



**N³ET SUPPLEMENTARY REPORT ON:-
JURISDICTIONAL PROGRESS
ON THE IMPLEMENTATION OF
RECOMMENDATIONS 13, 14, 20 & 36
NATIONAL REVIEW OF NURSING EDUCATION, Our Duty of Care (2002)**

As part of its monitoring role, the Taskforce was asked by Ministers to report after 12 months on jurisdictional work in implementing four specific recommendations from The National Review of Nursing Education (Our Duty of Care).

In July 2005, The Taskforce asked jurisdictions to provide an update on their activities related to:

- o Recommendation 13 - Student Nurse employment,
- o Recommendation 14 – Standards for Transition Programs,
- o Recommendation 20 – Nurse Academics and Teachers, and
- o Recommendation 36 - Nursing Leadership.

A summary of activity in each State and territory related to the four recommendations provided in this Supplementary report has been provided by Chief Nursing Officers (CNOs). The individual summaries are as provided by the CNOs and as such reflect the activities they identified as pertinent to the recommendation but may not include all of the activities that have been undertaken.

INDEX:

Student nurse employment	2
Standards for transition programs	6
Nurse academics and teachers.....	12
Nursing leadership and management	16



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

RECOMMENDATIONS Our Duty of Care		TO BE MONITORED BY TASKFORCE	
REC 13.	Student nurse employment	Responsibility:	Jurisdictions
	With a view to achieving national consistency, the [NNCA]sic should examine the financial benefits and experience that might accrue to student nurses (and the implications for the workplace) from their employment in the health workforce at their level of competence (but not as part of the requirements of their educational program).	N³ET Role:	Taskforce to monitor
		Monitoring Process:	Taskforce to report after 12 months on jurisdictional work.
BACKGROUND TO ISSUE AND NATIONAL CONTEXT			
The Review and Recommendation 13			
<p>There is generally accepted to be positive link between transition to work and initiatives such as Student Nurse Employment. The National Review of Nursing Education found that nursing students (both enrolled and registered) were being employed in “industry” while undertaking studies, often as Assistants in Nursing. It was also noted that this occurred less frequently in the public sector than the private sector. Provided that employment and education requirements (especially clinical placements) were separated, the Review supported initiatives that enable the employment of nursing students and allow them “to ‘practise’ at their level of competency” (p141).</p> <p>Whilst Ministers supported the employment of students of nursing in the workforce, a further review to achieve national consistency in this matter was not considered necessary and the issue of employment of students has been referred directly to jurisdictions to be progressed.</p> <p>Recommendation 13 – Summary of Progress to date:</p> <p>The employment of individuals who are studying nursing is not restricted and many students of nursing (like other students) seek employment on a part time or temporary basis to financially support themselves whilst undertaking their studies. There are clear benefits if the employment occurs within a setting related to their studies rather than completely unrelated field. However, paradoxically employing students of nursing into roles that enable them to further develop their clinical skills is more problematic than employing someone who is not a student of nursing. At the heart of the issue is that the skills, knowledge and practice of a student of nursing will surpass/be different from that of the worker employed at the same level (such as a Personal Care Worker or Assistant in Nursing). To achieve the most from employment it is in the interest of both students and employers, for the student of nursing to be practising at maximum “capacity” however for the student, capacity is dynamic, changing and expanding over the period of their studies (and hence employment).</p> <p>Despite the clear support of the Review for employment of students of nursing, implementation has been achieved in only some jurisdictions and a variety of approaches have been used. The details of jurisdictional progress are provided in the table below. The options for supporting employment of students of nursing include:</p> <ul style="list-style-type: none"> • Employment as a “Student of Nursing” – requires industrial and legislative (licensure) provisions • Employment as “unlicensed care worker” such as Assistant in Nursing with negotiated practice/scope/functions that reflect the individual’s level of undergraduate educational study. Such employment arrangements may be a purely employer driven process or there may be supportive government policy (such as South Australia and New South Wales), • Identification of point in undergraduate (Bachelor) nursing education where enrolment as EN (and thus employment) is possible (Victoria). <p>On the whole the focus has been on employment of Bachelor studies students rather than students of Enrolled Nursing (EN) courses. Two jurisdictions (NSW and SA) have developed processes/policies to recognise the ability of nursing students to fulfil a unique role when employed and to support their employment, whilst in Victoria, the students of nursing (Bachelor studies) can register as an EN at certain points of their undergraduate studies and seek employment as an EN.</p> <p>In the other states/territories there seems to be considerable tension amongst nursing stakeholders and as yet there has not been local consensus to progress the matter, particularly with respect to unions and regulatory authorities. On face value the concerns include the possibility that employing students may be used to substitute for registered/enrolled nurse positions. However, the work done by South Australia on the implementation of their approach to undergraduate employment makes a number of compelling and pertinent observations on the “local” or nursing team capacity to navigate through the introduction of such a model in the workplace.</p> <p>Unresolved issues include:</p> <ul style="list-style-type: none"> • Victorian model results in recognition for enrolment (EN) purposes however individuals do not having an academic qualification. (Substantial equivalence) • Licensing – Current regulation does not specifically allow for recognition of students in paid employment. • Minimum qualifications requirements - With the implementation of recommendation 7, a minimum of Certificate III in Health or Community Services Training Package will be required for workers employed to provide direct care. The impact of this on such students is yet to be explored. • Whilst this recommendation focuses on employment of Bachelor studies students rather than students of Enrolled Nursing (EN) courses this does not appear to acknowledge the traineeship model where indeed those students are employed. 			



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

<p>REC 13. Student nurse employment</p>	<p>AUSTRALIAN CAPITAL TERRITORY</p>	<p>QUEENSLAND</p>
	<p><i>Jurisdiction specific background/context to this issue:</i></p> <ul style="list-style-type: none"> At this time, there are no specific program or policies in ACT Health to support students of nursing being employed in a role/position that recognises the differences between a student of nursing and an unlicensed care worker such as an Assistant in Nursing (AIN). <p><i>What has been the actions/activity to date:</i></p> <ul style="list-style-type: none"> This issue was included, however not endorsed by the union, as part of the negotiations for the ACT Public Sector Nursing Staff Agreement 2004-2007. A discussion paper is being developed and the issue will continue to be raised in the context of third level health care workers/students as part of ongoing discussions with the ANF ACT branch and relevant industrial groups. <p><i>What has been the outcome/results:</i></p> <ul style="list-style-type: none"> On going discussions are imminent and the need to continue discussions has been tabled at the Joint Union Management Committee meeting. <p><i>What activity is planned next:</i></p> <ul style="list-style-type: none"> As above 	<p><i>Jurisdiction specific background/context to this issue:</i></p> <ul style="list-style-type: none"> Employment of undergraduates as AINs has been occurring across Qld (public and private) for a number of years. This employment has been managed at a local level using local AIN position descriptions. <p><i>What has been the actions/activity to date:</i></p> <ul style="list-style-type: none"> A Student Nurse Employment Forum held March 2004. Key Themes from the Forum included: <ul style="list-style-type: none"> Diversity of opinion in the way student nurse employment would be managed from key stakeholders; Need for appropriate title to differentiate from AIN; Remuneration; Standardised competency requirements; Employment to be part time; Position to be across acute and aged care sectors; Consideration to skill mix required; Appropriate supervision; Model of care; Employment of students cannot be looked at in isolation from supply, recruitment and marketing; Pre-enrolment students should also be included. <p><i>What has been the outcome/results:</i></p> <ul style="list-style-type: none"> Agreement was reached that small group of interested personnel to be convened to progress issue and the Office of the Principal Nursing Adviser to progress. <p><i>What activity is planned next:</i></p> <ul style="list-style-type: none"> See above
	<p>NEW SOUTH WALES</p>	<p>NORTHERN TERRITORY</p>
<p>REC</p>	<p><i>Jurisdiction specific background/context to this issue:</i></p> <ul style="list-style-type: none"> Employment of undergraduates as AINs has been occurring across NSW (public and private) for a number of years. This employment has been managed at a local level with different position descriptions and policies In August 2001 NSW Health Policy 2001/80 was issued, prescribing the circumstances for the Employment of Undergraduate Nursing Students as Assistants in Nursing in the Public Sector <p><i>What has been the actions/activity to date:</i></p> <ul style="list-style-type: none"> In July 2003 the NSW Nurses' Association published their final report into this matter. The Nursing and Midwifery Office and the NSWNA agreed that undergraduates employed as AINs should be supported in an extended role, in recognition of the difference between their clinical skills and the 	<p><i>Jurisdiction specific background/context to this issue:</i></p> <ul style="list-style-type: none"> At this time, there are no specific program or policies in NT to support students of nursing being employed in a role/position that recognises the differences between a student of nursing and an unlicensed care worker such as an Assistant in Nursing. <p><i>What has been the actions/activity to date:</i></p> <ul style="list-style-type: none"> Initial forum has considered the Recommendation and in October 2005 the forum will review the recommendations in terms of priorities and funding. <p><i>What has been the outcome/results: (Notes from Forum)</i></p> <p>Perceived benefits identified</p> <ol style="list-style-type: none"> Integrated team member; Improved understanding nursing role; Improved confidence;



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

<p>13. Student nurse employment</p>	<p>nursing activities of an AIN</p> <ul style="list-style-type: none"> • Policy Directive PD2005_214, issued in January 2005 (2001/80 reprinted) includes a summary of nursing duties that may be performed by 1st, 2nd and 3rd year undergraduates • This policy is being reviewed with this list of duties to be removed and replaced with a policy based on the National Development of a Scope of Practice, Decision-Making Framework. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • The policy will enable all health facilities to safely employ undergraduate nursing students to the level of their competency • Increased (recruitment) opportunities for undergraduates to gain additional, valuable clinical experience in the public sector while being paid. • Increased (retention) opportunities for hospitals to develop and encourage loyalty in emerging graduates <p>What activity is planned next:</p> <ul style="list-style-type: none"> • Discussions are taking place with all key stakeholders re the inclusion of a student nurse classification in the Award and exploring the possibility of certification as an EN for students who complete Year 2 of the BN . • NSW will await the National development of a Scope of Practice, Decision making Framework • Further develop the policy to incorporate direct entry midwifery students as undergraduates as Assistants in Midwifery (AIMs). 	<ol style="list-style-type: none"> 4. Improved method funding way through studies 5. Reduced time in graduate program; 6. Opens up training options → Rec 19 7. Reduce shortage. <p>Perceived problems:</p> <ol style="list-style-type: none"> 1. Supervision – skill mix; 2. Costing 3. Availability of vacancies 4. Define skill level and fit to vacancy 5. Models of care continuum from task to team to primary nursing 6. Casualisation of the workplace 7. Workload demand versus supply <p>What activity is planned next: Further work/investigation is required including: following up with organisation mentioned in Review that has student fellowships.</p>
	<p>TASMANIA</p>	<p>SOUTH AUSTRLIA</p>
<p>REC 13. Student nurse employment</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • At this time, there are no specific programs or policies in Tasmania to support students of nursing being employed in a role/position that recognises the differences between a student of nursing and an unlicensed care worker such as an Assistant in Nursing. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • Examination of the financial benefits and experience that might accrue to student nurses from their employment in the health workforce is planned. Students of nursing are employed in a range of settings in Tasmania during semester breaks. • The Nursing Board of Tasmania would prefer to look at a model whereby students of nursing could enrol as an Enrolled Nurse (EN) at certain points of their undergraduate studies and seek employment as an EN. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • The Board recommended that student nurse employment not be pursued at this time. <p>What activity is planned next:</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • Employment of final year undergraduate nursing students in South Australia was introduced in the public sector in 2001. The employed final year undergraduate nursing/midwifery student is known as an "Assistant in Nursing/Midwifery". The classification of Undergraduate Nursing Student was introduced in Nurses' South Australian Public Sector Enterprise Agreement 2001. • There has been variable uptake by health units <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • Guidelines for the Employment Assistant in Nursing/Midwifery (Final Year Undergraduate Nursing/Midwifery Students) have been developed and endorsed along with an example Job and Person Specification. • The guidelines have been developed in response the 'Employment of the Final Year Undergraduate Nursing Student Implementation Review' undertaken in response to the recommendations agreed as part of the SA Nursing and Midwifery Recruitment and Retention Strategic Direction Plan. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • .



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	<ul style="list-style-type: none"> The CEO of the NBT and the Nurse Co Director of Surgery RHH will facilitate further discussion. 	<p>What activity is planned next:</p> <ul style="list-style-type: none"> The Department continues to monitor the role. A number of local health units are exploring models of care and composition of nursing/midwifery teams. Consideration is being given to the regulation of undergraduate nursing/midwifery students; the South Australian Nurses Act 1999 is currently under review.
	VICTORIA	WESTERN AUSTRALIAN
<p>REC 13. Student nurse employment</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Since amendments to Section 6 (2) of the Nurses Act 1993 in October 2003, Victorian Bachelor of Nursing students can be employed under certain conditions. They can apply for registration in division 2 (enrolled nurses in other State/Territories) of the register whilst completing their undergraduate degree. In order to be eligible to register in division 2, students must successfully complete: Year 2 of the Bachelor of Nursing degree; a module on the role and function of the division 2 registered nurse; and clinical placement demonstrating clinical competence as a division 2 nurse utilising a tool based on the Australian Nursing Council's National Competency Standards for the Enrolled Nurse. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> Programs have been established in some Victorian health services that employ students of nursing in a student fellowship/cadetship model. These programs have been developed in collaboration with university partners and have industrial support. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> Pre-graduate fellowships have been included in the most recent Victorian industrial agreement for psychiatric services staff. <p>What activity is planned next:</p> <ul style="list-style-type: none"> Further development of options to enable students to enter employment whilst or as part of their undergraduate preparation is currently taking place. 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> At this time, there are no specific program or policies to support students of nursing being employed in a role/position that recognises the differences between a student of nursing and an unlicensed care worker such as an Assistant in Nursing. <p>Nurses Board of Western Australia comment: At this time, the Nurses Board of Western Australia (the Board) does not support the employment of student nurse. The Board has a position statement on nursing education in Western Australia, which is available on www.nbwa.org.au. The relevant extract from this statement is as follows: <i>'With the current shortage of nurses, Board is concerned that industry may view the employment of student nurses as an attractive option to overcoming staffing problems. Board does not support the payment of nursing students in any program, either as students in trainee programs or as nursing students employed during university contact time.'</i> As well, it is the Board's understanding, that the Nurses Act 1992 (the Act) does not contemplate the employment of student nurses. Currently, it is against the Act for a person not registered with the Board to be employed to carry out nursing care (Section 46.) 1</p> <p>What has been the actions/activity to date: The Nurses Act 1992 is currently being reviewed. It is envisioned that new legislation will be introduced in 2005/2006.</p> <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> Pending legislation review <p>What activity is planned next:</p> <ul style="list-style-type: none"> Pending legislation review



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

RECOMMENDATIONS Our Duty of Care		TO BE MONITORED BY TASKFORCE	
<p>REC</p> <p>14.</p>	<p>Standards for transition programs</p> <p><i>To ensure consistency and quality in the development and delivery of transition programs:</i></p> <p>a) a national framework should be developed for transition programs to provide guidelines and standards for institutions</p> <p>b) State and territory nursing registration boards should accredit transition programs</p> <p>c) Employing institutions should be responsible for meeting the standards.</p>	<p>Responsibility: Jurisdictions</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: Taskforce to report after 12 months on jurisdictional work.</p>	

BACKGROUND TO ISSUE AND NATIONAL CONTEXT

The Review and Recommendation 14

The National Review of Nursing Education recognised that while there were many times in the employment life cycle when a person may move or change roles, the transition from education to initial employment/practice was a critical one that should be managed and supported.

"One important transition is that from education to the role of the professional" (National Review of Nursing Education, *Our Duty of Care* 2002, p142).

Further, it was acknowledged that such support would require organisations to *"develop strategies to encompass transition processes as part of normal operations. To achieve this will require some investment in educational infrastructure and teaching expertise in clinical areas"* (National Review of Nursing Education, 2002, p142).

The differences in expectations of new practitioners was identified as a point of tension that may be exacerbated by workforce pressure however it was the view of the Review team that stronger partnerships between education and practice sites may result in stronger agreement on those expectations. The Review supported the principle that all new graduates (enrolled or registered) should have access to a transition program that should be underpinned by a "common" set of standards but it was also noted that funding support for new graduates varied across Australia.

Whilst the issue of transitional support for nursing moving into the workforce for the first time was supported by Ministers, a national framework and formal accreditation of transition programs by regulatory authorities was not considered necessary and the recommendation was referred to jurisdictions to be progressed through Health and Education Forums.

Transition to professional practice Versus transition to workforce

Recommendation 14 – Summary of Progress to date:

The importance of transition programs that support employees at various points in their employment when they change focus has been recognised and it should be noted that there are many programs in place (or being developed) by jurisdictions to better address the needs of transition within the workplace. In particular specialty practice transition programs for areas such as mental health, emergency, aged care and perioperative practice have been developed by jurisdictions. In addition support for transition is provided for refresher programs and re-entry. (Note: The later has been the subject of a report to Ministers by the National Nursing and Nursing Taskforce in 2005).

In relation to transition to professional practice, so called "New graduate programs" are now widely available in the public acute health sector and there is some evidence that this is being extended to other sectors such as community and aged care. The details of jurisdictional progress are provided in the table below. Transition programs for new graduates are often part of a larger recruitment and retention strategy and are closely aligned with associated programs to develop skills such as preceptorship/mentorship that are integral to supporting new graduates. Some jurisdictions have developed or adopted standards or principles for transition programs (such as South Australia and Queensland) that can then be tailored to meet the specific workplace needs.

It should be noted that the majority of support appears to be directed to supporting Registered Nurses transition to professional practice rather than Enrolled Nurses or Midwives. Whilst employers generally provide/operate Transition Programs that are tailored to meet their needs, a number of jurisdictions provide considerable financial support for new graduate transition programs.



	AUSTRALIAN CAPITAL TERRITORY	QUEENSLAND
<p style="text-align: center;">REC 14.</p> <p style="text-align: center;">Standards for Transition Programs</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> All new graduates from University of Canberra (UC) are offered permanent positions with ACT Health. The ACT Health graduate nurse policy states all new graduates must successfully complete a new graduate program. A new graduate program is in place in ACT . Eighty new graduates are offered placements in ACT Health New graduate are able to choose clinical placements normally a medical, surgical and speciality placement or elect to stay in one area for 12 months. New graduates are supported by three dedicated clinical development nurses who work shift work and are on page to come to wards to assist them with procedures etc and provide feedback. In addition each ward has a clinical development nurse during day time shifts to offer extra support. The new graduate program is also supported by a weekly program of education specifically for new graduates Enrolled nurses will be offered a 6 month program from 2006. Midwives are recruited from the diploma courses conducted by University of Canberra and funded by ACT Health. There are no immediate plans for direct entry. The Nurses Board of the ACT accredit programs that lead to the registration of nurses and midwives (refresher, re-entry, undergraduate programs and midwifery diploma) and therefore they do not accredit the new graduate program. <p>What has been the actions/activity to date:</p> <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> The program is being evaluated as part of a comprehensive evaluation of the new graduate program The new graduate program is successful in that 80% of new grads continue to work for ACT Health in their second year. <p>What activity is planned next:</p> <ul style="list-style-type: none"> The new graduate program has been extended beyond acute care services to also include placements in Community and Mental Health. . A comprehensive evaluation of the new graduate program is planned for 2005-06. Nursing and midwifery leaders are discussing the possibility of increases in the annual numbers of new graduates. 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Queensland Nursing Council (QNC) has a position statement on transition support processes. Queensland Health (QH) uses the QNC policy and framework for transition programs. QH graduate recruitment is via an online application system. . Graduate support funding is distributed to QH facilities based on the number of graduates employed via the online recruitment system. The amount of funding per graduate is currently under review. QH has developed a preceptor training package used by local facilities to deliver preceptor training. QH has a Staff Development Framework, which provides for the continuum in education from orientation, transition and continued professional development. Currently no formal transition program or framework for ENs however the issue has been identified as needing review. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> An academic assessment module has been developed for the QH Transition to Practice programs. Guidelines to ensure programs are developed to articulation standard have been developed. There are variations to the above in the private sector. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> Increases in the number of new graduates employed in 2006 is currently under discussion. <p>What activity is planned next:</p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	NEW SOUTH WALES	NORTHERN TERRITORY
<p>REC 14. Standards for Transition Programs</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> In NSW most Area Health Services (AHS) have generic new graduate programs. Funding for new graduate programs is included in Nurse Strategy Reserve allocated to all AHS by NSW Department of Health. The need for a hospital based, hands-on program that would offer transitional support and education to nurses wishing to transfer to another clinical area as well as for new graduates wishing to work in Critical care areas was determined in mid 2004. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> A survey of all transition programs currently provided for nurses wishing to work in Critical Care areas is about to be distributed to all Intensive Care Units, together with a draft transition program document seeking feedback and input from NUMs, Educators and critical care nurses. The NSW N³ET Forum Work Group 1 is currently developing a framework of principles and standards for transition programs in the workplace. These principles should underpin any transition program and be valued and recognised at all levels. A workshop for critical care nurses, managers, educators and educational providers was held in October 2004. A working party has reviewed the Professional Development & Education Framework- considering the 'fit' and articulation of such a program with current orientation, preceptorship, postgraduate and continuing education models. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> A partnership has been developed between NSW Centre for Mental Health and Nursing and Midwifery Office that will fund and drive the Transition to Mental Health Nursing Project. An EOI has been circulated seeking a senior, experienced and appropriately qualified mental health nurse to coordinate the Transition to Mental Health Nursing Project across 2005/2006. First workshop on principles, standards and competencies for a state-wide recognised transition to Mental health program has been held. <p>What activity is planned next:</p> <ul style="list-style-type: none"> Compilation of the state-wide feedback on the Transition to ICU Program will determine the final product by December 2005. It is expected that the Transition to Mental Health Program will be ready for state-wide consultation by early 2006. It is expected that the process and framework for the development of similar transition programs will translate to other clinical specialities. A final précis of principles and standards will be provided. 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> A Graduate program has been developed and included government support for approximately 100 graduates per year. This funding is under review at present. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> A generic graduate program implemented for all categories of nurse/midwife that includes five self-directed learning modules. Remote rotations for new graduates have also been available. Coordinator has been appointed and is presently reviewing the program aims, objectives and documentation and working with the educators who provide support to the graduates. This work will provide the foundation for an evaluation of the program. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> A Forum held in 2005 identified the following issues (<i>Notes from NT Forum</i>) The Graduate Nurse to Clinical Nurse Educator (CNE) ratio varies greatly across the Territory. Strategies to be put in place: <ol style="list-style-type: none"> To develop an "atlas" What to measure? <ul style="list-style-type: none"> Evaluations Meaningful questions What can we do better <ul style="list-style-type: none"> Teach to needs of individuals Division of labour Clear statement of end point: "Development of a safe, confident and professional practitioner and to instil confidence to meet work place demands" <p>Preceptorship concerns</p> <ul style="list-style-type: none"> Role for us →set up Role for them → execution <p>What activity is planned next:</p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	TASMANIA	SOUTH AUSTRALIA
<p>REC 14. Standards for Transition Programs</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Royal Hobart Hospital - Enrolled Nurses Program commenced in 2003, currently only site providing the 6 month supportive transition to practice program for ENs. Planning is currently underway to implement the program state-wide based on intake of new Enrolled Graduates. Direct Entry Midwifery course not available in state Midwifery Graduates are provided supportive transition by course facilitators and preceptors. Royal Hobart Hospital is currently developing the framework for a supported Midwifery Transition Program to commence in 2006. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> Aug 05 - Recruitment and Retention of Nursing Graduates Workshop. Participants included: Graduate Nurse Development Coordinators and Senior Management within public sector. Discussions focused on current workforce challenges related to the reduction of entrants into the workforce and the need to develop strategies to retain nursing graduates within the Tasmanian health care system. <p>What has been the outcome/results:</p> <p>What activity is planned next:</p> <ul style="list-style-type: none"> Professional Development and Transition Program Forum planned in Nov 2005 In 2005, the Jurisdictional Working Group to be convened to progress developing system wide guidelines and principals for graduate programs with defined processes for evaluation and monitoring 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> The SA Department of Health has funded through the Casemix Nurse Teaching Grant public sector graduate nurses and midwives programs for many years. A number of private and aged care providers also provide similar programs What has been the actions/activity to date: In response to recommendations from the SA Nursing and Midwifery Recruitment and Retention Strategic Direction Plan a review of transition to professional practice programs was conducted by the Department along with a research study into the retention rates of new graduates in 2004. The Department partnered with the ANF to conduct a Statewide research study entitled; 'Where are graduate nurses in South Australia working, what are they doing and what plans do they have for the future?'. The aims of the study were to explore graduate nurses': <ul style="list-style-type: none"> Experience of graduate nurse transition support Current work environment Career aspirations Intentions to continue with or leave nursing. Transition to Professional Practice Review; the purpose of this project was to review the range of graduate transition to professional practice programs previously known as graduate nurse programs offered in the public health sector of South Australia and to make recommendations for the future. It includes principles and standards for transition to professional practice programs. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> Transition To Professional Practice - Report found that: <ul style="list-style-type: none"> "there are many successful transition to professional practice programs offered throughout the state's public health units/services. In 2004/2005 the Nurse Teaching Grant provided funded for 400 places in both metropolitan and country health unit registered general nursing and midwifery graduate programs. Many of these graduates remain employed by public hospitals providing excellent care to patients. They have developed into important members of the health care team and are our future nurse leaders and nurse academics". The report includes a number of recommendations to strengthen the programs and some useful insights into the tension between expectations of employers and new graduates level of competence. 'Where are graduate nurses in South Australia working, what are they doing and what plans do they have for the future'; research study report indicated that whilst the survey return rate quite low, the study was able to identify 4 groups of factors contributing to intentions to leave nursing: <ul style="list-style-type: none"> Work/social/family balance (or imbalance); Shift work/rostering/workload issues; Relationships with other health professionals including other nurses Insufficiency of extrinsic rewards.



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

		<ul style="list-style-type: none"> Whilst on a positive note graduates provided examples of supportive and appreciative from managers and messages of appreciation from clients and colleagues. Peer support from other clinical nurses was identified as an effective tool to maintain graduates within nursing <p>What activity is planned next:</p> <ul style="list-style-type: none"> Public sector health units to reviewing their current transition to professional practice programs.
	<p>VICTORIA</p>	<p>WESTERN AUSTRALIAN</p>
<p>REC 14. Standards for Transition Programs</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> In 1997 the Department produced the Graduate Nurse Program Guidelines to assist health services provide both a structured program of learning opportunities and support for graduate nurses. The Department of Human Services provides funding to support transition (Graduate Nurse) programs. Funding is provided to Victorian acute public health services for positions and staffing approved or otherwise recognised by the department. The projected number of graduates is submitted to the Nurse Policy Branch for approval. Ongoing funding is dependent on accurate reconciliation of projected EFT at the end of the academic year. Funding is provided for graduate nurses registered in division 1. While funding is not available for registered nurses in division 2 (Enrolled Nurses) the department's Graduate nurse program guidelines – 2003 have been developed for application across the range of settings where new division 1 and division 2 graduates are employed. Similarly, the guidelines are applicable to graduate nurse programs conducted across the range of health care services including aged care, community, rehabilitation and specialty services. Graduates of Bachelor of Midwifery course are eligible to attract grant funding. Additional funding is provided to specialist mental health services who employ graduate nurses <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> The revised Graduate Nurse Program Guidelines (May 2003) draw on collective industry experience as well as findings reported in the literature, government reports and research, to summarise the key conditions and criteria that influence the capacity of the newly graduated nurse to function safely and efficiently, and to continue to develop professionally. It is intended these guidelines be used as a foundation, and each health service further enhances their graduate nurse program to address identified organisational and participant goals and needs. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> Funding assistance was provided for the equivalent of 1288 full time 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Western Australia has developed Graduate Nurse Programs of 12 month duration. The programs consist of at least two rotations and are supported by staff development. WA offers a EN New Graduate program & Transition program is offered of newly qualified midwives <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> Limited graduate transition funding is provided by the Department of Health to public health services <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> An online graduate recruitment program has commenced in Western Australia. There has been an increased uptake of graduate programs. In 2005, 493 graduate nurses entered the public system in addition to those entering private hospital programs. Individual health services have established their own graduate programs with stated objectives and learning outcomes. <p>What activity is planned next:</p> <ul style="list-style-type: none"> The next phase will be to work in partnerships with the Nurses Board of Western Australia and industry to develop system wide guidelines and principals for graduate programs that will be evaluated and monitored.



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	<p>places for 2004/05.</p> <ul style="list-style-type: none">• It is anticipated that 1288 places will again be supported in 2005/06.• In 2004 the graduate program in specialist mental health services was formally evaluated• Additional funding assistance was provided for 54 full time graduate places in specialist mental health services in 2005/06. <p>What activity is planned next:</p> <ul style="list-style-type: none">• Funding for graduate nurse programs is part of a larger recruitment and retention strategy and is aligned with funding for postgraduate courses under the umbrella of Training & Development. The department is seeking to more closely match the pattern of resource expenditure incurred by health services in providing education support. In the coming funding periods the grant will be considered in this light.	
--	--	--



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

RECOMMENDATIONS Our Duty of Care		TO BE MONITORED BY TASKFORCE	
REC 20.	Nurse academics and teachers	Responsibility:	Health/Education Ministers & Jurisdictions (via Forums)
	<i>To ensure that students are exposed to current clinical practices, faculty practice should be:</i> a) <i>built into the workload of those nurses who teach nursing students in universities and the VET sector</i> b) <i>incorporated into annual performance appraisals.</i>	N³ET Role:	Taskforce to monitor
		Monitoring Process:	To be addressed in State and Territory Forums and Taskforce to report after 12 months on jurisdictional work.
		Health Ministers to write to education Counterparts to facilitate implementation of this recommendation.	

BACKGROUND TO ISSUE AND NATIONAL CONTEXT

The Review and Recommendation 20

The issue of "clinical currency" of academics and nurse teachers was raised by the National Review of Nursing Education in relation to bridging the gap between education and preparation –

"...the quality of education received depends not only on the educational skills of teachers and their theoretical understandings, but also on the relevancy of the application of these understandings in the practice environment." (p 156)

Faculty practice was identified as a way of achieving this where the more formal links between research, teaching and practice through service faculties does not exist. The recommendation was supported by Ministers and referred for implementation through jurisdictional Forums.

Recommendation 20 – Summary of Progress to date:

This recommendation was referred to state/territory Forums. Although the National Review of Nursing Education focussed on Faculty practice the responses provided by the jurisdictions demonstrate a range of approaches have been adopted across Australia including partnerships, Clinical Chairs and a variety of models for "faculty practice".

	AUSTRALIAN CAPITAL TERRITORY	QUEENSLAND
REC 20. Nurse Academics and Teachers	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> In 2003 the clinical placement model for students enrolled in the undergraduate degree course in nursing at the University of Canberra changed to the Dedicated Education Unit models. This Dedicated Education Unit model has a member of the academic staff attached to each unit, the academic works closely with the students and with the staff to facilitate learning partners in acute care, mental health and community health. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> Since this model began in 2003, 10 DEUs have been introduced in ACT in conjunction with clinical partners <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> ACT is currently involved in research to explore the outcome of the DEU model of clinical experience. Satisfaction surveys completed by clinical staff and students indicates a very high level of satisfaction in terms of experience and socialisation in to the work of nursing. 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Within this recommendation the assumption is made that faculty practice is broader than clinical. TAFE personnel have two weeks per year in industry. Policies and procedures differ for different universities. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> Joint OH & University appointments are in place. QNC has recently conducted a survey regarding faculty practice. Awaiting findings. <p>What has been the outcome/results:</p> <p>What activity is planned next:</p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	<p>What activity is planned next:</p> <ul style="list-style-type: none"> • Completing the research that is currently underway, further developing the DEU into clinical learning environments. • An inter-professional learning workshop is planned for November 2005. The workshop will challenge the current paradigm by exploring basic concepts about patterns of services, engagement with service users and the role of Universities in “creating” the workforce. 	
<p>NEW SOUTH WALES</p>		<p>NORTHERN TERRITORY</p>
<p>REC 20. Nurse Academics and Teachers</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • In NSW, partnerships have been established between some Area Health Services and some Universities with a number of well established Clinical Chairs in Nursing and Midwifery that provide support (e.g. research techniques, writing and publishing clinical initiatives) to nurses and midwives in the clinical areas • The Dedicated Education Unit (DEU) model from Flinders University has been reviewed and considered and remains on the agenda • The Clinical Placement Project has recognised the benefits to be gained from a DEU model to facilitate clinical learning and partnerships between universities and Area Health Services that will support clinical nurses in their workplaces. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • This issue has been raised at the Joint Strategic Reference Group – Nursing and Midwifery (JSRG-N&M – established 2003), comprising all Area DONs, all Deans of Nursing, the NSW Nurses and Midwives Board, the NSW Nurses Association, TAFE, the College of Nursing, the College of Midwives NSW and two Clinical Professors. • A project officer appointed to undertake the Clinical Placement Project <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • Draft recommendations have been presented to the JSRG-N&M and the final report is due in October 2005 • Scheduled for future NSW N³ET Forum agenda and further work on this recommendation will progress following completion of other recommendations. • In addition, a number of universities in NSW access clinical teachers from the health service in which their nursing students are undertaking their clinical placement. These teachers are familiar with the local clinical environment and their recency of practice is of benefit to their clinical teaching. <p>What activity is planned next:</p> <ul style="list-style-type: none"> • These issues as well as other educational and service related matters will be discussed at the next JSRG-N&M in December 2005. 	<p>Jurisdiction specific background/context to this issue: The NT Government has partnership link with the Charles Darwin University and this was signed in June 2003. The aim of the partnership is to combine expertise and resources to foster the development / capacity building of the NT.</p> <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • A Professor for Health Services Development has been appointed for the Graduate School at CDU and a Professor of Clinical Nursing has commenced for Health Practice within the Graduate School. The Graduate School is being currently set up and developed, thus the NT is still developing in this area. • CDU had set up dedicated education units at two hospitals in the NT. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • A combined DHCS / CDU workshop was held in July 2005. This workshop was attended by Principal Nurse Advisor, Nursing Directors, Nurse Educators, representation from professional groups, the nursing certified agreement taskforce, university and VET sector nursing lectures and professors, aged care sector, and the private hospital. This forum was very productive. • Key points to summarise the forum include: <ul style="list-style-type: none"> ○ Collaboration between DHCS and CDU ○ Needs to be planned for and evaluated, including the operational design ○ Service level agreements need to be made with all personnel ○ Requires preceptorship/mentoring, supervision and support <p>What activity is planned next: The discussions that occurred need to be reviewed and a plan developed to progress implementation. In October a combined forum will be held between the nurse leaders and the nurse educator forum representatives.</p> <p>Currently all the work that came from the forum has been collated and tabled. Three (3) key areas were looked at:</p> <ul style="list-style-type: none"> • What is faculty practice? • How? • When? (Implementation process)



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

TASMANIA		SOUTH AUSTRLIA	
<p>REC 20. Nurse Academics and Teachers</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> The Partnership in Health (PiH) agreement was established in 1998 between the University Of Tasmania Faculty of Health and the Department of Health and Human Services. In 2003, a Statement of Intent was resigned reaffirming the strong commitment of both parties to continue the collaboration and progress initiatives established via the partnerships. In 2004 a dedicated PiH Preceptor website which provides regular updates and background information. Faculty practice - Currently, recency of and maintenance of clinical practices is up to the individual and the Tasmanian University of Nursing and Midwifery. NBT standards head of school/coordinator must be registered with a current practising certificate, if they are teaching any course or program leading to registration enrolment. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> Development of educational principles to guide the development of a State-wide PiH Nurse Preceptor Education Program in 2004 the Program accredited By Nursing Board of Tasmania. Steering Group established with a wider representation including: Private Hospital Sector, Aged Care Sector, Nursing Board of Tasmania, TAFE Tasmania and Northern Group Training <p>What has been the outcome/results:</p> <p>2005 – All preceptor program providers in Tasmania deliver the PiH program and Trends in Partnership Inaugural State-wide Conference held.</p> <p>What activity is planned next:</p> <ul style="list-style-type: none"> Planned Forum in April 2006. To be discussed at Directors of Nursing DHHS and University of Tasmania School of Nursing & Midwifery meeting to be convened in Oct 2005. 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> The Department recognises the need to work in partnership with the university and the VET sectors to enhance its existing relationship and ensure workforce supply strategies address building a sustainable nursing and midwifery workforce, maximising health outcome through quality education and build capacity within the nursing and midwifery professions. Flinders University developed the Dedicated Education Unit clinical placement model for undergraduate nursing and midwifery students, this model builds the capacity of students to integrate theory with practice and is a collaborative model between academics and clinical teachers. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> The issue of clinical placements was identified within the SA Nursing and Midwifery Recruitment and Retention Strategic Directions Plan as being a critical issues, the Department brought together all key stakeholders and undertook a literature review and mapped all clinical placements. Subsequently the public, private and aged care sectors along with education providers, industrial, regulatory and professional bodies have agreed the SA Clinical Placement Work Plan. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> The Department has appointed a project nurse to implement the SA Clinical Placement Work Plan in conjunction with the service and education sectors. Universities reviewing undergraduate curriculum have been requested to consider the issues raised in the review of clinical placements and strategies held with the Clinical Placement Work Plan. <p>What activity is planned next:</p> <ul style="list-style-type: none"> The SA Nursing Education and Workforce Forum will consider further the issue this recommendation raises. 	
VICTORIA		WESTERN AUSTRALIA	
<p>REC 20. Nurse</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Whilst current Nurses Board of Victoria standards do not require demonstration of faculty practice by clinical and academic teaching staff, there is a requirement for all clinical and academic staff to be registered with the Board and hold relevant teaching qualifications. Registration requires demonstration of recency of practice within a 5 years period. Recency of practice recognised includes areas of nurse management, nurse education, nursing research and clinical nursing 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> Recommendation is supported and all universities support academic staff undertaking a form of faculty practice <p>What has been the actions/activity to date:</p> <p>Curtin University of Technology comment:</p> <ul style="list-style-type: none"> The School of Nursing & Midwifery at Curtin has a formal 'Faculty Practice' Program. The program encourages all staff in the school to undertake 'Faculty Practice' each year for 1–2 weeks. This is predominantly supernumery, allowing academics to work and experience the clinical environment in their 	



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

Academics
and Teachers

What has been the actions/activity to date:

- Currently, one university in Victoria is piloting a clinical skills model of education for 3rd year bachelor of nursing students in a number of metropolitan and rural health services.
- The model enables the establishment of closer links between academia and clinical practice than are available with traditional academic models. This is achieved through the co-location of school and health provider. This allows for the liaison and sharing of expertise through clinical staff contribution to theoretical component with the opportunity to work closely with the students, whilst academic staff having ready access to the clinical setting.
- In addition, many universities in Victoria access clinical teachers from the health service in which their nursing students are undertaking their clinical placement. These teachers will be familiar with the local clinical environment and their recency of practice is of benefit to their clinical teaching.

What has been the outcome/results:

What activity is planned next:

- A continued contribution to the development of nursing and workforce planning through consultation with various industry, educational and health provider groups.

area of specialty. Financial resources are available to back-fill teaching/ marking and administrative responsibilities while the academic is not available on campus. This initiative ensures staffs are clinically competent, credible and current in nursing practice.

The University of Notre Dame Australia comment:

- Academic staff employed in the college of Nursing work at least once day per week in the clinical area. 'Clinical Area' is broadly defined as an area of nursing that informs the profession. All sessional staff employed at the university currently work as clinical nurses. The expectation of faculty practice is part of the JDF at Notre Dame University.

Murdoch University comment:

- All contracts include a practical component in which the nurse academics must be employed for at least 1 day per week in the clinical setting.

Edith Cowan University comment:

- The School of Nursing strongly supports recommendation 20 and is making progress towards its implementation. To assist staff with faculty practice to improve their clinical experience the university is planning to work with health care facilities to develop faculty practice programs specifically designed to address clinical skills needs of staff as well as to highlight key issues that staff should address when teaching students in class. Tutors employed by the School who work alongside academic staff are all currently working in clinical areas.

What has been the outcome/results:

-

What activity is planned next:



RECOMMENDATIONS Our Duty of Care		TO BE MONITORED BY TASKFORCE	
<p>REC</p> <p>36.</p>	<p>Nursing leadership and management</p> <p><i>For nursing leadership and management to be enhanced:</i></p> <p>a) governments should ensure improved representation of nurses on bodies which advise on both health and health education issues, so as to use more fully the expertise and knowledge of the nursing profession</p> <p>b) workplaces should recognise and support the development of future nurse leaders and managers, using initiatives such as:</p> <p>i mentoring and coaching, where experienced staff help younger or less experienced staff to develop and progress</p> <p>ii. involvement in policy development and implementation</p> <p>iii. provision of programs in areas such as human resources, financial management and policy development.</p>	<p>Responsibility: Jurisdictions</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: Taskforce to report after 12 months on jurisdictional work.</p>	
	<p>BACKGROUND TO ISSUE AND NATIONAL CONTEXT</p> <p>The Review and Recommendation 20</p> <p>Leadership and representation of nursing and midwifery nationally and internationally was identified by the national Review of Nursing Education as important in the “valuing of nursing” and the Review received many submissions about the deficiency in the current policy arrangements. The recommendation highlighted the need to have both a top down (government) and a bottom up approach (workplace) to developing and promoting leadership within the nursing and midwifery professions.</p> <p>The recommendation was supported and referred to the jurisdictions. As part of its monitoring role the Taskforce was asked to review progress after 12 months to identify best practice opportunities. Accordingly the Taskforce will invite the CNO’s to consider submitting some of the initiatives to the <i>N³ET Solution Seekers</i> site¹.</p> <p>Recommendation 20 – Summary of Progress to date:</p> <p>The range of diverse activities and approaches to addressing this recommendation in each State/territory are provided in the table below. The initiatives demonstrate the leadership initiatives being recognised and driven by government including the pivotal role of the Chief Nurses as well as strategies that focus on leadership within the workplace including broader clinical leadership programs.</p>		
	<p>AUSTRALIAN CAPITAL TERRITORY</p>	<p>QUEENSLAND</p>	
<p>REC</p> <p>36.</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> In the ACT, the establishment of the Chief Nurse position has provided a focal point, higher level representation and a voice for nurses and midwives in strategic planning and management, policy and professional development. The Chief Nurse is a member of the ACT Health Porfolio executive and reports directly to the Chief Executive of ACT Health. <p>What has been the actions/activity to date:</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> In line with Recommendation 10 of the Qld Ministerial Task Force – Nursing (1999); and recommendation 36 of the National Review of Nursing Education “ Our Duty of Care” (2002); strategies identified in Health 2020; and the staff development component – continuing and ongoing education of the Queensland Health Staff Development Framework the acquisition of requisite leadership and management knowledge and skills are seen necessary in the development of future nurse leaders and managers. 	

¹ *Solution Seekers* is an electronic clearing-house called (housed on N3ET website) to identify and disseminate examples of “best practice” as requested by Ministers for numerous recommendations. Solution Seekers site is an open access, searchable repository of innovative projects/approaches that are related to the workplan from across Australia. Brief information on project and contact details is provides to encourage information sharing



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

<p>Nursing Leadership & Management</p>	<ul style="list-style-type: none"> Nursing and Midwifery Office has been established and staff for a small core team has been recruited. The establishment of the Council for Nurses and Midwives ACT (CfN&M) A multi-disciplinary ACT Health Leadership Development Performance Group has been formed to investigate best model for leadership development for ACT Health. Recommendations are expected to be provided to ACT Health Portfolio Executive in September 2005 <p><u>What has been the outcome/results:</u></p> <ul style="list-style-type: none"> Key results include: Nursing and midwifery input into AHMAC, AHWAC etc briefs and working groups, Expert and professional advice on relevant ACT Legislation, input and advice on safety and quality issues, Development of consistent approach workforce statics collection and analysis, Development of the nurse practitioner including the ACT framework document, Development of EN Medication administration policy; Establishment of nursing and midwifery leaders forum to facilitate communication, strategic planning and management, coordination and professional support across ACT Health CfN&M brings together, for the first time, Nursing and Midwifery Leaders from across the whole ACT including private and public sector, professional bodies, union, aged care residential, defence forces, education sector. The group is engaging and providing broad direction on issues that influence the direction of the professions. The Council sponsored the successful 2005 International Nursing and Midwifery Day celebrations in the ACT. <p><u>What activity is planned next:</u></p>	<ul style="list-style-type: none"> Accordingly career succession planning in place and Leadership modules have been developed. <p><u>What has been the actions/activity to date:</u></p> <ul style="list-style-type: none"> Queensland Health and Education Direction Committee strategic directions nursing within Central Zone have developed, implemented and evaluated a suite of Nursing Leadership and Management modules and supporting resources for Nursing Officer 2s. The modules are self-directed, self paced to support the acquisition of requisite leadership and management knowledge and skills through work place learning. The module content directly links to the elements of the Queensland Health Leadership Development Framework (1999) Annex 2. <p><u>What has been the outcome/results:</u></p> <ul style="list-style-type: none"> These modules and supporting tutorials were implemented and evaluated at the Royal Brisbane & Women's Hospital Health Service District in 2003 and following extremely positive feedback of participant and organisational satisfaction distribution across all facilities in Central Zone followed in May 2004. <p><u>What activity is planned next</u></p>
<p style="text-align: center;">NEW SOUTH WALES</p>		<p style="text-align: center;">NORTHERN TERRITORY</p>
<p>REC 36. Nursing Leadership & Management</p>	<p><u>Jurisdiction specific background/context to this issue:</u></p> <ul style="list-style-type: none"> The Chief Nursing Officer is a member of a number of key NSW Health High Priority Taskforces as well as a Board member of the Clinical Excellence Commission, College of Nursing and the NSW Nursing & Midwifery Registration Board and N3ET The CNO is the Chair of the JSRG-N&M and brings together the leaders from all key nursing and midwifery bodies, professional, educational and industrial. This peak group determined an initial work plan to progress 4 major priority undertakings. These priorities are: <ul style="list-style-type: none"> To map, investigate and make recommendations about clinical placements across the state To identify existing activities and strategies in NSW relating to nursing culture and leadership and to develop a list of key issues and recommendations to address them To explore new and innovative models of care and nurses' roles and to share nurses' work and experiences with other nurses in state To explore the professional career development paths of Clinical and Management 	<p><u>Jurisdiction specific background/context to this issue:</u></p> <p>In NT, Recommendation 36 is being considered in conjunction with recommendation 28 (Work Organisation) and 30 (Workplace Culture).</p> <p><u>What has been the actions/activity to date:</u></p> <ul style="list-style-type: none"> A forum was held to address the above three (3) recommendations. The forum was attended by the Principal Nurse Advisor, Nurse Educators, the nursing certified agreement taskforce and a university nursing lecture. This forum was very productive and throughout the forum many of the issues raised were interlinked In the last 12 months 1 and 2 day courses have been made accessible to managers of nurses and or nurse managers, i.e. performance management, effective supervision and dispute resolution. Also the Public Sector Management Program is available to all nurse managers. <p><u>What has been the outcome/results:</u></p> <ul style="list-style-type: none"> The Principal Nurse Advisor is the key DHCS link and with CDU's new



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	<p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • A Professorial Chair of Clinical Practice Development and Policy Research appointed between NSW Health and Centre for Health Services Management, Faculty of Nursing, Midwifery & Health, University of Technology, Sydney. A key role of this position was to explore and investigate models of care and nurses' roles across the State. • The first Models of Care Roadshow provided workshops for nurses and midwives at 22 venues across the state between February and April 2005. 35 groups of nurses presented at these workshops, sharing their innovative approaches to changing thinking about nurses' roles and the changes needed to existing models of service provision. • The RCN (UK) Clinical Leadership Program (CLP) has been made available to NSW. It is a twelve-month program of learning which aims to develop transformational leadership behaviours in its participants. Specifically the program aims to: develop self; develop teams; develop patient focus; enhance networking, and enhance political awareness. • NSW Health (NaMO) Nurse Strategy Reserve Funds (NSRF) provides for 6 streams of development to be supported, these are: Competency based skill development; Career Pathway articulation; Professional Development; Clinical Leadership; Evidence based practice achievements and Transitional support. • Leadership Program for Nursing Unit Managers has been implemented which is specifically aimed at the management needs of neophyte NUMs <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • Lead Facilitator for CLP appointed August 2004 and 9 local CLP local facilitators have been appointed to the program across NSW with 53 local leaders working on individual patient improvement projects • The Evaluations of the Models of Care (MOC) Roadshow highlighted the need for further work to be undertaken in relation to models of care to improve patient care and outcomes (Chiarella 2005). <p>The MOC Roadshow also gave less experienced staff the opportunity to be exposed to different methodologies for Clinical Practice change, evidenced by many evaluation comments such as "inspirational", "motivational" and "encouraged me to think outside the square"</p> <ul style="list-style-type: none"> • The PowerPoint presentations from the Roadshow are on the Nursing and Midwifery Office website together with a "Virtual Toolkit" of documents and references to assist with change and reviewing nurses' roles. • Evaluation of the Leadership Program for Nursing Unit Managers will commence after a sufficient number of courses have been run to provide adequate and accurate data. • The First Models of Care Report will be available on the Nursing and Midwifery Office website by December 2005 <p>What activity is planned next:</p> <ul style="list-style-type: none"> • The CLP has been rolled out across NSW and presented to all Area Health Service Ethics Committees for approval for data collection. The 	<p>Graduate School. Professor of Clinical Nursing has just commenced in October for Health Practice within the Graduate School.</p> <p>What activity is planned next:</p> <ul style="list-style-type: none"> • The discussions that occurred need to be reviewed and a plan developed to progress implementation. In October a combined forum will be held between the nurse leaders and the nurse educator forum representatives. • There are immediate needs ie nurse managers requiring further management and leadership training. Leadership and Management courses still to be explored further. • The current preceptorship/mentoring model needs to be enhanced throughout DHCS, however initially with work will be done within the Workforce Strategy and Clinical Learning Branch. • The current Nursing and Midwifery website to be updated regularly, to include a Principal Nurse Advisor newsletter / report for nurses and midwives in the NT to access.
--	--	---



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

	<p>second phase of implementation will begin in all Area Health Services following Ethics approval.</p> <ul style="list-style-type: none"> • The CNO will discuss the First Models of Care Report with nurses around the state by video link-up and it is planned for the Minister to Launch the First Models of Care Report, together with 20 scholarships that focus on clinical practice re-design. • A second Models of Care Roadshow is being planned for early 2006 	
TASMANIA		SOUTH AUSTRALIA
<p>REC 36. Nursing Leadership & Management</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • The Tasmanian Department of Health and Human Services (DHHS) is committed to developing a Change Management Framework to assist staff with service and operational changes. The DHHS Integrated Planning Framework aims to align corporate and business planning across agency and to ensure alignment with individual Performance Development Plans. • Following discussion at Chief Nurses meeting 2005 Principal Nurse Advisor Tasmania is aware of introduction of Clinical leadership Program (C.L.P) in NSW and is awaiting the evaluation report. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • Access for nurses/midwives to a number of education programs have been supported covering issues such as Mentoring and Coaching, Emotional Intelligence and Leadership Creating Positive Workplace , Workplace Diversity, Workplace Aggression <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • <p>What activity is planned next:</p> <ul style="list-style-type: none"> • September 2005 The Models of Care Workshop to explore of models of nursing care practice. Reviewing current literature and provide example of innovation from current clinical practice changes. Recommendation from workshop to assist with planning and evaluation of clinical issues related to best practice outcomes, clinical governance and leadership. • Further strategies for senior nurses, managers and graduates to enhance networking and mentoring opportunities are also being explored with state-wide Directors of Nursing via the PNO • Leadership and Culture Forum planned for March 2006 	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • The leadership of the nursing & midwifery professions within an environment of reform is a critical one, and in recognition of this the South Australian Department of Health created the position of Chief Nurse. • The Chief Nurse has a strategic statewide leadership role providing advice to the Department and Minister on nursing/midwifery related issues, contributing to the formation of State health policy and promoting and liaising with the professions. Current strategic priorities include workforce, healthy workplaces, education, research and practice. • The Department of Health also recognises that there needs to be strong leadership by nurses working in the clinical setting who ensure that the care provided is commensurate with the levels of quality and safety that meet the community and Government's expectations and supports the directions set by the Department. • A number of health units have over time provided a range of leadership programs for their staff <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • The combined Directors of Nursing Forum (metropolitan & country) meet on a quarterly basis facilitating the progress of strategic strategies. • To engage the broader health sector the Department has facilitated a range of forums in relation to specific nursing/midwifery issues whereby the public, private and aged care sectors along with education providers, industrial, regulatory and professional bodies work together to identify strategies such as the development of the Clinical Placement Work Plan. • In seeking to address this issue of nursing/midwifery clinician leadership development the Department provided funding to the Royal Adelaide Hospital to implement the Royal College of Nursing United Kingdom's Nursing Clinical Leadership Program in partnership with other metropolitan and county health units. • The Royal College of Nursing (UK) identified in the need to improve the quality of patient care and that sound clinical leadership may impact on better outcomes for patients. A Ward Nursing Leadership Project was piloted in 1998. The study was conducted using action research and explored the leadership skills required by ward leaders to promote better practice and to identify how these skills could be developed and be transferred to other nurses working with patients. The RCN (UK) reports that one of the strongest messages that emerged from the project was that, although



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

		<p>employers can influence the quality of patient care, it is the qualities of individual nurses that have a more direct effect on the way patients are looked after</p> <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • The Clinical Leadership Program for South Australian nurses and midwives was launched in February 2003. A total of 60, nurses/midwives participated in the pilot program, all graduating in May 2004. • The program was supported by 10 local facilitators who were trained prior to the commencement of the program with the students coming from 15 partnering health units across both the metropolitan and country regions. • The pilot was evaluated in 2004 with a subsequent program funded in 2004 with 60 participants again undertaking the program all of whom are due to graduate in October 2005 <p>What activity is planned next:</p> <ul style="list-style-type: none"> • The Department has again provided funded for a further program and applications are currently being called.
VICTORIA		WESTERN AUSTRALIA
<p>REC</p> <p>36.</p> <p>Nursing Leadership & Management</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • A number of Victorian health services have implemented leadership and management programs, predominately directed to Nurse Unit Managers. • The Nurse Policy Branch has planned two leadership programs, which will commence this year. The first will target Directors of Nursing across Victoria and include activities to address areas identified through a statewide forum. The second will be offered to Nurse Unit Managers <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> • Victorian Directors of Nursing meet regularly with peers through a structured communication and committee framework. This provides a mechanism for communication, peer support and problem solving. The Victorian Principal Nurse Advisor also attends these meetings. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • No evaluation yet undertaken but will be undertaken as part of both leadership programs. <p>What activity is planned next: Further opportunities for senior nurses to enhance networking and mentoring opportunities are also being explored with Directors of Nursing.</p>	<p>Jurisdiction specific background/context to this issue:</p> <ul style="list-style-type: none"> • The strategic intent of the Department of Health of Western Australia is to build a healthy workforce with healthy leadership. The DOH sees identifying, nurturing and promoting strong leadership is vital to the effectiveness of the health system and the overall goal of improving health care and health outcomes for all Western Australians. Its intention is to identify and promote strong leadership at all levels with health care services in WA. <p>What has been the actions/activity to date:</p> <ul style="list-style-type: none"> o The Office of the Chief Nursing Officer has developed a transformation leadership program for nurses and midwives. • The program is in partnership with the Graduate School of Business at Curtin University. <p>What has been the outcome/results:</p> <ul style="list-style-type: none"> • To date approximately sixty nurses/midwives have completed the course. • Those nurses/midwives are now positioned to take up nursing/midwifery leadership practice. <p>What activity is planned next: The current Nursing Transformation Program will be aligned to the Department of Health's, Healthy Leadership strategic intent</p>