australian nursing federation

Submission to Health Workforce Australia in response to the consultation paper on the Draft National Health Workforce Strategic Framework for Action

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1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses, midwives, and assistants in nursing, with Branches in each State and Territory of Australia. The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

The ANF has a membership of over 200,000 nurses, midwives and assistants in nursing. Our members are employed in a wide range of settings in urban, regional, rural and remote locations, in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, including reform agendas, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

The ANF welcomes the opportunity to contribute to the work of Health Workforce Australia (HWA) by providing comment on the draft *National Health Workforce Innovation and Reform Strategic Framework for Action (Framework).* The submission to follow reflects support for the Framework's "Domains for Action" with our commentary highlighting particular points for HWA around the strategy statements within each domain.

2. General comments

Given that nursing and midwifery form the largest cohort of the health and aged care workforce, the ANF has a primary concern that any reform must start with a genuine evaluation of the sector (what's working and what's not) and agreement that respect will be given to existing roles in the pursuit of proposed innovation. The ANF has an industrial mandate to ensure a work environment conducive to the growth and development of the nursing and midwifery professions, leading to safe and competent delivery of health and aged care to the Australian community. Reform shouldn't automatically mean wholesale change of the workforce profile or a diminution of qualification levels without a sound evidence base as the rationale for such change.

The policies and submission work of the ANF give a clear indication of the leadership role the Federation plays in workforce planning, policy and reform at state and territory and federal levels. The ANF has been a strong supporter of the Australian Government's reform agenda in the health care arena and has recognised that this is an opportune time for a review of the workforce which delivers that care. As shifts have occurred in disease patterns and complexity of chronic conditions and co-morbidities over past years, the nursing and midwifery professions have, in conjunction with other health professionals, evolved care modalities to meet changing needs. Oftentimes there has been a concomitant need for appraisal of the most appropriate worker and level of competence required to meet care requirements, and changes made accordingly.

The ANF has been, and continues to be, a strong advocate for a national approach to workforce planning across the health professions. The initial building block for this process has been the establishment of national registration and accreditation of education programs leading to registration. The ANF is working with the Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board of Australia (NMBA) to achieve the successful implementation of the National Registration and Accreditation Scheme (NRAS). This has included advising both AHPRA and the NMBA of difficulties experienced by our members as the new system beds down; and, giving evidence at the Senate Inquiry into the Administration of the Health Practitioner Registration by AHPRA, of the clear need for greater investment of funds and education for call centre personnel, to expedite the implementation of NRAS. The contribution of NRAS to workforce reform is national standardisation of terminology, professional standards, codes and guidelines, greater flexibility for health professionals moving around the country, and improved processes for protecting the public. The mobility issue is especially important for workforce flexibility and prompt response in times of natural or manmade disasters; pandemics; or, for mobile emergency care teams crossing jurisdictional boundaries.

Similarly, the ANF has argued that health workforce and education planning cannot occur in isolation. The HWA consultation rightly recognises that there needs to be dialogue between these two existing silos to "support the Australian health workforce into the future". Any sensible analysis of health workforce requirements for present and future needs, in terms of numbers and qualifications, can only be undertaken in the context of knowledge of educational programs, capabilities, reforms and innovation. Of course, the inverse is also true that workforce planners must include the education sector in discussions on proposed innovation, so that the graduating workforce is equipped for new models of care delivery.

This submission reflects the position of the ANF that nurses and midwives continue to be an underutilised resource, and, that assistants in nursing (however titled) could be further drawn into the health and aged care workforce but with the public protection safeguard of a professional practice framework through the regulatory process. To this end the ANF has applied to the Australian Health Ministers Advisory Council for regulation of AINs using the existing regulatory framework for nurses and midwives.

The views submitted separately to HWA by the Victorian Branch of the ANF are supported. In addition, as a member of the National Rural Health Alliance, the ANF gives support for the submission made on behalf of the Alliance member organisations.

3. Specific Comments

3.1 Nursing and midwifery within the health workforce

As stated previously the nursing and midwifery professions constitute more than half the health and aged care workforce in Australia.[1] The contribution then of nurses, midwives and assistants in nursing to the delivery of care in these sectors is significant. They provide health care to people throughout their lifespan, and across all geographical areas of Australia. They practice in: homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations.

Registered nurses and midwives undertake a minimum three year undergraduate education program in the university sector which leads to registration. Following this initial preparation, there are a plethora of post graduate programs relevant to their area of practice and which enhance their ability to provide safe and competent care. In addition, nurses and midwives engage in continuing professional development activities to maintain competence and this is now recognised under the NRAS. Enrolled nurses complete a minimum 12 month program at Certificate IV or Diploma level in the Vocational Education and Training (VET) Sector which leads to registration. While there are Certificate III courses available in the VET sector for AINs, there is no national standard or requirement, meaning that currently not all people working in that capacity have undertaken any preparatory education.

In 2008 the ANF, in conjunction with the Australian Practice Nurses Association, the Australian College of Nurse Practitioners, Royal College *of* Nursing, *Australia* and the Australian College of Mental Health Nurses, developed a consensus statement in relation to the role of the registered nurse and nurse practitioner in primary health care.[2] This statement has some pertinent points to make about the role of registered nurses in the health workforce, as follows:

> *Registered nurses are self-regulated health care professionals who provide care in collaboration with other health professionals and individuals requiring nursing care. Legislation and regulation guide nursing practice. Registered nurses, as qualified licensed professionals, are accountable and responsible for their own actions.*
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> *Nurses are entitled to identify the nursing care which they are educated, competent and authorised to provide. Nurses are held accountable for their practice by the nurse regulatory authorities [now NMBA], whose role is to protect the public, as is the case for all other regulated health professions.*
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> *As regulated health professionals, registered nurses are not 'supervised' nor do they provide care 'for and on behalf of' any other health care professional. Nurses acknowledge that all health care is a collaborative endeavour focused on positive outcomes for individuals and groups.*
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> *Registered nurses are prepared for advanced practice through post registration education, and accept responsibility for complex situations which may encompass clinical, managerial, educational and research contexts. They provide leadership, initiate change and practise comprehensively as an interdependent member of the team. These nurses have particular breadth and depth of experience and knowledge in their field of practice. Where appropriate, these advanced registered nurses may seek authorisation or endorsement as a nurse practitioner.*
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> *The nurse practitioner role is differentiated by their expert practice in clinical assessment, prescribing, referral and diagnostics. These broader practice modalities are enshrined in state and territory legislation [now also national law]. While there are around 300 [now 538] authorised or endorsed nurse practitioners in Australia, only around half of these nurses are employed in nurse practitioner positions and even less are practising to the full scope of their role. Some of the restrictions on nurse practitioner practice are the lack of positions, an inability for patients to receive subsidised medicines if*

prescribed by a nurse practitioner (as distinct from a medical practitioner) or rebates from Medicare for nurse practitioner services, limiting their practice and reducing patients' access to affordable, high quality health care.

The numbers of endorsed Nurse Practitioners have almost doubled in the last three years and legislative amendments have allowed for Nurse Practitioners and eligible midwives to access Medicare Benefits Schedule (MBS) rebates and Pharmaceutical Benefits Scheme (PBS) subsidies for the people for whom they provide care. This is limited however, as is explained in the 'Case for reform' section.

Assistants in Nursing (AINs) are a growing and valuable part of the nursing community. We believe the nursing profession has a responsibility to support AINs in obtaining nationally consistent education, competency standards and scope of practice, to best provide safe and competent care for those using the health and aged care systems. This can really only be achieved through the process of regulation, as it is for nurses and midwives.

With regard to Figure 2: *Australian Health Workforce defined*, on page 10 of the consultation document, the ANF makes the following points:

- in allowing for a "greater role for consumers" and in promoting consumer centred care, this could perhaps be better reflected by "consumers" sitting in the inner circle;
- a new circle to be drawn surrounding the inner circle, which says "health workforce", with the spokes going off from this circle; and,
- a big circle around the whole diagram which signifies the "supportive environment" in which all activity occurs.

3.2 Case for reform

The position of the ANF is that the health system needs reform in order to deliver safe, quality care that is equitable in terms of access; meets best practice standards in terms of achieving the best possible outcomes; and is delivered around the needs of patients. The current health system is driven by and is centred around a 'medical model' which is hampering reform efforts to develop new service delivery models involving care provided by nurses and midwives within multidisciplinary teams. The current health system needs to focus more on early intervention, health promotion, prevention of illness and injury and the provision of high quality integrated care in the community. This approach aims to expand access to care outside the acute hospital setting including primary health care, aged care and sub-acute care, as well as ensuring better integration between these sectors.[3]

The current health system does not meet the principles of equitable access and this is largely due to the output based system of financing health care and an over emphasis in the Australian Health Care Agreements on hospital-based or acute care.

While the current health reforms are indicating a desired shift by the Government towards a greater emphasis on primary health care, unless funding models are restructured to enable a broader range of health professionals to directly deliver services, then "increased equality in health outcomes and access to care" may not be achieved. The introduction of the legislation to enable nurse practitioners and eligible midwives to gain access to MBS rebates and PBS subsidies for the recipients of their care is a case in point. The intent of this legislation was to improve access by the

community to qualified health professionals. However, following intense counter-lobbying, changes to the legislation have resulted in severe limitations to the realisation of workforce innovation for nurse practitioners and eligible midwives.

Nurses and midwives form the largest component of the health care workforce. It is critical that their contribution to "a sustainable and affordable health system" be recognised and that they be an integral part of planning and implementation of reforms.

Significant health care dollars are wasted when graduates of nursing and midwifery programs, experienced nurses and midwives, and those re-entering the workforce after a period of absence, are not supported in their workplace and decide to leave the health care sector. This decision is regrettable for the usually committed individual health professional concerned, and more importantly, for the community. The ANF, as the industrial and professional body for the nursing and midwifery professions, stresses the high importance of the identified future outcome of "well supported workforce". Attention must be paid to such issues as: the socio-economic welfare of the health workforce; workplace conditions, including occupational health and safety issues; educational supports, including orientation programs, facilitation of continuing professional development, and post graduate studies; team building and multidisciplinary communication; IT infrastructure access and supports; debriefing and counseling; adequate staff numbers and skills mix for the care to be delivered; Incentives for isolated practice; and, financial support for nurses and midwives to undertake clinical placement experience, either as an undergraduate student or a clinical upgrade program (for example, a nurse from a rural health facility going to a metropolitan emergency department for updating on current practice on emergency procedures).

3.3 Domain 1: Health workforce reform for more effective and accessible service delivery

Reforming health workforce roles for more effective and accessible service delivery models to better address health promotion, prevention population and demographic needs and improve productivity.

The view expressed in the consultation document that "it is important that during a major period of health system and health workforce reform the current workforce and service delivery systems continue to be supported…" is agreed to by the ANF. The majority of health professionals are committed to providing high quality, safe and competent health and aged care and these people should not be made to feel threatened by the current climate of a national focus on health workforce innovation and reform. In fact, they should be encouraged to highlight exemplars of innovative practice at their local level and the workforce profile involved, for consideration for national applicability.

The ANF is supportive of workforce reform which is undertaken in an environment of full and frank consultation with all stakeholders, especially the relevant industrial and professionals bodies representing health and aged care workers. The ANF has demonstrated a preparedness to embrace new models for service delivery in order to improve access by the community – working closely at jurisdictional or local levels to ensure optimal outcomes for nurses, midwives and assistants in nursing, and for the recipients of care services. Altered care models have sometimes in the past, and will continue to, necessitate either changes to practices for existing health or aged care workers or the introduction of new cadres of workers. The ANF supports both approaches but insists, in the interests of mitigating risk to the public that a) existing

workers be supported by education or funding for appropriate levels of staffing and skills mix when new technologies/practices/patterns of staffing, are instituted, and b) that the introduction of any new cadre of health or aged care worker be within the framework of current regulation for health professionals (particular examples are the physicians assistant role and assistants in nursing – this will be expanded on under Domain 5).

As pointed out earlier, nurses and midwives do not work 'for and on behalf' of other health professionals. They are qualified and regulated professionals, accountable for their own practice under national law. New models of care which are not based on fee-for-service (in particular for nurses in general practice) or unnecessary restrictions such as legally prescribed written collaborative arrangements (as applies to nurse practitioners and eligible midwives) are urgently needed within the milieu of health workforce reform, in order to achieve "more effective and accessible service delivery".

The role of Aboriginal Health Workers is fully supported by the ANF and many of our members who practice in rural and remote parts of Australia have close working relationships with these valuable workers. The ANF foresees a greater role for Aboriginal Health Workers to help close the gap on inequality between the health outcomes for Indigenous and non-Indigenous Australians. Financial and material resource investment is required to enable this to occur.

Assistants in Nursing (AINs) are a growing and important part of the nursing community. The ANF considers that it has a responsibility to support AINs in obtaining nationally consistent education, competency standards and scope of practice, to best provide safe and competent care for those using the health and aged care systems. The ANF argues strongly that this can really only be achieved through the process of regulation, as it is for nurses and midwives. Over the past two decades the care need profile of patients in hospitals, residents in residential aged care and those being provided care in the community, has changed dramatically. The care needs of hospitalised patients are more acute, with shorter lengths of stay and convalescence occurring outside hospital. Residents in aged care facilities require higher levels of care, which in the past would have been provided in hospital. AINs can now be found in all of these care settings. This spread in areas of practice for AINs is occurring at the same time as the dramatic increase in the complexity and scope of care requirements just described. In order to reduce risk to the public, and provide protection for AINs themselves and the nurses and midwives who supervise their work, it is imperative that the practice of this cadre of worker be governed by regulation.

With regard to generalist practice the ANF makes the point that all nurses undertake a generalist undergraduate degree program. Many nurses choose to remain in generalist medical or surgical areas, general practice or community health centres, or rural and remote practice. However, the reality is that there is such a depth of knowledge required in today's complex health and aged care sector that a significant cohort of the nursing profession specialise in order to deliver the most competent evidence based care possible to their clients. In addition, consumers have ready access to avenues such as the internet for self-researching of their conditions and expect that their health professionals will have specialist knowledge to advise on their care needs. There must be a recognition of this need to specialise, and support for the required education, in the health workforce reform process.

3.4 Domain 2: Workforce capacity and skills development.

Develop an adaptable health workforce – equipped with the requisite competencies and support that provide team-based and collaborative models of care.

This Domain is a prime example of an area where much work is already being undertaken to build the workforce capacity and skills development. This provides an ideal base on which current work of the HWA can further build to make sure that health professionals in every geographical part of the country and across the public and private sectors can benefit in terms of development and growth of workforce capacity and skills required.

The nursing and midwifery workforce has demonstrated enormous capacity for adapting to meet the health care needs of the community. In 2009 the ANF led a consortium of national nursing and midwifery groups in the preparation of the document *Consensus View on Primary Health Care in Australia*[4] which features numerous stories from nurses and midwives who have adapted their practice to provide innovative services to meet particular health care needs within their communities. Other examples are regularly highlighted in the monthly Australian Nursing Journal of the ANF and the publications of other nursing and midwifery groups. It must also be noted that many of the examples of innovative practice and adaptations to the workforce involve multidisciplinary team approaches to care delivery.

The nursing and midwifery professions have well established professional standards (competencies) which undergraduates must meet in order to be registered as beginning practitioners. These competencies form part of the professional practice framework for regulation as a nurse or midwife. The ANF contends that AINs, as direct care providers, must likewise have a professional practice framework (which includes minimum education and professional standards) and be regulated. This step would enhance the capacity of these workers to adapt to, and provide safe care, in a greater range of service delivery settings.

While clinical educators can be found in many acute and aged care facilities, their numbers are far from adequate for the size of the nursing and midwifery workforce. Their support is vital for undergraduate students in clinical placements, newly graduated nurses and midwives, practitioners already in the sectors, and those who are re-entering after a period of absence.

Existing cohorts of the health workforce each contribute their unique knowledge base and philosophy of care to the team-based and collaborative models of care. It is important that there are no attempts made to diminish their uniqueness, to the base level of a generic health worker, in an effort to grow a generalist workforce. The ANF cautions that this would serve to promote a bland workforce which would compromise safe and competent care delivery. Team members with differing knowledge and skills create a challenging and dynamic environment which fosters research and innovation.

3.5 Domain 3: Health workforce leadership for sustainable change.

Develop leadership capacity to support and lead health workforce innovation and reform.

While there are many capable leaders within the nursing and midwifery workforce, the ANF considers that there is a need for investment in leadership programs within the health workforce. Leaders should be encouraged at all levels within clinical, management, research, policy and education fields in nursing and midwifery; and, leadership programs made available at these different levels. Processes need to be in place to identify leaders early in their career, and to reward and recognise those in the workforce who are seeking to create a better environment for their clients and their colleagues.

It is important that leaders who show initiative to research and pilot innovation in workforce structures or care modalities are supported. And, that where evaluation of programs gives evidence of positive outcomes for the workers and the care delivery, that investment is made by governments in infrastructure, education and staffing, for sustainable change, and replication where appropriate and possible. This is the element so often missing in attempts by leaders to introduce change which has proven to be acceptable to the workers, the consumers of health care, the professional and industrial bodies and management.

3.6 Domain 4: Health workforce planning.

Enhance workforce planning capacity, both nationally and jurisdictionally, taking account of emerging health needs and changes to health workforce configuration, technology and competencies.

The ANF has welcomed the establishment of HWA as we have long advocated for a national approach to planning for the health workforce which provides a level of co-ordination across all health professional groups involved in the health and aged care sectors.

As previously stated the ANF was a strong supporter of the move to national registration. A prime factor in the achievement of national registration is that for the first time we will have national statistics for all of the ten regulated health professional groups. This data will greatly enhance the realisation of Domain 4 by providing the information vital for more accurate identification of current supply for more precise forecasting for future needs.

It is imperative that the ANF and other stakeholder groups be involved in health workforce planning. As the union for the largest cohort of the health workforce, the ANF brings a considerable influence and knowledge of the workforce to the planning table. The ANF has expertise in such issues as: occupational health and safety matters, staffing and skills mix design, professional issues to be considered in workforce planning, and industrial and legal requirements. In addition, the ANF has a close working relationship with all of the specialty nursing organisations and midwifery associations, as well as medical and allied health colleagues, and consumer advocacy groups. This means that together we can work with HWA to build on existing strengths in the health workforce and use our combined intellect to design new workforce structures to better meet emerging health needs.

3.7 Domain 5: Health workforce policy and regulation advice.

Develop policy, regulation, funding and employment arrangements that are supportive of health workforce reform.

The ANF makes the following points to note under this Domain:

- insert an additional strategy regarding sustainable funding of health workforce reform;
- insert and additional strategy regarding development of policy to support flexible employment arrangements, for example older health professionals who might otherwise be forced to retire due to the high physicality of health and aged care. These experienced health professionals could act as mentors to younger people entering the workforce;
- greatly improved collaboration between relevant government ministers – primarily health and education;
- investment in workforce research, including reform and innovation which has been successful at local levels ;
- introduction of incentive payments for encouraging reform implementation;
- evaluating 'pilots' for applicability and sustainability across the country or communities; and,
- regulation of all workers in the health and aged care workforce who undertake direct care activities, in the interests of public protection.

4. Monitoring and Evaluation

The ANF contends it is essential that processes be set up early in the development of the Framework to monitor and evaluate progress. It will be critical for HWA to include stakeholders, including the ANF, in these processes.

5. Conclusion

Professional officers from the ANF Federal Office and State and Territory Branches have participated in workshops conducted by HWA around the country as part of the consultation on the draft *National Health Workforce Innovation and Reform Strategic Framework for Action (Framework).* Participation through those forums has given the opportunity to contribute to HWAs work on the Framework, in addition to feedback given through this written submission.

As the union for the largest single cohort of the health workforce, the ANF has a genuine interest in the workforce reform agenda. Nurses, midwives and assistants in nursing (however titled) need the assurance that reform processes will respect the existing workforce and seek to build on the strengths of the current system in introducing innovations for improvement.

The ANF continues to argue for the need for governments to invest in adequate numbers of staff and appropriate skills mix for safe and competent delivery of health and aged care, education, and material infrastructure (including IT), to support the health workforce. We are committed to working with HWA to achieve workforce reform which will produce the best outcomes for health and aged care workers and the recipients of that care.

References

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