

# National Nursing and Nursing Education Taskforce



## Final Report



**The National Nursing and Nursing  
Education Taskforce (N<sup>3</sup>ET)  
December 2006**





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Australian Health Ministers' Advisory Council

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The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET) — December 2006

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**The Hon Tony Abbott MP**

Minister for Health and Ageing  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

**The Hon Julie Bishop MP**

Minister for Education, Science and Training  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Ministers,

It gives me great pleasure to present the Final Report of the National Nursing & Nursing Education Taskforce.

As you are aware, the Taskforce has been responsible for implementing and monitoring a significant number of the recommendations from the National Review of Nursing Education (2002): *Our Duty of Care* report, as well as recommendations from *The Critical Care Workforce in Australia 2001–2011* (2002), *The Midwifery Workforce in Australia 2002–2012* (2002), *Australian Mental Health Nurse Supply, Recruitment and Retention* (2003), and Specialisation.

Achieving national consistency in nursing and midwifery education, regulation and practice has been a key theme for the Taskforce. Accordingly, the Taskforce has focussed attention and formed collaborative alliances and partnerships in order to progress this goal.

It is acknowledged that many individuals and groups have been, and are undertaking valuable work that intersects with the Taskforce's interests and agenda. Nurses and midwives across Australia have willingly shared their views and work to support the Taskforce and its program. The Taskforce's outcomes are richer as a consequence of this.

The Taskforce has undertaken its work in an environment of challenge and change, where the national focus has been developing a more sustainable and responsive health workforce through more efficient and effective national arrangements.

The Taskforce has been overwhelmed by the support of nurses and midwives and the various groups around Australia. Many individuals, groups and government departments have been most generous with their time.

In particular, I wish to thank:

- The Taskforce members who brought a wealth of experience and knowledge to the table and were always responsive and supportive of the work program.
- The Australian and New Zealand Council of Chief Nurses (ANZ-CCN), which has been a great source of support; promoting the Taskforce and facilitating our work, as well as allowing us to connect and meet with local nurses and midwives across Australia.

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- The Council of Deans of Nursing & Midwifery — Australia New Zealand who facilitated, supported and encouraged our work.
  - The Australian Nursing & Midwifery Council and the Nursing and Midwifery Regulatory Authorities who worked with us on a number of projects.
  - The Taskforce Secretariat for their dedication and tireless work. I would also like to thank Ministers for supporting and sponsoring this work.

The final report and the accompanying papers and reports leave a solid foundation to build upon. Nurses and midwives from across Australia are keen and willing to engage constructively to make a valuable contribution to further progressing the process of change. The challenge lies in harnessing the energy in order to build forward.



**Adjunct Professor Belinda Moyes**  
**Chair**

National Nursing & Nursing Education Taskforce

# Taskforce membership

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**Chair**

Adjunct Professor Belinda Moyes

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**Nominee of the Australian Minister for Health and Ageing**

Ms Rosemary Bryant  
Executive Director  
Royal College of Nursing, Australia

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**Nominee of the Australian Minister for Education and Training**

Professor Jill White  
Dean, Faculty of Nursing, Midwifery and Health  
University of Technology, Sydney

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**Nominee of the Ministerial Council for Education, Employment, Training and Youth Affairs**

Professor Pauline Nugent  
Head, School of Nursing  
Deakin University, Victoria

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**Nominees of State and Territory Health Ministers**

Professor Mary Chiarella  
Chief Nursing Officer  
Department of Health, NSW  
(*Nov 2003–Jul 2004*)

Adjunct Professor Kathy Baker  
Chief Nursing Officer  
Department of Health, NSW  
(*Since Aug 2004*)

Ms Fiona Stoker  
Principal Nursing Adviser  
Department of Health and Human Services, Tasmania

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**Nominees of the Australian National Training Authority Ministerial Council**

Ms Katherine Henderson  
Deputy Chief Executive Officer  
Department of Employment Education and Training, NT  
(*Nov 2003–Feb 2005*)

Ms Di Lawson  
Chief Executive Officer  
Community Services and Health Industry Skills Council

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**Nominee for the private sector**

Ms Sue Macri  
Executive Director  
Aged Care Association Australia (NSW)

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## Acronyms

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AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials Committee
AIHW	Australian Institute of Health & Welfare
ANF	Australian Nursing Federation
ANMC	Australian Nursing and Midwifery Council
ANTA	Australian National Training Authority
ANTA MINCO	Australian National Training Authority Ministerial Council
ANZ-CCN	Australian and New Zealand Council of Chief Nurses
ANZSCO	Australian and New Zealand Standard Classification of Occupations
APA	Australian Postgraduate Award
ARC	Australian Research Council
ASCO	Australian Standard Classification of Occupations
CDNM-ANZ	Council of Deans of Nursing and Midwifery - Australia and New Zealand
CNO	Chief Nursing Officer
COAG	Council of Australian Government
CS&HISC	Community Services and Health Industry Skills Council
DCW	Direct care worker
DEST	Department of Education Science and Training
DMF	Decision-Making Framework
EN	Enrolled nurse
HDR	Higher-degree research
HEP	Higher-education provider
HES	Higher-education sector
HSP	Health service provider
MR	Mutual recognition
N <sup>3</sup> ET	National Nursing and Nursing Education Taskforce
NBSA	Nurses Board of South Australia
NNO	National nursing organisations
NNPG	National Nurse Prescribing Glossary
NP	Nurse practitioner
NPWPDS	Nurse Practitioner Workforce Planning Data Set
OPNA	Office of the Principal Nurse Adviser
PMC	Project Management Committee
RCNA	Royal College of Nursing Australia
RM	Registered midwife
RN	Registered nurse
RTS	Research Training Scheme
VET	Vocational Education and Training

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## Executive summary

The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET/Taskforce) was appointed in November 2003 to implement and monitor recommendations from the National Review of Nursing Education (2002) *Our Duty of Care* report. In accordance with the Taskforce's Terms of Reference, Ministers referred additional work to the Taskforce after its establishment. This included recommendations from three Australian Health Workforce Advisory Committee (AHWAC) nursing workforce reports: *The Critical Care Nurse Workforce in Australia 2001–2011*; *The Midwifery Workforce in Australia 2002–2012*; and *The Australian Mental Health Nurse Supply, Recruitment and Retention (2003)*. In 2004, Ministers also referred additional work to the Taskforce on nurse specialisation.

From the beginning, the Taskforce was clear that it must be inclusive and collaborative. The size and complexity of the task and the timeframes made this imperative. Nurses and midwives were willing to contribute, wanted to be involved, and were keen to work with the Taskforce to explore new options and ways forward. Therefore, a key outcome of the Taskforce is the legacy of networks that has underpinned the Taskforce's work and achievements — networks that will provide a firm foundation for further work in the future.

Achieving change at a national level is a complex and protracted process, especially when consensus must be reached about directions and actions. Much of the Taskforce's work has focussed on paving the way for change, identifying differences across jurisdictions, challenging conventional thinking and assumptions, researching ways of overcoming barriers and resistance and proposing new ways of doing things — and taking the first steps.

The work and outcomes of the Taskforce emphasise the need for national consistency as a priority. It is important at this juncture to continue the momentum that has commenced. In the context of implementing the Council of Australian Government (COAG) agenda for national regulation of health professionals, there is also a need to maintain a focus on the critical nursing and midwifery issues and strategies identified by the Taskforce. Closer collaboration between governments, education, nursing and midwifery regulatory authorities and professional groups should facilitate a smooth transition to national processes.

The recommendations that follow reflect this journey and identify key issues that emerged as the Taskforce progressed its workplan. They complement the recommendations and strategic directions in other Taskforce reports and documents.

### **Recommendation 1: Building Forward — The Agenda for Change**

The individual project summaries and reports generated from the work program outline the next steps that are needed to continue on the path of reform and identify the contributions required from different groups and stakeholders.

It is recommended that:

- 1.1 The issues, strategic directions and recommendations arising from the following Taskforce reports and project summaries (outlined in Section 1 of this report) are considered and taken up by key bodies, such as the Australian Health Ministers Advisory Council (AHMAC), the Ministerial Council for Employment, Education, Training and Youth Affairs (MCEETYA) and key nursing and midwifery bodies.

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## Reports to AHMAC:

- Re-entry Programs for Nurses and Midwives: A Review of Legislative Requirements and Funding Support Across Australian For Re-entry Programs, June 2005
- Scholarships for Nurses and Midwives: A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas (March 2005)
- Research Training for Nurses and Midwives (submitted to AHWOC July 2006)
- Specialisation: A report on work of the National Nursing and Nursing Education Taskforce on specialisation in Australia (2006) (working title).

## N<sup>3</sup>ET project summaries, reports and outputs:

- Towards Consistent Regulation of Nursing and Midwifery in Australia (June 2006)
  - Commonwealth Funding for Clinical Practicum (May 2006)
  - Priorities for Nursing Research in Australia (July 2006)
  - Maximising Education Pathways (2006)
  - National Nurse Prescribing Glossary (2006)
  - Nurse practitioner planning data set
  - Media and Communication Principles for Nursing and Midwifery in Australia (May, 2006)
  - N<sup>3</sup>ET Position Statement: clinical practice guidelines and nurse practitioners (2006)
  - N<sup>3</sup>ET Position Statement on a Nation Professional Practice Framework: An alternative to a national decision making framework (2006).
- 1.2 Key bodies such as AHMAC and MCEETYA strengthen collaboration between national nursing and midwifery stakeholder groups, regulatory authorities, the Australian Nursing and Midwifery Council (ANMC), governments and health services.
  - 1.3 Key bodies nominated to continue the work, build on the outcomes and analysis of the foundation legislation and regulation mapping exercise completed by the Taskforce by establishing mechanisms for monitoring and promoting action on the seven points agreed by regulatory authorities, Chief Nurses, the ANMC and other key national stakeholders. This would achieve greater regulatory consistency without unnecessary rigidity, ensuring a more mobile and responsive nursing and midwifery workforce.
  - 1.4 That Health Ministers give consideration to the resourcing of the ongoing development of the "Atlas of the Legislation & Professional Regulation of Nursing & Midwifery in Australia" and data management system through the National Health Workforce Secretariat.
  - 1.5 That Health Ministers review Recommendations 7 and 35 from the *Our Duty of Care* report with regard to full implementation by 2008 of minimum qualifications for direct care workers.

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## **Recommendation 2: A balanced nursing and midwifery voice**

In the interests of sound health and workforce policy development, a balanced voice that represents the diverse views and interests of nurses and midwives in Australia is vital. At present, no one group represents the nursing and midwifery voice in the national arena. Several groups are consulted regularly but there is a risk that those groups may reflect sectoral interests thereby limiting policy development and outcomes. There is significant support by the nursing community in Australia for a Chief Nurse and/or a national nursing and midwifery policy directorate. Given the size of the nursing and midwifery workforce and the opportunities for further development of same in Australia, it is important that national processes provide opportunities for the nursing and midwifery disciplines to directly engage in the development of health and health workforce policy, directions and reform alongside other health professionals and government.

It is recommended that:

The Australian Government appoint either a national Chief Nurse or establish a national Nursing and Midwifery Policy Directorate led by a nurse that would have the capability, resources and authority to:

- Harness the views of nurses and midwives across Australia to ensure a balanced perspective that underpins policy direction aimed at improving health service provision and delivery for Australian people.
- Establish strategic alliances and partnerships to progress national consistency and inform policy.
- Provide informed, timely and consistent advice on nursing and midwifery issues in Australia, being respectful of the various governments, groups and alliances.
- Participate in and inform regional and international forums on nursing and midwifery issues ensuring that the Australian government is well informed and represented on matters impacting on workforce planning and the nursing and midwifery workforce in Australia.
- Provide the linkage between jurisdictions and the national registration and accreditation boards to support and promote consistency in regulation and its application in the jurisdictions across Australia.

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### **Recommendation 3: Better nursing and midwifery information and data**

The Taskforce experience highlights the need for a nationally-consistent approach to generating and collecting reliable, current data to inform and monitor the outcomes of health workforce policy and reform.

It is recommended that:

- 3.1 Key bodies such as the AHMAC establish reliable national data collections in relation to the nursing and midwifery workforce and monitor on an ongoing basis, in particular:
  - the supply of midwives;
  - nurse practitioners; and
  - undergraduate education and vocational training places.
- 3.2 There is a nationally consistent approach by regulatory authorities to collecting and reporting nursing and midwifery registration data.

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# Background

*The National Review of Nursing Education report presents an achievable set of recommendations which will take nursing forward in Australia. Implementation of these recommendations is going to require collaboration, true leadership and commitment by all levels of government, all educators, all employers. P. Heath (2002)*

## National Review of Nursing Education

In response to ongoing concerns about national nursing shortages and the adequacy of undergraduate training places, the National Review of Nursing Education was announced in 2001 by the Commonwealth Ministers for Education Training and Youth Affairs, Health and Aged Care.

The Terms of Reference for the Review were underpinned by a consistent theme — the relationship between nursing and the broader health workforce. The Review's central premise was that nursing is a practice-based discipline. As such, nursing education could not be examined in isolation from practice and the broader health context. Over a period of 15 months, the Review commissioned a number of literature reviews and research studies, published a discussion paper and consulted widely across Australia.

National concerns about the nursing workforce and the educational preparation of nurses were also expressed by the Senate Community Affairs Reference Committee Inquiry into Nursing, which coincided with the Review.

Towards the end of the Review, the Australian Government announced the Review of Higher Education, which looked into a broad range of issues that intersected with nursing education, including higher-education priorities, funding policy and accountability for publicly-funded education.

The National Review of Nursing Education released its final *Our Duty of Care* report in 2002. The report contained 36 recommendations (see Appendix 1). These recommendations supported three strategies to address the broad range of issues arising from the Review:

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**Strategy 1:** Building a sustainable workforce

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**Strategy 2:** Maximising health outcomes through quality education

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**Strategy 3:** Capacity building

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The scope of the recommendations made by the Review was broad, but formed a cohesive framework for reforming nursing education, regulation and practice. In presenting the final report of the Review, Patricia Heath (Chair) said that implementing the recommendations would require 'collaboration, true leadership and commitment'.

*...Given the number of players with different responsibilities for diverse but intertwined elements of nursing, Australia will need to develop collaborative partnerships at all levels to make progress in many of the problem areas faced by nursing today, and to plan and respond to future challenges. At present there is little opportunity for this to occur in a way that interfaces all the different interests (p.15).*

*(National Review of Nursing Education 2002)*

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The nursing and midwifery response to the Review was generally positive and the report was received favourably by both Health and Education Ministers, as evidenced by the decision to establish the National Nursing and Nursing Education Taskforce.

### **National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET)**

The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET, hereafter the Taskforce) was appointed in November 2003 to implement a number of recommendations from the *Our Duty of Care* report. The Joint Communiqué by the Australian Government, State and Territory Health Ministers (Australian Health Ministers' Conference 2003) observed that the role of the Taskforce was to drive major nursing education and workforce reforms (see Appendix 2).

The Taskforce brought together some of Australia's foremost nursing and nursing education and training specialists. By drawing on their '*leadership qualities and collective expertise*' and by reporting to both education and health government portfolios, the gap between education and health identified in the Review was bridged. Through the Taskforce it was anticipated that the '*diverse but intertwined elements of nursing*' could be engaged in the process of changing from within.

In responding to the *Our Duty of Care* report and assigning responsibilities for the various recommendations, Ministers considered recent developments in health and education, including activity that was planned or underway. As a result, recommendations were referred to the groups or organisations best positioned to take on the work. In some cases, final responsibility for recommendations varied from that proposed by the Review team. Several groups were assigned joint responsibility and for others, subparts of the recommendations were referred to different groups.

Recommendations that encompassed areas where jurisdictional work was already under way or where a national approach was not warranted, were variously referred to State and Territory Health Departments, the Australian Government's Department of Health and Ageing, the Australian Government's Department of Education, Science and Training (DEST), subcommittees of the Australian Health Ministers' Advisory Council (AHMAC) and others. The Taskforce was directed to monitor and report on the progress and outcomes of a number of the recommendations referred to other groups.

It was evident from the Review that such wide-reaching national work would only be successful if the many different agencies and stakeholders could be brought together. In the short term, the Review proposed an implementation taskforce (Recommendation 1), and an independent new National Nursing Council (Recommendation 2), to provide national leadership and strategic direction, facilitate national coordination of change and build longer-term capacity.

Recommendation 2 was not supported by all jurisdictions, as it was seen to further complicate existing national arrangements. The Ministers' response to the *Our Duty of Care* report also noted that some jurisdictions supported the establishment of a Commonwealth Chief Nurse, although the Commonwealth did not. It was agreed that it was better to undertake national action through the vehicle of the Taskforce, so as to immediately progress the Review's recommendations.



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The Ministers subsequently referred most of the recommendations that the Review had proposed for the National Nursing Council to the Taskforce for action. The Review had observed first-hand the legacy of Australia's federated system of government — '*the fragmentation brought about by different policy and funding responsibility*' (National Review of Nursing Education 2002). The case for nationally-coordinated action was clear — accordingly, the recommendations assigned to the Taskforce focussed on areas that required a national strategic approach or direction.

In accordance with the Taskforce's Terms of Reference, Ministers referred additional work to the Taskforce after its establishment. This included recommendations from three Australian Health Workforce Advisory Committee (AHWAC) nursing workforce reports: *The Critical Care Nurse Workforce in Australia 2001–2011*; *The Midwifery Workforce in Australia 2002–2012*; and *The Australian Mental Health Nurse Supply, Recruitment and Retention* (2003). In 2004, Ministers referred additional work to the Taskforce on nurse specialisation. This is described in more detail in the Taskforce report '*Specialisation: A report on work of the National Nursing and Nursing Education Taskforce on specialisation in Australia*' (2006). (see Appendix 1)

Table 1 (see page 3) provides an overview of responsibility for all recommendations referred as part of this process.

Through its term, the Taskforce has played an important role by bringing together a diverse range of stakeholders and interest groups, empowering them to participate in and contribute to shaping the future direction of nursing and midwifery. The work of the Taskforce has formed a substantial platform for further coordinated activity leading to health workforce reform.

As the Taskforce work program intersected with both health and education, it was supported by State, Territory and Commonwealth Governments and funded through the AHMAC cost-sharing arrangements. The Commonwealth Minister for Education, Science and Training provided some additional funds<sup>1</sup>. This funding arrangement — in conjunction with the Taskforce's dual reporting arrangements — flagged a high-level commitment to facilitating the work and outcomes of Taskforce.

Importantly, the Taskforce had a brief and the authority to undertake the work referred by Health Ministers. Under those Terms of Reference, only the Ministers could refer additional work. Unlike the Review, which had a wider remit and opportunities to explore and capture issues, the Taskforce had a specified scope of work. The Taskforce work plan and project budget were approved by AHMAC, thereby ensuring that the focus was clear and the Taskforce's authority was explicit.

The seeds of the Taskforce's effectiveness lay in its membership, which reflected the spheres of concern and the authoritative voice of the health service sector, the educational preparation of the health workforce (higher education/vocational education and training (VET)), governments and both public and private employer interests. Nominees, rather than representatives, were sought out, which allowed for the appointment of recognised leaders in the field. Formal connection and continuity with the National Review was achieved by having a member of the Review Team on the Taskforce.

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<sup>1</sup> Since 1988, all States and Territories cost-share approved national projects and certain administrative costs of subsidiary bodies. The formula for cost-sharing of AHMAC's budget is based on a fixed percentage contribution by the Australian Government and a population proportion percentage (updated annually) contribution by States and Territories.

Table 1: Overview of recommendations and responsibilities

Our Duty of Care		Lead Responsibility for Recommendation				NET Taskforce		Other/Specific Bodies		NET to monitor/review	
No.	Recommendation	AHMAC	Commonwealth	Jurisdictions	NET Taskforce	AHMAC	Commonwealth	Other/Specific Bodies	AHMAC	Commonwealth	NET to monitor/review
1	Implementation of Taskforce										
2	Establish a National Nursing Council of Australia										
3	Nursing education and workforce Forums										
4	Nationally consistent scope of practice for all nurses										
5	National standards for nurse practitioners										
6	National ANCI principles to underpin legislation and registration										
7	Care workers not covered by legislation										
8	Research and training for nursing										
9	Image of nursing										
10	Information on nursing										
11	Government & employer information on nursing										
12	Maximising education pathways										
13	Student nurse employment										
14	Standards for transition programs										
15	Continuing clinical development of nurses										
16	Continuing clinical development of nurses: aged care										
17	Transition to workforce: funding										
18	Lifelong learning and nursing competencies										
19	Models of preparation										
20	Nurse academics and teachers										
21	Enrolled nurse competencies										
22	Minimum qualification for RNs										
23	HECS for undergraduate nursing										
24	Clinical education funding										
25	Commonwealth assistance for specialty and re-entry courses										
26	Remuneration for applied postgraduate study										
27	Engagement of interdisciplinary and cross-professional approaches to education and practice										
28	Work organisation										
29	Aged care nursing										
30	Workplace culture										
31	Workforce planning and data										
32	Health workforce research funding										
33	Commonwealth funding for additional undergraduate university places										
34	Expansion of opportunities in VET & VET-in-schools										
35	Training places for Certificate III										
36	Nursing leadership and management										
<b>Critical Care</b>											
1	Supply of critical care nurses (quantity)										
2	Supply of qualified critical care nurses (quality) (courses only)										
3	Data supply and requirement analysis (research aspect only)										
4	Monitoring the workforce										
<b>Midwifery</b>											
1	Supply of midwives										
2	Supply of midwives - Implementation of projections (rec 1)										
3	Workforce data collection										
4	National longitudinal research study										
5	Models of care										
6	Monitoring supply and recruitment projections										
7	Distribution of Midwifery Workforce Report										
<b>Mental Health</b>											
1	Marketing recommendation 1										
<b>Nurse Specialisation</b>											

**Overview of Recommendations**



National Review of Nursing Education 2002: Our Duty of Care report

**Allocation of lead responsibility**

Following receipt of the National Review of Nursing Education 2002: Our Duty of Care report, the Health Ministers prioritised the recommendations, and allocated and confirmed responsibility for action. Recommendation 2 was not supported by the Health Ministers. The Taskforce has been assigned responsibility to implement a number of recommendations and monitor others. Most other recommendations have been referred to state and territory health departments, the Australian Government Department of Health and Ageing, the Australian Government Department of Education, Science and Training, and sub-committees of the Australian Health Ministers' Advisory Council. Many areas have already commenced work on these issues.

**Implementation by the Taskforce**

Project Plans for Recommendations 3, 4, 5, 6, 7, 8, 12, 24, 25, 28, 30, 34 from National Review of Nursing Education 2002: Our Duty of Care report are currently being developed.

A detailed Workplan to implement all the recommendations assigned to the Taskforce (including those the Taskforce has to monitor), has been submitted to the Australian Health Ministers' Advisory Council (AHMAC) for approval, an essential step in the process.

Updates on the progress of individual Project Plans for the recommendations will be available on the Taskforce website, following AHMAC approval. Please refer to: <http://www.nmnet.gov.au/>

**\*Note:** Lead responsibility may therefore be different from that described as "proposed responsibility" in the National Review of Nursing Education 2002: Our Duty of Care report.

**Australian Mental Health Nurse, Supply, Recruitment and Retention report (2003)**

The Australian Mental Health Nurse, Supply, Recruitment and Retention report contains a number of recommendations relating to education, regulation, workplace and marketing. The majority of recommendations have been referred to the jurisdictions for implementation. The Australian Health Ministers' Advisory Council (AHMAC) has referred Marketing Recommendation 1 to the Taskforce, to be addressed as part of the Taskforce's work on the image of nursing (Recommendation 9).

**Nurse specialisation**

In late September 2004, the Ministers requested that the Taskforce develop an agreed definition of specialist nursing, a framework for nursing specialisation and the development and attainment of postgraduate qualification.

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The nominal membership of the Taskforce included the:

- Chair, N<sup>3</sup>ET (to be an eminent nurse)
- Nominee of the Australian Minister for Health and Ageing (1)
- Nominee of the Australian Minister for Education and Training (1)
- Nominee of the Ministerial Council for Education, Employment, Training and Youth Affairs (1)
- Nominees of State and Territory Health Ministers (2)
- Nominees of the Australian National Training Authority Ministerial Council (2)
- Nominee — private sector (1)

In the early stages, the benefits of using nominees, rather than a representative membership, were not appreciated by all stakeholders. Some groups perceived representation as an important determinant of the relevance and even the authority of the Taskforce and believed skewed outcomes might result without a representative basis to Taskforce decisions.

However, the merits of nominee-based membership were clearly demonstrated over time. Members understood that they were nominated to the Taskforce because of their particular skills, knowledge and expertise. This allowed a model of consensus to develop that in turn strengthened the accountability of the group and its collective voice in the public arena.

Very early on, the Taskforce established policies and procedures to ensure that sound governance principles underpinned its business. These policies and principles were a way of modelling the Taskforce's commitment to what later became the *Taskforce's Principles for Working Together to Achieve National Outcomes*. A policy on "Conflict of Roles" for the Taskforce provided clear guidance on the procedures and processes required to manage role conflict or conflicts of interest. This policy recognised that external perceptions were critical to the transparency and integrity of the Taskforce processes (refer to Appendix 9).

### **Building a national focus**

The Taskforce's work needed to align with the national direction with respect to health and health workforce development. From the outset, there was an undercurrent of tension between the health workforce needs of the states and territories and the emergent national workforce agenda. This is a product of Australia's federated system of government, where powers are distributed between the Commonwealth and the states and territories.

The Commonwealth Government's powers with respect to health are limited, but as the states and territories received grants of financial assistance from the Commonwealth, it has the power to impose conditions on how the money is spent. This allows the Commonwealth to influence the way things are done in areas such as health where, historically, the states and territories have pursued separate agendas for the delivery of health services to local communities, development of the health workforce and regulation of health practitioners.

Mechanisms for fostering cooperative and collective action on issues of national importance are recent innovations and while there is willingness by the jurisdictions to work towards national uniformity in some matters, agreements are hard won and challenging to convert into action.

The 'fickleness of federation' in Australia plays out in the regulation of nurses and midwives (National Nursing and Nursing Education Taskforce 2006, p.9). While there is obvious mirroring of the features of regulatory models across some states or territories, there are

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substantial differences in the statutory and policy framework for each nursing and midwifery regulatory authority (RA). This impacts on the mutual recognition of nurses and midwives, their mobility across borders and their potential in the delivery of health services.

Mechanisms to bridge the divide between education and health are relatively recent in Australia. The gap between the health and education sectors was identified by the Review, as was its impact on developing the capacity and capability of the nursing and midwifery workforce. Policies about education funding and programs within health and education government portfolios clearly impact across sectors, intersecting in the space occupied by health professionals. For nurses and midwives, as for other health professions, there are tensions between demand for qualified professionals and the capacity of the education system to provide training places.

The focus on developing innovative and cross-sectoral solutions for the whole of the health workforce is also a more-recent development in the health and education context, and a direction that challenges many taken-for-granted assumptions about the roles that health professions play.

Since the National Review of Nursing Education, interest in and commitment to developing a better understanding of the health workforce has been constant and pressing. The announcement of the Taskforce in late 2004 coincided with the publication of an Australian Health Workforce Officials' Committee (AHWOC) stocktake of health workforce information and projects across Australia. This was the first time that information had been collected about jurisdictional investment in the health workforce, and it reflected a widely-held concern that achieving a sustainable health workforce was a significant and ongoing issue for the Australian community (Australian Health Workforce Officials Committee 2003).

Nurses and midwives comprise 42 per cent of Australia's health workforce (Australian Institute of Health and Welfare 2006). Therefore, it is not surprising that about a third of the workforce projects identified in the stocktake had a nursing and/or midwifery focus. Of the 84 nursing projects identified, only six were national. Due to the timing of the survey, the Taskforce's work was not included. The stocktake captured the breadth of jurisdictional work underway, including programs to enhance nurse workforce planning, recruitment, retention, re-entry to practice, retraining and up-skilling. The stocktake also identified the lack of national liaison mechanisms for nursing, as well as for other disciplines.

Without coordination, it was obvious that despite the considerable amount of work being undertaken, duplication, overlap and gaps existed. Importantly, the project identified the anticipated development of a National Health Workforce Strategic Framework as a key project that would establish a framework for national coordination and action on health workforce issues.

In 2004, as the Taskforce commenced its work, the National Health Workforce Strategic Framework was released (Australian Health Ministers' Conference 2004). Endorsed by the Australian Health Ministers, the Framework (2004) is a forward-looking document that focusses on a vision for the Australian health workforce over the next ten years. The Council of Australian Governments (COAG) endorsed the Framework in June 2006, further elevating its importance and the health workforce agenda to one of critical and national significance.

The mandated work of the Taskforce, whilst arising from the Review, closely aligned with the directions articulated in the National Health Workforce Strategic Framework. Although the Taskforce had a primary nursing and midwifery agenda, it was considered essential for the work to be located within a broader, whole-of-workforce context. The Framework therefore provided the high-level structure for the Taskforce to ensure that the directions for nursing are consistent with those proposed for the whole of the health workforce.

Table 2 shows the major clusters of the Taskforce’s work and their alignment with the Principles of the National Health Workforce Strategic Framework. Indeed, the overall goal of the Taskforce’s work has been to enhance the contribution that nurses and midwives make to health service delivery and health outcomes for the Australian community – a goal linking the whole work program to the Framework.

**Table 2: National Health Workforce Strategic Framework and N3ET works**

National Health Workforce Strategic Framework – Principles and strategic directions		N3ET – Area of work National Review of Nursing Education
Principle 1	Ensuring supply	Promoting recruitment and retention (Including Recommendations 9 and 10)
Principle 1 Principle 2 Principle 3 Principle 4 Principle 6	Improving workforce re-entry Specialty shortages and resourcing areas of need Supporting articulated multiple career pathways Aligning education and training programs and flexible delivery of clinical training Dissemination of best practice	Building capacity in education – funding, models and pathways (Including Recommendations 12, 24, 25, 27, and 28)
Principle 4 Principle 7	Cross-sector engagement Collaborative workforce development/ planning	Leading a national approach to nurses’ practice – scope and change (Including Recommendations 4, 5, 6 and 21)
Principle 4 Principle 5 Principle 6	Skilled and competent workforce Optimal use of workforce skills Data to inform workforce planning	Building a profile of care workers not covered by legislation (Including Recommendations 7, 34 and 35) Nurse Practitioner Workforce Planning Data Set (Recommendation 5)
Principle 4 Principle 6	Supporting practitioners to maintain knowledge and competence	Promoting evidence-based practice and workforce planning (Including Recommendations 8, Midwifery 4 and Critical Care 3) Data to inform workforce planning

The barriers to greater national harmonisation within nursing are very real, complex and long established. As the Taskforce commenced planning its work, there were very few established Australian models for achieving national outcomes in areas such as health and health professional regulation – areas where there are many different stakeholders and few mechanisms for national decision making.

At the time the Taskforce commenced its work, the national mechanisms or processes in place within nursing and midwifery were not sufficiently comprehensive or cross-sectoral to facilitate the type of joint or collaborative activities required for the Taskforce’s work.

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Groups such as the Peak Nursing Forum, the Council of Deans of Nursing and Midwifery – Australia and New Zealand (CDNM-ANZ), the Australian Nursing and Midwifery Council (ANMC), the Royal College of Nursing Australia (RCNA) and the Australian Nursing Federation (ANF) all represented national sectoral interests. However, by their very nature, they are not positioned to seek or represent the diverse and sometimes dissenting range of views of nurses and midwives across Australia, or to represent an informed and balanced view on the complexity of issues arising from the broad spectrum of Taskforce activity. Specifically, until the Taskforce established its processes, there were no national forums or vehicles for coordinating strategic action across key nursing stakeholder groups.

The Taskforce has also acted as a conduit for collecting the views of stakeholders with an interest in nursing and midwifery and for a balance of views to filter into national thinking on nursing and midwifery workforce issues.

The Taskforce reporting structure has provided a mechanism for linking its work to national health workforce planning and the national change agenda. Quarterly progress reports and final reports on a number of projects have flowed through the AHWOC to the AHMAC. The Taskforce Chair attended the AHWOC on several occasions, to report progress and discuss issues arising from the work program. This provided the Taskforce with a mechanism for connecting at a high level with government officials and indirectly with Ministers and their advisers on key issues.

It is noteworthy that towards the end of the Taskforce, the Productivity Commission's report into the health workforce was released (Australian Government Productivity Commission 2005). The Commission's view was that it could add most value by reviewing the institutional, regulatory and funding arrangements within its area of focus. Accordingly, it proposed a set of national workforce structures to produce a more sustainable and responsive health workforce, while remaining committed to high quality and safe health outcomes by:

- supporting local innovations and facilitating those of national significance
- promoting more responsive health education and training arrangements (especially clinical training)
- integrating the current profession-based accreditation of health education and training
- providing national registration and registration standards for health professions
- improving funding-related incentives for workforce change.

These recommendations are no doubt viewed as inevitable by some and challenging by others. The Productivity Commission's recommendations have recently been considered by COAG, which has asked senior officials to undertake further work on the issues and report in mid 2006 (Council of Australian Governments Feb 2006, Council of Australian Governments July 2006).

### **Reporting on progress**

The Taskforce's work plan and budget were approved by AHMAC in August 2004. Quarterly Progress Reports were submitted to the AHMAC detailing progress on the various arms of work. Completed work was progressively made available, largely through the Taskforce website. In some cases, Ministers required the reports on specific pieces of work to go through formal reporting processes to the AHMAC, before being made publicly available. This is the case with Recommendation 25, Recommendation 8a and Specialisation. A full list of Taskforce publications can be found in Appendix 4.

There is now a comprehensive collection of documents, reports and project summaries on the Taskforce website. Some are single reports or documents, while others reflect the work on clusters of recommendations or a suite of activities. A compendium of the work undertaken over the Taskforce's term from 2004–06 is also available to stakeholders on CD-Rom.

### Structure of this report

This is the final report of the National Nursing and Nursing Education Taskforce, required as part of its formal reporting requirements. Given the breadth and size of the Taskforce's work plan, this report is unable to provide a detailed breakdown of each and every piece of work.

Instead, the report provides a high-level overview of clusters of work, honing in on those areas that merit ongoing attention to continue the process of reform. The report provides context, a summary of outcomes and proposed future directions drawn from recommendations and strategies put forward in the various companion documents, reports and summaries produced during the term of the Taskforce (known collectively as *N<sup>3</sup>ETWorks* and listed in Appendix 4).

Recommendations referred to other groups are not discussed in detail in this report, except where the Taskforce was specifically directed to monitor and report back on progress.

**The work of the Taskforce provides** an overview of the Taskforce's activities and outcomes. While some of this work was completed discretely, there are several inter-related projects that have been clustered together as project summaries.

**Responding to the challenge** describes how the nursing and midwifery community has responded to and engaged with the challenge of change, reflecting both the unique composition of the Taskforce and the national reform agenda that has been a major driver of its work. There are a number of key learnings to be drawn from this work and experience, which may prove to be beneficial for other groups embarking on similar reform pathways.

In addition, several appendices that may not be referred to within this report provide details about the operations and business processes of the Taskforce, including:

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**Appendix 5:** Taskforce Secretariat

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**Appendix 6:** Taskforce meetings and attendance

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**Appendix 7:** Consultation process

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**Appendix 8:** Consultants/service providers and working group members

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The National Review of Nursing Education and the National Nursing and Nursing Education Taskforce together mark a unique episode in the history of nursing and midwifery in Australia, during which the attentions of government and substantial resources have been focussed on these disciplines.

An exceptional opportunity has been afforded to nursing and midwifery to reflect on and participate in renewing and reforming the disciplines. The Taskforce is proud of the many individual pieces of work that have been produced and the way in which the nursing and midwifery community has responded to this unique challenge. It is through this collective effort that nursing and midwifery will continue to play a important role in the provision of health services to the Australian community as we move into the future.



## The work of the Taskforce

This section provides an overview of work undertaken to implement the recommendations referred to the Taskforce and the outcomes of those activities. Each recommendation was grouped or clustered around the following themes and was often supported by more than one dimension of the work:

- Leading a national approach
- Building a profile of care workers not covered by legislation
- Building capacity in education – funding, models and pathways
- Promoting evidence-based practice and workforce planning
- Promoting recruitment and retention
- Developing a national classification of nursing and midwifery specialties

Table 3 provides a high-level overview of the work referred for both implementation and monitoring. The project summaries that follow are organised around the clusters of work and identify the major contextual drivers, the work completed and the resulting outcomes. Where appropriate, issues arising from the work and the steps required to continue the process of change are identified.



**Table 3: Overview and outcomes of recommendations**

No.	Recommendation	N ET to implement	N ET to monitor/review	Work done by N ET	Status	Future disposition
3	Nursing Education and Workforce Forums			<ul style="list-style-type: none"> <li>Established the common framework for operation of forums and used Forums for Rec. 8 and 9 (Research and Image) consultation</li> </ul>	Completed	Jurisdictions to consider ongoing role of forums Summary in Final Report
4	Nationally consistent scope of practice for all nurses			<ul style="list-style-type: none"> <li>Scope of Practice Commentary Paper</li> <li>Scope of Practice National Symposium #Blueprint for National Action agreed to by key stakeholders</li> <li>Alliance formed between (N ET, Chief Nurses, Deans and Regulatory Authorities) to progress Blueprint: <ul style="list-style-type: none"> <li>Decision Making Framework (led by ANMC)</li> <li>Re-entry project (led by Chief Nurses)</li> </ul> </li> <li>Competencies for renewal of registration project (led by Chief Nurses) <ul style="list-style-type: none"> <li>National course accreditation framework (ANMC)</li> </ul> </li> <li>Mapping of legislation and regulation: <ul style="list-style-type: none"> <li>Atlas prepared and disseminated and Database in Excel format</li> <li>Report prepared</li> </ul> </li> <li>National Round Table on Mapping (June 2006): <ul style="list-style-type: none"> <li>7 points of in principle agreement between key bodies</li> </ul> </li> <li>N ET Position Statement — Decision Making Frameworks</li> </ul>	Completed — March 2005. On N ET website Completed — March 2005. On N ET website Subject of ongoing work by ANMC Subject of ongoing work by CNOs. Funded by N ET \$25K Funded by N ET — \$20K Subject of ongoing work by ANMC	Website implication Website implication Requires monitoring by HWPC Activity and outcome requires scrutiny by HWPC 6-monthly reports by CNOs to HWPC 6-monthly reports by CNOs to HWPC
5	National Standards for Nurse Practitioners			<ul style="list-style-type: none"> <li>Mapping of Nurse Practitioner (NP) legislation/regulation and authorisation processes across all jurisdictions: <ul style="list-style-type: none"> <li>Report prepared</li> </ul> </li> <li>National Nurse Prescribing Glossary developed</li> <li>Report on options to achieve national consistency in educational pathways for NPs and the development of principles to guide jurisdictions</li> <li>Development of nationally agreed minimum data set (in Data Set Specification-DSS format) to meet jurisdictional workforce planning and policy and health service research data needs in relation to NP services. Work contracted out to AIHW</li> <li>N ET Position Statement on clinical practice guidelines on NP practice and authorisation that addresses issues related to inconsistency across jurisdictions and between NP and other members of health teams practice</li> <li>Collaboration with a research consortia as an industry partner in an ARC submission — funding committed</li> <li>See Recommendation 4</li> </ul>	Completed — available on N ET website Completed — available on N ET website Completed — available on N ET website Work being finalised by AIHW. Not all jurisdictions have the capacity to collect the data. 7 unexpanded funds from N ET could be used to get the data set to Data Set Specification format level so that it can be included in N ETOR. Completed — available on N ET website Funding (50K) flowed to research team	Website implications Website implications Website implications To be considered by HWPC To be considered/referred to HWPC
6	National ANCI principles to underpin legislation and registration			<ul style="list-style-type: none"> <li>Survey and reporting on profile of the direct care workers (as defined) in publicly owned or funded facilities health and community (including aged care) sectors, including: <ul style="list-style-type: none"> <li>Percentage/numbers without minimum qualifications, with or exceeding minimum qualifications (Cert III) and policies and mechanisms in place to achieve the 2008 targets, including grandfathering and approaches to compliance</li> <li>Nomenclature and approaches to suitability checks for unlicensed workers, including approaches to compliance and policies and mechanisms in place to achieve the 2008 targets for suitability checks</li> </ul> </li> <li>National consultation via forums in each jurisdiction re priorities for nursing research <ul style="list-style-type: none"> <li>A report on consultation "Priorities for Nursing and Midwifery Research in Australia" on N ET website: <ul style="list-style-type: none"> <li>4 priorities for building research capacity in nursing and midwifery proposed</li> </ul> </li> <li>Newsletter on research priorities</li> <li>Research Training Scheme / Australian Postgraduate Awards audit; and</li> <li>"Research training for nurses and midwives" audit results Report</li> </ul> </li> <li>National consultation via forums in every jurisdiction to develop communication and media principles for portraying nursing and midwifery <ul style="list-style-type: none"> <li>Principles repackaged, published and distributed for broad use</li> </ul> </li> <li>Development of a 12-page booklet detailing an Industry Career Profile for nursing and midwifery for the Graduate Careers Australia website</li> <li>5 working groups established chaired by Deans re articulation pathways re: <ol style="list-style-type: none"> <li>Identifying new pathways/opportunities</li> <li>Cross sector articulation and graduate entry</li> <li>Pathways to Nurse Practitioner</li> <li>Pathways for Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Articulation between bachelor of nursing courses and bachelor of midwifery courses</li> </ol> </li> </ul>	Completed — report available	Further monitoring of 2008 target to be considered by HWPC. If this remains a priority N ETWork publication for Recs 7,34 and 35
7	Care Workers not covered by legislation (Note: Recommendations 7 and 35 are held as a joint project)			<ul style="list-style-type: none"> <li>National consultation via forums in each jurisdiction re priorities for nursing research <ul style="list-style-type: none"> <li>A report on consultation "Priorities for Nursing and Midwifery Research in Australia" on N ET website: <ul style="list-style-type: none"> <li>4 priorities for building research capacity in nursing and midwifery proposed</li> </ul> </li> <li>Newsletter on research priorities</li> <li>Research Training Scheme / Australian Postgraduate Awards audit; and</li> <li>"Research training for nurses and midwives" audit results Report</li> </ul> </li> <li>National consultation via forums in every jurisdiction to develop communication and media principles for portraying nursing and midwifery <ul style="list-style-type: none"> <li>Principles repackaged, published and distributed for broad use</li> </ul> </li> <li>Development of a 12-page booklet detailing an Industry Career Profile for nursing and midwifery for the Graduate Careers Australia website</li> <li>5 working groups established chaired by Deans re articulation pathways re: <ol style="list-style-type: none"> <li>Identifying new pathways/opportunities</li> <li>Cross sector articulation and graduate entry</li> <li>Pathways to Nurse Practitioner</li> <li>Pathways for Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Articulation between bachelor of nursing courses and bachelor of midwifery courses</li> </ol> </li> </ul>	Completed	Nil
8	Research and Training for Nursing			<ul style="list-style-type: none"> <li>National consultation via forums in every jurisdiction to develop communication and media principles for portraying nursing and midwifery <ul style="list-style-type: none"> <li>Principles repackaged, published and distributed for broad use</li> </ul> </li> <li>Development of a 12-page booklet detailing an Industry Career Profile for nursing and midwifery for the Graduate Careers Australia website</li> <li>5 working groups established chaired by Deans re articulation pathways re: <ol style="list-style-type: none"> <li>Identifying new pathways/opportunities</li> <li>Cross sector articulation and graduate entry</li> <li>Pathways to Nurse Practitioner</li> <li>Pathways for Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Articulation between bachelor of nursing courses and bachelor of midwifery courses</li> </ol> </li> </ul>	Completed	Nil
9	Image of Nursing			<ul style="list-style-type: none"> <li>National consultation via forums in every jurisdiction to develop communication and media principles for portraying nursing and midwifery <ul style="list-style-type: none"> <li>Principles repackaged, published and distributed for broad use</li> </ul> </li> <li>Development of a 12-page booklet detailing an Industry Career Profile for nursing and midwifery for the Graduate Careers Australia website</li> <li>5 working groups established chaired by Deans re articulation pathways re: <ol style="list-style-type: none"> <li>Identifying new pathways/opportunities</li> <li>Cross sector articulation and graduate entry</li> <li>Pathways to Nurse Practitioner</li> <li>Pathways for Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Articulation between bachelor of nursing courses and bachelor of midwifery courses</li> </ol> </li> </ul>	Completed	Nil
10	Information on Nursing (*Note: jurisdictional responsibility)			<ul style="list-style-type: none"> <li>National consultation via forums in every jurisdiction to develop communication and media principles for portraying nursing and midwifery <ul style="list-style-type: none"> <li>Principles repackaged, published and distributed for broad use</li> </ul> </li> <li>Development of a 12-page booklet detailing an Industry Career Profile for nursing and midwifery for the Graduate Careers Australia website</li> <li>5 working groups established chaired by Deans re articulation pathways re: <ol style="list-style-type: none"> <li>Identifying new pathways/opportunities</li> <li>Cross sector articulation and graduate entry</li> <li>Pathways to Nurse Practitioner</li> <li>Pathways for Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Articulation between bachelor of nursing courses and bachelor of midwifery courses</li> </ol> </li> </ul>	Completed	Nil
12	Maximising Education pathways			<ul style="list-style-type: none"> <li>National consultation via forums in every jurisdiction to develop communication and media principles for portraying nursing and midwifery <ul style="list-style-type: none"> <li>Principles repackaged, published and distributed for broad use</li> </ul> </li> <li>Development of a 12-page booklet detailing an Industry Career Profile for nursing and midwifery for the Graduate Careers Australia website</li> <li>5 working groups established chaired by Deans re articulation pathways re: <ol style="list-style-type: none"> <li>Identifying new pathways/opportunities</li> <li>Cross sector articulation and graduate entry</li> <li>Pathways to Nurse Practitioner</li> <li>Pathways for Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Articulation between bachelor of nursing courses and bachelor of midwifery courses</li> </ol> </li> </ul>	Completed	Nil

**Table 3: Overview and outcomes of recommendations (cont)**

No.	Recommendation	N'ET to implement	N'ET to monitor/review	Work done by N'ET	Status	Future disposition
12	Maximising Education pathways	•		<ul style="list-style-type: none"> <li>Report of outcomes of all working parties completed focusing on:                             <ul style="list-style-type: none"> <li>Clarifying the policy and regulatory environment for credit arrangements, recognition of prior learning and cross sector articulation</li> <li>Identifying where there are opportunities to maximise articulation opportunities including cross sector articulation and articulation to nursing from other health and community streams (eg. VET sector and University courses for Aboriginal health workers and aged care workers)</li> <li>Identifying strategies to increase the likelihood of success from articulating pathways (supports for students articulating across sectors)</li> <li>Identifying issues for consideration by jurisdictions to enable Bachelor of nursing students to enrolment as a second tier nurse</li> <li>Principles to underpin credit arrangements between bachelor of nursing and bachelor of midwifery courses</li> </ul> </li> </ul>	Completed	N'ETWork publication HWPC may wish to consider Report outcomes
13	Student Nurse Employment	•	•	<ul style="list-style-type: none"> <li>Taskforce prepared a report on Jurisdictional progress and submitted to jurisdictions in September 2005</li> </ul>	Completed	Nil
14	Standards for Transition programs		•	<ul style="list-style-type: none"> <li>Taskforce prepared a report on Jurisdictional progress and submitted to jurisdictions in September 2005</li> </ul>	Completed	Nil
20	Nurse Academics and Teacher		•	<ul style="list-style-type: none"> <li>Taskforce prepared a report on Jurisdictional progress and submitted to jurisdictions in September 2005</li> </ul>	Completed	Nil
21	Enrolled Nurse competencies		•	<ul style="list-style-type: none"> <li>N'ET representation on Industry Reference Group</li> <li>N'ET endorses the project outcome re Enrolled Nurse qualifications as a first step to moving towards national consistency</li> </ul>	Completed	Nil
24	Clinical Education Funding	•		<ul style="list-style-type: none"> <li>Audit of utilisation of additional Commonwealth funding to support clinical practicum by Australian universities (\$54M from Higher ED Review)</li> <li>Report prepared and available on N'ET website</li> </ul>	Completed	N'ETWork publication
25	Commonwealth Assistance for Speciality and Re-entry Courses	•		<ul style="list-style-type: none"> <li>An audit of postgraduate nursing and midwifery scholarships provided by State, Territory and Commonwealth governments</li> <li>Report to Ministers completed July 2005 with recommendations</li> <li>Examination of legislative requirements and funding support across Australia for re-entry to practice programs</li> <li>Report to Ministers "Re-entry Programs for Nurses and Midwives" – completed October 2005 with recommendations</li> </ul>	Completed	Ministers' Report recommendations to be considered by HEPC
26	Remuneration for Applied Postgraduate Study		•	<ul style="list-style-type: none"> <li>See Specialisation Project</li> </ul>	Completed	Information included in Final Report Website implications
27	Engagement of Interdisciplinary and Cross Professional Approaches to Education and Practice	•		<ul style="list-style-type: none"> <li>Audit of interdisciplinary work nationally and identification of best practice examples for wider dissemination. These have been posted on Solution Seekers (N'ET website)</li> </ul>	Completed	Information included in Final Report Website implications
28	Work Organisation	•		<ul style="list-style-type: none"> <li>Best practice developments identified and disseminated via Myth Busters and Solution Seekers</li> </ul>	Completed	Included in Final report
30	Workplace Culture	•		<ul style="list-style-type: none"> <li>Incorporated in Rec Recommendation 28 work.</li> </ul>	Completed	Included in Final Report
33	Commonwealth Funding for Additional Undergraduate university places			<ul style="list-style-type: none"> <li>Numbers monitored</li> </ul>	Completed	Nil
34	Expansion of opportunities in VET and VET-In-Schools	•		<ul style="list-style-type: none"> <li>Incorporated in Recommendation 12 report</li> </ul>	Completed	N'ETWork publication for Recs 7,34 and 35
35	Training places for Certificate III	•		<ul style="list-style-type: none"> <li>See Recommendation 7</li> </ul>	Completed	N'ETWork publication for Recs 7,34 and 35
36	Nursing Leadership and Management		•	<ul style="list-style-type: none"> <li>Taskforce prepared a report on Jurisdictional progress and submitted to jurisdictions in September 2005</li> </ul>	Completed	Nil
CC 1	Supply of Critical Care Nurses (Quantity)		•	<ul style="list-style-type: none"> <li>Surveyed jurisdictions and summary report prepared (N'ETWorks)</li> </ul>	Completed	N'ETWork publication for Recs 33, CCI, Mid 1, 9 and 10*
CC 2	Supply of Qualified Critical Care Nurses (Quality) (Courses only)	•		<ul style="list-style-type: none"> <li>Data implications for Jurisdictions</li> </ul>	Completed	N'ETWork publication for Recs 33, CCI, Mid 1, 9 and 10
CC 3	Data – Supply and Requirement Analysis (Research aspect only)	•		<ul style="list-style-type: none"> <li>See Specialisation</li> </ul>	Completed	N'ETWork publication for Recs 33, CCI, Mid 1, 9 and 10
MID 1	Supply of Midwives		•	<ul style="list-style-type: none"> <li>See Recommendation 8</li> </ul>	Completed	N'ETWork publication for Recs 8, Mid 4 and CC3
MID 2	Supply of Midwives - Implementation of Projections (Rec 1)	•		<ul style="list-style-type: none"> <li>Surveyed jurisdictions and summary report prepared (N'ETWorks)</li> </ul>	Completed	N'ETWork publication for Recs 33, CC 1, Mid 1, 9 and 10*
MID 4	National Longitudinal Research Study	•		<ul style="list-style-type: none"> <li>Data implications for jurisdictions</li> </ul>	Completed	N'ETWork publication for Recs 33, CCI, Mid 1, 9 and 10
Mental Health	Marketing Recommendation 1	•		<ul style="list-style-type: none"> <li>See Recommendation 3</li> </ul>	Completed	N'ETWork publication for Recs 33, CCI, Mid 1, 9 and 10
Specialisation	Marketing Recommendation 1	•		<ul style="list-style-type: none"> <li>See Recommendation 8</li> <li>See Recommendation 9</li> <li>A Discussion Paper commissioned on Language of Specialisation and Advanced Practice</li> <li>Specialisation Framework completed and report prepared</li> <li>NNOs (with ANF and RCNA) Governance Project commissioned – Report and Toolkit</li> <li>Further work on governance by NNOCs ongoing</li> </ul>	Completed	N'ETWork publication for Recs 8, Mid 4, and CC 3
Specialisation		•		<ul style="list-style-type: none"> <li>Completed – on N'ET website</li> <li>Specialisation Report to Ministers – progressing through to AHMAC</li> <li>Completed – Report and Toolkit available on website</li> <li>Workplan, reporting arrangements and deliverables agreed to with ANF/NNOCs; funding (25K) flowed to DOHA</li> </ul>	Completed	Report on Specialisation to Ministers for consideration by HWPC  For monitoring by DOHA

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## Leading a national approach

*(Recommendations 4, 5, 6 and 21 from the National Review of Nursing Education)*

### Context

Australia's federated system has led to a fragmented approach to the regulation, education and practice of nursing and midwifery. This contributes to confusion for nurses and midwives, employers and the community about roles and scope of practice and ultimately impacts on the effective utilisation of nursing and midwifery in the delivery of health services.

Despite some uniformity in the registration categories for nursing and midwifery across the eight states and territories, there are many significant differences in how nurses are able to practice within ostensibly the same category. This creates flow-on effects for occupational mobility and portability. Contributing factors include variations in legislation and regulation, educational preparation and requirements, health service culture and convention.

This is illustrated firstly by enrolled nurses (ENs). EN education in Australia is currently carried out in the VET sector. However, EN qualifications have until now not been included in the Health Training Package, which incorporates nationally-approved qualifications at various Australian Qualifications Framework (AQF) levels for a diverse range of health workers. The states and territories have instead developed courses and qualifications for licensing purposes specific to each jurisdiction. Although there are many similarities between these entry-to-practice programs, there are also significant differences in qualification levels and the length and content of courses — particularly with respect to preparing ENs for administering medications.

That ENs in different jurisdictions have quite different education and training requirements and different scopes of practice has been a source of confusion for nurses, employers and the public. RAs also grapple with the issues surrounding mutual recognition of ENs and the complexities of articulated education pathways.

Differences in practice scope, supervision requirements and decision-making policy for nurses and midwives result from many years of relatively isolated state and territory approaches to the regulation of nursing and midwifery. This is illustrated by the fragmented approach and lack of national consistency in relation to the development of nurse practitioners (NPs), which has occurred in the absence of a national framework for policy development for these specific practitioners.

As a result, significant differences have emerged in the educational preparation, regulation and practice of this category of nurse. A coordinated and nationally-consistent approach to the scope of practice for all categories of nurses and midwives has become a critical issue for Australia. The National Review of Nursing Education recommended the development of the ANMC National Competencies Standards for the Nurse Practitioner (Recommendation 5), which have now been widely recognised as a foundation step towards a framework for national consistency and, for the most part, endorsed and taken up by the nursing and midwifery regulatory authorities.

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## Work referred to the Taskforce

The *Our Duty of Care* report made a number of recommendations aimed at bringing national consistency to the regulation, education and practice of nursing and midwifery, including:

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**Recommendation 4:** Nationally-consistent scope of practice

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**Recommendation 5:** National standards for nurse practitioners

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**Recommendation 6:** National ANCI (*now ANMC*) principles to underpin nursing legislation and regulation

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**Recommendation 21:** Enrolled nurse competencies (see Appendix 1)

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As work on implementing the recommendations was planned, it became evident that Recommendation 4 was central to bringing a national perspective and national consistency to dimensions of nurses' and midwives' practice, education and professional regulation. By promoting '*a professional scope of practice for nurses and greater consistency across Australia*', investment in the nursing and midwifery workforce could be realised (*Our Duty of Care* report, p118).

In addition to Recommendation 4, other recommendations and projects were to address particular areas or groupings of nurses where the scope of practice was problematic or inconsistent, including Recommendation 5 (NPs) and Recommendation 21 (EN competencies), as well as Recommendation 6 (competencies for renewal of registration). While many of the activities involved in implementing Recommendation 4 provided the foundation, other projects built on that and addressed specific issues.

At the time the Taskforce was established, the ANMC had commenced a project to identify the core competencies for NPs. The recommendation referred to the Taskforce was to develop national standards for NPs. Accordingly, the Taskforce developed a work plan to address a range of issues that would improve consistency in this important role, while recognising state and territory roles in the regulation of health professionals.

In relation to enrolled nursing, Health Ministers directed the Taskforce to monitor progress on Recommendation 21: Enrolled Nurse Competencies of the National Review of Nursing Education 2002: *Our Duty of Care* report, which proposed that the (then) ANCI competencies for ENs should be incorporated in existing or new Australian National Training Authority (ANTA) sponsored training packages. The Community Services and Health Industry Skills Council (CS&HISC) and the ANMC were jointly given carriage of this work.

As part of the resulting Health Training Package, national qualifications for ENs (and other groups of nurses and midwives) are a key component in achieving a nationally-consistent framework for nursing and midwifery practice in Australia<sup>2</sup>, and provide a foundation for arriving at a more-uniform and nationally-agreed approach to articulation pathways within VET and across education sectors.

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## Key activities

Key activities undertaken in this cluster included:

1. Publication and dissemination of the Scope of Practice Commentary Paper.
2. N<sup>3</sup>ET Scope of Practice Symposium — a national stakeholder forum.
3. N<sup>3</sup>ET Blueprint for National Action — summarising agreement on priority action areas.
4. Formation of the Alliance between the N<sup>3</sup>ET, the Australian and New Zealand Council of Chief Nurses (ANZ-CCN), the ANMC and the CDNM-ANZ to progress priority action areas. N<sup>3</sup>ET provided secretariat support to the Alliance and to individual projects.
5. Provision of funding to support work undertaken by the ANZ-CCN on behalf of the Alliance on Re-entry to Practice and Competencies for Renewal of Registration (activity from the Blueprint for National Action).
6. Project Management Committee (PMC) membership for the ANMC-led project to develop a National Decision-Making Framework (DMF) (from the Blueprint for National Action).
7. N<sup>3</sup>ET Position Statement on a National Professional Practice Framework — proposing consideration of a Professional Practice Framework as an alternative to a DMF.
8. Commissioning of an extensive mapping exercise of the legislation and professional regulation of nurses (including ENs and NPs) and midwives in Australia, as reported in 'Towards Consistent Regulation of Nursing and Midwifery in Australia' (June 2006) and Production of an Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia (May 2006).
9. Consistent Regulation of Nursing and Midwifery in Australia Round Table (June 2006) — at which participants reached in principle agreement on 7 key points.
10. Mapped the ways in which NPs are endorsed, legislated and authorised to practice across Australia, creating a foundation for ongoing work.
11. Development of a National Nurse Prescribing Glossary (NNPG) and Taxonomy of Prescribing and Initiating that provides a foundation for considering how prescribing and initiating by nurses can be supported.
12. Development of a Nurse Practitioner Workforce Planning Minimum Data Set, identifying the data elements considered essential for making better workforce planning decisions about NPs.
13. Participation on the PMC for the ANMC-led project to develop a National Framework for Accreditation of Courses leading to registration and enrolment in Australia.
14. Production of a N<sup>3</sup>ET Myth Buster that addresses common myths about NPs.
15. Participation on the CS&HISC and ANMC Industry Reference Group for the Enrolled Nurse Competencies Project to incorporate EN competencies (consistent with the ANMC Competencies for Enrolled Nurses) into the Health Training Package, as part of the Taskforce's nominated role to monitor progress.
16. Development of the N<sup>3</sup>ET Position Statement: Clinical practice guidelines and NPs (2006).

## Taskforce outcomes

### Scope of practice

A key outcome of the work on Recommendation 4 was the alliance formed between N<sup>3</sup>ET, the ANZ-CCN, ANMC and CDN-ANZ, for the purpose of working collaboratively on projects targeting the priority areas identified in the N<sup>3</sup>ET Blueprint for National Action. The blueprint identified that national consistency was required in 5 areas: consistent terminology, consistent legislation, consistent regulatory policy and practice, consistency in decision-making about nursing and midwifery practice, and consistency in education and training. Priority actions were identified under each of these elements. The Alliance partners undertook to lead work in a number of these areas, including:

- Regulation mapping exercise (N<sup>3</sup>ET)
- National Decision-Making Framework (ANMC)
- National Framework for Accreditation of Courses Leading to Registration and Enrolment in Australia (ANMC)
- Re-entry to Practice and Competencies for Renewal of Registration (ANZ-CCN)

At the time of this report, some of these activities had not been concluded, but the critical foundations of the work had been completed.

### Consistent Regulation

In May 2006, an *Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia (National Nursing and Nursing Education Taskforce, 2006)* and the *Towards Consistent Regulation of Nursing and Midwifery in Australia report (National Nursing and Nursing Education Taskforce, 2006)* were completed. Eight 'maps' comparing the legislation and regulation of nurses and midwives across the states and territories were developed<sup>3</sup> and compiled.

The mapping for this project was not intended as a comprehensive review of the full range of the regulatory framework governing the practice and conduct of nurses. It was purposefully selective, cutting across material from two specific and key angles, namely, the quality and safety of healthcare for the community, and the portals of entry and the mobility and flexibility of the nursing and midwifery workforce across jurisdictions, specifically within Australia.

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**Map 1** The legislation, the regulatory authority and professional standards

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**Map 2** The registers and/or rolls of nurses and midwives

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**Map 3** Original or initial entry to practice requirements as a registered nurse (RN), registered midwife (RM) or EN<sup>4</sup>

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**Map 5** Application for restoration to register or roll – not currently registered or enrolled in any other jurisdiction<sup>5</sup>

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**Map 6** Application for registration or enrolment under mutual recognition<sup>6</sup>

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**Map 7** Renewal of registration or enrolment

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**Map 8** Safe practice in specialised and specific practice areas of nursing and midwifery

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**Map 9** Setting and reviewing educational standards

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<sup>3</sup> NOTE: At this point there is no Map 4. Map 4 was commenced, but deemed non-essential for the purposes of the work and the very tight timeline.

<sup>4</sup> Does not include authorisation of nurse or midwife practitioners.

<sup>5</sup> Where the original removal of the person from the register or roll was for non-payment of fees, or by request by the applicant.

<sup>6</sup> Either under the *Mutual Recognition Act 1992* (Cwth) or the *Trans-Tasman Mutual Recognition Act 1997* (Cwth).

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The initial analysis of the data collected in this process highlights an imperative to develop a more transparent and uniform approach to the regulation of nurses and midwives in this country.

In June 2006, a 'round table' was held to discuss the findings of the report on the mapping and to decide on a way forward. The round table was facilitated by Mr John Ramsay and attended by representatives from the RAs, the State and Territory Chief Nurses, the ANMC, the AHWOC, the AHWOC Regulation Sub-Committee and the Taskforce. In principle agreement was reached on seven priority areas to be addressed in order to progress to a nationally-uniform approach to regulating the disciplines. The seven points of agreement were:

1. To enter into a process to reach agreement on categories and descriptors of registration for nursing/midwifery, to be adopted in all state and territory nursing and midwifery legislation or implemented through a national registration scheme.
2. To enter into a process to reach agreement on the qualifications and other requirements for each category of nursing/midwifery registration, to be applied by all nursing and midwifery RAs.
3. To support the work currently under way to develop nationally agreed and applied standards and processes for course accreditation of nursing and midwifery courses for registration purposes.
4. To enter into a process to reach agreement on national standards and processes for the assessment of:
  - overseas-trained nurses and midwives; and
  - applicants who have not completed an approved/accredited course.
5. To enter into a process to reach agreement on a framework for reporting of nationally uniform nursing and midwifery registration and other relevant data, and to identify any legislative changes required to give effect to this.
6. To enter into a process to reach agreement on the information-sharing requirements between registering authorities and any legislative amendments that may be required to give effect to this.
7. To enter into a process to reach agreement on national standards and processes for assessment of applicants for registration under mutual recognition.

It was recognised that many of these issues would be considered in the context of implementing national schemes for the registration of health professionals and for the accreditation of courses for registration purposes. Progressing this work in the interim would provide a solid foundation for future national processes that may be introduced in the short-to-medium term. In many ways, proceeding with this critical work was seen as the way to position nursing and midwifery for the future.

### **Decision-making framework**

Following engagement with the project by the ANMC to develop a national decision-making framework (DMF), the Taskforce developed a position statement promoting a strategic national approach to making decisions about professional practice. In the interests of promoting sound and acceptable outcomes from the ANMC project, the Taskforce considered that it was necessary to draw these issues to the attention of the broader stakeholder base. The position statement clarifies the Taskforce position on scope of practice DMF and puts forward 10 principles that it believes are central to DMFs for nurses and midwives. The position statement also promotes a national professional practice framework as '...an alternative way to plan, enable and sustain safe and competent practice by nurses and midwives, whatever that practice may be in the future'. (National Nursing and Nursing Education Taskforce 2006)

### **Nurse practitioners**

The mapping of NPs nationally, reported in the *Nurse Practitioners In Australia: Mapping of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes* document, provided ample evidence of the need to have greater consistency in both the role itself and the approach to education and regulation of this group of nurses. (National Nursing and Nursing Education Taskforce 2005)

It was a comprehensive mapping exercise of each state and territory's processes for the endorsement/authorisation of NPs at a professional licensure/regulation level, as well as of any government processes for approving NP positions or special authorisations (eg. for prescribing). The mapping provided an important opportunity to reflect and identify where there are opportunities to achieve national consistency. The work plan developed to address the priority areas recognised the inter-relatedness of the NP work with other key pieces of Taskforce work, such as scope of practice (Recommendation 4) and specialisation.

As the Taskforce progressed its work plan on NPs, a number of issues and concerns arose in relation to the Clinical Practice Guidelines, which are used to describe, regulate and authorise the practice of NPs. A position statement (National Nursing and Nursing Education Taskforce 2006) was developed that clarified the Taskforce's view of how, and when, clinical practice guidelines should be employed, to ensure that they contribute to quality outcomes, but do not unduly restrict how NPs practice. Government, regulators and employers should consider the position statement and how current practice aligns with the principles it presents.

The working group that considered educational pathways to progress NPs, developed ten principles to be adopted by jurisdictions, and in particular regulators, when making decisions about the minimum educational requirements for recognition as an NP. Adopting the principles will ensure that:

- diverse and inclusive pathways to NP level are available;
- greater national consistency in entry to practice educational requirements for NPs is achieved;
- a balance is reached between an educational level that engenders public confidence and one that is able to justify a direct link between the restrictions imposed and harm reduction.



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The production of the N<sup>3</sup>ET Myth Buster 'You may not get the best care from a nurse practitioner' has been well received. This Myth Buster explored commonly-held beliefs that may be restricting health workforce debate and reforms. (National Nursing and Nursing Education Taskforce 2006).

The National Nurse Prescribing Glossary (NNPG) and associated taxonomy is the first of its kind for Australia. It is a comprehensive and contemporary picture of nurse prescribing and nurse and midwife initiating practices, captured at a point in time when nurse prescribing is developing nationally (National Nursing and Nursing Education Taskforce 2006).

A NP Workforce Planning Data Set (NPWPDS) has been developed that encompasses the level/type of data to be captured to meet jurisdiction workforce planning, policy and health service research needs for NP services. Despite some barriers to implementing a national collection, the work provides important guidance for a range of stakeholders on the type of data that should be considered when developing evaluation methodology involving NP services, services planning or workforce policy. The NPWPDS has been positioned to become a national workforce minimum data set should the jurisdictions choose to build upon this work.

The Taskforce was very pleased to be asked to be an industry partner in an Australian Research Council (ARC) grant, with a research team based at the Queensland University of Technology. The project team will undertake a three-year study into NPs. Entitled *Reforming healthcare: Nurse Practitioners and workforce re-design*, the study will be a unique opportunity to profile the progress, process and outcomes of NP service nationally. This is a significant study for the profession and the awarding of an ARC grant is particularly important.

In linkage projects, collaborating organisations and partner organisations provide support (financial and/or in kind) to the research team, thus fostering links between universities and industry. The considerable work undertaken by the Taskforce into NPs over the past two years provides a valuable resource for the researchers.

#### **Enrolled nurse competencies**

In September 2005, the CS&HISC and the ANMC agreed to a joint approach to reporting on EN competencies, with the understanding that this would complement the standard project reporting by CS&HISC, by focussing on aspects of the process and outcomes that may require further consideration.

Extensive information about the progress and timelines for the Health Training Package and the EN Competencies Project is available from the CS&HISC website at <http://www.cshisc.com.au>. At the time of this report's publication, drafting of the Health Training Package, including the competencies and qualifications for ENs, was complete and the key industry stakeholders have signed-off. Submission for endorsement has occurred and is expected early 2007.

The prescribed processes for qualifications and training package development were followed through the project and included extensive consultation with key stakeholders across Australia. That the project had progressed to this stage, is testament to the tireless

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commitment of the project leadership and team to accommodate the divergent views and requirements of the stakeholders and to find solutions to move the project forward.

The EN Competencies which have recently been endorsed (December, 2006), indicates that there will be two qualifications (a Certificate IV and a Diploma) for EN licensing and entry to practice. These qualifications would be variously taken up by the jurisdictions in accordance with local regulatory requirements, roles and scope of EN practice. The Competencies also include an advanced diploma qualification which provides an opportunity for enrolled nurses to develop knowledge and skills in areas such as critical care, palliative care, aged care, perioperative nursing, chronic illnesses, rehabilitation, paediatrics, mental health, rural and remote area nursing, sexual and reproductive health, pathology, counselling, alcohol and drug addictive behaviours, disability and leadership.

The Certificate IV provides clear articulation with the diploma and there is differentiation between the enrolled nursing functions at the Certificate IV and diploma levels. There is a degree of flexibility to meet local/jurisdictional requirements, including two options for incorporating medication electives into the Certificate IV qualification and a range of other electives, selected in line with specific packaging rules.

Drafted qualifications demonstrated alignment between the ANMC National Enrolled Nurse Competency Standards and the compulsory competency units identified in the draft qualifications. There is also evidence that both qualifications meet the ANMC competencies, which are the national benchmark for enrolment and practice in all states, territories and jurisdictions in Australia.

The Taskforce is satisfied and confident that these qualifications will bring greater consistency to EN training in Australia, and will provide clarity and transparency for nurses, employers, the industry and regulators with respect to the differences in qualifications and practice capability at the point of entry-to-practice. The structure of the qualifications offers further opportunity for jurisdictions to modify their entry-to-practice requirements, such as converting from a Certificate IV to a diploma, to meet changing industry and professional expectations in the future.

### **Future direction**

The work in this cluster of activity is extensive and has application for all nurses and midwives across every state and territory. There are a number of areas where the foundations have been clearly laid and need to be nurtured so that the next steps can be taken and work towards reform can continue to progress.

#### **Consistency in regulation**

It is critical that the work arising from the round table on consistency in regulation is picked up and progressed. The seven points of in-principle agreement are at real risk of being lost, in the absence of strong coordination and collaboration across the key players, and in particular, the RAs and government.

The work, if progressed, will position nurses and midwives for the changes that are signalled by the Productivity Commission, such as national accreditation and registration. History suggests that national consistency in regulation is elusive without a powerful mandate, and that cooperative coalition approaches such as peak bodies often cannot

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effect real change and harmonisation. High-level support from Ministers, national bodies such as the AHMAC and the jurisdictions is needed to continue to drive and direct this work.

The work by the ANZ-CCN on competency for renewal of registration and re-entry to practice is underway and is being managed by the Tasmanian Department of Health and Human Services. Ongoing monitoring of the progress and outcomes of this work is required. At the completion of this initial work, further consideration needs to be given to how to sponsor subsequent activities.

The NNPG provides clarity around the way terms are used in association with nurse prescribing. Greater consistency and understanding of nurse prescribing roles will result from key and influential groups adopting and promulgating the glossary terms through their work, policies and documents related to NPs and advanced practice roles. This includes up-take by governments, RAs, education providers and professional organisations.

### **Frameworks**

Through participation in the ANMC project to develop a national DMF, the Taskforce formed the view that a professional practice framework might be more congruent with the health workforce reform agenda in Australia than a DMF. In the meantime, the work on a national DMF is continuing and is supported by a number of jurisdictions. It is encouraging to see that the national principles for DMFs proposed by the ANMC are closely aligned to the national principles put forward in the Taskforce position statement (July 2006).

It is important that DMFs and other forms of regulatory guidance, however framed, provide tools that enable and do not unduly constrain the further development of new roles and practice capability for nurses and midwives, while still providing a framework for public safety and competent practice. With the ultimate aim of arriving at national consistency in the decision-making processes underpinning development in practice roles, there would be merit in national health workforce structures monitoring the progress and outcomes of this work, to determine the likely impact on practice, regulation and workforce flexibility.

Work by the ANMC to develop a National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Initial Registration or Enrolment in Australia is progressing and is likely to be completed by mid 2007. The outcomes of this work will provide the foundations for a smooth transition to national schemes of registration and course accreditation, as determined by COAG. Connection with other national groups such as AHMAC, is warranted to ensure that this work is consistent with the broader national agenda.

### **METeOR**

The NPWPDS would be strengthened by its inclusion in the METeOR. METeOR (previously known as Knowledgebase) is the Australian Institute of Health and Welfare (AIHW) Metadata Online Registry. It houses all health, community services and housing assistance metadata (ie, the underlying definition or structured description of the content, quality, condition or other characteristics of data).

The advantages of using METeOR are numerous: all people collecting, using and exchanging data can share the same understanding of its meaning and representation, avoiding wasted resources creating similar standards, enabling the development of information systems on nationally-endorsed standards and facilitating data that is comparable across many different data collections. In particular, some of the 'new' items in the data set reflect activities that are not unique to NPs (or even nurses and midwives), but are likely to be relevant to a range of health practitioners. Resources have been allocated by the Taskforce for this small piece of work to be completed by the AIHW. The Taskforce considers that there would be benefit in continued investment by national groups such as the Health Workforce Principal Committee (HWPC) in the NPWPDS as a mechanism for collecting nationally consistent data on NP services and outcomes to understand the impact on NPs on health service delivery and to inform future policy, service and workforce planning directions.

### EN Competencies Project

The outcome of the EN Competencies Project is likely to be two qualification levels for licensing enrolled nurses across Australia. This creates a number of issues for regulators, particularly with respect to mutual recognition. While qualifications are used by RAs as the indicator of competency for enrolment, they do not circumscribe the extent of EN practice. ENs, like other nurses, develop their practice skills and knowledge through experience, on-the-job training and further formalised educational programs. There will clearly be a need for further national dialogue and agreement by the RAs to determine how mutual recognition will be managed fairly, transparently and in a way that facilitates rather than hinders mobility of the workforce.

### Reports and resources

The following resources related to this cluster are available:

Resource	Format	Availability
Scope of Practice Commentary Paper	paper	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Scope of Practice Symposium: a report of proceedings	report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
N <sup>3</sup> ET Blueprint for National Action	e-download	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
N <sup>3</sup> ET Position Statement on a national professional practice framework	e-download	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
An Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia (May 2006)	on-line database e-download	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Towards Consistent Regulation of Nursing and Midwifery in Australia (June 2006)	report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Consistent Regulation of Nursing and Midwifery in Australia Round Table (June 2006) - 7 points of in-principle agreement	e-download	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>

Resource	Format	Availability
N <sup>3</sup> ET Position Statement: Clinical practice guidelines and nurse practitioners	N <sup>3</sup> ET Position Statement	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes.	N <sup>3</sup> ET report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Pathways to Progress Nurse Practitioners An interim report on Recommendation 12, National Review of Nursing Education (2002) – Our Duty of Care – Maximising Education Pathways for Nurses and Midwives.	N <sup>3</sup> ET interim report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
N <sup>3</sup> ET Myth Buster 'You may not get the best care from a nurse practitioner'	N <sup>3</sup> ET brochure	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
NP Workforce Planning Data Set (NPWPDS)		Will be available end July 2006
National Nurse Prescribing Glossary (NNPG) and Taxonomy of prescribing and initiating.	N <sup>3</sup> ET document	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>

## Building a profile of care workers not covered by legislation

*(Recommendations 7 and 35 from the National Review of Nursing Education)*

### Context

In Australia, there is a shortage of health care professionals which is likely to be further exacerbated by an ageing population. There is concern that as the population ages, it will become increasingly difficult to find the number and quality of staff required to provide high-quality care (Richardson 2004).

To meet demand, governments are examining options to increase productivity through better utilisation of skills, to improve and expand skill sets and to broaden the scope of services to be more effective and efficient (Australian Government Productivity Commission 2005). This includes considering how a wider range of health care providers can perform work traditionally restricted to certain professions.

In Australia, unlicensed care workers form part of the care workforce, providing services across health, aged and community settings. Care workers have many and varied roles within these services, some of which involve providing *direct or hands-on care* to clients, patients and residents. The unlicensed care workforce has grown considerably in size and in the face of growing workforce shortages, there is great awareness of the valuable contribution these workers make in providing direct or hands-on care and in assisting nurses and other allied health care workers. At the same time, there is concern regarding the protections afforded to care recipients, when services are provided to frail, vulnerable and dependent people by workers who are not regulated in the same way as health professionals.

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## Work referred to the Taskforce

**Recommendation 7:** Care workers not covered by legislation (*Our Duty of Care Report*)

**Recommendation 35:** Training places for Certificate 111 (*Our Duty of Care Report*)

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In 2003, the Australian Health and Education Ministers supported Recommendations 7 and 35 from the National Review of Nursing Education (2002) *Our Duty of Care* report for:

- a national nomenclature;
- minimum Certificate III qualifications from the health or community services training package;
- suitability checks for unregulated<sup>7</sup> direct care workers by 2008.

The Taskforce was directed to report on the jurisdictional progress in implementation of Recommendations 7 and 35.

These recommendations were viewed as a mechanism to ensure quality care and public safety, provide a national standard for direct care worker (DCW) education and enhance employment opportunities for these workers. At the time of the Review, there was no support for any form of statutory regulation of DCWs, but a clear preference emerged to explore and support options that may be less costly, whilst also creating more flexibility in the provision of safe and quality care for the community.

Although a sizable workforce, little was (and is) known about the current arrangements for ensuring safety and quality. A study of the aged care workforce by Richardson and Martin (2004) for the National Institute of Labour Studies is one of the few comprehensive sector profiles. At the time of the National Review of Nursing Education, there were calls for more consistent nomenclature.

From the outset, there were a number of issues associated with this cluster of work. Whilst many care workers are located within the health sector, there are significant numbers employed in community and aged care settings. Health and Education Ministers had supported the recommendation, although community services and aged care portfolios had not been party to the deliberations around these recommendations. It was also clear from the beginning of scoping work that there were very few data systems in place to provide the information required to complete this work.

The Taskforce was mindful that there were tensions created by the Review when it implied that DCWs were naturally aligned with nurses and nursing. The Taskforce recognised that DCWs provide attendant care in a range of settings and assist a range of health professionals in the delivery of services across health and community sectors.

An instructive piece of work by the Nurses Board of South Australia (NBSA) was identified. It highlighted a range of issues about the interface between nurses and care workers (Nurses Board of South Australia 2003). The Taskforce recommended the report to stakeholders, as it provides an overview of many of the issues. At the same time, direction was sought from AHWOC about whether the Taskforce should proceed with this aspect of the work and if so, whether the scope of consideration should be reviewed. It was agreed

<sup>7</sup> This is the original wording of the recommendation from the *Our Duty of Care* report. This report refers instead to unlicensed care workers in recognition that care workers are employed in a regulated environment.

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that despite the anticipated paucity of data, the Taskforce should continue with the work with a view to producing a baseline understanding of the issues and national perspective, from which future directions and investments could be planned.

### **Key activities**

Key activities undertaken in this cluster included:

- establishing the nomenclature used nationally to describe this cohort of health workers.
- monitoring progress by the jurisdictions in implementing minimum qualifications and suitability checks for DCWs.
- a summary report of progress.

### **Taskforce outcomes**

Rather than adding another layer to what was already a broad and confusing range of titles used to describe DCWs, the Taskforce opted to check the congruence between the most common job titles and the Australian Standard Classification of Occupations (ASCO), widely used by governments for other purposes.

The information supplied to the Taskforce indicates that the ASCO is not commonly used to identify DCWs in health and community settings and there is a lack of congruence between existing titles and the titles in the ASCO at this point in time. A more-inclusive and detailed survey of DCWs in both public and private sectors may yield results that might be more closely aligned to the Australian and New Zealand Standard Classification of Occupations (ANZSCO), as this classification has only recently been introduced and is the product of extensive consultation with a range of stakeholders including governments and employer groups. However, the jurisdictions have identified that gathering more definitive data would at this point be difficult, if not impossible, without adequate resources to support and coordinate data collection at a national level.

The limited data supplied by the jurisdictions to the Taskforce confirms that DCWs do not have national education benchmarks or minimum standards for employment and practice, although it is known from the National Institute of Labourforce Studies report (Richardson 2004) that the aged care industry has achieved a high level of Certificate III coverage. Based on the data provided, the qualifications and skills sets for DCWs vary from no qualifications (formal or informal upon commencement of employment), right through to higher-education qualifications in aged care or other relevant training. From the information provided, it is evident that, with the exception of Western Australia and Queensland where limited programs are in place, the target of minimum qualifications for DCWs by 2008 has not received high-level policy support in the jurisdictions. In the context of the broader workforce, achieving this target appears to be a low priority. Where there are no minimum requirements for qualifications, there are also no mechanisms in place in most jurisdictions to collect this information on an ongoing basis to inform workforce planning.

The situation with respect to suitability is somewhat more promising. Suitability checks for employees are considered a normal part of the recruitment process in most industries, including health. Where this is the case, industry standards exert considerable pressure on employers to manage the risks associated with care provided by unregulated workers.

It is also clear that where state or Commonwealth policy is tied to funding and where there are statutory measures in place, there is greater compliance and up-take of suitability checks.

Overall, the Taskforce concluded that the ability of jurisdictions to collect and report the information requested was severely hampered by a lack of current and reliable data about the direct care workforce. Most jurisdictions do not track the number of DCWs and none collect data on the qualifications of their DCWs. While most jurisdictions identified understanding of DCWs and better data as important for the future, the costs and methodological difficulties associated with collecting this data are a significant disincentive.

### Future direction

The information provided by the jurisdictions on progress towards these recommendations indicates that the targets agreed by the Health Ministers for suitability checks and minimum qualifications are unlikely to be achieved without further policy direction and support at the jurisdictional level and some national coordination of data collection to ensure a viable national data set. The paucity of data also reinforces that there is insufficient robust information about the characteristics of the direct care workforce to enable the development of informed policy and planning strategies for DCWs.

It is evident from the Taskforce's work in this area that there continues to be tension and debate in the jurisdictions arising from the perceived utility of pursuing this direction in the current context. As these recommendations propose full implementation by 2008, and in consideration of the investment that would be required for full implementation, there would be benefit at this point in Ministers from health and community services portfolios reviewing these recommendations and providing further direction to the jurisdictions in this matter.

### Reports and resources

The following resources related to this cluster are available:

Resource	Format	Availability
Implementing minimum qualifications and suitability checks for the direct care workforce: Reporting progress on Recommendations 7 and 35	Report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>



## Building capacity in education — funding, models and pathways

(Recommendations 12, 24, 25, 27 and 34 from the National Review of Nursing Education)

### Context

Recommendation 12 of the *Our Duty of Care* report concluded that education pathways for nurses and midwives facilitate career directions, and identified opportunities for entering nursing at various levels of education. It was noted that at the time, awarding credit for experience and previous study was a developing feature of nursing education. While articulation pathways existed, the report identified issues around maximising credit and the lack of infrastructure to support individual progress through the system.

In relation to recruitment and retention, Recommendation 25 identified the importance of supporting postgraduate study through scholarships, as well as considering the processes for supporting re-entry courses. The place of interdisciplinary education (and practice) was also raised as important to facilitate the development of new models of care that focused on teams (recommendation 27).

The *Our Duty of Care* report recognised the vital importance of clinical practicum in nursing and midwifery preparatory education, but also noted the substantial associated costs. In particular, Recommendation 24 recommended that additional funds be devoted to supporting this component of undergraduate education.

In 2004, as a result of the Higher Education Review, an additional \$54 million (over 5 years beginning from 2004) was allocated by the Commonwealth to undergraduate nursing programs and specifically to 'be directed towards the costs associated with clinical practicum in nursing...' (Department of Education Science and Training 2004). Partly in response to the issues raised in the Productivity Commission report on Australia's Health Workforce (2006), the Australian Government announced additional increases in the component of clinical practicum funding for undergraduate nursing programs.

### Work referred to the Taskforce

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**Recommendation 12:** Maximising education pathways (*Our Duty of Care* Report)

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**Recommendation 24:** Clinical education funding (*Our Duty of Care* Report)

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**Recommendation 25:** Commonwealth assistance for specialty and re-entry courses (*Our Duty of Care* Report)

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**Recommendation 27:** Engagement of interdisciplinary and cross professional approaches to education practice (*Our Duty of Care* Report)

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**Recommendation 34:** Expansion of opportunities in VET and VET-in-schools

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Commonwealth, State and Territory Health Ministers referred aspects of Recommendation 12: Maximising Education Pathways to the Taskforce, to be progressed in consultation with industry and education providers. The Taskforce's role was to promote strengthened and enabled career transitions and opportunities for development in the education and training of RNs, midwives and people seeking a career in nursing, through exploring opportunities to maximise education pathways.

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In the context of this work, the Taskforce also considered parts b) and c) of Recommendation 34, which called for:

- promoting employment of student enrolled nurses through models of education and training such as traineeships; and
- working with the Commonwealth to expand traineeships in rural areas as an entry to care work and nursing.

In relation to clinical practicum, the National Review of Nursing Education recommended that additional funds be devoted to supporting this component of undergraduate education (Recommendation 24). The role of the Taskforce in this recommendation was to monitor the policy impact of additional government funding on clinical practicum in nursing and midwifery education. In this work, the Taskforce was directed to consider funding and other mechanisms to achieve the required clinical practicum outcomes in a range of health, community and aged care settings.

One aspect of the current investment in nursing workforce is the provision of scholarships to support nurses to undertake postgraduate education in specialty areas of practice and/or to re-enter the workforce. Whilst supporting the various scholarship programs offered by Australian, State and Territory Governments, the National Review of Nursing Education 2002: *Our Duty of Care* report also noted that the approaches to such programs were fragmented and variable, and that in some States and Territories, courses in a number of specialty areas were not available. To address this disparity, *Our Duty of Care* report recommended that an audit of current scholarship opportunities should be undertaken with a view to recommending areas for increased funding support (Recommendation 25).

Further, across Australia, a number of States and Territories have undertaken a range of strategies to recruit and retain nurses and midwives. One such strategy is to tap into the group of individuals who hold nursing qualifications but who for whatever reason have left the nursing workforce.

The value of strategies to encourage nurses and midwives to re-enter the workforce were acknowledged in the National Review of Nursing Education 2002: *Our Duty of Care* report however, the Report noted that the cost of undertaking university based programs was seen as a disincentive to some (Recommendation 25).

The *Our Duty of Care* report acknowledged that model of education and training that promote interdisciplinary education are needed. The National Review of Nursing Education recommended that government policy, funding and decision making in the health, education and training sector, should promote and support team based approaches in education and practice (Recommendation 27).

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## Key activities

Key activities undertaken in this cluster:

1. Establishment of five work groups to gain an informed understanding of the current issues: barriers, complexities and challenges to optimal education pathways, and to identify options, opportunities and strategic directions to maximise education pathways for nurses and midwives in the future. Nominees of the CDNM-ANZ chaired the work groups. A report was prepared on the activities and outcomes of the groups.
2. Development of 10 principles to guide the development of education pathways for nurse practitioners, which are reported in the Maximising Education Pathways Report (2006).
3. N<sup>3</sup>ET entered into dialogue with the DEST to explore issues with respect to expanding traineeship opportunities and employment models in the current (at the time) policy environment. Further work was deferred, pending the outcomes of the CS&HISC project to incorporate EN competencies into the Health Training Package.
4. Evaluation of the impact of additional Commonwealth funds to support nursing clinical practicum. The Taskforce surveyed universities offering undergraduate nursing programs to ascertain how additional funds for clinical practicum had been utilised over time. Thirty-four universities providing undergraduate programs for nurses responded to a request for information and a report was prepared.
5. Promotion and sharing of innovative approaches and best practice in clinical practicum models through the Solution Seekers webpage.
6. Development of a N<sup>3</sup>ET Myth Buster about inter-professional education.
7. An audit of interdisciplinary work nationally and identification of best practice examples for wider dissemination posted on Solution Seekers N<sup>3</sup>ET website.
8. An audit of postgraduate scholarship programs for postgraduate study in specialty nursing areas comprised:
  - A survey of key scholarship providers to determine the numbers and types of scholarships provided and the processes used to administer the scholarship programs
  - A review of Government scholarship policies to understand the framework used to determine specialty areas that are supported through scholarship programs, and
  - Mapping of actual scholarships provided in 2004 to available nursing shortage data to determine the correlation.
9. A survey was undertaken of the key providers of funding for re-entry (namely health departments through the Chief Nurse/Principal Nurse Advisor of each State and Territory and the Royal College of Nursing, Australia as fund holder for the Australian Government re-entry programs).

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## Taskforce outcomes

### The Maximising Education Pathways Report

The Maximising Education Pathways Report (Recommendation 12) outlines the work group deliberations and activities and highlights the following:

- Articulation opportunities are commonly available for ENs, graduates from other health streams and other disciplines, and adult entrants.
- The DEST good practice principles provide guidance about reasonable credit entitlements. There is a clear view from higher-education providers (HEPs) that students applying for and receiving credit entitlements often require additional support to be successful. HEPs should focus their attention on setting students up for success from the point of entry and on providing a range of measures to support them for success. Opportunities for cross-sector articulation are currently restricted by the availability of Commonwealth supported places and costs for individuals paying full fees. Greater articulation options are offered by HEPs with established programs.
- The work progressing to develop EN competencies for the Health Training Package will have an impact on cross-sector articulation opportunities. Further national dialogue including RAs, governments, education providers from VET and higher education is required, to develop a national understanding of articulation in the context of new qualifications for ENs.
- Following finalisation of the revised Health Training Package, national dialogue and further collaborative work is also needed to develop a uniform understanding of articulation opportunities for those completing training in the VET sector in other health and community streams. Some examples are qualifications for a range of allied health assistants and health services assistants/workers and new qualifications for Aboriginal and Torres Strait Islander health workers. Consideration should also be given to articulation and credit for aged care workers, disability officers and others with qualifications from the Community Services Training Package.
- The work in progress led by the ANMC to develop national standards for accrediting courses for registration purposes will bring greater consistency to the application of credit across Australia. The work should give consideration to and be consistent with quality standards and best practice guidelines in the education sector and should avoid burdensome duplication of processes.
- There is sufficient precedence to indicate that articulation between Bachelor of Midwifery programs and Bachelor of Nursing programs can be maximised. Further national dialogue to develop a uniform understanding of the shared elements of these programs as a basis for credit arrangements is warranted as more programs are being introduced across Australia.
- The report identifies a number of considerations for jurisdictions investigating the option of a pathway to licensing and practice of the Bachelor of Nursing students to seek enrolment and paid employment as ENs part way through their studies.

### **Education pathways for nurse practitioners**

An important dimension of the work on maximising education pathways included investigation of the educational pathways for NPs. This work complemented and expanded the mapping undertaken on NP licensing and approval processes and the regulatory mapping undertaken as part of Recommendations 4 and 5.

The two mapping exercises indicate that there is variation across the states and territories in the post-registration educational qualifications required by RAs for endorsement/recognition<sup>8</sup> as a NP. Until recently (November 2005), there was no national agreement on core competencies for NP practice. Without national agreement on either the level of education preparation or core competencies for practice, pathways for nurses seeking to be recognised as NPs had become fragmented and specific to a state or territory.

At the same time, Commonwealth Mutual Recognition (MR) legislation<sup>9</sup> mandates the recognition of individuals moving between jurisdictions based on equivalent occupation, not qualification. So, whilst MR allows for easier movement of health workers between states and territories, it can in effect magnify the disparities that exist between different regulators when two individuals with different requirements to be initially registered are working together at the same level, one having migrated from a jurisdiction where different (perhaps less intensive) qualifications and experience are required.

The NP section of the Maximising Education Pathways Report discusses the current regulatory basis for NP practice, how decisions about minimum education requirements are made, the current pathways for NPs, the issues associated with each pathway and the regulatory framework for accreditation of both individuals and educational courses.

The report incorporates ten principles for making decisions about the minimum mandatory educational requirements for NPs. Given the complex federated governance model in Australia, the report considers how the principles can be applied and areas where a strategic focus will contribute to a coherent and sustainable NP model for the future.

### **Commonwealth funding for clinical practicum for nurses and midwives**

The report on the N<sup>3</sup>ET survey into additional clinical practicum funding highlights that HEPs have welcomed additional Commonwealth funding to support clinical practicum, but viewed this increment as going only part way towards meeting the actual costs of providing nursing programs that meet the regulatory standards required for licensing and the expectations of employers and health service providers (HSPs).

The report also identifies a number of pressures contributing to the spiralling costs of clinical practicum for both HEPs and service providers. These include minimum regulatory requirements for clinical practicum, including supervision arrangements, administrative costs associated with increased numbers of students and clinical hours and charges by health services. It is evident that there are a number of partnership approaches for providing clinical supervision and these are integrally linked to cost-sharing arrangements. A number of HEPs are, however, indicating that increasing demands on university funds are pushing on the ceiling of sustainability.

<sup>8</sup> The regulatory process differs across jurisdictions and is variously referred to as registration, endorsement and authorisation to practices as an NP. In this document, the generic term 'recognition' is used to refer to all these processes. Details of the different State and territory approaches can be found in: National Nursing & Nursing Education Taskforce (2005). *Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes*.

<sup>9</sup> Mutual recognition legislation applies to the states and territories in Australia. Similarly, the *Trans-Tasman Mutual Recognition Act* applies to trade and occupations between Australia and New Zealand. When the term MR is used in this document it encompasses both Acts unless otherwise specified.

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It is evident that while many of the program improvements made by universities aim to implement the best practice benchmarks for clinical practicum identified by the Australian Universities Teaching Committee, they also contribute to substantial cost increases.

Educational programs preparing nurses for licensing need to be responsive to the changing needs of the health service sector. At the same time, there is a need for balance between government, HSP/employer and professional/regulatory interests. This clearly requires a cohesive approach that involves DEST funding policy, regulatory consistency, state/territory government contributions, moderation of the employer expectations, and a strategic vehicle to engage the stakeholders, manage competing interests and evaluate the impact and outcomes of new approaches to clinical practicum.

Exploring the tensions between what is needed to achieve competency requirements for licensing and what is required for work readiness, requires a better understanding of the capacity in the system to support growth in clinical placements. There is considerable interest from some jurisdictions in moving towards a coordinated and strategic approach to the allocation of clinical placements to ensure both equity and access for students, quality educational outcomes and innovation through collaborative partnerships. Whether preferred provider relationships can be preserved if a more-centralised approach to allocating clinical placements is introduced, is debatable and the impact of disrupting these established relationships is not clear at this point.

These are complex issues that require balancing multiple stakeholder agendas. As nursing and midwifery is a National Priority Area in education for the Australian community, it is essential that additional funding to nursing programs continues and forms a permanent part of the baseline funding for this discipline cluster, so that the higher-education sector (HES) can continue to educate nurses in light of predicted demand.

### **Support for postgraduate education**

The findings of the audit of postgraduate scholarships highlight the current imperative for jurisdictions to re-examine how they effectively plan to meet local workforce needs, now and for the future. The report provides an opportunity for jurisdictions to critically appraise the role that scholarships play in this agenda and ensure that a sound policy framework guides the future fiscal and professional investment.

The findings of the re-entry survey highlighted the need for coordinated, national work and for agreement regarding the way in which decisions are made about re-entry pathways for individuals.

## **Future direction**

### **The Maximising Education Pathways report**

The work progressing to develop EN competencies for the Health Training Package will have an impact on cross-sector articulation opportunities. Further national dialogue including RAs, governments, education providers from VET and higher education is required, to develop a national understanding of articulation in the context of new qualifications for ENs.

Following finalisation of the revised Health Training Package, national dialogue and further collaborative work is also needed to develop a uniform understanding of articulation opportunities for those completing training in the VET sector in other health and community streams; for example qualifications for a range of allied health assistants and

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health services assistants/workers and new qualifications for Aboriginal and Torres Strait Islander Health Workers. Consideration should also be given to articulation between aged care workers, disability officers and other qualifications from the Community Services Training Package. The work on articulation that is currently progressing will bring greater consistency to the application of credit across Australia. It should give consideration to, and be consistent with, quality standards and best practice guidelines in the education sector and should avoid burdensome duplication of processes.

### **Ten principles for education pathways for nurse practitioners**

The Maximising Education Pathways Report includes 10 principles and a set of guiding statements for adoption when making decisions about the minimum educational requirements for recognition as an NP. Ideally, these principles will be adopted by jurisdictions in developing policy to support, plan and develop the NP role to meet the needs of the community and RAs in considering streamlined and nationally-consistent approaches to regulating and authorising NP practice, education providers in developing educational programs with mechanisms for appropriate recognition of prior learning.

Adoption of these principles will ensure that:

- Diverse and inclusive pathways to NP level are available;
- Greater national consistency in entry to practice educational requirements for NP is achieved; and
- A balance is reached between an educational level that engenders public confidence and one that is able to justify a direct link between the restrictions imposed and harm reduction.

At this point in time it is important that RAs, individually and collectively, give consideration to adopting the ten principles as a matter of priority, to deliver greater consistency in the educational preparation of NPs.

### **Commonwealth funding for clinical practicum for nurses and midwives**

The report on this matter suggests that a more-detailed review of the baseline level of funding is merited, to arrive at a sustainable funding level that balances the learning needs of students, particularly in relation to clinical practicum, with the regulatory requirements for licensing and the work readiness concerns of employers.

Clearly, the needs of health consumers should also have a voice. In the complex interface between health and education, it is likely that funding policy will form one strand of a strategic approach to providing effective and sustainable clinical practicum for undergraduate nurses. There would be benefit in unpacking the interrelated factors driving the costs of nursing programs, and in exploring the efficacy of different supervision models and institutional partnerships in achieving the desired and required competency outcomes for students embarking on a professional career.

It is acknowledged that in the time since the Taskforce's work and report in this area, as part of a broader package of funding to support the education and training of health professionals, the Australian Government again increased the amount of funding by DEST to support the clinical component of undergraduate nursing programs. This is certainly welcomed. However, there are indications that health services and governments are



seeking to implement further 'cost sharing' arrangements to allow health services to be recompensed for their investment in the clinical education of trainees. A judicious approach is required that gives consideration to the various relationships and arrangements that already exist between education and HSPs, so that unanticipated perverse flow-on effects do not impact on education capacity in the future.

### Reports and resources

The following resources related to this cluster are available:

Resource	Format	Availability
Commonwealth Funding for Clinical Practicum	N <sup>3</sup> ET Report	Available free for download from the N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Interim report: Pathways for Nurse Practitioner	N <sup>3</sup> ET Interim Report	Available free for download from the N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Maximising Education Pathways (Includes 10 Principles for education pathways for nurse practitioners)	N <sup>3</sup> ET Report	Available free for download from the N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas: Scholarships for Nurses and Midwives	N <sup>3</sup> ET Brochure	Available free for download from the N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
A Review of Legislative Requirements and Funding Support Across Australia for Re-entry Programs: Re-entry Programs for Nurses and Midwives:	N <sup>3</sup> ET Reports	Available free for download from the N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>

## Promoting evidence-based practice and workforce planning

*(Recommendations 8 from National Review of Nursing Education, Recommendation 3 from the Critical Care Report and Recommendation 4 from the Midwifery Report)*

### Context

Practice-based disciplines like nursing and midwifery must demonstrate the efficacy of contemporary practice and provide evidence to support changes in policy and practice. Resources for such research are limited and each discipline needs to make certain that it not only understands the national context of research, but also has established priorities to ensure a strong and viable longer-term research capacity.

It is acknowledged globally that research effort begins to expand when a discipline is transferred to the HES. In Australia, the move for nursing began in the 1970s. The decision to transfer all pre-registration nursing programs was made in 1984 and the process was completed in the 1990s. Post-registration education has followed a similar path, so that now most post-registration specialty and further education programs are carried out in the HES. Over the relatively short time that nursing and midwifery have been in the HES, an impressive research culture has been building.



Despite this, literature reviews undertaken in the preliminary stages of the National Review of Nursing Education (2002) indicated that research productivity by nurses (and midwives) in Australia was considered disproportionate to the size of the nursing workforce and the effect of nursing interventions on the quality and effectiveness of health services. It was also considered that nursing research fares poorly across funding sources and that this is a contributing factor to the lack of published research by Australian nurses and midwives<sup>10</sup>.

### Work referred to the Taskforce

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**Recommendation 8:** Research and training for nurses (*Our Duty of Care Report*)

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**Recommendation 3:** Data — Supply and requirement analysis (*AHWAC Critical Care Nursing Workforce in Australia 2001–2011*)

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**Recommendation 4:** National longitudinal research study (*AHWAC The Midwifery Workforce in Australia 2002–2012*)

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*Our Duty of Care* posed a number of measures to build research capacity in nursing and midwifery. Recommendation 8(a) of the *Our Duty of Care* report focusses on building research capacity in the nursing and midwifery disciplines through Commonwealth support for higher-degree research training. The National Review of Nursing Education recommended that immediate steps be taken to ensure that the level of postgraduate research scholarships and research training places for nurses are at least maintained, with the longer-term target of doubling Research Training Scheme (RTS) commencement load by 2008.

Health Ministers referred Recommendation 8a to the Taskforce with direction to monitor the implications and outcomes of the Australian Government's Higher Education Review and to report to Ministers.

Part b of Recommendation 8 proposed that particular priority should be given to building longer-term capacity and integration of research findings into practice, and suggested that priority areas might include evidence-based practice, aged care, work organisation, mental health nursing and nursing in rural and remote areas. (Recommendation 8 *Our Duty of Care*).

In addressing the issue of research priorities, the Taskforce was mindful of the AHMAC direction to consider the research components of Recommendation 4 of the *Midwifery Workforce in Australia 2002–2012* (2002) report and Recommendation 3 of the *Critical Care Workforce in Australia 2001–2011* (2002)<sup>11</sup>. Shortages of critical care nurses and midwives are currently evident and are expected to continue. The Taskforce was asked to consider the merit and feasibility of two areas of research; namely, a national longitudinal research study of workforce participation and organisational behaviour of midwives, and measurement of the relationship between critical care nurse staffing levels (and skill mix) and patient outcomes.

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<sup>11</sup>The data components of these Recommendations were referred to AHMAC for high-level coordination.

<sup>10</sup>The National Review of Nursing Education (2002) *Our Duty of Care* report uses the terms nurse and nursing to refer to enrolled nurses (ENs or Registered Nurses Division 2 in Victoria), registered nurses and midwives 'in whatever capacity they are employed within health, eg. clinical practice, education, management and administration, research, quality, risk management, change management and projects, and government and policy' (p.47).

The Taskforce has been cautious in its response to the recommendations from *Our Duty of Care*, to acknowledge that midwifery is recognised as a distinct professional group within the regulatory frameworks of several jurisdictions.

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## Key activities

Key activities undertaken in this cluster included:

1. A national audit of Australian universities offering nursing and midwifery programs to assess RTS places and Australian Postgraduate Award (APA) scholarships, and to determine whether the goal of doubling the number of nurses and midwives in RTS-supported places by 2008 was on target to be achieved. To support the audit, work was undertaken to establish the extent and capacity of research training in nursing and midwifery in Australia and to identify the barriers and opportunities that impact on efforts to increase the number of higher-degree research students.
2. A national consultation to establish national research priorities for nurses and midwives in Australia.

## Taskforce outcomes

### Research training (8a)

N<sup>3</sup>ET produced a report presenting the results of the national audit of nursing and midwifery students enrolled in higher degrees by research in Australia, with a specific focus on access to the Australian Government's RTS.

The report demonstrated that while it is not possible to accurately determine the number of higher-degree students by discipline, there has been an increase in RTS-supported higher-degree research training places and APA scholarships for nurses and midwives since 2002. However, trend data suggests it is unlikely that the proposed target of doubling RTS enrolments by 2008 will be achieved without further strategic intervention.

The report raised issues about the quality of data for tracking RTS places for nurses and midwives, as DEST data does not support this level of analysis. The Taskforce audit was restricted by differences in the methods used by individual universities to track enrolments by discipline, and the lack of a systematic approach to identifying nursing and midwifery students supervised in cross-disciplinary settings, in broad health science programs or those undertaking midwifery and nursing research training in non-related disciplines. It is important to note however, that these issues are not specific to nursing and midwifery, but are system deficiencies that impede accurate determinations of current and potential capacity by any discipline.

As the same issues are likely to affect the quality of the individual organisation's data, it is difficult to make many conclusions about fluctuations in enrolment or RTS funding at the individual organisation level, or about the apparently large variations between states and territories without further validation of the data at the institutional level. To collect RTS data at the level of the individual disciplines will require agreement on how issues such as co-supervision are accounted for, but would enable a richer view of the research training activity across and between all disciplines.

Examination of the barriers and opportunities that impact on any efforts to increase the number of higher-degree research (HDR) students, identified that decisions concerning RTS allocation, APA awards and other scholarship support are made at the institutional level. They are based on resources allocated centrally to each institution from the

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Commonwealth, institutional organisational features and the competitiveness of prospective students in all disciplines. While the forthcoming Research Quality Framework (RQF) will doubtless improve transparency in research infrastructure funding in the long term, it is unlikely that the current complexities associated with resource allocation will be affected.

The report highlights that at a policy level, a number of initiatives need to be put in place to support the disciplines of nursing and midwifery and to develop the national research capacity in a way that addresses issues of importance to Australian health care. A national strategic direction to increase research capacity would need to include a number of inter-related approaches that draw on collaboration and synergy between the disciplines. The mutual and inter-dependant nature of health professionals, higher education, government and health services all need to be accommodated within a national approach. The key features of a national strategy to increase research capacity through research training would therefore address issues such as:

- identifying and endorsing a vehicle for effective leadership;
- engaging, collaborating and harnessing the stakeholders, collectively and individually;
- developing sustainable targets for research capacity and training, coupled with effective monitoring of progress;
- developing a pool of HDR candidates;
- enhancing current support for research training.

Finally, integrating strategies to build research training within a broader strategy that will build research capacity in the disciplines nationally, is of vital importance.

Given the length of time taken to create a generation of researchers, it is clear that the original goal of the *Our Duty of Care* report, of doubling the intake and funding by 2008, is not achievable. Efforts to accelerate growth beyond capacity risk a fall in standards, thus working against the building of capacity within Australia's health research community through the training and development of nursing and midwifery researchers. The issues of quality, productivity and competitiveness need to be front and centre of any strategic approach to building research capacity in this country.

#### **Research priorities (Our Duty of Care 8b; Critical Care 3; Midwifery 4)**

This work initially sought to set national priorities for nursing and midwifery research, to develop nursing and midwifery research capacity and to guide future investment in nursing and midwifery research activity. Through a process of national consultation, and given the changes to the national research landscape, a different outcome was achieved.

Firstly, a clear picture emerged that nurses and midwives recognised that national research priorities within nursing and midwifery should be consistent with the national priorities for the health and well-being of the Australian community.

Secondly, four Priorities of Nursing and Midwifery Research in Australia were identified and endorsed through a process of national consultation and debate with stakeholders during 2005:

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**Priority 1:** Contributing to research on National Health Priority Areas

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**Priority 2:** Developing a research critical mass

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**Priority 3:** Growing generations of researchers

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**Priority 4:** Translating research into practice

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These priorities are discussed in the Priorities for Nursing and Midwifery Research in Australia Report (2006).

### Future direction

Based on the experience of established disciplines and the findings from the national consultation, there are a number of interrelated factors essential to the development of longer-term research capacity in the disciplines. Foremost, research critical mass needs to be established. Successful research groups in all disciplines are those with a strong programmatic focus, and that feature consistent success in competitive funding, the ability to attract and support post-doctoral researchers and a commitment to research training of the next generation of researchers. In other words, research capacity is built through a professional and organisational strategic commitment to provide the context within which researchers can build successful research programs. These then become the training grounds for the next generation of researchers. There is, therefore, an important link between research success generally and the goal of building research capacity.

Secondly, it is imperative that there is integration of research findings into practice in all practice-based disciplines. To enhance practice and policy and to be consistent with government directions, translating research findings into practice is a matter of priority for nursing and midwifery research.

At a policy level, a number of initiatives need to be set in place to support the disciplines of nursing and midwifery to develop the national research capacity. In order to best achieve the goal of increasing research capacity, a national strategy that is multifaceted, draws on collaboration and creates synergy between the disciplines, key researchers, the university sector, the health sector and governments is required. A national strategy should give consideration to the following directions.

#### Leadership

Strong and focussed leadership is needed to drive a national strategy for nursing and midwifery research and to provide high-level coordination and evaluation of activity targeted at enhancing research capacity in the nursing and midwifery disciplines. This includes evaluating the outcomes and impact of the Australian Government's RQF on research and research capacity for the nursing and midwifery disciplines, and engaging with the ongoing evaluation and development processes for the RQF at a national level.

The Taskforce notes that the CDNMM-ANZ has recently established its Research Advisory Group (RAG). RAG membership consists of leading nursing and midwifery researchers from across Australia and New Zealand. This group aims to provide leadership for the disciplines in responding to the RQF and New Zealand's Performance-Based Research Fund.

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The RAG is well positioned to provide leadership in driving the broader national agenda for nursing and midwifery research and to speak on behalf of the disciplines on matters related to research priorities, research training and measures to support research capacity building in the future. Given the importance of research to health care outcomes, it is essential that there is ongoing consultation with and between the HES, the research community, the health service industry and government portfolios for both health and education. Existing linkages between the ANZ-CCN and the CDNM-ANZ would provide a mechanism for jurisdictional input into a national strategy for building nursing and midwifery research capacity. Monitoring and support by national bodies such as the National Health Workforce Secretariat would provide a mechanism for linking into research capacity building strategies for the broader health workforce.

#### **Collaboration, consultation and communication**

A strategic direction would necessarily include engaging nurses and midwives, the university sector and their professional organisations, the health sector/employers and governments in the development of a longer-term (for example — a 10 year) strategic plan (including priority actions and an implementation plan), aimed at building research capacity targeting nurses and midwives. Elements of the plan should include:

- strategies to engage the disciplines in steering this initiative, and for working in partnerships with key stakeholders to achieve successful growth in research capacity.
- identifying and harnessing the human capital of successful groups of researchers currently achieving excellent research outcomes.
- strategies to engage industry, government, professional and philanthropic organisations in partnership, to support research by nurses and midwives through various forms of support for research activity and training, such as scholarships and research grants. This may include providing strategic direction to guide awarding scholarships and research grants.
- a longer-term plan for working collaboratively with health services and employers, unions and State and Territory Governments to develop, recognise and reward roles for clinical research nurses and midwives.
- national leadership programs, building on areas of current and proven research strength and with the capacity to support a national network of researchers, (such as palliative care, critical care and midwifery) and promoting coalitions, collaborations and partnership projects and providing fertile ground for research training.

#### **A program for building research capacity through research training**

Sustainable growth is inextricably linked to growth in research training (National Nursing and Nursing Education Taskforce, 2006). This can be achieved through:

- a methodology for establishing and evaluating progress towards the target proportion of all nurses and midwives who require higher degrees by research, in order to ensure the disciplines' capacity to support the clinical research needs of nurses and midwives;

- a coordinated approach to monitoring and evaluating the outcomes and impact of the RQF on research training for the nursing and midwifery disciplines, and for engaging with the ongoing evaluation and development processes for the RQF at a national level;
- cultivating a pool of HDR training candidates;
- harnessing support for HDR training; and
- developing research supervision capacity.

#### **Support for nursing and midwifery research**

Employers and HSPs stand to benefit from the findings of nursing and midwifery research, especially where research targets identified clinical issues and results in improved outcomes for patients and organisations. There is opportunity for HSPs to strengthen commitment to research by:

- providing grants and scholarships to employees for HDR training, where the research interest targets local research priorities;
- providing training opportunities linked to larger service-based programs of research;
- developing linkages with universities and other industry partners where research is across multiple sites;
- providing resources to support research activities and evidence-based practice.

#### **An agreed focus**

The National Priorities for Nursing and Midwifery Research (2006) provide a cohesive and agreed focus for developing nursing and midwifery research capacity and a guide to future investment in nursing and midwifery research activity<sup>12</sup>. It is only through building research capacity that the nursing and midwifery disciplines will be able to respond to national directions in health and research, and thereby contribute to better management of health conditions and service delivery.

This does not mean that research cannot or should not continue across the spectrum of health care where nurses and midwives practice, or that nurses and midwives should not pursue many and varied research interests and priorities. It is appropriate that research continues in all these dimensions, so that the body of knowledge about health issues and how best to manage them is continually expanding, remaining contemporary and relevant.

The Taskforce considers that in light of the agreement reached on national priorities of nursing and midwifery research, information gathered about workforce and organisational behaviour from a national longitudinal cohort study would add considerable weight to education and planning for the midwifery workforce, particularly in evaluating the impact of different educational models on service delivery, client outcomes and workforce participation. N<sup>3</sup>ET would support a collaborative approach between expert midwife researchers nationally, service providers, governments and national workforce data experts/groups, and would support funding through the AHMAC Principle Workforce Committee and applications to NHMRC, ARC or other government departments for funding to support this activity.

With respect to the critical care nursing workforce, the Taskforce considers that there may be benefit in research to measure the relationship between critical care nurse staffing levels and patient outcomes. However, this activity could be further enhanced by:

- expanding the study to cover the full spectrum of skill sets or competencies required to provide critical care services;
- developing and trialling innovative staffing models that might also include roles for a range of health workers (such as enrolled nurses, nurse practitioners and technicians);
- inter-professional approaches to education and practice.

### Reports and resources

The following resources related to this cluster are available:

Resource	Format	Availability
Research Training for Nurses and Midwives: A report on Commonwealth-funded Research Training Scheme places and Australian Postgraduate Awards for nurses and midwives in Australia (May 2006)	Report	As at July 2006, this report is progressing to AHMAC
Priorities for Nursing and Midwifery Research in Australia: A report on Recommendation 8b of the National Review of Nursing Education (2002) Our Duty of Care Report (August 2006)	Report	N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Priorities for Nursing and Midwifery Research in Australia	Newsletter	N <sup>3</sup> ET website <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>

## Promoting recruitment and retention

*(Recommendations 9, 10 and 33 from the National Review of Nursing Education, Recommendation 1 from the Critical Care Report and Recommendations 1 and 2 from the Midwifery Report)*

### Context

Recruitment and retention of nurses and midwives is a complex issue, receiving much attention over the years. Factors such as workplace culture, flexibility of employment and working conditions all affect whether individuals join and then stay in the workforce.

The role and demands of nursing and midwifery have changed, but public perception has not. The persistence of outdated and inaccurate images impacts on recruitment and retention of this workforce. Information targeted at those considering joining the profession needs to be contemporary and engaging.

Numerous studies have looked at recruitment and retention, but the data systems, expertise and commitment of resources to monitoring workforce supply and demand have not necessarily received the same attention. This gap can be seen in 'macro' nursing workforce planning, as well as across specialty areas or for particular geographical areas.



In 2002, AHWOC released two workforce reports on the critical care and midwifery workforce (Australian Health Workforce Advisory Committee 2002; Australian Health Workforce Advisory Committee 2002). Both reports identified shortages in these specialist workforces and made recommendations to improve the supply.

### Work referred to the Taskforce

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**Recommendation 9:** Image of Nursing (*Our Duty of Care* Report)

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**Recommendation 10:** Information on Nursing (*Our Duty of Care* Report)

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**Recommendation 33:** Commonwealth funding for additional undergraduate university places (*Our Duty of Care* Report)

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**Recommendation 1:** Supply of Critical Care Nurses (AHWAC Critical Care Nursing Workforce in Australia 2001–2011)

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**Recommendation 1:** Supply of midwives (AHWAC The Midwifery Workforce in Australia 2002–2012)

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**Recommendation 2:** Supply of midwives – implementation of projections (AHWAC The Midwifery Workforce in Australia 2002–2012)

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**Recommendation 1:** Marketing mental health (AHWAC The Australian Mental Health Nurse Supply, Recruitment and Retention Report)

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*Our Duty of Care* recommended development of a national marketing profile for nurses and midwives, promoting the value, contribution and benefits of a nursing career (Recommendation 9). The Ministers acknowledged the worth of a national marketing campaign and recommended that the Taskforce develop a program to promote the image of nursing and to help generate a broader base of recruitment to nursing which reflects the diversity of the Australian population. The Taskforce's approach has been to develop communication principles as a logical starting point, underpinning marketing programs and communications material.

Communication media are powerful tools in shaping community perceptions of professions, including nursing and midwifery. The challenge is to promote positive, contemporary images of the reality of nursing and midwifery to those responsible for creating media and imagery, be they within or beyond the health sector.

Recommendation 10 called for better information about nursing to be made available, including the development of a web-based portal for nursing and midwifery. Although not referred to the Taskforce, the Taskforce was aware of the considerable work by the jurisdictions to promote nursing and midwifery careers, and that the Chief Nurses maintain informative websites. As work on Recommendation 9 progressed, an unexpected opportunity arose to assist with implementing Recommendation 10. Developing career industry profiles for publication and distribution would provide generic information about nursing and midwifery careers, with links to relevant jurisdiction websites for local information and to national nursing organisation sites. It could be based on the principles developed for Recommendation 9.



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## Key activities

Key activities undertaken in this cluster included:

- development of communication principles for marketing of nursing and midwifery
- development of the first nursing career industry profile for the Graduate Careers Australia Website — drawing on the communication principles above
- monitoring of jurisdiction progress on Critical Care and Midwifery workforce supply
- publication of the N<sup>3</sup>ET Myth Buster on attrition in nursing

## Taskforce outcomes

### Media principles

Recommendation 9 acknowledged 'the benefit of a general marketing campaign to promote the image of nursing' and recommended the Taskforce 'consider developing a program to promote the image of nursing and to help generate a broader base of recruitment to nursing which reflects the diversity of the Australian population'. Accordingly, project consultants for the Taskforce undertook a process that provided opportunities for interaction and dialogue with nurses and midwives and built on work undertaken in Australia and overseas.

Principles and strategic approaches to communicating the image of nursing and midwifery were developed via broad consultation, aided by the Chief Nurses. They are set out in the final report on the project, *Media and Communication Principles for Nursing and Midwifery in Australia* (Fenton Communications, Jan 2006). The report contends that media and communication principles need to be supported by other elements that facilitate the production of communications and reflect the contemporary image of nursing. This includes:

- principles to guide the creation and content of communications;
- key messages about the personal and community benefits of a career in nursing and midwifery;
- brand attributes that highlight the qualities of nurses and midwives;
- how to use the key messages and brand attributes to overcome stereotypes;
- tools, tactics and media opportunities for communicating positive images of nursing.

### Information about nursing and midwifery

Research for the media principles revealed that nursing and midwifery careers were not profiled on prominent careers websites such as the Graduate Careers Australia (GCA) website. The GCA website is jointly funded by the Commonwealth DEST and the Australian Vice Chancellor's Committee and contains career information for a broad number of professions. The website attracts high interest from secondary school students, school leavers, parents, post-secondary students and adults seeking a career change, and is likely to provide an excellent portal to information on nursing and midwifery careers.

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There was therefore a timely opportunity to work in collaboration with key stakeholders, including the jurisdictions, to develop a source of information for people seeking a career in nursing and/or midwifery. A brochure profiling nursing and midwifery careers was developed in consultation with Chief Nurses and has subsequently been made available via the Graduate Careers Website.

The Taskforce aimed to ensure that information in the public arena, used to inform health workforce policy and planning is accurate and substantiated. The N<sup>3</sup>ET Myth Buster on Attrition in Nursing, for example, demonstrated that the attrition rate of nursing students in 1999 to 2000 was just 7% compared to an overall attrition rate of all students who commenced higher education of 14%. This information has been well received by stakeholders, as it challenges the myth that students drop out of nursing more than other courses.

#### **Monitoring of critical care and midwifery workforce**

Highly specialised areas of health care require a specialist workforce. The AHWOC reports into midwifery and critical care identified that to implement the recommendations aimed at building the workforce in these specialist areas, Commonwealth, State and Territory Governments, midwives, critical care nurses, the university sector, and public and private health services would need to work together.

The Taskforce was asked to report on progress towards meeting supply requirements, such as data collection and actions by the jurisdictions to increase workforce numbers in these areas of specialty practice. The advice provided to the Taskforce confirms that demand for critical care nurses and midwives continues to exceed supply. This is despite some jurisdictions offering incentives such as scholarships to support training in these areas.

In both areas, there was difficulty in gathering the data needed for comparison with the AHWAC workforce figures (2002). While a number of jurisdictions did collect data regularly, there were gaps and discrepancies in data collection methodologies that hindered development of a more-global view of the critical care and midwifery workforce, for example, in the areas of equivalent full-time (EFT) vacancies, new entrants and course completions.

Information supplied to the Taskforce by the jurisdictions, similarly did not provide evidence of a strategic or coordinated approach to building the workforce in these areas. Post-graduate qualifications are available in some jurisdictions to prepare nurses for practice in both critical care and midwifery (see Recommendation 25 report), however the costs associated with these programs (\$12,000 to \$18,000 for a graduate diploma) are viewed as a disincentive. While scholarships may be available to eligible applicants, in most cases they go only part way towards meeting the total program costs.

At this point, it is too early to assess the impact of the Bachelor of Midwifery program on shortages in the specialist midwifery workforce. However, student interest suggests that bachelor degree qualifications are a popular pathway for entry to midwifery practice.

As the data provided to the Taskforce in these two areas is not robust, it has prevented effective analysis and review of progress on these recommendations.

In relation to pre-registration training numbers, the Taskforce has closely monitored DEST data on nursing (and midwifery) commencements and completions and announcements of further Commonwealth-funded places by the Australian Government. Nursing continues to be a National Priority Area for education and as such, attracts a number of other supports to recruit new nurses to the workforce. Although these measures are significant, it is clear they only go part way to addressing the projected shortfalls in the nursing and midwifery workforce. The states and territories will need to continue to lobby strongly for additional places. This, however, is likely to cause additional system pressure, particularly in providing clinical placements during training.

A number of jurisdictions have, or are putting in place, mechanisms for managing clinical placements and support for innovative approaches to program delivery that make maximum use of clinical resources. It is important that this type of work does not continue in isolation across the states and territories and that students are not disadvantaged by processes aimed at recovering the costs of clinical education. A better understanding and more uniform approach to minimum clinical requirements may arise from the work being undertaken by the ANMC on accreditation of courses leading to registration.

### Future direction

The Chief Nurses are well positioned to continue liaison with Graduate Careers Australia to ensure the profile remains current and that appropriate consultation underpins future revisions. Note: resources would need to be identified to support review and development of further material for the site.

The Communication and Media Principles for nursing and midwifery are currently maintained on the N<sup>3</sup>ET website. Consideration will need to be given to future web access. The Taskforce sponsored the development of the principles, however it is important that the ANZ-CCN take on responsibility for their future promotion and review.

The paucity of data on the midwifery and critical care nursing workforce flags the need for a coordinated approach to ongoing data collection on segments of the health workforce. Consideration needs to be given to adopting agreed data collection and analysis methods by the jurisdictions so that data collected by the jurisdictions can inform a national picture of the midwifery and specialist nursing workforce.

### Reports and resources

The following resources related to this cluster are available:

Resource	Format	Availability
Media and Communication Principles for Nursing and Midwifery in Australia.	Brochure/ Information Pack	Available free to download from <a href="http://www.nnnnet.gov.au">www.nnnnet.gov.au</a>
Career in Nursing	Brochure	Available free to download from Graduate Careers Australia website <a href="http://www.graduatecareers.com.au">www.graduatecareers.com.au</a>
N <sup>3</sup> ET Myth Buster 'People drop out of nursing more than other careers'	Brochure	Available free to download from <a href="http://www.nnnnet.gov.au">www.nnnnet.gov.au</a>

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## **A national classification of nursing and midwifery specialities**

*(Recommendation 26 National Review of Nursing Education and Recommendation 2 (b) from Critical Care report).*

### **Context**

Historically, the development of specialties in nursing or midwifery in Australia has not been governed by any structure or strategy. Unlike medicine, there has been no agreement about what constitutes a specialty or an area of sub-specialisation within nursing and midwifery. A proliferation of educational courses and special areas of practice have developed in response to changing health needs, health policy decisions, consumer demand and advancing technologies. Work done on behalf of the Taskforce identified over 110 areas of both nursing and midwifery special practice currently in use. Workforce documentation nationally is illustrative of this issue.

The absence of a framework for specialties has important consequences for the quality of future workforce planning and the development of appropriate educational programs for the nursing and midwifery workforce (Russell, Gething et al 1997; National Review of Nursing Education 2002). The adoption of both a 'systematic means of determining and designating nursing specialties' and integrated workforce planning were two of the essential requirements to ensure the orderly development of specialisations identified by the ICN (International Council of Nurses 1992).

To date, there has been little focus on identifying specific skills required within a given area of practice. This has implications for accurately identifying and predicting shortfalls in nursing and midwifery skill levels in specific areas, such as staff skilled in aged care, versus the skills required for nurses and midwives in community health.

For the recipients of health, community and aged care services, the impact of sub-optimal workforce planning may have profound consequences. A principle reason for identifying specialty areas of practice is to better meet the needs of the Australian community by aligning the skill development of the nursing and midwifery workforce with the demand for health services.

The lack of a national agreement of what constitutes a 'specialty' means that each state and territory may collect data on slightly different groups, without clear understanding of whether the groups have skills in common, or divergent skills. Given that nurses and midwives are a highly-mobile workforce, the differences in groupings can make national comparisons and analysis difficult.

### **Work referred to the Taskforce**

The lack of a framework for the development of specialties in nursing and midwifery has been recognised as an area that requires attention (Russell, Gething et al 1997; National Review of Nursing Education 2002). In 2005, work on specialisation was referred to the Taskforce by State, Territory and Commonwealth Health Ministers and in particular, the Taskforce was asked to develop:

- an agreed definition of specialist nursing; and
- an agreed framework for nursing specialisation and the development and attainment of postgraduate qualifications.

In referring specialisation to the Taskforce, AHMAC noted that the key workforce issues included:

- competing workforce tensions around whether the health workforce needs to become increasingly specialised, or remain more generalist;
- globalisation of the workforce that resulted in a push particularly from employers, to have clarity around the apparently different qualifications (and skills/competencies) of graduates of post-registration courses in clinical specialties;
- cost of postgraduate study to individuals, coupled with the lack of clear framework for specialist nursing qualification allowances.

In undertaking this work, it was recognised that given the complexity and breadth of the issues, a staged approach was required. The work completed by the Taskforce on specialisation has therefore focussed on achieving a foundation for future work and has included activities that challenged established views and perspectives related to specialisation.

Firstly, the prevailing professional language around specialisation was identified and examined through a discussion paper. The changing public expectations of how professional (specialty) groups conduct their business 'in the public interest' was the focus of work done with the National Nursing Organisations (NNOs) on governance. Such groups are now more aware of the demands and expectations of the contemporary health consumer and the obligations of specialty groups in this new environment.

Finally, a *National Specialisation Framework for Nursing and Midwifery* has been developed to bring structure and consistency to the development of specialty practice in Australia. Given the available time and resources, effort has been directed at developing a specialisation framework that has clear and immediate utility for workforce planning.

At the same time, the structure of the Framework will enable future development work, such as articulating an educational component. The addition of an educational layer to the framework would bring some order to the development and attainment of postgraduate qualifications in specialty areas, an important issue for employers, and the next logical step in the scope of work.

### Key activities

Key activities undertaken in this cluster included:

1. Publication of a discussion paper on the language of specialisation and advanced practice — *Specialisation and Advanced Practice Discussion Paper*.
2. Development of a *National Specialisation Framework for Nursing and Midwifery*.
3. Mapping of key workforce specialties against the *National Specialisation Framework for Nursing and Midwifery*.

4. Development of Governance Standards for Nursing and Midwifery Organisations and a Toolkit.
5. Monitoring of jurisdictional progress on Recommendation 26 — *Remuneration for applied postgraduate study*.

## Taskforce outcomes

### Language of advanced practice and specialisation

Discussions about specialisation are inextricably linked with notions of expert practice, professional status and identity. As with the work on national consistency in the scope(s) of practice for nurses and midwives (Recommendation 4), it was considered useful to begin the specialisation work plan by releasing a paper that would identify some of the critical issues. In particular, the paper would expand on the issue raised in the Scope of Practice Commentary Paper (Recommendation 4), that the language used in relation to nursing and midwifery practice is often ambiguous or contradictory. The language of specialisation is intertwined with notions of advanced practice and there are many agendas that are reflected in what terms are used and how they are used.

At a time when work is progressing all across Australia on issues such as DMFs, advanced roles for ENs and the implementation of NPs, it is vitally important that nurses and midwives start to sensitise themselves to the language and its significance. Accordingly, in 2006, the Taskforce invited Dr Marie Heartfield to author the paper entitled – *Specialisation and Advanced Practice Discussion Paper. A select analysis of the language of specialisation and advanced nursing and midwifery practice*. (Heartfield 2006)

The paper is not a position paper and does not propose definitions or prescribe the meaning of such terms, but rather it is intended to prompt readers to think about the way we use the language and its possible outcomes.

A national specialisation framework for nursing and midwifery is the product of that work. It reflects an important milestone for the development of nursing and midwifery in Australia. For the first time, a set of criteria for a national specialty has been developed and then used to identify specialty areas of practice.

At present there are jurisdictional differences in the legislation for regulating nursing and midwifery. In some jurisdictions, midwives are recognised as a separate profession, while in others they are not. The inclusion of midwifery in the specialisation framework, in this case, reflects and draws on the existing and historical relationship between the two disciplines. The intention is to enhance workforce planning for both disciplines collectively, as well as individually. This has triggered ongoing debate and dialogue around the relationship between nursing and midwifery, and the role of midwives in maternity services.

The specialisation framework focuses on identifying the level at which it is practical and effective to target workforce policy and planning. There is a strong case that, at this point in time, comprehensive and integrated workforce planning across the two disciplines is required.

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The *National Specialisation Framework for Nursing and Midwifery* consists of four elements:

1. Six criteria for a recognised specialty
2. Eighteen identified national specialties - areas of practice that meet the criteria
3. Fifty practice strands — areas of practice that did not meet the full criteria for a national specialty
4. Ten skill domains — areas with common skill groups and common attributes, but which may have varied knowledge bases

This is an important step to achieving a more-orderly and robust development of specialty practice, reflecting the unique and distinctive nature of Australian nursing and midwifery practice. It is only a starting point, however, and will be strengthened by ongoing development. As part of its reporting requirements, the Taskforce will be recommending to Ministers that key national workforce data systems should adopt the framework in relation to collecting and analysing data on the nursing and midwifery workforce. Options for managing period reassessment of the framework, including both the criteria and how areas of practice meet the criteria, will also be identified.

The broad use of the framework by groups such as regulators, educators, policy developers and HSPs to categorise areas of practice will also contribute to a more-consistent understanding and definition of specialty practice and more-effective workforce planning.

#### **Governance Standards for Nursing and Midwifery Organisations**

The development of competencies is one indicator of the evolution of a specialty area of practice. In Australia, the interests of specialty practice in nursing and midwifery is, as with other disciplines, often represented by organisations and colleges. In Australia, specialty practice standards (such as competency statements and specialty advanced practice standards) are usually produced from within the nursing and midwifery disciplines, that is, by professional groups, rather than by RAs. There is an increasing expectation from the community that the internal processes used by specialty groups to develop and maintain such standards are open to review and scrutiny by others. There are variable levels of awareness of, and engagement with, this new level of external scrutiny by professional groups within health.

Building awareness of good governance within nursing and midwifery organisations was the aim of a project completed by the Taskforce, in partnership with the NNOs. This project was a piece of complementary work to the *National Specialisation Framework for Nursing and Midwifery*. The outcome was a set of governance standards for nursing and midwifery organisations, a first for Australia. Organisations that adopt and meet these standards will be able to demonstrate that any competency standards they develop are the product of sound governance practices. Subsequent assessment of areas of practice using the *National Specialisation Framework for Nursing and Midwifery* will be able to use the Governance Standards for Nursing and Midwifery Organisations (National Nursing Organisations 2006) in the assessment process.

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In addition to the standards, a toolkit has been developed to assist individuals and groups to assess their awareness of governance standards and to identify areas needing attention.

The Governance Standards for Specialist Nursing and Midwifery Organisations are an excellent demonstration of how nursing and midwifery can lead the way with sound governance practices that demonstrate their commitment to accountability to both members and the wider community. Over the financial year 2006–07, the Taskforce has provided support to progress the NNOs' understanding and championing of governance issues, through the following activities:

- profiling all NNO member organisations;
- reviewing the current coalition arrangements and procedures;
- a strategic approach/direction to governance by NNOs;
- conducting a 12-month follow-up study of NNO members against *Governance Standards for Nursing and Midwifery Organisations*;
- an NNO Governance Support Program and resources for NNO members.

#### **Recommendation 26**

As part of its monitoring role, the Taskforce was asked to report after two years on jurisdictional work in implementing Recommendation 26 — Remuneration for Applied Postgraduate Study from the National Review of Nursing Education (*Our Duty of Care*).

The transfer of nursing education to the HES coincided with the introduction of professional rates of pay and the phasing out of 'certificate allowances' in some jurisdictions in recognition of additional training. The provision of specialist postgraduate education in the tertiary sector has meant that individuals carry the cost burden of such education. To assist in retention, most governments have provided scholarships for specialty education. The number and range of scholarships was reported on by the Taskforce in 2005 (National Nursing and Nursing Education Taskforce 2005).

The National Review of Nursing Education was supportive of the direction to re-introduce allowances. The recommendation was referred to the states and territories to consider in the context of their industrial relations framework and the Taskforce was asked to report on progress after two years.

In May 2006, the Taskforce asked jurisdictions to provide an update on their activities relating to this recommendation. A summary of activity in each state and territory was provided by Chief Nursing Officers (CNOs). The approach adopted in each of the states and territories has varied, depending on the particular industrial relations environment.

#### **Future direction**

The Taskforce is reporting to Ministers on the specialisation work. The report includes options for achieving greater national consistency in the data on the specialist nursing and midwifery workforce, by using the National Specialisation Framework for Nursing and Midwifery in key workforce data systems. The report also identifies issues related to further development of the framework.



The Taskforce has asked the NNOs to consider how they can formally endorse the governance standards that have been developed. This will ensure that the standards can be integrated into the practice of the NNOs. At present, the arrangements for the operation of the coalition are that the group functions largely as an information-sharing entity. The additional support provided by the Taskforce is targeted and the successful achievement of the identified activities will provide a sound foundation for the NNO coalition to be more engaged in activities such as national lobbying, and to have a greater voice in policy debate. Reporting on this work will be via the Health Workforce Principal Committee.

### Reports and resources

The following resources related to this cluster are available:

Resource	Format	Availability
National Specialisation Framework for Nursing and Midwifery: Defining and Identifying Specialty Areas of Practice in Australia	Report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Specialisation and Advanced Practice Discussion Paper	Discussion Paper	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Report on Governance Standards for Nursing and Midwifery Organisations	Report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
Governance Standards for Nursing and Midwifery Organisations Toolkit for Organisations	Brochure/ Toolkit	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
National Specialisation Framework for Nursing and Midwifery: Bringing order to the development of specialty areas of practice in Australia	Report	Available free to download from <a href="http://www.nnnet.gov.au">www.nnnet.gov.au</a>
A National Specialisation Framework for Nursing and Midwifery – final report	Report for Ministers	Processing to Ministers

# Responding to the challenge

## Principles to achieve national outcomes

Whilst the Taskforce had a mandate to undertake the work referred by Health Ministers, there was no clear mechanism for actually achieving this. A single group could not do the work alone — to be strategic and successful, the many stakeholders needed to collaborate, support the work and in some cases lead the work, on behalf of other stakeholders.

The broad scope of this work required stakeholders to come together in different combinations and partnerships, with the support and coordination of the Taskforce. In some cases, this would amount to harnessing and strengthening existing associations, in others, new partnerships needed to be formed. There were inherent tensions in this work between stakeholder groups, as well as between local/jurisdictional work and national effort/investment. It was therefore considered critical to the success of the Taskforce's agenda, that stakeholders were confident that those participating in national work were employing sound and consistent processes and practices that reflected a shared commitment to achieving the best outcomes for nurses, midwives and the Australian community.

Effective collaboration, consultation and communication are the key to successful outcomes in work of this nature. It is through these interactive processes that people and groups with diverse views and expertise are able to generate creative solutions to shared problems.

At the first National Scope of Practice Symposium in March 2005, the major stakeholders developed and agreed on five principles to guide cooperation and collaboration to achieve national outcomes — outlined in the N<sup>3</sup>ET ***Principles for Working Together To Achieve National Outcomes***. The principles were accountability, transparency, integrity, stewardship and leadership. Each principle was supported by a number of criteria, illustrating how the principles might manifest in the operation of groups participating in national work.

These principles provided a foundation for the Taskforce to progress its work and for others to participate and drive work on behalf of the Taskforce and stakeholders. They were supplied to each group undertaking work on behalf of the Taskforce and provided clear guidance on the expectations stakeholders had of each other, as the national work progressed. These principles have been used as a framework for reflecting on a number of issues arising from the work of the Taskforce.

### Accountability

Accountable organisations:

- *acknowledge the range of stakeholders who will be affected by the outcomes of their work*
- *are subject to external scrutiny and are responsive to critique and feedback*
- *deliver agreed outcomes for the work that is undertaken*
- *have robust and consistent processes for doing the work*
- *report on progress and the outcomes of work.*

*Principles for Working Together to Achieve National Outcomes (2005)  
National Nursing and Nursing Education Taskforce*

The health and education landscape within Australia is complex and multi-layered. It is clear that there are many different agendas, priorities and interests — at times competing, confusing and compounding the picture. The many stakeholders sharing an interest in the Taskforce’s work may not always have agreed on the best way to get things done, or who should do the work. Nevertheless, it was critical that all stakeholders felt that they had a voice in the process and that their voice was heard.

The major stakeholder groupings included:

- nurses and midwives from across Australia
- governments and workforce planners
- regulatory authorities
- education and training providers
- professional colleges, national organisations, peak nursing bodies and unions
- employers and service providers
- other health workers and health professionals
- health consumers and the Australian community.

In keeping with its agreed governance arrangements, the Taskforce established a general stakeholder list and also initiated contact with key stakeholders to seek a nominated liaison person. The online register facility allowed any interested individual or group to keep up to date with progress and outcomes throughout the life of the Taskforce. In the final stages, approximately 675 stakeholder organisations or individuals had registered and were receiving regular information.

Effectively managing the diversity of stakeholder interests has been both a challenge and an achievement for the Taskforce. There is no one body, organisation or banner under which these stakeholders assemble, and each has a different agenda and interests, as outlined in the Table 4.

**Table 4: Stakeholder groups and interest**

Stakeholder group	Stakeholder interest
Regulatory authorities	Protect the public (interest) by licensing, protection of title, setting standards (codes and guidelines) for professional practice and education, and investigating and acting on complaints of profession misconduct – administering the Act for the regulation of nurses and midwives in that state or territory.
Australian Nursing and Midwifery Council	Made up of regulatory authorities with the purpose of bringing national consistency and harmony to the licensing and regulation of nurses and midwives (within the constraints of state and territory legislation).
Professional bodies and organisations	Advance the interests of the professions.
Specialty nursing groups	Represent the interests of members (nurses and midwives working in specialised areas of practice) and/or of specific client groups.

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**Table 4: Stakeholder groups and interest (cont)**

Stakeholder group	Stakeholder interest
Industrial bodies	Protect and advance the industrial interests of members, including employment and work conditions, award and EBA entitlements, and provide legal assistance to individual members on matters in dispute.
Employers in public and private sectors	Primary interest is securing a stable, adequately-prepared health workforce, including nurses and midwives, to provide safe, cost-effective and efficient services to meet health needs of client groups within budgetary limitations.
State and Territory Governments (policy and workforce planners)	Ensure, at the state level, an adequately-prepared health workforce with the skills and capability to provide health services in the current and future context, as the health needs of the local communities change. Ensure efficiency and accountability of health services for expenditure of public funds on health and for expenditure by the states on development of the health workforce, in line with state priorities.
The Australian Government (policy and workforce planners)	Ensure an adequately-prepared national health workforce with the skills, capability and flexibility to provide health services as the health needs of the Australian population change. Ensure efficiency and accountability for expenditure of public funds on health and higher education for health professionals and health workers.
Education providers	Provide education and qualifications that meet the requirements of the profession regulators for licensing and entry to practice, education pathways and qualification for professional development and preparation to practice in areas of specialised practice, pathways to articulate to diverse career opportunities, while generating income and student throughput and meeting agreed targets. Promote knowledge and research development in the disciplines and in health in general and contribute to growth, development and standing of the profession as a whole.

As stakeholder groups had varying levels of influence, interest and commitment depending on the focus of the activity, a crucial step for each piece of work has been to review the stakeholders and to engineer opportunities for stakeholders to engage with the projects in ways that were appropriate for implementation.

#### **Communicating with stakeholders**

Formal communication and reporting were part of the Taskforce Terms of Reference and included processes that involved minutes of formal Taskforce meetings, progress reports and in relation to a small number of recommendations, formal reports to Ministers (refer to Appendix 3).

Communicating with diverse groups on varied subjects was more challenging and needed to take into account that stakeholders access information for a range of reasons, at different times and in different ways. Accordingly, a comprehensive stakeholder analysis and communication strategy was one of the first activities undertaken by the Taskforce.

Communicating with the wider stakeholder groups involved developing a strategy to provide information in a number of formats and using a range of platforms to increase reach and to engage as many nurses and midwives at the grassroots in national dialogue.

The central vehicle for the communication strategy was the Taskforce website with its unique **N<sup>3</sup>ET** branding. The Taskforce strategy focussed on high-impact/low-cost activities and wherever possible, built on established communication networks, conferences, meetings and forums.

In the early stages, communication messages focussed on informing stakeholders of the scope of the Taskforce work plan and how the Taskforce would operate. This early period was seen as a time of building awareness. The early key messages included:

- the need to seize the challenge of change and to reform from within;
- positioning the nursing and midwifery disciplines for the future;
- framing the work of the Taskforce in the broader context;
- promoting strategic resilience in nursing and midwifery;
- challenging conventional thinking about the nursing and midwifery workforce and roles in health service delivery;
- the value of synergistic leadership.

Following this initial phase, the emphasis on communication included updating stakeholders on the progress, key issues or directions of the work and assessing how they could be involved in the processes.

The formal communication strategy incorporated a number of elements, detailed in Appendix 10.

#### **N<sup>3</sup>ET communication key facts**

- 675 stakeholders registered to receive regular updates, notices and alerts
- 20 formal taskforce meetings and key messages released within 10 days of meeting
- Average website hits per month: 8,000
- 8 newsletters released
- 7 Quarterly Progress Reports + 1 Supplementary Report on Jurisdictional Progress
- 58 formal speaking events

## **Transparency**

*Organisations that are transparent and open:*

- *clearly articulate each stage of the work and what it entails*
- *have processes and systems for ensuring timely consultation with all stakeholders*
- *make evident assumptions and data that underpin decisions*
- *use clear and candid language to communicate with stakeholders*

*Principles for Working Together to Achieve National Outcomes (2005)  
National Nursing and Nursing Education Taskforce*

### Building opportunities for collaboration

*Our Duty of Care* noted that there are many professional bodies that represent various nursing interests. Together, these organisations and stakeholders have expertise that, networked and channelled to address national concerns, offer a major resource to policy makers and the health care system (National Review of Nursing Education 2002 p. 114). Prior to the Taskforce, none of the coalition models in Australia worked with the same cross-section of stakeholder groups that the Taskforce needed to engage to progress the work.

Providing opportunities for collaboration and broad consultation has been a core tenant of the Taskforce's philosophy and operations. The Taskforce actively worked to engage professional nursing and midwifery groups, state and territory regulators and the ANMC, government representatives from the eight jurisdictions and the Commonwealth, representatives from the HES and DEST, employer groups/HSPs from public and private sectors from a cross-section of services and specialties (acute, sub-acute, community, aged care and mental health), industrial groups and consumer representatives. This has created a rich and fertile environment for nationally focused work and achievements.

Table 5 outlines some of the key collaborations and partnerships that were facilitated by the Taskforce and were successful in advancing dimensions of the work program.

**Table 5: Collaborations and partnerships**

Collaborating partners	Project/area of activity	Explanation of contribution
The Alliance for National Action N <sup>3</sup> ET: CDNM-ANZ; ANZ-CCN; ANMC	Mapping and analysis of legislation and regulation of nurses and midwives (Recommendation 4)	<b>Led by N<sup>3</sup>ET (secretariat support by N<sup>3</sup>ET)</b>
	Re-entry to practice (Recommendation 25)	<b>Led by Tasmania on behalf of the ANZ-CCN</b> Contribution to project budget by N <sup>3</sup> ET
	Competency for renewal of registration project (Recommendation 6)	<b>Led by Tasmania on behalf of the ANZ-CCN</b> Contribution to project budget by N <sup>3</sup> ET
	Pathways to nurse practitioner project (Recommendations 5 and 12)	<b>Led by N<sup>3</sup>ET in partnership with CDNM (as part of the Maximising Education Pathways project)</b>
	National Decision-Making Framework principles (Recommendation 4)	<b>Led by ANMC</b>
	National framework for accreditation of courses (Recommendation 4)	<b>Led by ANMC</b>
N <sup>3</sup> ET; AIHW	Nurse practitioner workforce planning data set (Recommendation 5)	<b>Project funding by N<sup>3</sup>ET; project management by AIHW</b>

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**Table 5: Collaborations and partnerships (cont)**

Collaborating partners	Project/area of activity	Explanation of contribution
N <sup>3</sup> ET ; NNO; ANF; RCNA	Governance standards for specialist nursing and midwifery organisations (Specialisation)	<b>Project funding by N<sup>3</sup>ET; project management by ANF; National Nursing Organisations partners in the project</b>
N <sup>3</sup> ET ; CDN-ANZ	Maximising education pathways (Recommendation 12)	<b>CDNM representatives chaired five workgroups, with secretariat support by N<sup>3</sup>ET</b>

### State-level forums

With the Taskforce’s stakeholders located across Australia in diverse settings and organisations, it was essential to establish a range of mechanisms for engaging the stakeholders in dialogue on nationally important issues and for working productively together. The *National Review of Nursing Education* acknowledged that a national reform agenda needed to be supported at different levels and recommended that state-level forums be established to reflect on state and territory local nursing issues and feed into the national dialogue on matters of national importance (Our Duty of Care 2002, p. 115).

### The report recommended that:

*...state and territory governments should establish nursing education and workforce forums to facilitate collaboration between the education sectors and the health and community and aged care sectors, including both the public and private sectors, and to assist with implementation of a number of recommendations from the report.*

The health and education forums were referred to the jurisdictions, in this case to the Chief Nurses, and the Taskforce was asked to monitor their outcome after two years. The Taskforce worked with the Chief Nurses to develop guidelines to bring some consistency to the forums and to the monitoring process. The breadth of issues for discussion in the forums meant that the scope of inclusion also needed to be broad. The forum guidelines were designed to promote a mechanism for:

- facilitating and strengthening collaboration and communication between the stakeholders, to address local and regional nursing education and workforce issues;
- jurisdictions to facilitate implementing recommendations from the National Review of Nursing referred to states and territories for action;
- assisting the Taskforce in implementing the recommendations of the National Review of Nursing (*Our Duty of Care 2002*), by providing a platform for debate, consultation and communication; and
- considering other issues identified by Chief Nurses and/or the Taskforce.

The guidelines proposed that forum membership should be structured to achieve a reasonable balance between participants representing each of the following areas:

- universities
- clinical educators
- nursing and midwifery regulatory authorities
- TAFE and VET sector education providers
- industrial representation/unions/professional groups
- employer groups (including private sector)
- various health and community service settings.

The forums enabled nurses and midwives to engage with other stakeholders and to share their views and participate in debate and discussions, which were part of the broader state-based dialogue. Whilst the guidelines recommended the membership and some of the processes for the forums, a high degree of local 'customisation' was incorporated and as a result, a range of different approaches were used by the jurisdictions. In general, the feedback from those engaged in the process was that the stakeholders valued the opportunity to participate, to hear the views of others and, in turn, to have their views heard, acknowledged and considered.

Without a national body charged with drawing together the strands of debate, it is unclear to what extent the forums have contributed to national dialogue. However, they have clearly played an important role in facilitating cross-sector awareness, debate, consultation and collaboration within jurisdictions. The following example from Tasmania demonstrates how the forums have been used effectively to develop a strategic direction.

#### **Tasmanian Nursing Education and Workforce Forums 2005–06**

Four Tasmanian Nursing Education and Workforce Forums were held between August 2005 and April 2006:

- FORUM 1: 19 August 2005 — Hobart  
– *Nursing Research and Nursing Image*
- FORUM 2: 24 November 2005 — Launceston  
– *Professional Development and Transition Programs*
- FORUM 3: 28 February 2006 — Hobart  
– *Workplace Leadership and Culture*
- FORUM 4: 6 April 2006 — Launceston  
– *Education, Academics and Models of Preparation*

The Office of the Principal Nurse Adviser (OPNA) provided support and coordination of all activities associated with the forums, in collaboration with the Tasmanian N<sup>3</sup>ET Jurisdictional Steering Group. The services of a consultant were used to assist the OPNA in the planning processes and to provide expert facilitation at each of the four forums.



The forum planning process incorporated a Communication Strategic Plan, to ensure state-wide and well-timed promotion of each event. Established internal and external communication formats were used to assist in the promotion of all forums. The overall forum design incorporated facilitated workshops to explore ideas related to sets of Taskforce recommendations. The consultations were based on key questions such as: 'What is Tasmania currently doing in relation to the identified recommendations?' and 'What does Tasmania need to do in the future?'

An important theme of the proceedings from the agreed implementation guidelines was that the forums should be inclusive, enabling all participants to actively engage in discussions, regardless of title or position. The intention was to: 'work together in a spirit of cooperation, connected by a shared purpose of better health and well-being for individuals and the wider Tasmanian community'.

The four Tasmanian forums registered a total of 164 attendees, with representation from the following areas:

- The University of Tasmania
- Clinical educators
- The Nursing Board of Tasmania
- TAFE and VET sector education providers
- Industrial representation/employee organisations/professional groups
- Employer groups
- Nurses and midwives from hospitals and the ambulance service; Community, Population and Rural Health Services; Family, Child and Youth Health; Correctional Health; the private sector and the aged care sector
- Other health professionals
- High-school students (Nursing Research and Nursing Image Forum — August 2005)

There was a comprehensive reporting process for each one, including a detailed outline of process, attendee demographics and Tasmania's input into each set of N<sup>3</sup>ET recommendations. The purpose of each report was to inform both the Working Group and the Jurisdictional Steering Group on the key areas identified as part of the facilitated consultation process.

At present, a review and analysis of the identified themes is under way and this will form the basis of a conceptual framework for further action. Reports from the forums will be utilised to progress the development of a future strategic framework for nursing and midwifery in Tasmania. A state-wide forum with nurses and midwives is planned for late in 2006 to further develop the strategic framework. Overall, the Tasmanian participants expressed a strong desire for further networking opportunities and this will form part of the strategic framework.

### **Accessing forums for national consultations**

Importantly, several aspects of the Taskforce's work plan called for national consultation. In the context of limited resources to carry out comprehensive national consultation, the forums provided a cost-effective mechanism for connecting with a broad range of stakeholders on the key issues of National Research Priorities for Nurses and Midwives (Recommendation 8) and the development of Media and Communication Principles for Nurses and Midwives (Recommendation 9). In both these focussed consultation processes, the Taskforce worked with the Chief Nurses from around Australia to arrange the forums and customise invitation and communication strategies, to ensure that stakeholders with a special interest in the topic attended. Experts in the field led the consultations, assisted by the Taskforce. The forum methodology allowed for participants to reflect on the learnings and outcomes of previous forums, incrementally building up the consultation findings.

### **Assumptions and data that underpin decisions**

Accurate and up-to-date data is foundational to making informed policy and planning decisions about the health workforce at a national level. A number of pieces of work referred to the Taskforce required the generation or collection of data from varied sources:

- *Research Training for Nurses and Midwives* report used data supplied by the Deans of Nursing and data that was, in some cases, not readily extracted from existing institutional data sets.
- *Scholarships for Nurses and Midwives. A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas* is based on data from key scholarship providers.
- *Commonwealth Funding for Clinical Practicum* report (*National Nursing and Nursing Education Taskforce 2006*) is based on data supplied by universities.
- *Re-Entry Programs For Nurses And Midwives. A Review Of Legislative Requirements And Funding Support Across Australia For Re-Entry Programs* report (2005), is based on data supplied by State and Territory Governments, RAs and health services.
- *Implementing minimum qualifications and suitability checks for the direct care workforce: Progress on Recommendations 7 and 35 of the National Review of Nursing Education (2002) Our Duty of Care* report (2006) is based on data supplied by the State and Territory Governments.
- *Media and Communication Principles for Nursing and Midwifery in Australia* — is based on the national consultation process.
- *Priorities for nursing and midwifery research in Australia* — is based on the national consultation process (forums and information supplied by research leaders and universities).
- *Towards Consistent Regulation of Nursing and Midwifery in Australia: A select analysis of the legislation and professional regulation of nursing and midwifery in Australia: Final Report* (2006) — is based on data provided by the RAs and the jurisdictions.

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The Taskforce brokered the access to data, collated it and in some cases, analysed it to provide a basis for policy development. In doing so, the Taskforce was able to add value, as many organisations had not previously been able to compare or contrast their data with others. The Taskforce commitment was to collect, repackage and distribute information for stakeholders in a way that assisted them to make better decisions or to ask better questions.

The Taskforce found that processes to share workforce information nationally are limited and largely informal. In a federated system, there is often misinformation or lack of knowledge about what is being done in other jurisdictions. The Taskforce's view was that by documenting and examining variations, a more-rational and consistent methodology is likely to be developed. Through its monitoring role, the Taskforce was able to provide jurisdictions with a view of progress. Sharing such information became both an impetus for change locally and a vehicle for identifying opportunities nationally.

The Taskforce also played a key role in challenging assumptions by providing alternative views or perspectives on data and information to encourage stakeholders to consider how the issues impact on their work or practice. For example, an early piece of work was the the Commentary Paper on Scopes of Practice (*National Nursing and Nursing Education Taskforce 2005*), which prompted examination of entrenched and customary thinking about nursing and midwifery practice. The paper located nursing and midwifery practice in a broad, comprehensive context of change and highlighted how many different 'forces' intersect to inform the limits and possibility of professional practice. Another example is the Taskforce Mythbuster examining attrition from nursing study and employment. This work showed that while nursing is often regarded as having high attrition rates, the evidence shows that attrition rates in nursing, either during study or after registration, are similar to, and often lower than, careers in other disciplines in Australia.

## **Integrity**

### *Organisations with integrity:*

- *demonstrate respect for differing views, and honesty and probity in dealings with stakeholders*
- *have processes for acknowledging and managing personal and professional interests*
- *respect ownership of intellectual property*
- *make informed decisions in light of consultation, data and best practice*
- *reflect on decisions to ensure they are justified*

*Principles for Working Together to Achieve National Outcomes (2005)  
National Nursing and Nursing Education Taskforce*

### **Building a culture of integrity**

In a complex environment, the Taskforce recognised that the many stakeholders brought a range of intersecting and sometimes diverging agendas to the table. A challenge for all involved and a key role for the Taskforce, was to locate and promote the common ground where stakeholders could work productively together. In some cases this meant making transparent sectoral and professional interests; in other cases, it involved putting aside

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stakeholder agenda in the interests of achieving national outcomes for the Australian community. The Taskforce principle of integrity emphasised that in coming together or undertaking work on behalf of broader stakeholder groups, there was an expectation that different views would be considered and respected in deliberations and that decisions would be sound, considered and justifiable.

Bringing groups together at a national level is not a simple process. It requires attention to matters such as supports and resources (including financial), issues related to intellectual property where collective effort results in products and the structures and governance arrangements to promote sound and fair operating practices. A frequent point of tension is to find the balance between the different stakeholder expectations and agendas.

The Taskforce wrestled with these issues and was also engaged in processes where other groups experienced similar challenges. Whilst such processes are fundamental in a business context, health and in particular nursing and midwifery, appear to struggle when it comes to making a realistic judgement about how to balance and weigh different stakeholder views. A default position is often adopted where every stakeholder is included, without any real understanding of who are the more-critical stakeholders, or whether certain views should be privileged over others. Alternatively, the very size of the disciplines can be overwhelming and so a decision is made not to engage 'the field', but to restrict the engagement to the 'usual representatives'. Neither option is ideal.

The challenges of managing complex consultations was evident in a number of arms of work, for example the complex national consultation undertaken by the ANMC with its National Decision-Making Framework project. The approach to consultation in this instance was open to all interested in the issue and complicated by the extensive range of individuals and professionals engaging in both submissions and consultations. This highlights the need for mechanisms and agreed structures or policies for managing a broad spectrum of views so that consultations are not dominated by vocal stakeholder groups.

The *Principles for Working Together to Achieve National Outcomes* were used to provide the basics of governance for groups and coalitions working in partnership with the Taskforce. The National Nursing Organisations (NNOs), for example, in developing governance standards for nursing and midwifery organisations, grappled with similar stakeholder issues. The approach adopted by the project team acknowledged that organisations should not only do the right thing, but should be seen to be doing the right thing.

### **Respecting difference**

*Our Duty of Care* (2002) used the terms 'nurse' and 'nursing' to refer to ENs (Registered Nurses Division 2 in Victoria), RNs and midwives: '*in whatever capacity they are employed within health, eg. clinical practice, education, management and administration, research, quality, risk management, change management and projects, and government and policy*' (p. 47).

Whilst midwifery has been recognised as a separate and distinct discipline in legislation in several jurisdictions, that this is not the case consistently across Australia, has led the Taskforce to adopt a conservative approach to this issue. At the same time, there are some concerns that for the purposes of Commonwealth funding, DEST does not distinguish

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between nursing and midwifery as minor disciplines. DEST and university data and Australian Government funding policy for education, for example, treat nursing and midwifery as one (combined) discipline group.

Given the lack of legislative consistency across the country the dialogue should continue. It is clear there is a place in service delivery for midwives who are not nurses. Given the geographical and logistical challenges around providing health services to the Australian community, there is also a place for midwives who are also nurses. Indeed, there may in the future be a case for midwives who are also qualified in other streams of health practice.

The Taskforce observation is that acceptance of difference and a respect for the practice of different professional groups should underpin national dialogue on this matter. There should be recognition of their historical origins and links between the disciplines.

It is evident from the Taskforce's work and consultations across Australia that there needs to be greater clarity in the public arena about the roles and benefits that midwives and nurses bring to service delivery. In recognising this, The Taskforce produced a Myth Buster around maternity care in Australia, debunking the myth that '*Current maternity services in Australia meet the needs of all women.*'

#### **N<sup>o</sup>ET Myth Busters**

All the Taskforce's Myth Busters provide an example of how information was used and disseminated. Based on the style of the Canadian Health Services Research Foundation Myth Buster publications, the Taskforce's Myth Busters provided factual information on contemporary nursing/midwifery issues, rather than promoting a political or personal opinion. The focus was to debunk myths related to the Taskforce work plan and projects.

Once the key myths that aligned with the work plan had been identified, a draft version was developed. In keeping with its commitment to promote the image of nursing and midwifery, the Taskforce used information from a broad range of sources to dispel some of the myths that have become entrenched in health care culture. The Myth Busters drew on contemporary and local data or studies wherever possible and were aimed at health and education professions, as well as the wider community. The language and style were informal to promote readability for a broad audience. External assessment and validation was achieved by inviting reviews by relevant stakeholder groups or individuals. In addition to general feedback about the format, language and style, specific questions about any factual errors or omissions and local or pertinent references or data were sought.

The first myth 'busted' was about nurses and attrition. An often-repeated figure that 30 per cent of nurses leave the profession was demonstrated to be incorrect. The Myth Buster, entitled 'People 'drop out' of nursing more than other careers,' examined the evidence for attrition from undergraduate programs, after initial registration and from the nursing and midwifery workforce as a whole. These distinctions are important, as the myth is often vague about at which point in the professional lifespan attrition is occurring.

*'While nursing attracts many myths, the evidence demonstrates that attrition from nursing study and employment is not exceptional. Nursing, in fact, offers very good employment opportunities and experiences relatively-high rates of retention in both study and employment' (Extract from People 'drop out' of nursing more than other careers – N<sup>o</sup>ET 2005)*

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The Myth Buster contextualised what is known about the level of attrition within nursing, as well as what is known about other careers. It highlighted the available evidence that attrition rates in nursing, either during study or after registration, are similar to, and often lower than, other careers in Australia.

Interestingly, during the time spent drafting and revising this Myth Buster, the Taskforce identified four occasions when the 30 per cent myth was re-used in news articles. On each occasion, contact was made with the party that had used the myth in an attempt to identify the source of the information. As anticipated, the information was a recycling of someone else's fact that could not be sourced or attributed as factual.

Subsequent Myth Buster publications addressed by the Taskforce were:

- Myth: *You may not get the best care from nurse practitioners*
- Myth: *Current maternity services in Australia meet the needs of all women*
- Myth: *Inter-professional education and practice: A nice idea but it doesn't work*

The Myth Busters have been made available via the website and all Myth Busters have been received very positively by a range of stakeholders. The New Zealand Nursing Council asked to reproduce the N<sup>3</sup>ET NP Myth with some local customisation of facts and has made this available on its website<sup>13</sup>

Myth Busters clearly strike a chord with the nursing and midwifery community, perhaps because they go to the heart of contemporary professional and workforce planning issues in a format that is accessible. There is clearly a market for such publications so that myths and misleading information are dispelled and accurate information informs national debate and dialogue on critical matters leading to policy directions.

### **Developing common understandings**

In nursing and midwifery education professional, regulatory, government, education and health sector and public interests intersect. Early on, this was illustrated to the Taskforce by the number of stakeholders interested in educational pathways. They used different language in the discussion or ascribed different meanings to the same terms. It has been important to acknowledge that the various stakeholder groups have quite different and established understandings of some key concepts.

The problems associated with this were apparent almost immediately. For example, in the early stages of work to develop EN competencies for inclusion in the revised Health Training Package (Recommendation 21), stakeholders (especially ENs) expressed concern that they were developing new competencies, when the ANMC had just completed a review of the ANMC competency standards for ENs and endorsed the revised standards. Confusion, anxiety and resistance resulted.

*Competency* means different things when used by education providers in the higher education and VET sectors and the nursing and midwifery professions. Within the VET sector, it refers to the ability to perform tasks and duties to the standard expected in employment. Units of competency are components of competency standards and are statements of key functions or roles in a particular job or occupation. These are the building blocks of qualifications in the VET sector.

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Within the higher education context, competency is often used quite generally in the context of education and units of curriculum, to refer to the demonstration of proficiency that usually requires evidence of the application of theoretical principles to practice, and may refer to elements of practice/performance, such as skills. For example, the student may be required to demonstrate competency in the management of intubated/ventilated patients, or to develop competency in the insertion of intravenous cannulae.

In contrast, the Australian Nursing and Midwifery Council (ANMC) has developed core competency standards for RNs, midwives, NPs and ENs in domains of professional practice, which are the benchmark for registration<sup>14</sup>.

In all areas of the Taskforce's work, considerable attention has been paid to exploring different understandings and promoting shared language, for example, through such mechanisms as the NNPG.

## Stewardship

*Stewardship infers:*

- *the exercise of powers on behalf of others in undertaking national work*
- *pursuit of outcomes that benefit the health of all Australians*
- *resources are used wisely to ensure the best possible outcomes*
- *stakeholder views and interests are given due consideration*

*Principles for Working Together to Achieve National Outcomes (2005)  
National Nursing and Nursing Education Taskforce*

In undertaking its workplan, the Taskforce was cognisant of its privileged position as a change agent, challenging conventional thinking and pushing the boundaries. In all its endeavours the Taskforce undertook to position nursing and midwifery for the future. This involved thinking differently about how nursing and midwifery might function in the health workforce of the future and how to effectively and efficiently use nursing and midwifery skill sets (both established and developing) in the delivery of health services. The Taskforce has had stewardship of this process for a short time and has had a key role in challenging taken-for-granted assumptions, conventions and customs, asking hard questions and leading the stakeholders to uncomfortable places.

The outcomes and achievements of the Taskforce are the first steps along the path to change. Important to this process has been the understanding that this work has been led on behalf of others — in the first instance, on behalf of the Health Ministers who referred the work, secondly on behalf of the disciplines which required a focal point for strategic direction for building a sustainable nursing and midwifery workforce, and thirdly on behalf of the Australian community. This has required in many cases forming a national or more comprehensive perspective on important education, practice and regulation matters and carefully weighing professional and community interests.

Some examples of where the Taskforce and others have taken stewardship of the process are below. The work by the Taskforce on re-entry provided a mechanism for examining at a national level the various approaches to re-entry to practice by the jurisdictions and the state and territory regulatory RAs.

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<sup>14</sup> ANMC Competency Standards for the Registered Nurse and Competency Standards for the Enrolled Nurse are located on the ANMC website <http://www.anmc.org.au/?event=1&query=website/Publications/National%20Standards/ANMC%20Competency%20Standards.htm>



### **Approaches to re-entry to practice from jurisdictional to national focus**

*Our Duty of Care* identified re-entry to practice as a key component to building a sustainable workforce. The report proposed a government-funded loans scheme to assist with the costs of university-based units of study, as a mechanism to overcome one of the barriers to returning to the nursing and midwifery workforce.

To better understand the impact of such a proposal, the Taskforce conducted a review of the types of re-entry pathways and programs in the different jurisdictions, the supports available to nurses and midwives to assist them to re-enter, and the total numbers of nurses and midwives completing the various programs. Data was compiled with the assistance of a number of stakeholder groups, including the Chief Nurses on behalf of the State and Territory Governments. The key contributors validated the aggregated data.

The Taskforce report to Health and Education Ministers on Recommendation 25: Re-entry Programs for Nurses and Midwives highlights that, amongst other findings:

- legislation regarding re-entry in each state and territory varies considerably;
- despite provisions for mutual recognition, there are considerable differences in re-entry requirements, practice and policies stipulated by the eight nursing and midwifery regulatory authorities;
- four general approaches or pathways for re-entry were identified and there were significant differences in the structure, duration, content and eligibility criteria of the different pathways in each jurisdiction;
- data collection differences between nursing and midwifery RAs limits the ability to effectively compare and evaluate re-entry programs.

This was the first time a review of the various approaches to re-entry had been undertaken nationally. It provided a compelling case to examine how re-entry has been implemented locally. The findings highlighted the need for coordinated national work and for agreement about the way in which decisions are made about re-entry pathways for individuals. Accordingly, the following recommendations were made:

#### **Recommendation 2:**

As a priority, state and territory nurse/midwife regulatory authorities and Chief Nurses collaborate to review the requirements for re-entry to achieve national consistency in this matter. The work of reviewing re-entry should include ensuring that in developing approaches to demonstrate competence to return to practice:

- fair, transparent and defensible processes are employed;
- policy and procedures are based on evidence and informed by ongoing evaluation and review;
- re-entry approaches and processes are flexible, accessible and meet individuals needs;
- cost-effectiveness and quality are central to determining and evaluating approaches.



**Recommendation 3:**

*That all RAs examine the competency assessment to re-entry as a model for a national approach to re-entry to the workforce for nurses and midwives and that State, Territory and Commonwealth Governments provide support for this pathway to re-entry.*

From: *Re-entry Programs for Nurses and Midwives. A Review of Legislative Requirements and Funding Support Across Australia for Re-entry Programs (2005) National Nursing and Nursing Education Taskforce.*

In 2005, this direction was picked up in the Taskforce Alliance's work plan and incorporated into the *Blueprint for national action*. Greater consistency in legislation and approaches to re-entry have been identified as a priority action area arising from the blueprint, and one that needs to be addressed by the Chief Nurses and RAs working in partnership. A project to bring consistency to re-entry to practice is now being progressed with the Chief Nurses leading the work on behalf of the Alliance.

**Clinical practice guidelines and nurse practitioners**

A key aspect of the Taskforce work was to identify opportunities to achieve greater national consistency in nursing and midwifery scopes of practice, including the NP role. Beginning with a comprehensive review of how NPs are regulated and authorised in each state and territory, a work plan to address priority areas was developed. It included the requirements for NPs to employ clinical practice guidelines.

A national perspective allowed the Taskforce to view the burgeoning processes and requirements related to NPs. In particular, it questioned whether local policies relating to clinical practice guidelines are resulting in unwarranted regulation and even restriction of practice, further contributing to variations in NP practice across Australia.

In undertaking the NP mapping, the Taskforce identified examples of policies and procedures for NPs that were substantially different from those applied to other members of the health team. The exercise of these procedures raises questions such as:

- If there are appropriate multidisciplinary clinical practice guidelines already developed, why are NPs required to develop their own?
- Are other levels of nurses required to develop and practice within similar prescriptive statements of clinical practice?
- Are other health professionals required to develop practice guidelines?
- If so, are NPs asked to provide reciprocal review/endorsement of guidelines for other disciplines?
- What evidence is there that that such regulation is warranted?

In 2006, after reviewing local developments and in response to issues raised by NPs and others, the Taskforce released a position statement on clinical practice guidelines and NP practice (National Nursing and Nursing Education Taskforce 2006). Undoubtedly, many policies are a legacy of the early implementation phase of the NP role. However, the

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position statement argues that it is timely to review the existing structures in the interest of national consistency and optimal deployment of the health workforce.

While some processes stem from legislative provisions, in a number of cases the current requirements are a matter of policy and regulation interpretation and, as such, can be readily revised. It is the view of Taskforce that some of the policies currently in place may either overly-protect or favour one discipline over another and that, ideally, health workforce policies should be transparent, fair and equitable to all members of the team. Such policies should be embedded in a risk management model for professional practice, rather than professional agendas.

While many in the nursing community share this view, it is hoped that the position statement may be the vehicle by which nurses are able to start challenging the thinking of other disciplines and re-examine the extent to which one discipline may decide the practice of others. It seems from feedback from stakeholders that many are keen to pick up that challenge to ensure that this valuable role is not unduly restrained and is able to contribute effectively to the health outcomes of the Australian community.

#### **National nursing and midwifery registration information**

As the Taskforce concludes, a number of associated learnings and observations have arisen. It is important for the Taskforce to convey these, so that those groups picking up strands of this work in the future may benefit from these insights. A recurring issue is that of access to data about nursing and midwifery registrants. While the challenges associated with nursing workforce data for more complex workforce planning have previously been documented by AHMAC, the Taskforce has observed that even obtaining timely, aggregated time series data on national registrations and enrolments is problematic.

Aside from the AIHW *Nurse Labour Force* report, the most logical place to access data on registrations and enrolments is from the various RAs. In practice, this is difficult as there are marked differences between the aggregate registration/enrolment data made publicly available through either Annual Reports or other Board publications. In addition, there are no existing agreed registration data standards between RAs.

As a result, if detailed registration data is available for one jurisdiction, it is difficult to confidently identify the same data from other jurisdictions. These differences make comparisons between or aggregations across jurisdictions and/or categories of registrants difficult.

At this time, the Taskforce believes it is important that work is undertaken to improve the quality of, and access to, state, territory and national nursing and midwifery registration data. While not wanting to replicate the detailed data collection undertaken by the AIHW, it is the view of the Taskforce that a focus on registration issues and related data is warranted. The Taskforce has formally raised this issue with the ANMC in light of the ANMC remit to address issues and bring a nationally-consistent approach to the regulation of the nursing and midwifery professions in Australia.

Undertaking such work could also include examining opportunities for greater consistency in reporting data in other Board documents such as annual reports, and prioritising consistency in data elements that may be developed into national indicators in relation to regulation/registration.

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## Leadership

*Leaders in national work:*

- *align their efforts with the vision for a national health workforce and strive to improve health outcomes for all Australians*
- *work in concert with other stakeholders and other leaders to progress the work*
- *are strategic in seizing opportunities to advance the work for which they are responsible*

*Principles for Working Together to Achieve National Outcomes (2005)  
National Nursing and Nursing Education Taskforce*

As acknowledged in Section 1, the National Health Workforce Strategic Framework, endorsed by Health Ministers, has provided a clear and unambiguous direction for the whole of Australia with regard to health workforce development. The framework articulates a view of the health workforce that is cohesive, adaptable and responsive. It is a highly-valued workforce, located within desirable workplaces and where professional boundaries give way to cross-functional collaborative efforts in the interests of safety and quality care.

What is also clear, yet not specifically stated, is that achieving this vision will require a fundamental shift in the way health workers and, in particular, professional groups, see and work in their respective and collective roles. For nursing and midwifery, this presents many challenges. The nursing workforce is one of the largest and arguably most entrenched institutions of modern western health care. Nurses and midwives make up one of the largest groups in the health workforce and have had a continuous role in the delivery of health care, achieving over the past decades, recognition for their professionalism and contribution.

But this position is in no way guaranteed in the future. The role of nurses, along with other health occupations, is being increasingly scrutinised. Nurses and midwives are being required to account for their practice and the investment the community makes in the nursing and midwifery workforce and there is growing pressure to provide evidence of their contribution to patient, organisational and community outcomes.

There is a degree of discomfort with this turn in events, which has been made evident to the Taskforce many times over the past two years. Nurses and midwives are a highly-socialised group and their sense of professional identity is strong, bound by their legacy as gendered occupations. Those who question custom and convention threaten the group's conceptual integrity of the disciplines.

The National Review of Nursing Education position was:

*...not to define 'nursing' nor to enter into debates about the discipline or profession of nursing. It is for nurses themselves to resolve their concepts of professionalism and to develop their discipline. (National Review of Nursing Education 2002)*

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The Taskforce has had to engage others in dialogue on national debates and at times to intentionally 'thrash out' issues that make up the customary view of the disciplines' identity. The deliberate and conscious position of the Taskforce has been that to stay relevant and to thrive in the current environment, nursing and midwifery are compelled to evolve and grow. This means doing more than just keeping abreast of the tide of the change, it means anticipating change, planning for it, and seeking to re-envision nursing roles and nursing activity in ways that make sense in the context of rapid and widespread change.

The Taskforce provided nurses and midwives with an opportunity for professional renewal. It was a chance to work with others, including other professions, policy makers, regulators and service providers, to clarify roles within the health team and the valuable contribution that nurses and midwives can make. Doing this presents many challenges, but many opportunities as well.

The Taskforce's experience and observation is that some of these challenges have been met by some groups with great success and strong, visionary leadership. For others, the quest for professional resilience has been sidelined by protectiveness, distrust and self-interest.

#### **Overcoming resistance to change**

A key challenge for the Taskforce has been overcoming resistance to the notion of change; such views as 'change won't affect us'; 'there is no need to change'; 'we can go on as we have been'; 'it's not my responsibility to do anything about it'. Resistance to change puts the work of revitalisation on hold. Overcoming this challenge requires that we become free of denial, nostalgia and complacency.

A positive and instructive example of where this has occurred is the work undertaken in partnership with the National Nursing Organisations on Governance Standards. Initially, some scepticism and resistance to the view that governance arrangements were an issue marked the NNO position and needed to be examined publicly.

For a number in the group, the changing landscape where public accountability had achieved a greater prominence had not yet percolated through to their organisation, and so there was some tension about the legitimacy of project objectives. As the work progressed, the NNOs clearly developed a heightened awareness, acceptance and even endorsement of the issue and were able to forge this into a common agenda, to effectively work in partnership and to produce a landmark document for governance within the health professions in Australia.

Importantly, the work has also given the collective a renewed sense of purpose — they are to be commended for managing their respective differences and for reconciling and embracing the external new order as a new internal order.

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### **Anticipating and driving change**

The Taskforce's purpose was to drive a change agenda. Change in this sense refers to how nurses and midwives:

- think about nursing and midwifery;
- construct their professional identity; and
- interact with other professions to provide health services.

Change also means how nursing and midwifery practice might look in the future. A clear strategic challenge in this work has been about carrying nurses and midwives forward, changing their perspective and redirecting their focus of attention from the present to the future.

This has meant considering new, previously unthought possibilities and alternatives to address the challenges ahead, and the ability to conceptualise a plethora of new options, as compelling as those already in existence. Being strategic means not being complacent. The Taskforce has often used a quote: 'A notable past does not entitle an institution to an illustrious future...' (Hamel and Välikangus).

Clearly, being strategic is not about waiting for opportunities to fall on to our laps, or about relying on positions emerging out of the ashes of professional disintegration. There can be no refuge in denial or in defending the current position. Change is inevitable and if nurses and midwives are to remain relevant, their roles and expertise have to evolve to meet the challenge.

This implies that nurses need to anticipate and drive change — to be innovative and creative in conceptualising and planning new roles for themselves. The inevitability and necessity of change needs to form part of nurses' and midwives' ideology and ethos. It needs to be viewed as an exciting prospect, not a threatening or unpalatable one.

An important lesson for the Taskforce is that while it is easy to recognise those outside nursing and midwifery who seek to maintain the *status quo*, there are also those within who will resist change. The 'custodians of convention' often occupy powerful and critical positions within our organisations and exercise persuasive and influential discourses.

### **Achieving nationally-consistent scopes of practice**

The Taskforce's work on Recommendation 4 from *Our Duty of Care*, which looks at achieving nationally-consistent scopes of practice for nurses and midwives, challenges all nurses and midwives to think carefully and critically about the ways scopes of practice in Australia have been constructed and their relationship with other health professionals.

Integral to this recommendation is the work being undertaken by the ANMC on behalf of the Alliance on a national approach to decision-making frameworks. The work is being framed by the early innovative work done by the Queensland Nursing Council. Since that time, several other jurisdictions have developed the concept and have customised an approach to meet local need. Further, the interests of different groups are being exercised, with some calling for a range of frameworks to be designed for different groups.

This is the time to demonstrate that the nursing workforce is part of, and articulates with, the larger health care workforce. Nurses and midwives have to create and embrace a

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system where the clinician's skill level is matched to client needs and the difficulty and nature of the work.

There are concerns within nursing and midwifery about extensions to practice for EN's however nursing and midwifery leaders need to ensure that taken for granted assumptions about the EN's role are explored and discussed and that decision making frameworks enable EN's to work to their full capacity. This means that RN's midwives and regulatory authorities need to move towards more collaborative and inclusive practice models. Unless this occurs employers and others will attempt to develop roles that arguably do away with the need to negotiate with nursing. In the absence of being able to effectively negotiate a flexible and responsive role for nursing, employers, governments and users of health services are avoiding obstacles and finding new solutions. Now is the time for leadership that is prepared to take the debate to those areas that are holding us back and to honestly call us to account for the future.

Many other countries that had discontinued EN training are now investing in creating new generic roles to supplement nursing. In Australia, there is a risk that professional differences within nursing will force the hand of those who favour generic worker options and further marginalise the invaluable and unique contribution of enrolled nursing.

There is no doubt that extended scopes of practice will have a flow-on effect for other nurses and health occupations. Rather than viewing this as a threat, nursing leaders should encourage the disciplines to engage with the process, look for the opportunities that will follow, and view this as a necessary and unavoidable evolutionary process. This will allow the disciplines to reconsider the best use of resources and will enable the right practitioner mix, which is consistent with the thinking underpinning the National Health Workforce Strategic Framework.

### **Developing new strategic responses to the changing context of health**

The political challenge is about engaging with and influencing the political process that drives policy and resource allocation. Change requires diversion of resources from both past and present programs to underpin new directions. This means that nurses and midwives have to commit the time, energy and resources to understanding the changing context of health care, how change affects practice at the practice base and how change to practice affects the disciplines, clients and outcomes.

As the environment changes, more energy has to be invested in this endeavour. This is a difficult concept to grapple with, because it is about evaluating current response to key issues and determining if this response will be sufficient in the future. If nurses and midwives are to provide sound and informed policy advice they need to speak with a unified and balanced voice in the political arena. This is not to say that a homogenised vision of nursing is needed – rather, it is necessary to develop a vision that recognises the plurality and diversity of nursing and midwifery practice, roles and perspectives.

There is significant support from the nursing and midwifery communities in Australia for a national nursing and midwifery policy directorate that would have the capability, resources and authority to harness the views of nurses and midwives across Australia, ensuring that a balanced and informed perspective underpins policy directions aimed at improving health provision and delivery for the Australian people.

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As an example of a successful working model of a similar lead nurse role, in 1999, Canada established the Office of Nursing Policy within the federal health department, Health Canada. This office presents a nursing perspective on health policy, contributes to the formation of health policy and program development and provides advice to the Minister and the department.

The Office of Nursing Policy specifically focusses on issues that meet one or more of six criteria including: having a national focus; being strategic; involving collaborative partnerships within and outside the profession; being framed within health determinants; being respectful of various governments and groups involved; and being within the public interest. (Health Canada Office of Nursing Policy 2000)

Stewardship recognises that different groups in nursing and midwifery act at times from their own self-interest and appear fragmented in the national arena. There is merit in further exploring the construct of stewardship as a mechanism for aligning interests, building consensus and forging coalitions for change.

#### **A balanced and unified national voice**

A commitment to a unified, national and even altruistic approach has been evidenced by the outcomes of work undertaken to identify national research priorities for nursing and midwifery. In 2005, the Taskforce embarked on a process to establish national research priorities for nursing and midwifery in Australia, as requested by Ministers. This was part of broader work by the Taskforce to implement Recommendation 8 of the National Review of Nursing Education (2002) report. In approaching the task, the Taskforce was mindful of a number of changes and developments in the health, education and research landscape since the *Our Duty of Care* report, particularly the increased focus on accountability for the quality and outcomes of publicly-funded research in Australia.

The work initially sought to set national priorities for nursing and midwifery research, to provide a cohesive and agreed focus for developing nursing and midwifery research capacity and to guide future investment in nursing and midwifery research activity. Through a process of national consultation, however, a different outcome was achieved.

Firstly, a clear picture emerged that nurses and midwives recognised that national research priorities within nursing and midwifery should be consistent with the national priorities for the health and well-being of the Australian community. It has been ten years since the National Health Priority Areas initiative was agreed to by Health Ministers, providing a significant focus for public attention and health policy. That nursing and midwifery recognise and endorse the importance of such policy suggests a maturation of the disciplines that is noteworthy.

Secondly, four priorities for enhancing and building research capacity within nursing and midwifery were articulated and endorsed. These priorities will provide many opportunities for nurses and midwives to build and contribute to the collective research expertise and therefore influence future directions in health care and service delivery.

This approach recognises that alignment of efforts with a broader national agenda will mutually benefit the disciplines and the wider community. It also indicates an ability to engage with the political world on its terms, rather than making a case for special consideration.

## Conclusion

The effectiveness of the Taskforce structure as a vehicle for national collaboration and participatory change and reform is apparent from the collective output of the work plan and the range of stakeholders involved. The message is that many nurses and midwives are committed to doing things differently and better, and wish to work in new and different ways. In the medium-to-longer term, uptake, integration and further development of the work will be indicators that the Taskforce has been able to promote more permanent change.

The changes signalled by COAG, such as national schemes for the registration of all health professions and accreditation of courses for registration purposes, will bring with them an even-stronger and permanent mandate for change, one with which the nursing and midwifery community will be required to engage. Many of the collaborations, partnerships and outputs of the Taskforce will provide tangible foundations to build on, as well as the experience of working together with a national focus and vision.

The Taskforce experience demonstrates a strong case for a national vehicle for coordination of nursing and midwifery policy development in areas of national interest. There is also evidence that nursing education and workforce issues cannot be addressed in isolation, without considering their impact on, and relationship to, the whole of the health workforce and the whole of health service delivery.

It is therefore important to establish national processes that are inclusive of all health professional groups, providing opportunities for the nursing and midwifery disciplines to take a lead role in national health workforce reform alongside other health professionals and governments.



## Appendix 1: Recommendations assigned to the Taskforce

### National Review of Nursing Education (2002): *Our Duty of Care* report

#### **Recommendation 1 : Implementation taskforce**

Commonwealth, State and Territory Health and Education and Training Ministers should establish a national implementation taskforce to action, monitor and report on the progress of implementation of the recommendations.

Proposed responsibility: Commonwealth, State and Territory health and education and training departments

#### **Recommendation 2: Establish a National Nursing Council of Australia**

Key to the development of Australian nursing is nursing leadership and national coordination. To achieve these outcomes:

- a) An independent National Nursing Council of Australia (NNCA) should be formed.
- b) This body should be established, for five years in the first instance, to:
  - i. provide national leadership in relation to nursing policies, education, training and practice
  - ii. facilitate the work and activities of other nursing bodies
  - iii. promote and facilitate consistency in nursing education, training and practice to improve the quality and safety of nursing care throughout Australia
  - iv. develop and promote nursing leadership at all levels
  - v. build capacity in the nursing profession and workforce
- c) The NNCA and its secretariat should be funded by Commonwealth, state and territory governments with in-kind contributions from nursing organisations.
- d) Membership should comprise nurse regulatory authorities, public and private sector nursing, nursing education at all levels, professional and industrial organisations, and representatives of Commonwealth, state and territory health and education policy and funding organisations.
- e) The Chair of the NNCA should be a nurse appointed by the Commonwealth, state and territory health and education and training ministers.
- f) It is not intended that the NNCA undertake work already effectively undertaken elsewhere and it is envisaged that, to pursue health, education and training outcomes, the NNCA should create appropriate links with other national and international bodies.

Proposed responsibility: Commonwealth, state and territory health and education and training ministers, with details to be developed by the implementation taskforce.

Note: Recommendation 2 was not supported by Health Ministers. Health Ministers considered that rather than establishing a National Nursing Council, it would be preferable to undertake national action centred on the work of a Nursing and Nursing Education Taskforce to progress agreed National Review of Nursing Education with work principally targeted to address currently identified nursing issues.

**Recommendation 3: Nursing education and workforce forums**

State and territory governments should establish nursing education and workforce forums to:

- a) facilitate collaboration between the education sectors and the health and community and aged care sectors, including both the public and private sectors
- b) address local and regional nursing education and workforce issues
- c) assist with the implementation of the recommendations of this Review.

Proposed responsibility: state and territory health and education and training departments.

**Recommendation 4: Nationally-consistent scope of practice**

To promote a professional scope of practice for nurses and greater consistency across Australia:

- a) a nationally-consistent framework should be developed that allows all nurses to work within a professional scope of practice, including the administration of medications by enrolled nurses
- b) to facilitate this development, all Commonwealth, State and Territory legislation and regulations that impact on nursing should be reviewed and reformed as required.

Proposed responsibility: implementation taskforce, with the NNCA.

**Recommendation 5: National standards for nurse practitioners**

To promote a consistent national approach, the Australian Nursing Council Incorporated (ANCI) should be commissioned to establish national standards for nurse practitioners.

Proposed responsibility: Commonwealth, State and Territory Health Ministers.

**Recommendation 6: National ANCI principles to underpin nursing legislation and regulation**

To ensure a more nationally-consistent approach to nursing, state and territory nursing legislation and regulations should be underpinned by nationally agreed principles. These principles should include requirements for:

- a) assessment against the ANCI competencies for initial registration of registered nurses and enrolled nurses; and
- b) audited self-reporting for continuing registration of registered nurses and enrolled nurses using indicators that demonstrate currency of competence, including ongoing education.

Proposed responsibility: ANCI, in consultation with the NNCA.

**Recommendation 7: Care workers not covered by regulation**

To ensure quality and safety in the health, aged and community care sectors, all workers without relevant recognised training who are employed to provide direct care should have:

- a) a common national nomenclature
- b) a minimum competency level of Certificate III from the appropriate community services or Health Training Package
- c) an appropriate suitability check.

As a matter of urgency, the Commonwealth, states and territories should establish or utilise an appropriate system to ensure that compliance in relation to the minimum qualification and suitability checks for care assistants is achieved by 2008.

Proposed responsibility: implementation taskforce.

**Recommendation 8: Research and research training for nursing**

To build capacity in a vital discipline that has only been in the university sector for a relatively short period:

- a) immediate steps should be taken to ensure that the current level of postgraduate research scholarships and research training places for nurses are at least maintained, with the longer term target of doubling Research Training Scheme (RTS) commencement load by 2008.

Proposed responsibility: implementation taskforce and Department of Education, Science and Training

- b) a dedicated pool of funding from new or existing sources should be made available over the next five years to provide research grant money and for cooperative research centres for nursing.
  - i. particular priority should be given to building longer term capacity and integration of research findings into practice
  - ii. priority areas might include evidence-based practice, aged care, work organisation, mental health nursing, and nursing in rural and remote areas.

Proposed responsibility: implementation taskforce.

**Recommendation 9: The image of nursing**

To develop and improve the image of nursing:

- a) the value, contribution and benefits of a nursing career should be promoted
- b) expert advice should be sought to develop a national marketing profile (brand) for nursing:
  - i. the profile should help generate a broader base of recruitment to nursing which reflects the diversity of the Australian population

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- ii. the profile should be used by States and Territories, the universities, the vocational education and training sector, career counsellors and others concerned with recruitment and retention.

Proposed responsibility: NNCA with advice to governments and other employers

**Recommendation 10: Information on nursing**

To provide coordinated and ready access to information on nursing to the public and other stakeholders, the NNCA should:

- a) maintain an information base of recruitment and re-entry programs, assessments of their effectiveness and advice on best practice
- b) develop a web-based portal for Australian nursing.

Proposed responsibility: The NNCA.

**Recommendation 11: Government and employer information on nursing**

To ensure that nursing is portrayed as a profession in government and employer information, all levels of government and other employers of nurses should:

- a) review their recruitment and promotion activities to ensure they reflect the professional status of nursing and the valuable social contribution made by nursing through its diverse roles and practice
- b) review their classification of 'nursing' to ensure it is consistent with the Australian Standard Classification of Occupations (ASCO) classification, in order to reflect the professional status of nursing.

Proposed responsibility: Commonwealth, state and territory governments, and other employers of nurses.

**Recommendation 12: Maximising education pathways**

To promote career transitions and opportunities for development in the education and training of care assistants, health workers, enrolled nurses, registered nurses, midwives, nurse practitioners, nurse educators and nurse managers, education providers should seek ways to:

- a) maximise the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) in enrolment processes
- b) in consultation with local indigenous communities, improve articulation pathways for Aboriginal and Torres Strait Islander peoples.

Proposed responsibility: Education providers

**Recommendation 13: Student nurse employment**

With a view to achieving national consistency, the NNCA 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).

Proposed responsibility: The NNCA.

**Recommendation 14: Standards for transition programs**

To ensure consistency and quality in the development and delivery of transition programs:

- a) a national framework should be developed for transition programs to provide guidelines and standards for institutions
- b) state and territory nursing registration boards should accredit transition programs
- c) employing institutions should be responsible for meeting the standards.

Proposed responsibility: ANCI in consultation with the NNCA, state and territory nursing registration boards and employing institutions.

**Recommendation 15: Continuing clinical development of nurses**

To promote the ongoing development of nurses' clinical competencies in the workplace, Commonwealth, state and territory national health funding arrangements should dedicate funds to the provision of:

- a) clinical development support in healthcare settings for nurses at all levels and the necessary infrastructure for education and training in the healthcare system
- b) transition to practice programs for new nurses, both enrolled and registered, and for nurses returning to the workplace
- c) support for these developments, including preceptorship and mentoring.

Proposed responsibility: Commonwealth, state and territory health ministers.

**Recommendation 16: Continuing clinical development of nurses: aged care**

To promote ongoing development of nurses' clinical competencies in their workplaces, Commonwealth, state and territory aged care responsibilities and funding arrangements should:

- a) endorse and ensure continuing support for the standards and guidelines for residential aged care services in relation to the clinical education of nursing staff, as outlined in the aged care accreditation standards
- b) endorse and encourage the provision of transition programs for new graduate nurses, both enrolled and registered nurses, in aged care organisations.

Proposed responsibility: Commonwealth Minister for Ageing.

**Recommendation 17: Transition to workforce: funding**

The Commonwealth, states and territories should establish a system to allocate dedicated funds to (public and private) health and community care institutions, to assist registered nurses and enrolled nurses in making the transition into employment, including the transition into employment of those nurses who have completed a re-entry program.

- a) Allocations should attach to the individual employee or registrant (and should be made on their behalf) to institutions whose programs have been accredited for transition.
- b) Transition programs should be encouraged in areas such as mental health, aged care, community nursing, and rural health, as well as hospitals.

Proposed responsibility: Commonwealth, state and territory health ministers.

**Recommendation 18: Lifelong learning and nursing competency**

Given the challenging tasks undertaken by nurses and the rapid changes that can occur in technology, knowledge and skills, all nurses should be expected to undertake continuing education activities to maintain and enhance their professional competence and this should be taken into account in retaining registration or enrolment. To ensure this is possible:

- a) employers should develop strategies in their local areas to provide the opportunity for registered and enrolled nurses to keep their nursing competencies current, so that they can retain registration
- b) employers could also provide opportunities to those not presently in employment to access appropriate fee-paying courses to maintain competency
- c) nursing organisations should develop educational material to support the maintenance of nurses' competencies in relevant areas.

Proposed responsibility: Employers, nursing organisations and individual nurses.

**Recommendation 19: Models of preparation**

To assure quality programs, undergraduate and enrolled nurse courses should continue to be accredited by state and territory registration boards in accordance with national principles developed by the ANCI and endorsed by the NNCA.

These principles should ensure that:

- a) graduates from these courses meet the ANCI competency standards
- b) quality assurance processes for course accreditation and the assessment of students are met
- c) there is ongoing evaluation of the curricula and teaching practice in the light of changes in nursing practice, research on learning, and the broader developments in professional and para-professional preparation.

Proposed responsibility: ANCI, in consultation with the NNCA.

**Recommendation 20: Nurse academics and teachers**

To ensure that students are exposed to current clinical practices, faculty practice should be:

- a) built into the workload of those nurses who teach nursing students in universities and the VET sector
- b) incorporated into annual performance appraisals.

Proposed responsibility: Education providers.

**Recommendation 21: Enrolled nurse competencies**

To provide links to other training and to develop national consistency for the education and training of enrolled nurses:

- a) the ANCI and Community Services and Health Training Australia should meet as a matter of urgency, to ensure the ANCI competencies for enrolled nurses are incorporated in existing or new Australian National Training Authority sponsored training packages
- b) in establishing the appropriate level of qualification, account should be taken of the training requirements for evolving models of care and changes in supervisory practice, including those related to medication administration and new enrolled nurse specialisations.

Proposed responsibility: implementation taskforce.

**Recommendation 22: Minimum level of qualification for registered nurses**

To ensure that registered nurses are appropriately prepared for their professional roles, the minimum level of qualification for entry to practice as a registered nurse should remain a university-based bachelor degree, with a minimum length equivalent to six full-time semesters.

Proposed responsibility: Commonwealth Department of Education, Science and Training, and state and territory nursing registration boards

Note: Recommendation 22 was noted by Health Ministers to be current practice and did not require further action.

**Recommendation 23: HECS for undergraduate nursing**

To acknowledge the contribution that nurses make in the service of the community and the potential disincentive of increased course costs, all units that form part of undergraduate nursing courses required for initial registration should be classified at the minimum Higher Education Contribution Scheme (HECS) band.

Proposed responsibility: Commonwealth Department of Education, Science and Training Contribution Scheme (HECS) band.

**Recommendation 24: Clinical education funding**

Since clinical education is an essential element of the preparation of all nurses and an area where the costs have increased to a point of being unsustainable, new quarantined funding over five years should be provided for clinical education, in addition to the operating grant for undergraduate nursing courses. It should be administered through a new program, the Clinical Education Partnership Program. The program should be formally evaluated in the fourth year, to assess its impact and identify any changes that may be required for its continuing operation. The program should meet the following criteria:

- a) promote state and territory-based cooperative arrangements between those sectors preparing nurses for initial registration and those employing them
- b) be acquitted in terms of delivering quality clinical placement outcomes (to defined minimum standards)
- c) prioritise partnership arrangements and contributions from all sectors involved in health and education
- d) promote innovative approaches to clinical education
- e) include some assistance to students, particularly for those who are disadvantaged by the high costs of attending clinical placements.

Proposed responsibility: Commonwealth Department of Education, Science and Training.

**Recommendation 25: Commonwealth assistance for speciality and re-entry courses**

The maintenance of nursing specialities and re-entry programs are important in meeting labour market needs. To enable these needs to be met:

- a) an audit should be undertaken of the current postgraduate coursework scholarships, including those offered by the states and territories
- b) using the audit outcome and advice from the Australian Health Ministers' Advisory Council (AHMAC) on shortages in specialised areas of nursing, recommendations should be made to the Commonwealth on the number of additional scholarships to be funded and the specialties to which they should be allocated
- c) new scholarships should be offered for three years in the first instance, subject to review
- d) specialised nursing areas where small numbers of graduates are needed should be identified and opportunities investigated for the contracting of these courses on a national basis
- e) university-based units required for re-entry to nursing should be covered by a loans scheme.

Proposed responsibility: implementation taskforce



**Recommendation 26: Remuneration for practice: postgraduate award course recognition**

To acknowledge the value to the workplace afforded by nurses who undertake postgraduate courses relevant to their practice, appropriate remuneration should be provided to registered nurses who have completed a formal postgraduate award course and who are applying the related knowledge and skills in their employment.

Proposed responsibility: Commonwealth, state and territory health ministers and other employers.

**Recommendation 27: Encouragement of inter-disciplinary and cross-professional approaches to education and practice**

To encourage further developments in models of care and the education that supports them, government policy, funding and decision making in the health, education and training sectors should promote and support team-based approaches in education and practice.

Proposed responsibility: Commonwealth, State and Territory health and education and training ministers.

**Recommendation 28: Work organisation**

Because the nursing workforce (including trained care assistants) contains a range of experience and skills, and because it needs to adapt to an evolving care environment, work organisation throughout the health, aged and community care sectors should:

- a) constantly seek to achieve the most effective and efficient use of the total nursing workforce (including learning from best practice elsewhere)
- b) ensure that skills and expertise are matched to the work required in the particular workplace
- c) take account of the interrelationships with other health professionals
- d) ensure that nurses are encouraged to practise to their full professional capacity.

Proposed responsibility: The NNCA and employers.

**Recommendation 29: Aged care nursing**

To ensure that residents of aged care facilities have access to quality nursing care and that nursing in the aged care sector is an attractive option for nurses, Commonwealth aged care responsibilities and funding arrangements should enable professional nursing time to be focussed on residents in aged care facilities, by separating professional nursing documentation from the funding tool.

Proposed responsibility: Commonwealth Department of Health and Ageing.

**Recommendation 30: Workplace culture**

To develop a constructive workplace culture, management in all health, aged and community care sectors, in consultation with staff, should establish and implement a suite of policies that encourage:

- a) support for professional development
- b) a positive work environment in which staff feel valued and are able to make their full contribution
- c) multi-professional team work
- d) workplace safety and cultural sensitivity
- e) a work/life balance.

Proposed responsibility: Commonwealth, state and territory health Ministers and other employers.

**Recommendation 31: Workforce planning and data**

Workforce planning is a vital component of future policy processes. It needs to be based on reliable valid data. Consequently the following are supported:

- a) AHMAC's ongoing work on nursing workforce planning which should proceed as a matter of priority to determine:
  - i. the current size and composition of the nursing workforce – care assistants, enrolled nurses, registered nurses (general and specialist), and nurse practitioners – in the community, health and aged care sectors
  - ii. the current and projected requirements of the nursing workforce, in accordance with the priority determined by AHMAC following consultation with the NNCA
  - iii. a method of nursing workforce planning that is proactive and, where appropriate, integrated with other areas of health workforce planning.
- b) The ongoing work of the Australian Institute of Health and Welfare (AIHW) to establish and analyse data on the nursing workforce (including action to improve its currency) should proceed as a matter of priority.

Proposed responsibility: implementation taskforce, in consultation with AHMAC.

**Recommendation 32: Health workforce research funding**

Australia's workforce planning needs to be based on an integrated view of the workforce, developed using quality research tools. At the same time, recognition of the unique contribution of particular professions, such as nurses, must be understood. To promote this approach:

- a) funding should be provided for further development of a robust methodology for all health workforce planning (including nursing), with consideration being given to the establishment of a research centre to undertake this work. Funding should be provided for five years in the first instance, subject to review.
- b) the methodology employed should draw on overseas research, to further develop nursing indicators that are applicable in the Australian context.

Proposed responsibility: implementation taskforce.

**Recommendation 33: Commonwealth funding for additional undergraduate university places**

An increased supply of registered nurses is essential, due to current shortages and the rapidly ageing nursing workforce. An initial short-term measure to achieve this outcome should include the following actions:

- a) a benchmark for nursing commencement load based on the 2002 equivalent full-time student units (EFTSU) for non-overseas nursing commencements in each university (including direct-entry midwifery) should be set as the target for the following two years, with under-target load to be re-distributed to universities which have provided additional nursing EFTSU above the 2002 benchmark. The results to be reviewed after two years.
- b) An additional minimum of 400 EFTSU for undergraduate nursing commencements should be provided for two years, beginning if possible in 2003, on the basis that:
  - i. universities nominate for the additional places and provide evidence that this is an increase on the previous year's total EFTSU for non-overseas nursing commencements
  - ii. universities are able to supply quality clinical placements for all their nursing undergraduate students
  - iii. the places are targeted to students who are able to gain advanced standing (such as enrolled nurses who wish to upgrade) and current undergraduates or graduates who wish to transfer to nursing.

Proposed responsibility: Commonwealth Department of Education, Science and Training, and universities.

**Recommendation 34: Expansion of opportunities in VET and VET-in-schools programs**

States and territories should expand opportunities for entry to enrolled nursing and occupations that do nursing work by:

- a) providing additional training places for enrolled nurses to replace those upgrading to registered nurse within the state/Territory, and to meet shortages of enrolled nurses
- b) promoting employment of student enrolled nurses through models of education and training such as traineeships
- c) working with the Commonwealth to expand traineeships in rural areas, as an entry to care work and nursing
- d) supporting the expansion of VET-in-schools programs, based on the community services or health training packages
- e) offering workplace trainer and assessor courses to nurses and recently retired nurses willing to assist in training or supervision of student nurses or trainees, particularly those in rural areas.

Proposed responsibility: Commonwealth, state and territory Ministers for education and training.

**Recommendation 35: Training places for Certificate III**

To ensure that those workers involved in direct care work in the health, aged and community care sectors achieve a level of at least Certificate III in the appropriate community services or Health Training Package by 2008, a strategy should be developed to expand workplace assessment and the number of training places for Certificate III in the appropriate training packages.

Proposed responsibility: Commonwealth, state and territory ministers for education and training.

**Recommendation 36: Nursing leadership and management**

For nursing leadership and management to be enhanced:

- 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
- b) workplaces should recognise and support the development of future nurse leaders and managers, using initiatives such as:
  - i. mentoring and coaching, where experienced staff help younger or less experienced staff to develop and progress
  - ii. involvement in policy development and implementation
  - iii. provision of programs in areas such as human resources, financial management and policy development.

Proposed responsibility: The NNCA.

## The Critical Care Workforce in Australia 2001–2011 (2002)

### **Critical Care Recommendation 1: ensuring an adequate supply of registered nurses to work in critical care (quantity)**

AHMAC coordinate action to improve the supply of critical care nurses in Australia by working with the health and education sectors to ensure sufficient adjustment in new entrants to the critical care nurse workforce, recognising that at least 720 (lowest requirement scenario) and at most 1,353 (highest requirement scenario) new entrants to the critical care nurse workforce are required nationally each year. Noting:

- That in putting in place these actions AHMAC should be guided by the state and territory scenario projections outlined in this report, and that these actions should be informed by the most recently available jurisdictional critical care nurse workforce data.
- Strategies to improve retention of the skilled critical care nurse workforce would ensure that the required new entrants to the workforce is minimised.

### **Critical Care Recommendation 2: ensuring an adequate supply of qualified critical care nurses (quality)**

State and territory health departments as part of ensuring an adequate supply of critical care nurses note the standards suggesting at least 50% of the critical care nurse workforce and desirably 75% of the critical care nurse workforce should hold critical care qualifications.

That AHMAC note the desirability of a move towards greater consistency in postgraduate critical care courses and the development of a framework for accreditation for postgraduate critical care courses.

### **Critical Care Recommendation 3: ensuring adequate data for ongoing and complete workforce supply analysis and requirement analysis.**

AHMAC coordinate improvements to critical care nurse data collections, and overall nurse data collections, noting that reliable, timely data is essential to workforce planning, noting that. The following measures are required:

- AIHW surveys: the implementation of a consistent, timely national approach for the collection of nurse labour force surveys via nurse registration boards annually
- Nurse registration authorities: AHMAC to encourage jurisdictions to work together to ensure a more consistent approach to registration data collection and reporting
- Australian and New Zealand Intensive Care Society Intensive Care Unit Resource Surveys: AHMAC continue to support the work of ANZICS and ensure the enhancement of the surveys to include additional questions regarding the critical care nurse workforce
- improvement of information relating to the nursing education sector
- research to measure the relationship between critical care nurse staffing levels (and skill mix) and patient outcomes.

### **Critical Care Recommendation 4: monitoring the workforce.**

AHMAC coordinate the monitoring of supply and requirement projections of and for the critical care nurse workforce, and that the critical care nurse workforce be reviewed in five years' time.

## The Midwifery Workforce in Australia 2002–2012 (2002)

### Midwifery Recommendation 1

AHMAC coordinate action to improve the supply of midwives in Australia by working with the health and education sectors to ensure that there is sufficient adjustment in intakes of midwifery courses (leading to an initial authorisation to practise midwifery), to meet the current shortfall in the midwifery workforce estimated at 1846.7.

### Midwifery Recommendation 2

That in putting in place these actions, AHMAC is guided by the state and territory scenario projections outlined in this report, noting that these actions should be informed by the most recent available jurisdictional midwifery workforce data.

### Midwifery Recommendation 3

That AHMAC ensure improvements are made to midwifery workforce data collections, noting that reliable and timely data is essential to workforce planning. The following information needs to be routinely collected, analysed and monitored:

- course completions leading to an initial authorisation to practise midwifery
- annual variations in interstate and international midwifery registrations (including trans-Tasman registrations)
- re-entrants to the midwifery workforce
- workforce participation of graduates one year, five years, and ten years after graduation
- permanent exits from the midwifery workforce.

The collection of this information will ensure the link is made between qualification, registration and employment.

### Midwifery Recommendation 4

In order to benefit future workforce planning AHMAC should consider the establishment of a national longitudinal research study that tracks a series of cohorts of midwives over a period of time to examine their workforce participation and organisational behaviour. The cohorts should include midwives from a range of educational backgrounds, such as those completing midwifery courses having already obtained their nursing degrees, and those completing bachelor of midwifery courses.

### Midwifery Recommendation 5

Information and data on the availability and utilisation of different models of care in each state and territory is fundamental to future workforce planning. This information should be collected by state and territory health departments and considered in any future reviews of the midwifery workforce. This process will be best informed if high quality information is available to women on the options available for maternity care.

### Midwifery Recommendation 6

That AHMAC coordinate the monitoring of supply and requirement projections of and for the midwifery workforce, and that the midwifery workforce be reviewed in five years' time.

### Midwifery Recommendation 7

That AHMAC ensure that this report is distributed widely.

## Australian Mental Health Nurse Supply, Recruitment and Retention (2003)

### Education recommendations

1. Develop an agreed framework for mental health content in the undergraduate general/comprehensive nursing degree.
2. Develop rewarding workplace experiences for both undergraduate nursing and postgraduate mental health nursing courses. This should be facilitated by effective partnerships among universities, mental health nurses, mental health consumers and carers and health service providers.
3. The Australian Nursing Council should consider whether specific competencies related to mental health nursing could be developed for its competency standards for undergraduate nursing courses. Any such competencies should:
  - take into account the differences among jurisdictions in terms of service structures, configurations and commensurate workforce roles;
  - not preclude the setting of other mental health standards relevant to individual jurisdictions or service models; and
  - have regard for the National Practice Standards for the Mental Health Workforce.

The standards produced by the Australian and New Zealand College of Mental Health Nurses may also provide a useful reference point.

4. Jurisdictions and educational institutions should consider options for increasing the accessibility of postgraduate mental health nursing courses.
5. A range of educational opportunities should be provided by health services, and supported by jurisdictions, to enable new graduate nurses to enter the mental health workforce. These could include graduate nurse programs specific to, or which include, mental health and extended orientation programs. Articulation of these education programs into postgraduate mental health courses should be considered.
6. Universities should ensure that mental health consumers and carers are involved in both course development and delivery for both undergraduate nursing and postgraduate mental health nursing courses.
7. Effective partnerships should be promoted among universities, mental health nurses, mental health consumers and carers, and mental health service providers to improve the quantity and quality of clinical placement experiences for nursing students built around best practice and contemporary models of care.
8. A range of innovations for mental health education, consistent with the key directions of the National Mental Health Plan 2003-2008, that may create a nursing workforce better prepared for mental health practice should be considered. These may include extending the practice of enrolled nurses in mental health through further education; an optional fourth year of the undergraduate nursing courses incorporating mental health specialisation; internships in mental health nursing; combined undergraduate degrees in nursing and related fields (eg. psychology).

9. Explore the establishment and support of flexible re-entry programs specifically for mental health nursing.
10. The establishment of research centres or opportunities for mental health nursing research in the workplace along with conjoint appointments with universities should be considered.

#### ***Implementation***

Implementation of the education recommendations must be considered within the context of existing processes already established by Health Ministers, in particular those relating to the implementation of the National Mental Health Plan 2003-2008 and being overseen by the NMHWG; and the recently established National Nursing and Nursing Education Taskforce, which will be involved in implementation of key recommendations from the National Review of Nursing Education.

The National Mental Health Plan 2003-2008 contains a number of key directions relating to education. Key directions include support, clinical supervision and mentoring, structure of continuing education and curricula development, support and strengthen the role of consumers and carers working in the mental health system, and further development of training for all professionals providing mental health care.

The National Review of Nursing Education recommendations relating to education include improving inter-disciplinary and cross-professional approaches, maximising education pathways and Australian Government assistance for specialty and re-entry courses.

The key directions to be progressed under the National Mental Health Plan 2003-2008 and the nurse education initiatives to be developed by the National Nursing and Nursing Education Taskforce are necessarily broad and overarching. In contrast, the issues identified by this report are more detailed and focussed on mental health nursing rather than the whole nursing workforce. Nevertheless, it is recommended that instead of establishing any separate body or process to implement the education recommendations in this report, the recommendations should feed into the broader key directions and recommendations in the Plan and the National Review of Nursing Education. It is anticipated that the implementers of these broader documents may need to coordinate their responses or consider who should take the lead role in relation to a recommendation. In addition to referral of the education recommendations to the Taskforce and the implementers of the National Mental Health Plan 2003-2008, it is proposed that jurisdictions should monitor progress and report annually (through existing mechanisms wherever possible) to the NMHWG and AHWOC.

#### **Registration Recommendations**

1. Jurisdictions consider ways to overcome regulatory and industrial complexity and barriers to recruiting mental health nurses.
2. Jurisdictions consider how nurse practitioners in mental health could assist with providing mental health nursing career pathways.

#### ***Implementation***

Jurisdictions, with annual reporting to the NMHWG and AHWOC, through existing mechanisms wherever possible.



### **Workplace recommendations**

Mental health providers should, consistent with outcomes 26, 32, 33 and 34 of the National Mental Health Plan:

1. Provide appropriate professional development, supervision and appraisal and work to develop plans to ensure best practice in workplaces based on the National Practice Standards for the Mental Health Workforce.
2. Strengthen the role of consumers and carers in mental health workplaces consistent with key direction 32.2 of the National Mental Health Plan.
3. Work towards providing flexible rostering and family-friendly work environments to encourage recruitment and retention of staff.
4. Examine and improve occupational health and safety procedures and provide ongoing training to promote personal safety at work, consistent with key direction 34.1 of the National Mental Health Plan. In particular, provide training in prevention and management of aggressive behaviour.
5. Investigate mechanisms within the mental health workplace and wider health care settings that promote recognition of the contribution mental health nurses make.
6. Promote decision-making, problem solving and teamwork skills within workplaces, as well as an understanding of evidence based practice/models of care and interdisciplinary practice amongst nurses and other mental health professionals.
7. Examine the career transition and career path opportunities for mental health nurses. This may involve employers (including jurisdictions), the Australian and New Zealand College of Mental Health Nurses and the education sector working together to support the entry of new graduates and other nurses who are interested in working in mental health services.

Note: In the National Mental Health Plan 2003–2008, Outcome:

- 26 relates to increased safety of consumers, carers and families, staff and the community, and a reduction in adverse incidents;
- 32 relates to improved attitudes, values, knowledge and skills of the mental health workforce;
- 33 relates to improved supply and distribution of the mental health workforce, including strengthening initiatives to enhance the recruitment, retention, status, skills and numbers of the mental health workforce; and
- 34 relates to improved workforce environment, including improved occupational health and safety for the mental health workforce.

### **Implementation**

Jurisdictions and mental health service providers, with jurisdictions to report annually to the NMHWG and AHWOC through existing mechanisms wherever possible.

### **Marketing recommendations**

1. Develop and implement a clearly articulated marketing strategy that communicates the positive and attractive aspects of mental health nursing. Positive messages that may attract people include:
  - mental health nursing provides opportunities to practise in a variety of health care settings, with opportunities to work with a high degree of autonomy;
  - mental health nursing provides a work environment that is challenging, dynamic, intriguing and requires ‘thinking outside the square’, and as such there is the opportunity to use a wide variety of different skills and talents;
  - mental health nursing is an area that enables the practitioner to provide genuine ‘caring environment’ through a personal, individual, holistic model of care, within a paradigm of recovery;
  - mental health nurses help others by making a major positive impact on the lives of both mental health consumers and carers and to the well-being of the wider community; and as such nurses’ efforts are generally greatly appreciated by the patients and family; and
  - mental illness is common in the community and mental health nursing is, therefore, an essential community service.
2. Use practising mental health nurses and mental health consumers and carers for promoting mental health nursing within schools, universities and vocational training settings. Involve practising mental health nurses in the delivery of lectures at universities to undergraduate students (especially early in their undergraduate course). Promote mental health nursing through seminars, and other career information forums targeted at schools, universities and forums with practising general nurses.
3. Provide easy-to-access mental health nursing career information for high school students, parents, careers advisors and university academics, as these are primary contact points for people interested in the profession. Consider the use of television, booklets, posters at schools and universities, websites and newspapers media to target school leavers and university students.
4. Maximise efforts to de-mystify and de-stigmatise mental illness and mental health nursing consistent with Outcome 3 of the National Mental Health Plan 2003-2008. Efforts should include support for public education and awareness campaigns (eg. Mental Health Week, Stigma Watch, mental health literacy campaigns).

### **Implementation**

The above recommendations should be referred to the National Nursing and Nursing Education Taskforce for consideration in the context of recommendation 9 of the National Review of Nursing Education. Recommendation 9 of the National Review of Nursing Education relates to improving the image of nursing, and has been referred to the Taskforce for action. The issues identified in this report relating to image and marketing

are a subset of the issues relating to nursing image identified by the nursing education review and should be considered in this context.

Ideally, a national approach to marketing mental health nursing would involve the development of materials that could be used to support implementation of recommendations 2, 3 and 4 at a jurisdictional level. In addition, recommendations 2 and 4 fall within the National Mental Health Plan 2003–2008 and should also be considered in its implementation.

### **Nurse specialisation**

Health Ministers referred the following issues relating to specialty nursing education in Australia to the National Nursing and Nursing Education Taskforce:

1. nurse specialisation vs generalisation
2. globalisation of the workforce
3. cost of qualifications

Accordingly, Health Ministers requested the National Nursing and Nursing Education Taskforce to develop:

- an agreed definition of specialist nursing
- an agree framework for nursing specialisation and the development and attainment of post graduate qualifications

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## Appendix 2: Joint communiqué

28 November 2003

Australian Government, State and Territory Health Ministers today announced the establishment of a national nursing taskforce to drive major nursing education and workforce reforms.

The National Nursing and Nursing Education Taskforce has been established to implement recommendations of *Our Duty of Care*, the report of the National Review of Nursing Education.

The Taskforce draws together some of Australia's leading nursing and nursing education and training specialists.

It will be chaired by Belinda Moyes, Principal Nursing Adviser, Department of Human Services, Victoria.

Taskforce members are:

- Rosemary Bryant, Executive Director, Royal College of Nursing Australia;
- Professor Mary Chiarella, Chief Nursing Officer, NSW;
- Sue Macri, Executive Director, Australian Nursing Homes and Extended Care Association (NSW);
- Fiona Stoker, Principal Nursing Adviser, Tasmania;
- Professor Pauline Nugent, Head of the School of Nursing, Deakin University;
- Professor Jill White, Dean of the Faculty of Nursing Midwifery & Health, University of Technology, Sydney;
- Katherine Henderson, Deputy CEO, NT Department of Employment, Education and Training; and
- Di Lawson, CEO, Community Services and Health Training Australia (the National Industry Training Advisory Body for Community Services and Health).

The review made 36 recommendations. A number of recommendations have been referred to the Taskforce for consideration and report back to Health Ministers. These recommendations are listed at Attachment A to this media release.

Most other recommendations have been referred to State and Territory Health Departments, the Australian Government Department of Health and Ageing, the Australian Government Department of Education, Science and Training and subcommittees of the Australian Health Ministers' Advisory Council. Progress has already been made on a number of these recommendations, which are listed at Attachment B to this media release.

Recommendation 2, the establishment of a National Nursing Council, was not supported by Health Ministers. Health Ministers' considered that rather than establishing a National Nursing Council, it would be preferable to undertake national action centred on the work of a Nursing and Nursing Education Taskforce to progress agreed National Review of Nursing Education recommendations with work principally targeted to address the currently identified nursing issues.

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Recommendation 22 regarding the minimum level of qualification for registered nurses was noted by Health Ministers to be current practice and did not require further action.

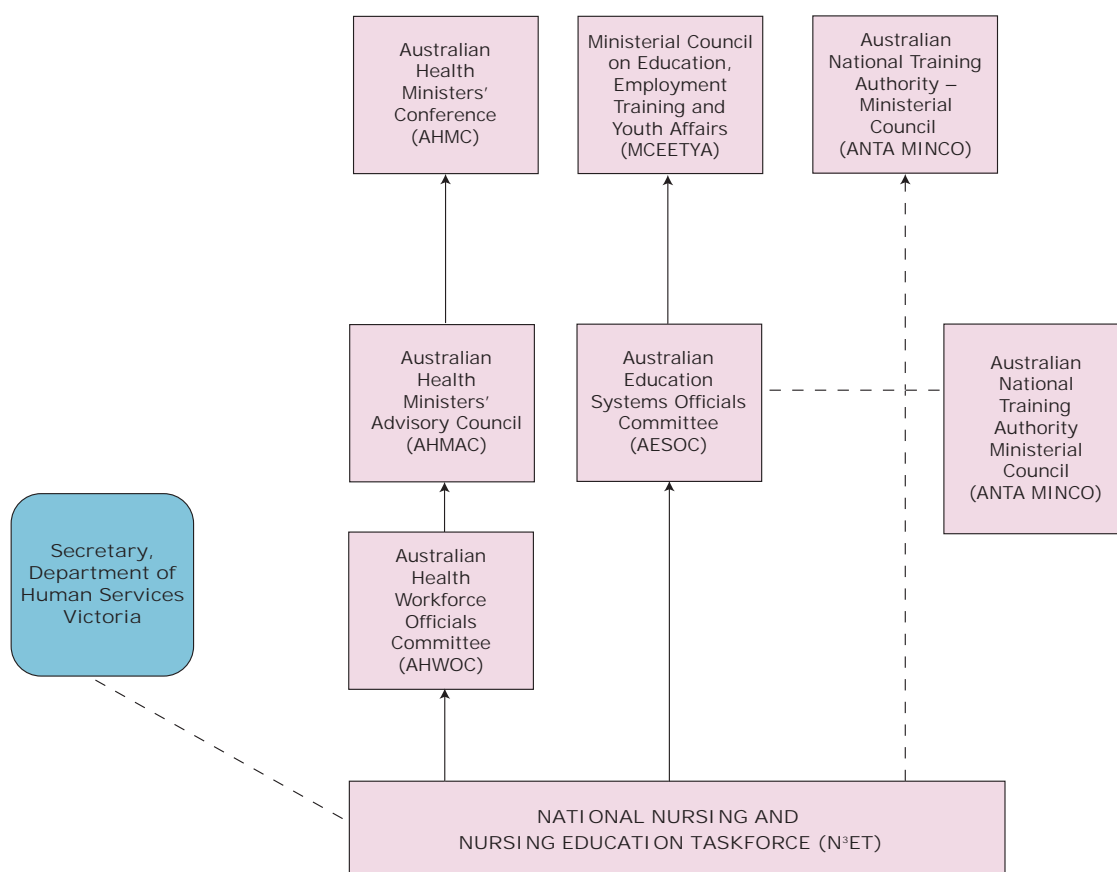
A budget has been provided to support the work of the Taskforce. The Taskforce Secretariat will be located in the Department of Human Services Victoria.

More information about the National Review of Nursing Education is available from **[www.dest.gov.au/highered/programmes/nursing/default.htm](http://www.dest.gov.au/highered/programmes/nursing/default.htm)**

Issued from: Office of Minister Llewellyn  
Minister for Health and Human Services Tasmania  
Chair Australian Health Ministers' Conference

## Appendix 3: Taskforce reporting structure

### Original Taskforce reporting structure



	Minutes	Progress Reports	Final Project Reports
AHWOC	Y		
AESOC	Y	Y	Y
AHMAC		Y	Y
AHMC		Y	Y
MCEETYA		Y	Y
ANTA MINCO		Y	Y

Note: Effective 22 October 2005, the responsibilities and functions of the Australian National Training Authority (ANTA) were transferred to the Department of Education, Science and Training (DEST).

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## Appendix 4: Taskforce publications

### Recommendation 4: Nationally-consistent scope of practice

- National Nursing and Nursing Education Taskforce, 2006, *Towards Consistent Regulation of Nursing and Midwifery Practice in Australia: A select analysis of the legislation and professional regulation of nursing and midwifery in Australia*. A report prepared by Amanda Adrian and Associates for the National Nursing and Nursing Education Taskforce, June 2006.
- National Nursing and Nursing Education Taskforce, 2006, *An Atlas of Legislation and Professional Regulation of Nursing and Midwifery in Australia*, May 2006.
- National Nursing and Nursing Education Taskforce, 2005, *Principles for working together to achieve national outcomes — a guide for organisations and stakeholders*, March 2005.
- National Nursing and Nursing Education Taskforce, 2005, *Scopes of Practice Commentary Paper*, February 2005.

### Recommendation 5: National standards for nurse practitioners

- National Nursing and Nursing Education Taskforce, 2006, *National Nurse Prescribing Glossary*, June 2006.
- National Nursing and Nursing Education Taskforce, 2006, *N<sup>3</sup>ET Position Statement: Nurse Practitioners and Clinical Practice Guidelines*, April 2006.
- National Nursing and Nursing Education Taskforce, 2005, *Exposure Draft: Data elements for Nurse Practitioner Workforce Planning Minimum Data Set-activities*, January 2006.
- National Nursing and Nursing Education Taskforce, 2005, *Overview: Development of a Nurse Practitioner (NP) Workforce Planning Minimum Data Set — Project Overview and Consultation Process*, January 2006.
- National Nursing and Nursing Education Taskforce, 2005, *Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes*, November 2005.

### Recommendations 7 and 35: Care workers not covered by legislation/training places for Certificate III

- National Nursing and Nursing Education Taskforce, 2006, *Implementing Minimum Qualifications and Suitability Checks for the Direct Care Workforce: Progress on Recommendations 7 and 35 of the National Review of Nursing Education 2002 Our Duty of Care* report, August 2006.

### Recommendation 9: Image of Nursing and Midwifery

- National Nursing and Nursing Education Taskforce, 2006, *Media and Communication Principles for Nursing and Midwifery in Australia*, May 2006.

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## Recommendation 12: Maximising Education Pathways

- National Nursing and Nursing Education Taskforce (2006). *Maximising Education Pathways for Nurse Practitioners. An interim Report on Recommendation 12*, February 2006.

## Recommendation 24: Clinical Education Funding

- National Nursing and Nursing Education Taskforce (2006). *Commonwealth funding for clinical practicum: A report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia*, May 2006.

## Recommendation 25: Commonwealth Assistance for Specialty and Re-entry Courses

- National Nursing and Nursing Education Taskforce (2005). *Scholarships for Nurses and Midwives. A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas*, March 2005.
- National Nursing and Nursing Education Taskforce (2005). *Re-entry Programs for Nurses and Midwives. A Review of Legislative Requirements and Funding Support Across Australian For Re-entry Programs*, June 2005.

## Specialisation

- National Nursing and Nursing Education Taskforce (2006). *A National Specialisation Framework For Nursing And Midwifery*, July 2006.
- National Nursing and Nursing Education Taskforce (2006). *A National Specialisation Framework For Nursing And Midwifery: Defining and identifying specialty areas of practice in Australia*, May 2006.
- National Nursing Organisations (2006), *Governance Standards for Specialist Nursing and Midwifery Organisations. A Report by NNO for the National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET)*, Melbourne.
- National Nursing Organisations (2006), *Governance Standards for Specialist Nursing and Midwifery Organisations. A Toolkit by NNO for the National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET)*, Melbourne.
- Heartfield, M (2006) *Specialisation and Advanced Practice Discussion Paper*, Melbourne; National Nursing and Nursing Education Taskforce, March 2006.

## Myth Busters

- National Nursing and Nursing Education Taskforce (2006) MYTH: *Interprofessional education and practice, a nice idea but it doesn't work*. Australian Health Ministers Advisory Committee, Melbourne.
- National Nursing and Nursing Education Taskforce (2006) MYTH: *Current maternity services in Australia meet the needs of all women*. Australian Health Ministers Advisory Committee, Melbourne.



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- National Nursing and Nursing Education Taskforce (2006) MYTH: *You may not get the best care from a nurse practitioner*. Australian Health Ministers Advisory Committee, Melbourne.
  - National Nursing and Nursing Education Taskforce (2005) Myth: *People 'drop out' of nursing more than other careers*. Australian Health Ministers Advisory Committee, Melbourne.

### Newsletters

- N<sup>3</sup>ET Newsletter — June 2004: Volume 1, No. 1
- N<sup>3</sup>ET Newsletter — October 2004: Volume 1, No. 2
- N<sup>3</sup>ET Newsletter — February 2005: Volume 2, No. 1
- N<sup>3</sup>ET Newsletter — July 2005: Volume 2, No. 2
- N<sup>3</sup>ET Newsletter — October 2005: Volume 2, No. 3
- N<sup>3</sup>ET Newsletter — December 2005: Volume 2, No. 4
- N<sup>3</sup>ET Newsletter — February 2006: Volume 3, Issue 1
- N<sup>3</sup>ET Newsletter — August 2006: Volume 3, Issue 2

### Progress Reports

- Progress Report — September 2004 (PR 01/04)
- Progress Report — December 2004 (PR 02/04)
- Progress Report — March 2005 (PR 01/05)
- Progress Report — June 2005 (PR 02/05)
- Progress Report — September 2005 (PR 03/05) and N<sup>3</sup>ET Supplementary Report on Jurisdictional Progress on Implementation of Recommendations 13, 14, 20 and 36
- Progress Report — December 2005 (PR 04/05)
- Progress Report — March 2006 (PR 01/06)

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## Appendix 5: Taskforce Secretariat

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**Dr Christine Breakwell**

Senior Policy Analyst

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**Katy Fielding**

Senior Policy Analyst

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**Shelly Lynde**

Senior Project Officer/Office Coordinator

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**Erin Statz**

Research Assistant/Projects Officer

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**Eithne Irving**

Senior Policy Analyst  
(Apr 2004–Mar 2005)

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**Margo Sheahan**

Nursing Research Consultant for Recommendation 25  
(Oct–Dec 2004)

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**Rachimah Fraval**

Project Officer  
(Jan–Apr 2006)

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**Emeritus Professor Margaret Bennett**

Nursing Research Consultant for Recommendation 8  
(Jun 2005–Apr 2006)

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## Appendix 6: Taskforce meetings and attendance

During its operation, the Taskforce met formally approximately every 6 to 8 weeks. Between 2004–06, the Taskforce had 20 meetings. The final N<sup>3</sup>ET meeting took place in Melbourne, over two days on June 13 and 14, 2006.

### Meetings

2006		2005	
Date	Location	Date	Location
25/01/06	Melbourne	23/02/05	Melbourne
01/03/06	Melbourne	12–13/04/05	Melbourne
05/04/06	Sydney	06/06/05	Melbourne
13–14/06/06	Melbourne	29/06/05	Sydney
		08/08/05	Sydney
		06/09/05	Melbourne
		24/10/05	Melbourne
		21/12/05	Melbourne

2004	
Date	Location
04/02/04	Melbourne
09/03/04	Melbourne
16/04/04	Melbourne
08/06/04	Melbourne
13/07/04	Melbourne
08/09/04	Melbourne
13/10/04	Melbourne
10/12/04	Melbourne

### Attendance

TF Nominee	Eligible to Attend	Meetings Attended	Comments
B MOYES (Chair)	20	20	
K BAKER	15	11	Joined TF Aug 2004
R BRYANT	20	19	*
M CHIARELLA	5	2	Resigned from TF July 2004
K HENDERSON	8	7	Resigned from TF Feb 2005
D LAWSON	20	20	
S MACRI	20	17	*
P NUGENT	20	18	*
F STOKER	20	16	*
J WHITE	20	13	Apologies due to bereavement/health issues

\*TF nominees who were unable to attend all meetings were either interstate/overseas and/or had work-related commitments.

## Appendix 7: Consultation process

EVENTS – 2006			
Group/Organisation	Event	Venue	Date
Australian Nursing & Midwifery Council	Professional Reference Group Meeting	Dickson, ACT	Feb-06
Council of Deans of Nursing & Midwifery – ANZ	Council Meeting	Auckland, NZ	Feb-06
Nursing Leadership	Leading & Managing for Change – 2006 Conference	Sydney, NSW	Mar-06
The College of Nursing	Professional evening	Sydney, NSW	Mar-06
Rural Health Conference	'Going for Gold' Conference	Ballarat, VIC	Apr-06
Australian Nursing & Midwifery Council	Council Meeting	Dickson, ACT	May-06
Department of ACT Health & Community Care	Oration	Canberra, ACT	May-06
Community Services & Health Industry Skills Council	Round Table Meeting – Licensing & Training Package	Sydney, NSW	Jun-06
N <sup>3</sup> ET Taskforce	Legislation & Regulation Round Table Discussion	Melbourne, VIC	Jun-06
Private Hospitals Advisory Group	Meeting	Melbourne, VIC	Jun-06
Australian College of Health Services Executives	Meeting	Melbourne, VIC	Jun-06
Community Services & Health Industry Skills Council	Meeting – Enrolled Nurse Industry Reference Group	Sydney, NSW	Jul-06
Australian Health Summit	Conference	Melbourne, VIC	Jul-06
Australian Nursing Federation (Victorian Branch)	14th Delegates Conference	Melbourne, VIC	Jul-06
Australian College of Health Services Executives	2006 National Congress	Hobart, TAS	Aug-06

EVENTS – 2005			
Group/Organisation	Event	Venue	Date
Australian Nursing & Midwifery Council	Meeting	Brisbane, QLD	Feb-05
Nursing Jobs	The Nursing Leadership Conference 2005: Looking Forward	Bondi, Sydney, NSW	Feb-05
Australian Health Ministers' Advisory Council	Review of Future Governance Arrangements for Safety & Quality in Health Care Workshop	Sydney, NSW	Feb-05
Australian Nursing Homes & Extended Care Association (NSW)	Nursing & Management Issues Congress	Brighton-Le-Sands, NSW	Apr-05
Nurses Board of South Australia	Scope of Practice Workshop	Adelaide Hills, SA	Apr-05
Victorian Healthcare Association	Victorian Rural Health Conference	Beechworth, VIC	May-05
International Council of Nurses	23rd Quadrennial Congress	Taipei, Taiwan	May-05
Royal District Nursing Service/Nurse Maude	Joint Conference	Melbourne, VIC	Jun-05
Royal College of Nursing, Australia	Annual Conference	Adelaide, SA	Jul-05
Australian Critical Care Nurses	Annual Conference	Melbourne VIC	Aug-05
Australian Council of Community Nursing Services Inc	Biannual Conference	Sydney, NSW	Aug-05
Australian Rehabilitation Nurses	National Conference	Melbourne, VIC	Oct-05
Australian Council of Community Nursing Services	Management Committee Meeting	Melbourne, VIC	Oct-05
NSW Nursing Unit Managers	Annual Conference	Sydney, NSW	Oct-05

EVENTS – 2004			
Group/Organisation	Event	Venue	Date
Australian Nursing Council	Meeting	Melbourne, VIC	Apr-04
Australian Rural Nurses Inc	Annual General Meeting	Canberra, ACT	Apr-04
Council of Remote Area Nurses of Australia Inc.	Meeting	Alice Springs, NT	May-04
Health Leaders Network	Workforce Conference	Sydney, NSW	May-04
Australian Nursing Home & Extended Care Association	Nursing & Management Issues Congress	Sydney, NSW	May-04
National Nursing Organisation	Meeting	Sydney, NSW	May-04
College of Surgeons	Meeting	Melbourne, VIC	Jun-04
Nurses Board of Victoria	Meeting	Melbourne, VIC	Jun-04
Australian Private Hospitals Association	Meeting	Melbourne, VIC	Jun-04
Australian Peak Nursing Forum	Meeting	Brisbane, QLD	Jun-04
Australian Nursing Federation	Meeting	Melbourne, VIC	Jul-04
Australian & New Zealand Council of Chief Nurses	Meeting	Canberra, ACT	Aug-04
Australian Nursing & Midwifery Council	Round Table	Canberra, ACT	Aug-04
Australian Nursing & Midwifery Council	Meeting	Canberra, ACT	Aug-04
Australian Healthcare Association	Meeting	Canberra, ACT	Aug-04
National Aged Care Alliance	Meeting	Canberra, AC	Aug-04
Directors of Nursing Services	National Forum	Melbourne, ACT	Aug-04
National Enrolled Nurse Association	Conference	Sydney, NSW	Sep-04
Council of Deans of Nursing & Midwifery Australia New Zealand	Meeting	Brisbane, QLD	Sep-04
Association of Queensland Nurse Leaders	Conference	Brisbane, QLD	Oct-04
15th Casemix Conference	Conference	Sydney, VIC	Oct-04
Royal Brisbane & Women's Hospital	Symposium	Brisbane, QLD	Oct-04
Chief Nursing Officers	Meeting	Launceston, TAS	Nov-04
Australian Nursing Federation	Meeting	Sydney, NSW	Nov-04

<b>EVENTS — 2004 (cont)</b>			
<b>Group/Organisation</b>	<b>Event</b>	<b>Venue</b>	<b>Date</b>
Western Australia Nursing Forum	Forum	Perth, WA	Nov-04
N <sup>3</sup> ET/Chief Nursing Officers/ Australian Nursing & Midwifery Council	Meeting	Canberra, ACT	Nov-04
Australian Nursing Federation (Victorian Branch)	Meeting	Melbourne, VIC	Dec-04
Tasmania Nursing Forum	Forum	Hobart, TAS	Dec-04
New South Wales Nursing Forum	Forum	Sydney, NSW	Dec-04

## Appendix 8: Consultants/service providers and working group membership

### Consultants/service providers

<b>Consultant/Service Provider</b>	<b>Amanda Adrian &amp; Associates</b>
<b>Recommendation</b>	Recommendation 4, <i>Our Duty of Care</i>
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>• mapping of legislation and professional regulation of Nursing &amp; Midwifery practice across Australia</li> <li>• report to the National Nursing &amp; Nursing Education Taskforce</li> </ul>
<b>Period of time</b>	Nov 2005–June 2006
<b>Title Name</b>	<b>Organisation/representation</b>
Ms Amanda Adrian	Amanda Adrian & Associates
<b>Consultant/Service Provider</b>	<b>Australian Institute of Health &amp; Welfare (AIHW)</b>
<b>Recommendation</b>	Recommendation 5, <i>Our Duty of Care</i>
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>• development of a Nurse Practitioner (NP) Workforce Planning Minimum Data Set</li> </ul>
<b>Period of time</b>	July 2005–May 2006
	<b>Development Team Membership</b>
<b>State/territory government</b>	Chief Nurse (or delegate) AND Representative from either Government Data Standards Workforce Planning Units
<b>Commonwealth</b>	Representative of Commonwealth Aged Care NP Project
<b>Nurse Practitioners</b>	Representatives of the Australian NP Association (ANPA) AND South the South Australia Nurse Practitioner Association (SANPA)
<b>Researchers</b>	<p>NP Research Consortia — comprised of search times from centres across Australia, including:</p> <ul style="list-style-type: none"> <li>– Prof Glenn Gardner, Queensland University of Technology, QLD</li> <li>– A/Prof Anne Gardner, Deakin University, VIC</li> <li>– Prof Sandy Middleton, Australian Catholic University, NSW</li> <li>– Adj. Prof Dr Phillip Della, Office of the Chief Nurse, WA</li> </ul>



<b>Consultant/Service Provider</b>	<b>School of Nursing, University of Melbourne</b>
<b>Recommendation</b>	Recommendation 8 a), <i>Our Duty of Care</i>
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>report on Research Training Scheme Places and Australian Postgraduate Association Scholarships for Nurses &amp; Midwives to 2008</li> </ul>
<b>Period of time</b>	July 2005–May 2006
<b>Title Name</b>	<b>Organisation/Representation</b>
Prof Sioban Nelson	School of Nursing, University of Melbourne
Prof Sancha Aranda	School of Nursing, University of Melbourne
Ms Jennifer Rabach	School of Nursing, University of Melbourne
<b>Consultant/Service Provider</b>	<b>School of Nursing, Deakin University</b>
<b>Recommendation</b>	Nursing specialisation
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>development and mapping of a national nursing and midwifery framework — 'A National Specialisation Framework for Nursing &amp; Midwifery: Defining and identifying specialty areas of practice in Australia'</li> </ul>
<b>Period of time</b>	December 2005–March 2006
<b>Title Name</b>	<b>Organisation/Representation</b>
Prof Kaye Robyn Ogle	School of Nursing, Deakin University
Ms Elizabeth Bethune	School of Nursing, Deakin University
Prof Susan King	School of Nursing, Deakin University
Mr David Wellman	School of Nursing, Deakin University
<b>Consultant/Service Provider</b>	<b>Dr Marie Heartfield</b>
<b>Recommendation</b>	Nursing specialisation
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>Specialisation and Advanced Practice Discussion Paper: A Select Analysis of the Language of Specialisation and Advanced Nursing and Midwifery Practice</li> </ul>
<b>Period of time</b>	November 2005–March 2006
<b>Title Name</b>	<b>Organisation/Representation</b>
Dr Marie Heartfield	(independent contractor)

<b>Consultant/Service Provider</b>		<b>Australian Nursing Federation</b>
<b>Recommendation</b>		Nursing specialisation
<b>Purpose of work</b>		<ul style="list-style-type: none"> <li>• develop Governance Standards for Nursing &amp; Midwifery Organisations</li> <li>• Report &amp; Toolkit to the National Nursing &amp; Nursing Education Taskforce</li> </ul>
<b>Period of time</b>		December 2005–March 2006
<b>Title</b>	<b>Name</b>	<b>Organisation/representation</b>
Ms	Fiona Armstrong(Chair)	Australian Nursing Federation
Ms	Katrina Milbourne	NNO Secretariat
Ms	Jill Iliffe	Australian Nursing Federation
Ms	Elizabeth Foley	Royal College of Nursing, Australia
Ms	Rachel Harrigan	Royal College of Nursing, Australia
Ms	Liz Simpson	The Association for Australian Rural Nurses Inc.
Mr	Tom McCallum Pardey	College of Emergency Nursing Australasia Ltd.
Ms	Tina Kendrick	Australian College of Critical Care Nurses
Ms	Jennifer Rabach	Australian College of Operating Room Nurses
Ms	Michelle Richardson	The Association for Australian Rural Nurses Inc.
Ms	Christine Ashley-Coe	Australian Nursing & Midwifery Council
Ms	Kim Ryan	Australian & New Zealand College of Mental Health Nurses Inc.
Mr	Rod Wyber-Hughes	Council of Remote Area Nursing Australia
Ms	Amanda McKnight	Gastroenterological Nurses College of Australia Inc.

## Working groups

Working Group		National Nurse Prescribing Glossary
<b>Recommendation</b>	Recommendation 5, <i>Our Duty of Care</i>	
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>to develop a National Nurse Prescribing Glossary: 'National Nurse Prescribing Glossary (NNPG): Including a taxonomy of contemporary prescribing and initiating practices by nurses and midwives'</li> </ul>	
<b>Period of time</b>	March–June 2006	
Title	Name	Organisation/representation
Adj Prof	Belinda Moyes	(Chair) National Nursing & Nursing Education Taskforce
Mr	Vaughn Eaton	Society of Hospital Pharmacists of Australia
A/Prof	Elizabeth Manias	Council of Deans of Nursing & Midwifery — ANZ
Dr	Elizabeth Harford	Nursing & Midwifery Office, NSW Department of Health
Ms	Sonia Hogan	Australian Nursing & Midwifery Council
Ms	Karen Cook	Australian Nursing & Midwifery Council
Ms	Deb Pratt	Office of the Chief Nurse, Department of Health, South Australia
Ms	Petrina Halloran	Nurse Policy Branch, Department of Human Services, Victoria
Ms	Annette Wilson Sturm	Office of the Principal Nurse Adviser, Department of Health & Human Services, Tasmania
Ms	Katy Fielding	National Nursing & Nursing Education Taskforce Secretariat
Ms	Kay Hyde	Representative of the Chief Nursing Officer of Western Australia
Ms	Karen Kerr	Representative of the Principal Nurse Adviser of Queensland
Ms	Jane O'Connell	Australian Nurse Practitioner Association
Ms	Jenny Bergin	Pharmacy Guild of Australia
Mr	Paul Niewenhausen	Representative of the Principal Nurse Adviser of the Northern Territory

<b>Working Group 1</b>		<b>Pathways for entering nursing at various levels of education</b>
<b>Recommendation</b>	Recommendation 12, <i>Our Duty of Care</i>	
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>to examine issues related to the common lexicon related to articulation and to verifying the articulation construct of the National Review of Nursing Education</li> </ul>	
<b>Period of time</b>	July 2005–May 2006	
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Dr	Cindy Leigh	(Chair) Australian Catholic University, NSW
Dr	John Stevens	Southern Cross University
Dr	Lynette Stockhausen	Charles Sturt University – Bathurst
Adj Prof	Kathy Baker	Chief Nursing Officer of New South Wales
Ms	Cathie Nesvadba	Queensland Nursing Council
Ms	Di Lawson	Community Services & Health Industry Skills Council
Ms	Rosemary Bryant	Royal College of Nursing, Australia
Ms	Jodie Hughson	Nurses Board of Victoria

<b>Working Group 2</b>		<b>Cross-sector articulation arrangements &amp; credit arrangements at post registration and postgraduate level</b>
<b>Recommendation</b>	Recommendation 12, <i>Our Duty of Care</i>	
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>to examine options, opportunities and barriers to cross sector articulation</li> <li>to examine the current status of cross sectoral and lateral arrangements</li> </ul>	
<b>Period of time</b>	July 2005–May 2006	
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Prof	Helen McCutcheon	(Chair) University of South Australia
Mr	Mark Smith	Royal District Nursing Service, Helen Macpherson Smith Institute of Community Health
Ms	Liz Drew	Association for Australian Rural Nurses
Ms	Kim Ryan	Australian & New Zealand College of Mental Health Nurses Inc.
Ms	Gabby Koutoukidis	Nurses Board of Victoria
Ms	Rhonda Marriott	Murdoch University
Ms	Di Lawson	Community Services & Health Industry Skills Council
Prof	Jill White	University of Technology, Sydney
Ms	Vicky Bradford	Faculty of Nursing & Midwifery, University of Sydney
A/Prof	Hannelore Best	University of Ballarat

<b>Working Group 3</b>		<b>Pathways to progress the Nurse Practitioner</b>
<b>Recommendation</b>	Recommendation 12, <i>Our Duty of Care</i>	
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>to develop an informed understanding of the current issues including barriers, complexities and challenges to optimal pathways, and to identify options, opportunities and strategic directions to maximise education pathways for nurse practitioners and to achieve greater consistency in educational requirements for nurse practitioners</li> </ul>	
<b>Period of time</b>	July 2005–May 2006	
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Prof	Elizabeth Davies	(Chair) University of Queensland
Prof	Kathleen Fahy	University of Newcastle
Prof	Glenn Gardner	Queensland University of Technology
Adj Prof	Debra Thoms	Chief Nursing Officer of South Australia
Dr	Elizabeth Harford	Department of Health, NSW
Ms	Judi Brown	Nurses Board of South Australia
Ms	Jane O'Connell	Australian Nurse Practitioner Association
Adj Prof	Belinda Moyes	National Nursing & Nursing Education Taskforce

<b>Working Group 4</b>		<b>Pathways for Registered Nurses/Bachelor Students to exit and register as Enrolled Nurses</b>
<b>Recommendation</b>	Recommendation 12, <i>Our Duty of Care</i>	
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>to examine options, opportunities and barriers to pathways for Registered Nurses/Bachelor Students to exit and register as Enrolled Nurses</li> </ul>	
<b>Period of time</b>	July 2005–May 2006	
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Dr	Roslyn Reilly	(Chair) University of South Queensland
Prof	Helen Edwards	Queensland University of Technology
Ms	Kathryn Terry	Nurses Board of Tasmania
Ms	Moira Laverty	Nurses Board of Tasmania
Ms	Fiona Stoker	Chief Nursing Officer of Tasmania
Ms	Di Lawson	Community Services & Health Industry Skills Council
Ms	Carol Mirco	Nurses Board of the Australian Capital Territory
Ms	Sue Philpott	Victoria University

<b>Working Group 5</b>		<b>Atribution between Bachelor Midwifery and Bachelor Nursing</b>
<b>Recommendation</b>	Recommendation 12, <i>Our Duty of Care</i>	
<b>Purpose of work</b>	<ul style="list-style-type: none"> <li>• examine options, opportunities and barriers regarding atribulation between Bachelor Midwifery and Bachelor Nursing</li> </ul>	
<b>Period of time</b>	July 2005–May 2006	
<b>Title</b>	<b>Name</b>	<b>Organisation/Representation</b>
Adj Prof	Tony Barnett	(Chair) Monash University — Gippsland Campus
Ms	Julianne Bryce	Nurses Board of Victoria
Ms	Patrice Hickey	Australian College of Midwives Incorporated
Ms	Cathie Nesvadba	Queensland Nursing Council
Ms	Mary Kirk	Nurses Board of the Australian Capital Territory
Ms	Anna Kettle	Nurses & Midwives Board of New South Wales

## Appendix 9: Conflict of roles policy

Protocols/Procedures			
1.6	Conflict of roles	Prepared	July 2004
	Version 1.0	Endorsed	Sept 2004
		Revised	

### Purpose and scope

The purpose of this protocol/procedure is to assist N<sup>3</sup>ET members to recognise, appropriately manage, or avert situations where a conflict of interest or role (or a perception of conflict) exists. The application of this protocol/procedure will give assurance to those parties working with the N<sup>3</sup>ET that processes are in place to ensure that N<sup>3</sup>ET decision-making (actual or perception) is not affected by a lack of impartiality and that there is transparency in relation to these matters.

This protocol/procedure expands on the general statement on conflict of interest in the N<sup>3</sup>ET operational principles (Protocol/Procedure 1.1).

For this protocol/procedure, the following definitions have been adapted from *Guidance Paper No 6. Public Sector Guidance*, July 2003:

**Conflict of personal interest** is a situation in which the impartiality of a Taskforce member could be called into question because of the potential, perceived or actual influence of personal consideration, financial or other. The conflict in question is between N<sup>3</sup>ET duties and obligations, on the one hand, and private interests on the other.

**Conflict of role** arises when a Taskforce member is required to fulfil multiple roles that may be in conflict with each other to some degree. Unless properly handled, such conflicts can impair the quality of working relationships across government organisations and lead to loss of credibility and effectiveness.

A *conflict of role* rather than one of *personal interest* is more likely in the context of the Taskforce and the nature of Taskforce membership means that the potential for any member to have a conflict of roles during the Taskforce's operation is considerable. However, the value of an individual's services on the Taskforce outweighs the risks and proactive management of unavoidable conflicts on a case-by-case basis will ensure Taskforce members can actively participate with restrictions/limitations only when necessary.

Conflict of role may be potential, actual or perceived and can range in terms of significance from trivial/minor to serious. In the context of this protocol/procedure, a conflict of role is intended to relate to those issues that are specific rather than generic in nature.

A conflict of interest may be more perceived than actual. Perception is an important driver in the acceptance of the Taskforce's work nationally. It is therefore, important to have expectations in relation to this matter clearly documented. The development of a

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*Conflict of role* protocol/procedure is an acknowledgement by the Taskforce of a commitment to a culture of transparency, demonstrates a willingness to discuss such issues openly and makes it clear that the group accepts responsibility for managing the processes.

### **Policy/processes**

In relation to conflicts of role, all members of the Taskforce agree to:

- acknowledge the possibility of a potential, real or perceived conflict of roles
- disclose and describe the role conflict (or perception) to the Taskforce via the Chair, as soon as they are aware of it
- a system of managing conflicts, including specific management plans on a case-by-case basis
- verbally disclose any conflicts (real, potential or perceived) in relation to any agenda items at the commencement of each meeting, either under the standing agenda item or during the course of the meeting, if they become aware of a conflict
- briefly state their position on the matter identified as a conflict, if requested by another member or by the Chair
- be guided by the Chair in discussions of whether the conflict constitutes a material concern and if so, how the conflict will be managed
- be alert to conflict of roles within the Taskforce, promptly raise issue and discuss whenever identified
- encourage and support their colleagues to do the same
- discuss either directly with the individual involved or with the chair if they believe that another member is violating the conflict of roles policy.

The following mechanisms for avoiding and/or managing conflicts may be used individually or in combination, depending on the nature and severity and extent of the conflict:

- confidentiality agreements
- declarations of interests
- abstention from voting
- deferring from provide information/advice to the Taskforce on behalf of their employer/organisation and seeking an alternative spokesperson
- absenting from deliberations/withdrawing from discussions
- non-receipt of relevant information (i.e. Taskforce papers, written or oral briefings etc. relating to the interest by the Taskforce)
- agreement not to act: the member agrees not to participate in any other action concerning the interest.

The mechanism(s) agreed as the management plan for a specific conflict of roles will be recorded in the minutes.



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### Further information

- Taskforce Protocols/Procedures 1.1: Operating Principles
- Conflicts of Personal Interest and Conflicts of Role. Guidance Paper No. 6 Better Practice Guide, Public Sector Governance. Australian National Audit Office, 2003
- APS Values and Code of Conduct in Practice. Australian Public Service Commission, Australian Government. (Accessed 21/7/2004).

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## Appendix 10: Communication strategy

The key activities in the communication strategy were:

### Stakeholder register

The online register allowed any interested individual or group to register and keep up to date with Taskforce progress and outcomes. Email alerts were also sent to registered stakeholders to inform them of developments and activities such as the completion of work, availability of a report or invitation to comment on papers (such as the Specialisation paper and the Specialisation framework).

To assist in distributing information widely, invitations to register online were targeted at groups with an interest in the Taskforce's work or the issues, those positioned to participate or collaborate in aspects of the work, those with political or public voice and influence, and those with a broad membership base.

Over 675 stakeholder organisations or individuals registered.

**Website:** <http://www.nnnet.gov.au/>

The website has been a principal source of information on the origins of the Taskforce, the overall work plan, progress, arms of work and electronic copies of documents and other outputs of the work (for example, *Media and Communication Principles for Nurses and Midwives*). Key messages from each Taskforce meeting were posted online (and emailed to stakeholders) and the 'What's New' page flagged developments related to specific projects.

The website also provides web links to prominent nursing and midwifery websites (such as the Royal College of Nursing, Australia, national nursing organisations and the International Council of Nurses), government websites providing information about careers in nursing and midwifery, and the state and territory nursing and midwifery regulatory authorities with information about requirements for registration or licensing in each state and standards for nursing and midwifery practice.

The website has been used as a vehicle for stakeholders to provide views and to feed into the national dialogue. For example, stakeholders were invited to comment on the *Language of Specialisation* paper via the website.

Since the N<sup>3</sup>ET website went 'live' in May 2004, it receives an average of 8,000 hits per month. The N<sup>3</sup>ET website has proven to be an immense success for both the sharing and dissemination of information and reports to the health workforce in general and the nursing and midwifery professions in particular.

### Key messages

Over the period of the Taskforce, there were 20 formal meetings, scheduled in either Sydney or Melbourne. Although not open to the general public, after each meeting the key messages were released within three working days. Key messages were short statements that provided stakeholders with the key outcomes and directions from each meeting.

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## **Newsletter**

The Taskforce produced a quarterly newsletter highlighting developments and reporting on progress and upcoming events. The newsletter was distributed electronically to registered stakeholders and by mail to stakeholders without internet access.

## **Quarterly Progress Reports**

The Taskforce submitted formal Progress Reports, as per the reporting structure outlined in Appendix 5, which summarised action and progress on the implementation of the recommendations assigned to the Taskforce.

Progress Reports were releases approximately every four months. Between 2004 and 2006, the Taskforce submitted seven Progress Reports to its mandated reporting lines. Copies of these reports were available to stakeholders via the N<sup>3</sup>ET website.

## References

- Australian Government Productivity Commission (2005). Australia's Health Workforce. Research Report. Canberra, Australian Government Productivity Commission
- Australian Health Ministers' Conference (2003). Joint Communiqué: National Nursing and Nursing Education Taskforce
- Australian Health Ministers' Conference (2004). National Health Workforce Strategic Framework, Sydney, Australian Health Ministers Council
- Australian Health Workforce Advisory Committee (2002). The Critical Care Nurse Workforce in Australia 2001-2011. AHWAC Report 2002.1, Australian Health Workforce Advisory Committee
- Australian Health Workforce Advisory Committee (2002). The Midwifery Workforce in Australia 2002-2012. AHWAC Report 2002.2, Australian Health Workforce Advisory Committee
- Australian Health Workforce Officials Committee (2003). Stocktake of Current and Anticipated Jurisdictional Investment in the Health Workforce
- Australian Institute of Health and Welfare (2006). Australia's Health 2006. Canberra, AIHW
- Borbasi, S., C. Hawes, *et al.* (2002). 'Measuring the outputs of Australian nursing research published 1995-2000.' *Journal of Advanced Nursing* 38(5): pp 489-497
- Council of Australian Governments (2006). Council of Australian Governments' Meeting 10 February 2006
- Council of Australian Governments (2006). Council of Australian Governments' Meeting 11 July 2006
- Heartfield, M. (2006). Specialisation and Advanced Practice Discussion Paper. Melbourne, National Nursing and Nursing Education Taskforce
- International Council of Nurses (1992). Guidelines on Specialisation in Nursing. Geneva, ICN]
- Kotelnikov, V. (2005). Strategic Alliances: How and why to build them
- National Nursing & Nursing Education Taskforce (2005). Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes
- National Nursing and Nursing Education Taskforce (2005). Re-Entry Programs For Nurses And Midwives. A Review Of Legislative Requirements And Funding Support Across Australia For Re-Entry Programs report
- National Nursing & Nursing Education Taskforce (2006). An Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia. Melbourne
- National Nursing & Nursing Education Taskforce (2006). Commonwealth Funding for Clinical Practicum
- National Nursing & Nursing Education Taskforce (2006). Implementing minimum qualifications and suitability checks for the direct care workforce

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- National Nursing & Nursing Education Taskforce (2006). MYTH: You may not get the best care from a nurse practitioner. Melbourne, Australian Health Ministers Advisory Committee
- National Nursing & Nursing Education Taskforce (2006). National Nurse Prescribing Glossary
- National Nursing & Nursing Education Taskforce (2006). Position Statement: A National Professional Practice Framework: An Alternative to a National Decision-Making Framework
- National Nursing & Nursing Education Taskforce (2006). Position Statement: Clinical Practice Guidelines and Nurse Practitioners
- National Nursing & Nursing Education Taskforce (2006). Specialisation: A report on work of the National Nursing and Nursing Education Taskforce on Specialisation in Australia
- National Nursing & Nursing Education Taskforce (2006). Towards Consistent Regulation of Nursing and Midwifery in Australia. A Select Analysis of the legislation and professional regulation of nursing and midwifery in Australia. Final Report. Melbourne
- National Nursing and Nursing Education Taskforce (2005). Scholarships for Nurses and Midwives. A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas
- National Nursing and Nursing Education Taskforce (2005). Scopes of Practice Commentary Paper
- National Nursing Organisations (2006). Governance Standards for Specialist Nursing and Midwifery Organisations. A report by NNO for the National Nursing and Nursing Education Taskforce
- National Review of Nursing Education (2002). National Review of Nursing Education 2002: *Our Duty of Care*. Canberra, Department of Education, Science and Training
- Nurses Board South Australia (2003). Summary of Issues Paper. Inquiry into the Role and Function of Unregulated Care Workers in South Australia. Adelaide, Nurses Board South Australia p6
- Richardson, S., & Martin, Bill., (2004). The Care of Older Australians: A picture of the Residential Aged Care Workforce. Adelaide, National Institute of Labour Studies. Flinders University p62
- Russell, R., L. Gething, *et al.* (1997). National Review of Specialist Nurse Education. Sydney, The Faculty of Nursing University of Sydney
- Simmons, L. W. and H. V (1964). Nursing Research, Survey and Assessment. New York, Appleton Century Crofts
- Walker, S. and J. Marr (2001). Stakeholder Power: A Winning Plan for Building Stakeholder Commitment and Driving Corporate Growth. Cambridge, MA, USA, Perseus Publishing









