

### Australian Health Ministers' Advisory Council

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

Meeting with Australia & New Zealand Council of Chief Nurses and Australian Nursing and Midwifery Council,

16<sup>th</sup> November 2004

Canberra



# **Statement of Endeavour:**

The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET) is committed to building an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education and regulation to nationally consistent standards and capacity in practice, education and research for all nurses and midwives across Australia.



# NATIONAL CONSISTENCY

National standards - central to the work of N<sup>3</sup>ET. Considerable variation in the way nurses function, (education standards, registration and legislation) Tension between sovereignty of states and mandate to drive consistency, however "legislation is not immutable".

### Why are we seeking consistency?

National Review of Nursing (and NHWSF) focussed on workforce agenda. N<sup>3</sup>ET supports that but expands it to encompass this unique opportunity to:

- Come together & address critical issues in nursing
- Leadership/Accountability
- Explore why there are differences, understand evidence & best practice
- Build a legacy of nursing networks





# Work of the Taskforce

#### Implementing and/or monitoring

- 22 of the 36 recommendations in Our Duty of Care, encompassing:
  - Skill mix
  - Work organisation
  - Augmentation and retention of the current nursing workforce
  - Training of care assistants
  - Funding of clinical education and research
  - National education standards

#### Recommendations from

- Critical Care Workforce in Australia 2001-1011
- Midwifery Workforce in Australia 2002-2012
- Australia Mental Health Nurse Supply: Recruitment and Retention 2003
- Nurse Specialisation

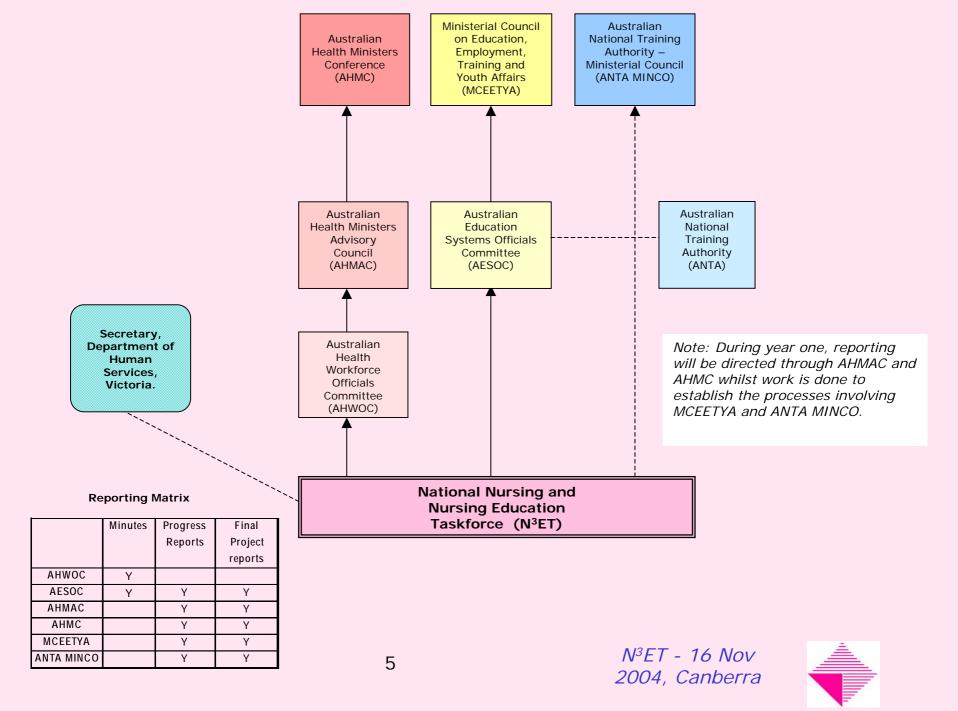
Work endorsed, referred and funded by the Australian Health Ministers and Minister Nelson (Education)

NO.	Recommendation	IMPLEMENT	MONITOR
OUR DUTY O	F CARE		
3	Nursing Education & Workforce Forums		•
4	Nationally consistent scope of practice for all nurses	•	
5	National Standards for Nurse Practitioners	•	
6	National ANCI principles to underpin legislation & registration	•	
7	Care Workers not covered by legislation	•	
8	Research & Training for Nursing	•	
9	Image of Nursing	•	
12	Maximising Education pathways	•	
13	Student Nurse Employment		•
14	Standards for Transition programs		•
20	Nurse academics and teachers		•
21	Enrolled Nurse competencies		•
24	Clinical Education Funding	•	
25	Commonwealth Assistance for Specialty & Re-entry Courses	•	
26	Remuneration for applied Postgraduate Study		•
27	Engagement of interdisciplinary & cross professional	•	
	approaches to education & practice		
28	Work Organisation	•	
30	Workplace Culture	•	
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 & Management		•
CRITICAL CA	ARE		
1	Supply of Critical Care Nurses (Quantity)		•
2	Supply of Qualified Critical Care Nurses (Quality) (Courses only)	•	
3	Data - Supply & Requirement Analysis (Research aspect only)		•
MIDWIFERY			
1	Supply of Midwives		to review after 2
2	Supply of Midwives - Implementation of Projections (Rec 1)		to review
4	National Longitudinal Research Study	•	
MENTAL HEA	ALTH		
1	Marketing Recommendation 1	•	
NURSE SPEC	TIALISATION	•	



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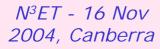
# National Health Workforce Strategic Framework

- A comprehensive national approach to guide health workforce policy and planning
- Focuses on:
  - Delivering a vision for the Australian health workforce
  - Meeting the challenges proactively
  - Ensuring actions are sustainable and linked to an overall direction

#### Vision

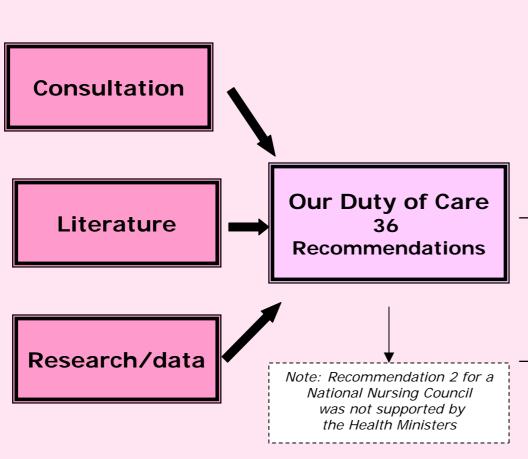
Australia will have a sustainable health workforce that is knowledgeable, skilled and adaptable. The workforce will be distributed to achieve equitable health outcomes, suitably trained and competent. The workforce will be valued and able to work within a supportive environment and culture. It will provide safe, quality, preventative, curative and supportive care that is population and health consumer focused and capable of meeting the health needs of the Australian community.

N<sup>3</sup>ET work, goals and endeavour are consistent with the National Health Workforce Strategic Framework





# Our Duty of Care -Strategies:



- Leadership
- National Perspective
- Building a sustainable workforce
  - Augmentation and retention of the current workforce
  - Transition programs
  - Skills mix and work organisation
  - Supply of nursing staff
  - Sound data and reliable evidence base

#### Maximising health outcomes through quality education

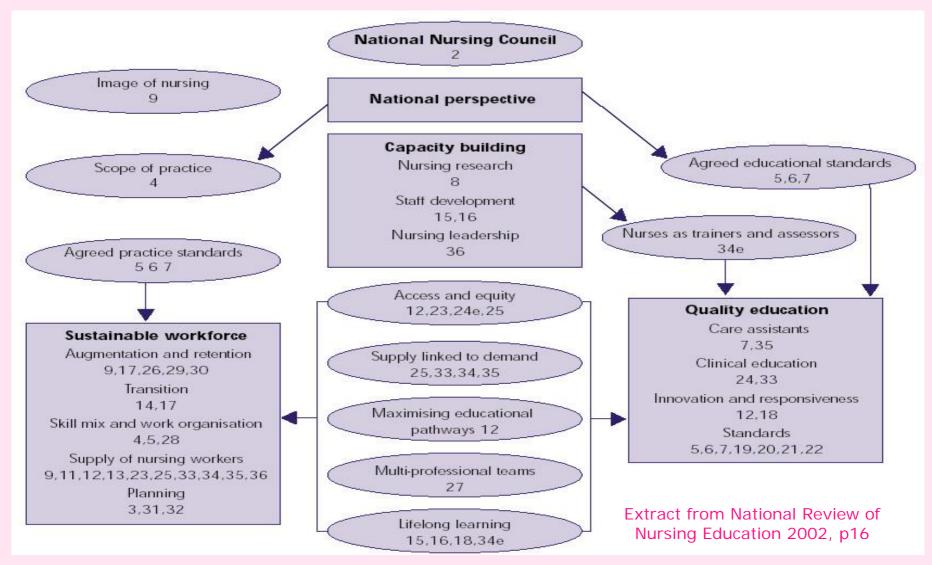
- Training of care assistants
- Clinical education
- National education standards
- Flexible education programs

#### **Capacity Building**

- Nursing research
- Development of organisation knowledge and skills

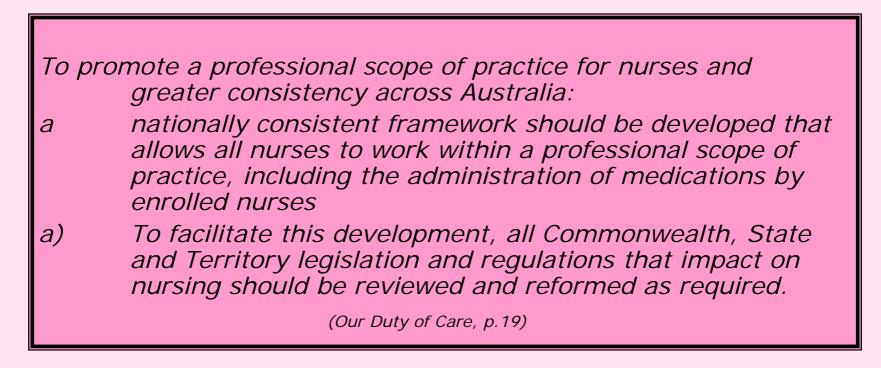


# Overview of Recommendations from Our Duty of Care





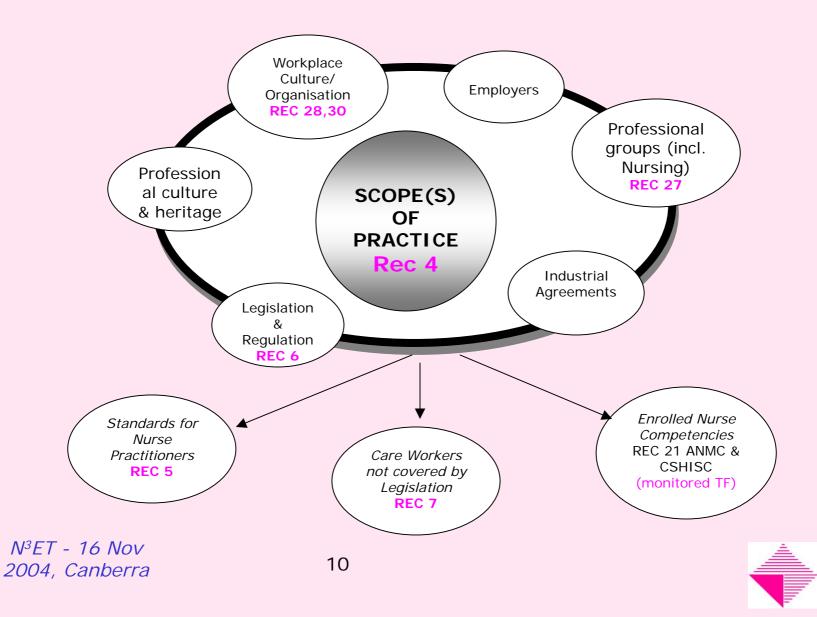
# Nationally consistent scope of practice (Rec 4: Our Duty of Care)



**RECOMMENDED RESPONSIBILITY:** AHMAC referred this recommendation to Taskforce to be carried out in consultation with States/Territories and Commonwealth **Recommendation is supported**.



### Recommendation 4: Interrelatedness of recommendations



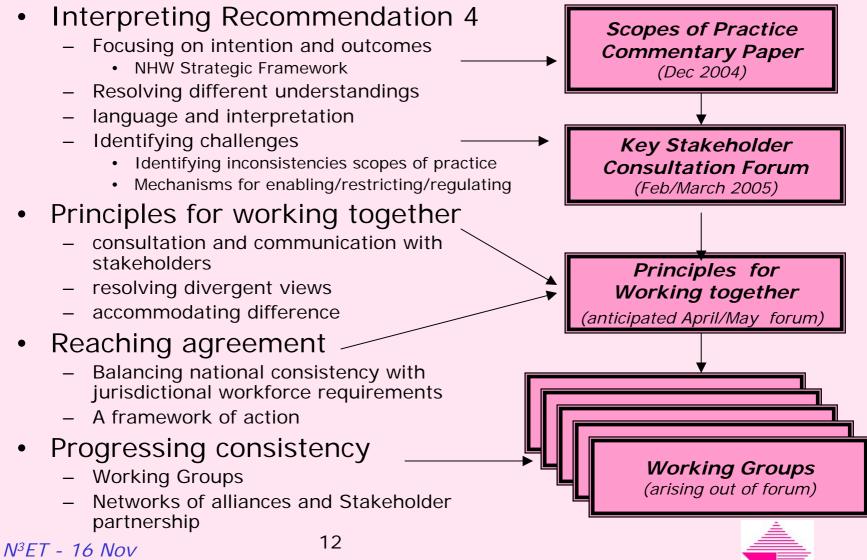
# Framing Scopes of Practice

#### -Health policy - Commonwealth and State

- National Health Workforce Strategic Framework
- Funding for sustainability
- -Legislation and regulation
  - Nurses/health practitioner
  - Drugs and Poisons
  - Other legislation
- -Indemnity and Insurance
- -Education and Competencies
- -Decision making frameworks
- -NRA regulation/registration practices
  - Conditions placed on registration
  - Standards, position statements and scope of practice statements
- -Industrial agreements
- -Workplace culture and work practices
  - Myths about nurses
- -Professional culture, and interprofessional relationships
  - History and convention



# Recommendation 4 Streams of work



2004, Canberra

# What might consistency look like? Rec 4

- Nurses and midwives consistently "*enabled"* to practice
- Nurses, health workers, employers and workforces planners share a common understand of how nurses and midwives are enabled to practice
- Consistent framework/approach to making decisions about scopes of practice that account for issues such as:
  - Nurses and midwives as part of national health workforce
  - Professional evolution and growth
  - Identifying the need for expanded or extended scopes of practice
  - Identifying when and how scopes of practice should be described, prescribed and/or regulated
  - Enabling and sustainability of scope of practice.



### National Standards for Nurse Practitioners (Rec 5: Our Duty of Care)

### 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.

(Our Duty of Care, p.19)

**RECOMMENDED RESPONSIBILITY:** Taskforce **Recommendation:** Supported **in part**.



# Nurse Practitioners

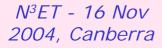
- Considerable work done by jurisdictions
- Recent report on competency standards (ANMC 2004)
- Agreement that NP a critical role in health service delivery

### However:

- Lack of clarity about advanced practice Vs Nurse Practitioner
- Different NP models emerging

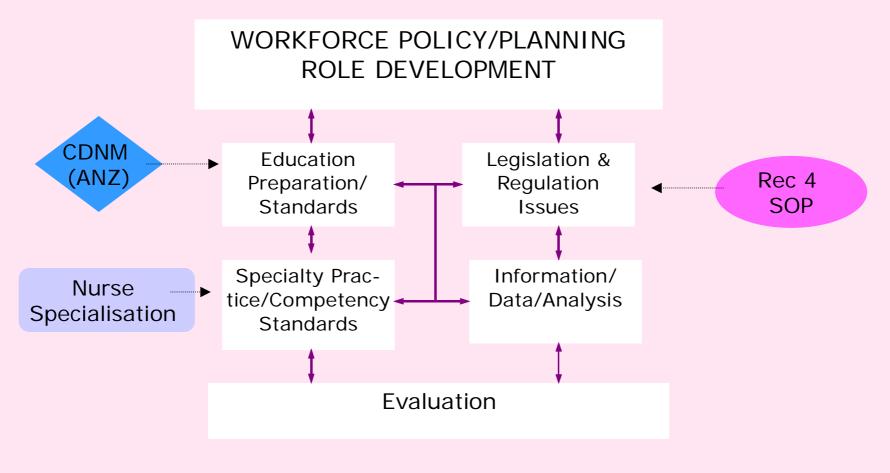
### N<sup>3</sup>ET approach:

Broad, multifaceted approach to national standards is essential to ensure a optimal, consistent and sustainable NP model nationally
 → N<sup>3</sup>ET project will have 6 arms that will run concurrently



### NATIONAL STANDARDS FOR NURSE PRACTITIONERS (Recommendation 5)

### **PROJECT PLAN – OUTLINE OF STRUCTURE**





# NP Project - Arm 1 NP Workforce Policy/Planning

Platform for whole NP project Ensure sustainable national NP model

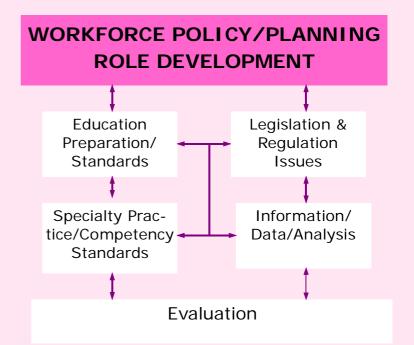
### Key Activities:

Identify priority areas for developing NP capacity in each jurisdiction.
Engage health services/employers in process.

### Output:

Paper for AHMAC detailing: 1.Opportunity for workforce development that NP offers,

- 2.current limitations and
- 3. directions for future work.





# NP Project - Arm 2 NP Educational Preparation/Standards

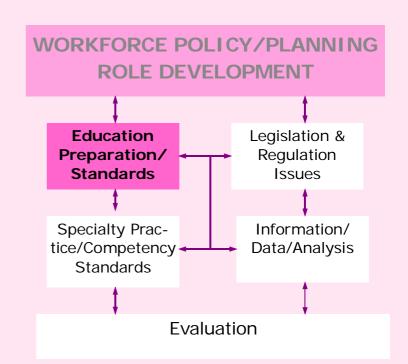
Discussions with CDNM (ANZ) re: establishment several working groups such as *Pathways to progress to nurse practitioner*.

### Involving:

N<sup>3</sup>ET, Deans of Nursing and Midwifery, CNOs, NRAs, ANMC & NP/candidates.

### Possible Key Activities:

Agreement on the standard of education for NPs (level of preparation, core content etc) A transition strategy for standardising education for Nurse Practitioners across Australia



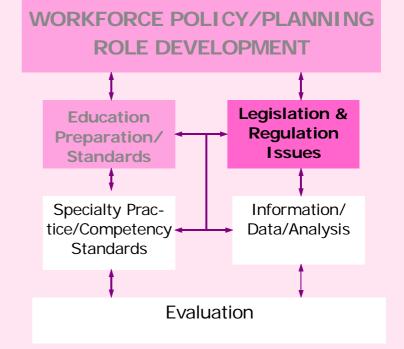


# NP Project - Arm 3 **NP Legislation & Regulation Issues**

### Key Activities:

- Mapping work to be done & 1. timelines to achieve alignment of legislative reform across jurisdictions.
- 2 Identification of areas where consistent enabling regulatory processes are required.
- Consideration of NP 3 competencies by all jurisdictions.
- Identification and referral of 4 associated regulatory issues to Arm 1

This will need to be aligned with consistent scopes of practice (Rec 4). 19





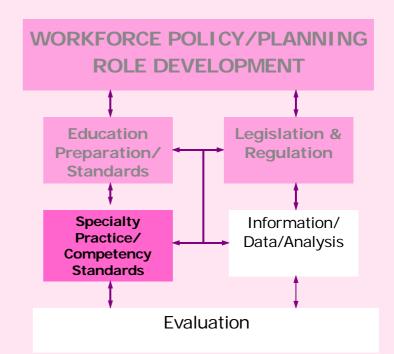
### NP Project - Arm 4

# Specialty Practice/Competency standards

### Key Activities:

- Explore the role of nursing organisations in developing/defining standards for NPs
- Consider what the status/authority of organisations that develop specialty areas of practice competencies/standards for NP should be (Colleges, SIGs)
- Provide guidance on status of "Clinical Guidelines" & their place in assessment of best practice of NP.

This will need to be aligned with N3ET work on Nurse Specialisation

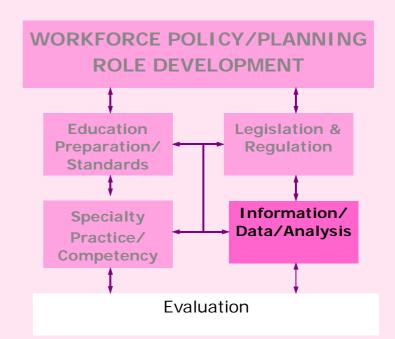




# NP Project - Arm 5 Information/Data/Analysis

### Key Activities:

- Develop a framework for "NP Information and Analysis" that includes:
- 1. Development of National NP Minimum Dataset, including:
  - NP demographics &
  - Service/Patient episode data
- Aligned with existing NHDD items, jurisdictional patient episode/administrative datasets, ICT strategic directions etc (ie is "do-able", sustainable, integrated)
- Develop & test NP quality/outcome process indicators to assist with Arm 1 work.
- 4. Develop capacity to analysis and report on NP role from data.





# NP Project - Arm 6 Evaluation

### Possible Key Activities:

Develop a framework for evaluating all other five arms of the project and building capacity to inform ongoing NP role development.

Consider application of both "whole system" and individual practitioner approaches to evaluation.





## Enrolled Nurse Competencies (Rec 21: Our Duty of Care)

- 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.

(Our Duty of Care. p.25)

**RECOMMENDED RESPONSIBILITY:** AHMC referred this recommendation to CSHISC and ANMC as an urgent priority, with the Taskforce having a monitoring role.

Recommendation Supported.



# Enrolled Nurse Competencies (Rec 21: Our Duty of Care)

- Community Services and Health Industry Skills Council (CSHISC) and Australian Nursing & Midwifery Council (ANMC) are responsible for Rec 21
- Taskforce has a monitoring and reporting role
- Taskforce also has an interest in the project outcomes, which inform/intersect with:
  - Recommendation 4 (Scope of Practice)
  - Recommendation 12 (Maximising Education Pathways).
- Taskforce will be participating closely in the project through the Chairs position on the Industry Reference Group (IRG)



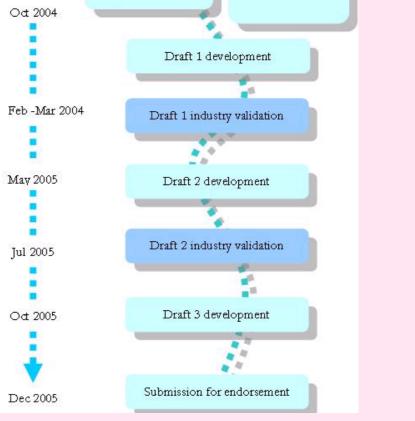
# Enrolled Nurses Competencies Project (Rec 21) Review of the Health Training Package

Jul 2004

Aug 2004

- Work to incorporate EN Competencies into the Health Industry Training Package is occurring in the context of the review of the Health Training Package (HTL02)
- HTL02 Review discussion paper is available on line.
- ANMC is represented on the HTLO2 Review Steering Committee

Downloaded from <u>www.cshisc.com.au</u>



Project Startup

Scoping

Technical Writers

recruitment



### Enrolled Nurse (EN) Competencies Project (Rec 21)

- Aim of the EN project is to develop national qualifications and competency standards for Enrolled Nurses within the Health Training Package (HLT02):
  - Qualifications and competency standards are to be consistent with all relevant **ANTA guidelines** for Training Package development.
  - New EN qualifications will meet regulatory requirements in each jurisdiction
  - ANMC Competency Standards for ENs will be incorporated into the training package (on their consistency with ANTA requirements) (in-line with Rec 21)
  - There will be links with other training packages to establish career pathways
  - There will be clarification of entry and exit points for ENs

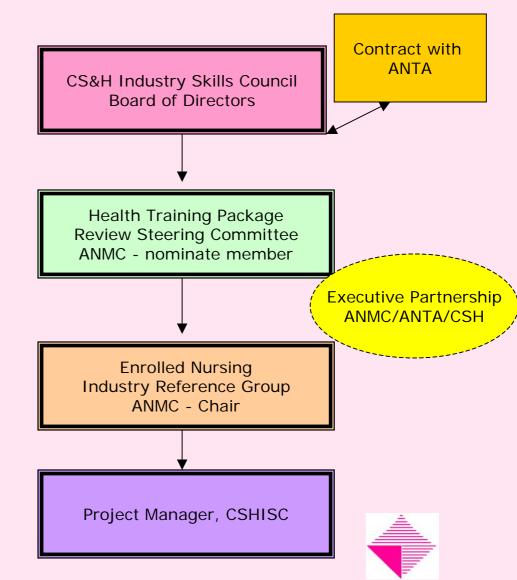
(CSHISC Draft Discussion Paper)

### EN Competencies Project Proposed Project Structure (from the draft CSHISC EN project discussion paper)

- Detailed Project Plan
  - Due December
  - It is anticipated that the paper will include details of consultation
- Industry Reference Group
  - Has been convened
  - Terms of reference being finalised
- Time frame
  - up to 18 months to complete
- EN Project discussion paper

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- In process
- Input by IRG



### EN Competencies Project Industry Reference Group (IRG)

Organisation	Representing	Location
ANMC	Chair - ANMC	ACT
ANMC	ANMC	ACT
ACT Nurses Board	Nurse Regulatory Boards	ACT
DHS- Vic	Public Employer	Vic
АРНА	Private Employer	WA
NENA	Peak Body	QLD
ANF	Union - ANF	ACT
HSUA	Union - HSUA	Vic
RCNA	RCNA	ACT/TAS
Uni New Castle	CDNM-ANZ	NSW
Dept of Health WA	Aust and NZ CCN	WA
TAFE NSW	Public Provider	NSW
QLD Community Services and Health Industry Training Council Inc	ІТАВ	QLD
N <sup>3</sup> ET	N <sup>3</sup> ET	Vic
ANHECA	Private Employer (Aged Care)	NSW
Mayfield Centre	Private Training Provider	Vic
Potential for additional members		(NT/SA/TAS)

Meets ANTA Requirements For IRG



### EN Competencies Project Consultation and Communication (from SCHISC Website)

Consultation and Communication – for HLTO2 review CSHISC Website:

- Provides stakeholder access to draft validation materials
- Informs stakeholders about issues that are identified, and their resolution
- Enables active stakeholder engagement and participation in the review
- Promotes the review processes
- Supports industry preparation for effective implementation of the reviewed Health Training Package
- Communication forums (for Health Training Package)
  - Completed in all states by Nov 11 2004
- On-line forums
  - Provides a forum for on-line discussion about the skills requirements in the health industry, and promote discussion relevant to individual Health Training Package HLT02 sectors, e.g. general health services delivery; ambulance.



# For further details on the N<sup>3</sup>ET, please contact the Secretariat at:

Phone: (03) 9616-6995 Fax: (03) 9616-7494

# Web Site: www.nnnet.gov.au

Register as a stakeholder on line on the N<sup>3</sup>ET website and receive regular updates.

