacity due to significant numbers of health and aged care workers unable to work because they are either unwell themselves, caring for unwell family members or in isolation.

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[1] https://www.nationalskillscommission.gov.au/topics/skills-priority-list

10. Nurses, midwives and carers are experiencing high levels of fatigue and burnout and, of necessity are leaving the workforce either temporarily or considering leaving the profession permanently.

11. Surveys conducted by the ANMF's National Policy Research Unit on the impact of Covid-19 in the public and private hospitals and the aged care sector reinforce the on-going feedback from ANMF members across all sectors of the relentless demands and sheer exhaustion experienced by staff day in day out.

12. The survey was conducted in early 2022 following the easing of restrictions and opening of borders in December 2021. At that point in time, 21% of participants working in public and private hospitals reported planning to leave their position within the next 12 months and over a third (36%) reported plans to leave their job within 1 to 5 years. 13% reported that they planned to leave the nursing/midwifery profession. A full copy of the survey report can be accessed at:

    https://www.anmf.org.au/media/2v3cbkdl/anmfcovid19survey2022_australianhospitals_finalreport.pdf

13. Responses collected from participants working in the aged care sector indicated that 21% intended to leave their current position within the next 12 months and 37% reported planning to leave within 1 to 5 years.

14. By occupational group, PCWs/AINs were the largest percentage of participants (24%) intending to leave both their current positon and the profession (aged care). Registered Nurses were the largest percentage of participants who reported intending to leave their role within the next five years (39%) and/or retiring (15%). Please find a copy of the National Aged Care Covid-19 Survey Report here:

    https://www.anmf.org.au/media/jrtkgc0j/anmfagedcarecovid19survey2022_finalreport_executivesummary.pdf

15. We also note the ABS data included in the National Skills Commission, Key Findings Report, indicating the Health Care and Social Assistance Industry accounted for the largest share of people who changed jobs in the year ending February 2022, (12.2%)[2]

16. At an industry level, the job mobility data shows that 155,500 people working in the Health Care and Social Assistance Industry changed jobs in the 12 months prior to February 2022 and that 50,800 people were working in a different industry division than 12 months earlier (than February 2022).[3]

17. Further information at an occupational level would be instructive however it is reasonable to surmise that health and aged care workers would be included in that cohort in significant numbers.

Aged care sector

18. Attraction and retention problems continue in the aged care sector despite findings of the Royal Commission into Aged Care Quality and Safety on the importance of improving wages and conditions in attracting and retaining a skilled workforce. The Unions' applications for a 25% increase in Award rates of pay currently before the Fair Work Commission ought not be a barrier to employers offering immediate improvements to address this problem. Nor should implementation of the interim decision to increase wages by 15% for direct care workers be considered more than part of what is necessary to attract and retain a skilled workforce.

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[2] https://www.nationalskillscommission.gov.au/reports/2022-skills-priority-list-key-findings-report

[3] https://www.abs.gov.au/statistics/labour/employment-and-unemployment/participation-job-search-and-mobility-australia/latest-release

19. And while the Government has accepted most of the Royal Commission's recommendations and begun the process of implementing a number of welcome reforms, wages and working conditions in the sector remain poor. Where enterprise bargaining does occur, wage outcomes are low with rates of pay well below those for equivalent occupations in other health care settings.

20. Workforce shortages in the sector are primarily the result of a lack of decent jobs with fair wage and conditions. Apart from low wage rates, the sector has not addressed a range of other barriers to employment including insecure working arrangements, low hour contracts, lack of regular hours, poor rostering practices, unmanageable workloads, poor staffing levels and skill mix and little, if any, career progression or opportunities.

21. The first response from employers in the aged care sector should be to address the long standing problems in the sector instead of relying on the recruitment of overseas nurses and carers who will leave at the first opportunity for more attractive employment elsewhere in the health industry.

22. The continued over-reliance on overseas workers as the "solution" to what should be more accurately described as attraction and retention problems in the sector does not take into account the global shortage of nurses (and midwives) and the ethical issues associated with high income countries recruiting workers from lower income countries instead of investing in the planning, training and development necessary to achieve a strong, stable health and aged care workforce.

23. Recruitment of nurses and midwives from less resourced countries to meet the healthcare needs of well-resourced nations was of such growing concern the World Health Organisation declared that active recruitment of healthcare workers and its related migration as one to the greatest global health threats in the 21st century.[4]

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[4] State of the world's nursing 2020: investing in education, jobs and leadership.
Geneva: World Health Organization; 2020. https://www.who.int/publications/i/item/9789240003279

ANMF priority areas for reform

24. In our October pre-budget submission 2022-2023, the ANMF identified priority areas for reform that would result in improved service delivery, better health and well-being outcomes, as well as better workforce recruitment and retention across the system. Our priorities include the following proposals:

- Mandate publicly reported, evidence-based minimum safe staffing levels and skill-mix across the health, maternity, and aged care systems to ensure the best health consumer outcomes and the delivery of safe, high-quality care in all settings.

- Fund the development and implementation of comprehensive, evidence-based nursing, midwifery, and care-worker workforce planning including:

  - High-quality, nationally consistent transition to practice programs for all nurses and midwives in every setting.

  - Improved data collection and data linkage by the Australian Health Practitioner Regulation Agency (AHPRA) and universities to track nursing and midwifery students from undergraduate courses through to full registration.

- Work in collaboration with health and aged care stakeholders, health and workforce researchers, and nursing and midwifery peak bodies to improve recruitment and retention of the nursing, midwifery, and care-worker workforce including expansion of Victoria's successful model of pre-graduation employment for Registered Undergraduate Students of Nursing and Midwifery (RUSON/M).

- Fund nationally consistent peer support/mentor programs similar to those currently operating in Tasmania and South Australia to keep experienced nurse, midwife, and carer staff in practice for longer and that encourages staff who have left work or the sector to return to practice.

- Ensure housing policy is fit for purpose to ensure adequate, safe, and financially feasible accommodation for the growing workforce required to meet Australia's current and future challenges.

- Ensure that any migration of nursing, midwifery, and care workers is undertaken as an 'industry wide approach' and includes a decent minimum wage of $91,000, appropriate housing and access to healthcare and childcare

Current workforce data and other relevant information

25. Please access the link below for workforce data and further relevant information including an overview of Nursing and Midwifery workforce – data and demographics, the latest nursing and midwifery registration data, nursing and midwifery student commencements and completions, and the number of nurses and midwives registering for the first time. https://www.anmf.org.au/about/nursing-and-midwifery-workforce

26. The workforce data provides information specific to nurses and midwives in the workforce (as defined) and employed in their profession. The registration data provides the total number of nurses and midwives that are registered with the Nursing and Midwifery Board of Australia (NMBA).
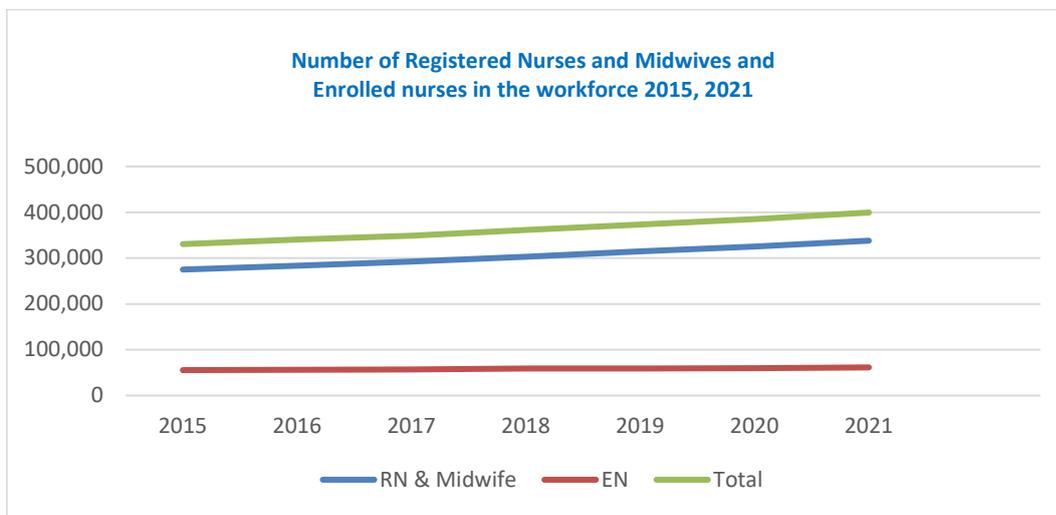
27. As noted in the "Overview", not all nurses and midwives registered with the NMBA are in the workforce however they can still be registered or enrolled provided mandatory registration requirements are met.

28. The following tables include the most recent information on the number of nurses and midwives in the workforce, number employed and number registered with the NMBA.

Table 1: Number of registered nurses and midwives, and enrolled nurses in the workforce 2015, 2021

	2015	2016	2017	2018	2019	2020	2021
RN & Midwife	274,996	283,703	292,318	302,606	314,473	324,980	337,996
EN	55,533	56,549	56,838	58,683	59,041	59,796	61,429
Total	**330,529**	**340,252**	**349,156**	**361,289**	**373,514**	**384,776**	**399,425**

Number of Registered Nurses and Midwives and Enrolled nurses in the workforce 2015, 2021

Table 2: Number of nurses and midwives Registered and Employed in Australia 2016, 2021

Profession/Division	2016	2017	2018	2019	2020	2021
Registered Nurse	236,931	245,269	254,650	265,335	271,009	286,149
Enrolled Nurse only	51,454	51,478	52,944	53,219	52,342	54,193
Dual Registration	23,377	22,568	22,135	21,656	21,256	20,990
Midwife only	3,402	3,807	4,241	4,731	4,982	5,364
Total	**315,164**	**323,122**	**333,970**	**344,941**	**349,589**	**366,696**

Table 3: Number of nurses and midwives registered to practice in Australia 2015, 2022 (September quarter)

2015	2016	2017	2018	2019	2020	2021	2022
363,620	373,394	383,242	396,522	409,371	445,776	474,042	458,484

Note: Includes nurses and midwives on the Pandemic response sub-register[5]

Additional feedback concerning occupations not well described in ANZSCO

29. We welcome the ABS review into updating ANZSCO and look forward to further consultation in relation to the Aged and Disability Care sector and more broadly, all nursing midwifery occupations in the near future.   As you will be aware, the ANMF has previously raised concerns relating to the occupations covering Nursing Support and Personal Care Workers. The occupations listed in this Group include:

- 423312 Nursing Support Worker (Alternative titles – Assistant in Nursing)
- 423313 Personal Care Assistant
- 423111 Aged or Disabled Carer (Alternative titles – Aged or Disabled Care Worker; Personal Carer and Personal Care Worker)

30. All occupations listed above are common titles used for different types of care work carried out in a range of work settings and services across aged and disability services including nursing homes, aged home care and disability care provided in the home. The titles are also used interchangeably both within and across different work settings. The work performed will vary but there is some degree of overlap between the "tasks" described under the respective ANZSCO descriptors.

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[5] The Pandemic response sub-register was established in April 2020. In April 2022 nurses and midwives whose registration was due to expire and who opted in to stay on the sub-register had their temporary registration extended to 21 September 2022.
From 21 September 2022, the registration of nurses and midwives on the sub-register expired if they did not opt in to extend their temporary registration to 21 September 2023 or they did not apply to transition to the main register.
For more information on the Pandemic sub-register go to:
https://www.ahpra.gov.au/Resources/COVID-19/Pandemic-response-sub-register.aspx

31. With the current and increasing demand for workers in these occupations, from a workforce planning perspective it is necessary to distinguish between care workers working in residential aged care, care workers working in home care and disability care workers.

32. To date, the workforce data available from the ABS cannot provide information on the number of Aged or Disabled Carers working in aged care as distinct from disability care. Similarly, it is not possible to identify the number of care workers, (however described), who are home care workers.

33. The industry classifications (ANZSIC), provide access to information on the number of people in each occupation working in "Aged Care Residential Services" but there is no industry classification specifically capturing aged care in the home, community care or disability services.

34. The ability to access workforce data is fundamental to workforce planning and we are concerned the data in relation to the above occupations cannot be easily identified. While we do not necessarily have a perfect solution, one suggestion is that the "Aged or Disabled Carer" classification be changed to just "Disability Carer" to distinguish the occupation from those in aged care.