



Australian Health Ministers' Advisory Council

NATIONAL NURSING & NURSING EDUCATION TASKFORCE

PROGRESS REPORT (PR 02/05)

June 2005

**Reporting on the progress of recommendations referred to
The National Nursing and Nursing Education Taskforce (N³ET)
for implementation or monitoring:**

REPORT CONTENTS:

PART 1	Work being implemented by N3ET	3
PART 2	Recommendations being monitored by the N3ET.....	11

National Review of Nursing Education (2002)

The following Progress Report on the implementation of the recommendations of the *National Review of Nursing Education (2002)* by the National Nursing and Nursing Education Taskforce (N³ET – The “Taskforce”) uses the framework of strategies and associated recommendations described in the review, namely:

Strategy 1 – Building a sustainable nursing workforce

- Augmentation and retention of the current nursing workforce
- Transition Programmes
- Skill mix and work organisation
- Supply of nursing staff
- Sound data and reliable evidence base

Strategy 2 – Maximising health outcomes through quality education

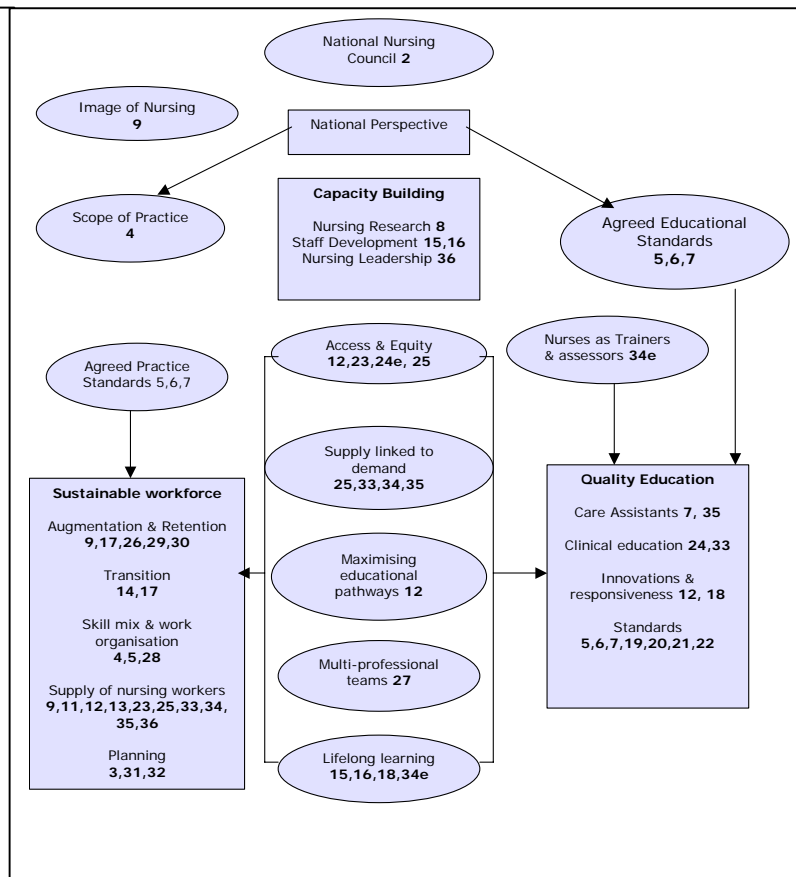
- Training of care assistants
- Clinical education
- National education standards
- Flexible education programs

Strategy 3 – Capacity building

- Nursing research
- Development of organisational knowledge and skills

Note: strategies are interdependent and recommendations may be part of more than one strategy

Source: Pages 13-16



The Australian, State and Territory Health Ministers reviewed and prioritised the recommendations, and assigned and confirmed responsibility.



NATIONAL NURSING & NURSING EDUCATION TASKFORCE

PART 1- Work being implemented by N3ET

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
SKILL, MIX & WORK ORGANISATION				
<p>4. Nationally Consistent Scope of Practice <i>To promote a professional scope of practice for nurses and greater consistency across Australia:</i></p> <p>a) <i>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</i></p> <p>b) <i>to facilitate this development, all Commonwealth, State and Territory legislation and regulations that impact on nursing should be reviewed and reformed as required.</i></p>	<p>Taskforce, in consultation with Jurisdictions</p>	<p>Commenced August 2004</p> <p>Anticipated completion May 2006</p>	<p>Work tracking according to project timelines:</p> <ul style="list-style-type: none"> • Report on Scope of Practice Symposium distributed • Blueprint for National Action including key action areas identified - available on website. • Alliance formed between N³ET, Australian Nursing and Midwifery Council (ANMC), Australian and New Zealand Council of Chief Nurses (ANZ-CCN) and Council of Deans of Nursing and Midwifery Australian and New Zealand (CDNM-ANZ) to progress priorities on Blueprint; discussions in train between Alliance partners on areas of work to be led by the different partners, cost sharing arrangements and governance <p><i>See also progress on Rec 5, 6, 12, 21</i></p>	

STRATEGY 1 Our Duty of Care	BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005
<p>5. National standards for nurse practitioners <i>To promote a consistent national approach, the Australian Nursing Council Incorporated (ANCI) should be commissioned to establish national standards for nurse practitioners.</i></p>	Taskforce	Commenced June 2004 Anticipated completion May 2006	Detailed project planning progressing including: <ul style="list-style-type: none"> • Identification of six streams of work to be addressed to achieve national standards, consistency and sustainable NP role, grounded in principles of health workforce policy, namely: <ol style="list-style-type: none"> 1. <i>Workforce policy, planning & NP role development</i> 2. <i>Legislation & Regulatory Issues</i> 3. <i>Educational Preparation/Standards</i> 4. <i>Clinical specialty/competencies</i> 5. <i>Data/Information/Analysis</i> 6. <i>Evaluation</i> • N³ET Scope of NP work presented to all Chief Nurses, Nurse Regulatory Authorities and the ANMC (Nov 2004) and way forward endorsed. • “Advanced practice” paper underway to situate and link NP work, specialisation work and issues identified in Scope of Practice Commentary Paper. • Situational analysis/comparison of various NP models in each jurisdiction in progress. • Work on identifying existing datasets related to NPs underway. <p><i>See also progress on Rec 4, 12 and Specialisation</i></p>
<p>27. Encouragement of inter-disciplinary and cross-professional approaches to education and practice <i>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.</i></p> <p>28. Work Organisation <i>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:</i></p> <ol style="list-style-type: none"> a) <i>constantly seek to achieve the most effective and efficient use of the total nursing workforce (including learning from best practice elsewhere)</i> b) <i>ensure that skills and expertise are matched to the work required in the particular workplace</i> c) <i>take account of the interrelationships with other health professionals</i> d) <i>ensure that nurses are encouraged to practise to their full professional capacity.</i> 	Taskforce	Commenced October 2004	Being progressed as joint project with rec 28 & 30. Preliminary scoping commenced including: <ul style="list-style-type: none"> • Dialogue with Chief Nurses regarding options for progressing this work • Design and creation of an electronic clearing-house called <i>Solution Seekers</i> (housed on N3ET website) to identify and disseminate examples of “best practice” as requested by Ministers for numerous recommendations. <i>Solution Seekers</i> site is an open access, searchable repository of innovative projects/approaches that are related to the workplan from across Australia. Brief information on project and contact details to encourage information sharing. “Go live” July 2005. • Development of “myth busters” information targeted to provide accurate and factual data to dispel popular nursing myths related to N3ET workplan.

STRATEGY 1 Our Duty of Care	BUILDING A SUSTAINABLE NURSING WORKFORCE			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
SUPPLY OF NURSING WORKERS – See also Strategy 3 – Maximising Education Pathways Rec. 12, Strategy 2 - Nursing Leadership & Management Rec. 36				
<p>9. The Image of Nursing <i>To develop and improve the image of nursing:</i> a) <i>the value, contribution and benefits of a nursing career should be promoted</i> b) <i>expert advice should be sought to develop a national marketing profile (brand) for nursing:</i> i. <i>the profile should help generate a broader base of recruitment to nursing which reflects the diversity of the Australian population</i> ii. <i>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</i></p>	Taskforce	Commenced March 2005 Anticipated completion March 2006	Work tracking according to project timelines: <ul style="list-style-type: none"> Detailed project brief prepared for communications and media expert to prepare generic Media Principles Contract with media expert finalised Background literature and media materials analysis commenced Material development for workshop session at the RCNA conference (July 16, 2005) Planning and development of materials for national consultation through the Health and Education Forums (Rec 3) – consultations will commence August and will be completed by December 2005. Developing e-form/facility for feedback on forum sessions and image guidelines 	
<p>25. Commonwealth assistance for specialty and re-entry courses <i>The maintenance of nursing specialties and re-entry programs are important in meeting labour market needs. To enable these needs to be met:</i> a) <i>an audit should be undertaken of the current postgraduate coursework scholarships, including those offered by the States and Territories</i> b) <i>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</i> c) <i>new scholarships should be offered for 3 years in the first instance, subject to review</i> d) <i>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</i> e) <i>university-based units required for re-entry to nursing should be covered by a loans scheme.</i></p>	a) Taskforce, then advise on (b)-(e)	Completed July 2005	Project Work completed. The deliverables for this project were: <ul style="list-style-type: none"> National survey of postgraduate scholarships completed and reported on in "Scholarships for Nurses and Midwives. A Review of Australian Scholarship Programs for Postgraduate Study in Specialty Nursing Areas" - Submitted to AHWOC April, 2005; submitted to AHMAC July 2005. Review of Re-entry completed and reported on in "Re-entry Programs for Nurses and Midwives". Forwarded to AHWOC in July 2005. 	
PLANNING – See Also Strategy 3 Training places for Certificate III Rec. 35				
<p>3. Nursing Education and Workforce Forums <i>State Territory governments should establish nursing education and workforce forums to:</i> a) <i>facilitate collaboration between the education sectors and the health and community and aged care sectors, including both the public and private sectors</i> b) <i>address local and regional nursing education and workforce issues</i></p>	Jurisdictions. Monitored by Taskforce	Commenced June 2004 Anticipated completion May	Work tracking according to project timelines: <ul style="list-style-type: none"> National framework for forums developed with Chief Nurses. Forums established in all jurisdictions (Nov 2004) N³ET Chair has attended/participated in 7 forums 	

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
<p>c) assist with the implementation of the recommendations of this Review. <i>Note Forums are also to include the following:</i></p> <p>14. Standards for Transition Programs 20. Nurse academics and teachers 27. Interdisciplinary/ cross professional approaches to education & practice Midwifery Recommendation 2</p>		2006	<ul style="list-style-type: none"> Forums being used for national consultation on recommendations 8 (Research) & 9 (Image) Baseline audit underway of work done to date in relation to recommendations allocated to jurisdictions for action. <p><i>See also Recs 8 & 9</i></p>	
AUGMENTATION & RETENTION - See also Strategy 1 - Supply of Nursing Workers, Rec. 9 "Image of Nursing"				
<p>30. Workplace Culture <i>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:</i></p> <p>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.</p>	Jurisdictions & Taskforce	Commenced October 2004	<p>Preliminary scoping commenced and dialogue underway with Chief Nurses regarding potential activities.</p> <p><i>See also "Solution seekers" under Rec 27</i></p>	
STRATEGY 2 Our Duty of Care		CAPACITY BUILDING		
NURSING RESEARCH				
<p>8. Research and research training for nursing <i>To build capacity in a vital discipline that has only been in the university sector for a relatively short period:</i></p> <p>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. 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.</p>	<p>a) Taskforce b) Taskforce & AHMAC</p>	<p>Commenced in June 2004</p> <p>Anticipated completion May 2006</p>	<p>Work tracking according to project timelines:</p> <ul style="list-style-type: none"> Finalising data collection for report on RTS and Australian Postgraduate Association scholarships for nurses and midwives, and draft report commenced Background literature review and research on research priorities for nurses and midwives (national and international) Scheduling and preparation of materials for consultation on National Research Priorities Areas for nurses and midwives that will occur through State/Territory Health and Education Forums between July to November 2005. Developing e-form/facility for feedback on forum sessions and research priorities via website. Tracking the impact of recent developments including the <i>Research Quality Framework</i> for publicly funded research 	
RECOMMENDATION 3		CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)		
<p>Ensuring adequate data for ongoing and complete workforce supply analysis and requirement analysis <i>AHMAC coordinate improvements to critical care nurse data collections, and overall nurse data collections, noting that reliable, timely data is essential</i></p>	a & b) AHMAC AHWOC/AHWA C	Commenced June 2004	<p>Consideration of part c) of this recommendation has been incorporated into the project scope for Recommendation 8 from the <i>Our Duty of Care</i> report, specifically in relation to</p>	

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
<p>to workforce planning, noting that. The following measures are required:</p> <p>a) AIHW surveys: the implementation of a consistent, timely national approach for the collection of nurse labour force surveys via nurse registration boards annually.</p> <p>Nurse registration authorities: AHMAC to encourage jurisdictions to work together to ensure a more consistent approach to registration data collection and reporting.</p> <p>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.</p> <p>b) Improvement of information relating to the nursing education sector.</p> <p>c) Research to measure the relationship between critical care nurse staffing levels (and skill mix) and patient outcomes.</p>	c) Taskforce		<p>identification of priority areas for research</p> <p><i>See Recommendation 8 above</i></p>	
RECOMMENDATION 4		THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)		
<p>Consider establishment of national longitudinal research study</p> <p>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.</p>	AHWOC & Taskforce.	Commenced June 2004	<p>Consideration of this recommendation has been incorporated into the project scope for Recommendation 8 from the <i>Our Duty of Care</i> report, specifically in relation to identification of priority areas for research</p> <p><i>See Recommendation 8 above</i></p>	
STRATEGY 3 Our Duty Of Care		QUALITY EDUCATION		
CARE ASSISTANTS				
<p>7. Care workers not covered by regulation</p> <p>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:</p> <p>a) a common national nomenclature</p> <p>b) a minimum competency level of Certificate III from the appropriate Community Services or Health Training Package</p> <p>c) an appropriate suitability check.</p> <p>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.</p> <p>35. Training places for Certificate III</p> <p>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.</p>	Taskforce	<p>Commenced October 2004</p> <p>Anticipated completion March 2006</p>	<p>Recommendation 7 and 35 developed as a joint project. Detailed project scoping commenced including:</p> <ul style="list-style-type: none"> Liaison with ABS and DEWR re. Draft ANZSCO classifications Background literature review and document analysis commenced Project officer commenced in July to develop and implement a process for baseline assessment of each jurisdiction (including an assessment of current level of coverage of Cert III for workers involved in direct care in the health, aged and community sectors; and of strategies in place or planned by jurisdictions to achieve the 2008 target. 	

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
VET OPPORTUNITIES				
<p>34 Expansion of opportunities in the VET and VET in schools</p> <p><i>States and Territories should expand opportunities for entry to enrolled nursing and occupations that do nursing work by:</i></p> <p>a) <i>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</i></p> <p>b) <i>promoting employment of student enrolled nurses through models of education and training such as traineeships</i></p> <p>c) <i>working with the Commonwealth to expand traineeships in rural areas as an entry to care work and nursing</i></p> <p>d) <i>supporting the expansion of VET-in-schools programs based on the Community Services or Health Training Packages</i></p> <p>e) <i>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.</i></p>	Taskforce (b) and (c)	<p>Commenced July 2005</p> <p>Anticipated completion May 2006</p>	<p>Preliminary scoping commenced including:</p> <ul style="list-style-type: none"> Liaison with DEST project areas responsible for the Pathways Project Preliminary data collection commenced on EN training models and funding models for EN training in the states and territories Correspondence with DEST regarding policy on traineeships/Commonwealth Government Incentives, and liaison with state training authorities regarding State policy on VET funding priorities <p><i>Note: the outcomes of this recommendation are linked to Rec 21 outcomes</i></p>	
CLINICAL EDUCATION				
<p>24. Clinical education funding</p> <p><i>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:</i></p> <p>a) <i>promote State- and Territory-based cooperative arrangements between those sectors preparing nurses for initial registration and those employing them</i></p> <p>b) <i>be acquitted in terms of delivering quality clinical placement outcomes (to defined minimum standards)</i></p> <p>c) <i>prioritise partnership arrangements and contributions from all sectors involved in health and education</i></p> <p>d) <i>promote innovative approaches to clinical education</i></p> <p>e) <i>include some assistance to students, particularly for those who are disadvantaged by the high costs of attending clinical placements.</i></p>	Taskforce	<p>Commenced June 2004</p> <p>Anticipated completion March 2006</p>	<p>Work progressing according to revised project timelines:</p> <ul style="list-style-type: none"> Data collection finalised and draft report commenced Continued liaison with the Council of Deans of Nursing & Midwifery (A&NZ), National Health Workforce Secretariat and DEST 	
INNOVATIONS & RESPONSIVENESS				
<p>12. Maximising education pathways</p> <p><i>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:</i></p>	Taskforce & ATSIHWWG (formerly AHWWG)	<p>Commenced June 2004</p> <p>Anticipated</p>	<p>Work progressing according to project timelines:</p> <ul style="list-style-type: none"> Action areas/working group structure revised. Five work groups (lead by ANZ Council of Deans of Nursing and Midwifery to examine the following: 	

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
<p>a) maximise the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) in enrolment processes</p> <p>b) in consultation with local Indigenous communities, improve articulation pathways for Aboriginal and Torres Strait Islander peoples.</p>		completion June 2005	<ol style="list-style-type: none"> 1. Pathways for entering nursing at various levels of education. 2. Cross sector articulation and credit arrangements & arrangement for credit at post registration and postgraduate level (formerly two separate groups). 3. Pathways to progress to nurse practitioner. 4. Pathways for RN Bachelor students to exit and register and ENs. 5. Articulation between Bachelor of Midwifery and Bachelor of Nursing. <ul style="list-style-type: none"> • Terms of reference for groups developed and scheduling of teleconferences underway. <p><i>This work links to work undertaken by the CSHISC to incorporate EN competencies into the Health Training Package. N3ET continued participation on Industry Reference Group for inclusion of EN Competency Standards in Health Training Package (Rec 21)</i></p>	
STANDARDS				
<p>6. National ANCI principles to underpin nursing legislation and regulation</p> <p><i>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:</i></p> <p>a) assessment against the ANCI competencies for initial registration of registered nurses and enrolled nurses</p> <p>b) audited self-reporting for continuing registration of registered nurses and enrolled nurses using indicators that demonstrate currency of competence including ongoing education.</p>	<p>a) Taskforce</p> <p>b) Jurisdictions-Taskforce to report.</p>	<p>Commenced July 2004</p> <p>Anticipated completion March 2006</p>	<ul style="list-style-type: none"> • The Alliance (N3ET; ANZ Council of Chief Nurses ;ANZ Council of Deans of Nursing and Midwifery and the Australian Nursing &Midwifery Council) has identified "Ongoing competence for renewal of registration" as a priority action area for collaborative action. • Work is being led by the ANZ-Council of Chief Nurses 	
Recommendations	Responsibility	Time Frame	Progress Against Plan As At March 31st 2005	
NURSE SPECIALISATION		Additional work referred by Ministers		
<p><i>The Health Ministers referred the following issues related to specialty nurse education to the Taskforce:</i></p> <ul style="list-style-type: none"> • What constitutes a nursing specialty? • What skills and competencies do nurses require to work in particular clinical area, and of these, what are generalist competencies that all nurses possess? • How should nurse specialties be developed, governed and endorsed? • Should there be a process for ensuring that nurse specialist qualifications are established to a consistent length and content standard, which would produce similar competency outcomes? 	<p>Taskforce</p> <p><i>(Work referred in September 2004)</i></p>	<p>Commence April 2005</p> <p>Anticipated completion May 2006</p>	<p>Project Plan key activities being finalised including:</p> <ul style="list-style-type: none"> • Issues in "Advanced Practice/Specialisation" primer paper underway. Release date Sept 2005 • Taxonomy of recognised nursing specialties & criteria for a recognised specialty to be developed • Development of Standards for groups/colleges that develop competencies for recognised specialties • Mapping/gap analysis of how close current practice is to the specialty classification in relation to key processes/data systems & report to ministers • Development of overarching principles for recognised 	

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At June 30th 2005	
<ul style="list-style-type: none"> How do education providers ensure their products meet the needs of employers and the health industry? <p><i>In particular, the Taskforce has been asked to develop:</i></p> <ol style="list-style-type: none"> An agreed definition of specialist nursing An agreed framework for nursing specialization and the development and attainment of postgraduate qualifications that addresses these questions 			specialty postgraduate courses (courses will be driven by meeting of competencies) <ul style="list-style-type: none"> Identification of guidelines for how competencies in nursing specialties are developed and written Pilot the application of processes. 	
RECOMMENDATION 2	CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)			
<p>Ensuring an adequate supply of qualified critical care nurses (quality)</p> <p>a) 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.</p> <p>b) 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.</p>	a) Jurisdictions b) Taskforce		<p><i>Part b) of this recommendation will be progressed in conjunction with the work on Nurse Specialisation</i></p> <p><i>See above</i></p>	

PART 2 Recommendations being monitored by the N3ET.

RECOMMENDATIONS Our Duty of Care	TO BE MONITORED BY TASKFORCE
<p>13. Student nurse employment</p> <p><i>With a view to achieving national consistency, the [NNCA]sic should examine the financial benefits and experience that might accrue to student nurses (and the implications for the workplace) from their employment in the health workforce at their level of competence (but not as part of the requirements of their educational program).</i></p>	<p>Responsibility: Jurisdictions</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: Taskforce to report after 12 months on jurisdictional work. Information on jurisdictional progress on this recommendation currently being collected by Taskforce and will be reported on as Addendum to September 2005 Progress report.</p>
<p>14. Standards for transition programs</p> <p><i>To ensure consistency and quality in the development and delivery of transition programs:</i></p> <p><i>a) a national framework should be developed for transition programs to provide guidelines and standards for institutions</i></p> <p><i>b) State and territory nursing registration boards should accredit transition programs</i></p> <p><i>c) employing institutions should be responsible for meeting the standards.</i></p>	<p>Responsibility: Jurisdictions</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: (a) & (b) not supported. Taskforce to report after 12 months on jurisdictional work (via Forums). Information on jurisdictional progress on this recommendation currently being collected by Taskforce and will be reported on as Addendum to September 2005 Progress report.</p>
<p>20. Nurse academics and teachers</p> <p><i>To ensure that students are exposed to current clinical practices, faculty practice should be:</i></p> <p><i>a) built into the workload of those nurses who teach nursing students in universities and the VET sector</i></p> <p><i>b) incorporated into annual performance appraisals.</i></p>	<p>Responsibility: Jurisdictions</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: Taskforce to report after 12 months on jurisdictional progress. Information on jurisdictional progress on this recommendation currently being collected by Taskforce and will be reported on as Addendum to September 2005 Progress report.</p>
<p>36. Nursing leadership and management</p> <p><i>For nursing leadership and management to be enhanced:</i></p> <p><i>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</i></p> <p><i>b) workplaces should recognise and support the development of future nurse leaders and managers, using initiatives such as:</i></p> <p><i>i. mentoring and coaching, where experienced staff help younger or less experienced staff to develop and progress</i></p> <p><i>ii. involvement in policy development and implementation</i></p> <p><i>iii. provision of programs in areas such as human resources, financial management and policy development.</i></p>	<p>Responsibility: Jurisdictions</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: Taskforce to report after 12 months on jurisdictional progress. Information on jurisdictional progress on this recommendation currently being collected by Taskforce and will be reported on as Addendum to September 2005 Progress report.</p>

<p>26. Remuneration for Practice: Postgraduate Award Course Recognition <i>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.</i></p>	<p>Responsibility: Jurisdictions N³ET Role: Taskforce to monitor. Monitoring Process: Information on jurisdictional progress on this recommendation currently being collected by Taskforce and will be reported on in 2006.</p>
<p style="text-align: center;">RECOMMENDATION 1 Our Duty of Care TO BE MONITORED BY TASKFORCE</p>	
<p>33. Commonwealth funding for additional undergraduate university places <i>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:</i></p> <p>a) <i>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.</i></p> <p>b) <i>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></p> <p>i. <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</i></p> <p>ii. <i>universities are able to supply quality clinical placements for all their nursing undergraduate students</i></p> <p>iii. <i>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.</i></p>	<p>Responsibility:Jurisdictions; a) DEST & Universities, b) Jurisdictions N³ET Role:.....Taskforce to report on implementation of (a) after 2 years Monitoring Process: N³ET Secretariat currently tracking commencement load and "pipeline" figures for additional undergraduate places using DEST data.</p>

<p>21. Enrolled nurse (EN) competencies</p> <p><i>To provide links to other training and to develop national consistency for the education and training of ENs:</i></p> <p><i>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</i></p> <p><i>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.</i></p>	<p>Responsibility: ANMC & CSHISC</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: The Taskforce has been monitoring progress through N3ET's participation on the Industry Reference Group for the inclusion of Enrolled Nurse Competency Standards in the Health Training Package.</p> <ul style="list-style-type: none"> • The CSHISC project team report that the project is tracking according to revised timelines, with the aim of completion by February 2006 (in-line with the project time-lines for review of the Health Training Package). • Draft competencies are being prepared for stakeholder review and comment in August 2005. • In response to strong representation by a number of stakeholders, a qualification/education pathway with two entry-to-practice levels is being considered to meet the different needs of states/territories.
<p>RECOMMENDATION 1 CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)</p>	
<p>Ensuring an adequate supply of registered nurses to work in critical care (quantity)</p> <p><i>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:</i></p> <p><i>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.</i></p> <p><i>Strategies to improve retention of the skilled critical care nurse workforce would ensure that the required new entrants to the workforce is minimised.</i></p>	<p>Responsibility: DEST/Universities and State/Territories</p> <p>N³ET Role: Taskforce to monitor</p> <p>Monitoring Process: Taskforce to report on jurisdictional progress. Information on jurisdictional progress on this recommendation (clinical places) currently being collected by Taskforce and will be reported on in 2006.</p> <p>Discussions with DEST in relation to the data available to be progressed.</p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE

RECOMMENDATION 1 THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)	
<p>Coordinating action to improving the supply of midwives in Australia</p> <p><i>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.</i></p>	<p>Responsibility: DEST/universities, States & Territories</p> <p>N³ET Role: Taskforce to review progress after two years</p> <p>Monitoring Process:</p> <ul style="list-style-type: none">• Awaiting response from jurisdictions to baseline audit - distributed June 2005.• Recommendation 25: Scholarships Report (currently processing with AHMAC) provides additional information to aid jurisdictional policy and planning.
RECOMMENDATION 2 THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)	
<p>Putting in place actions outlined in Recommendation 1</p> <p><i>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.</i></p>	<p>Responsibility: DEST/universities, States & Territories</p> <p>N³ET Role: Taskforce to review progress</p> <p>Monitoring Process:</p> <ul style="list-style-type: none">• Awaiting response from jurisdictions to baseline audit - distributed June 2005.• Recommendation 25: Scholarships Report (currently processing with AHMAC) provides additional information to aid jurisdictional policy and planning.