



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N<sup>3</sup>ET)

**PROGRESS REPORT (PR 03/05)**

**Sept 2005**

**Reporting on the progress of recommendations referred to  
The National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET)  
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 (N<sup>3</sup>ET – 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

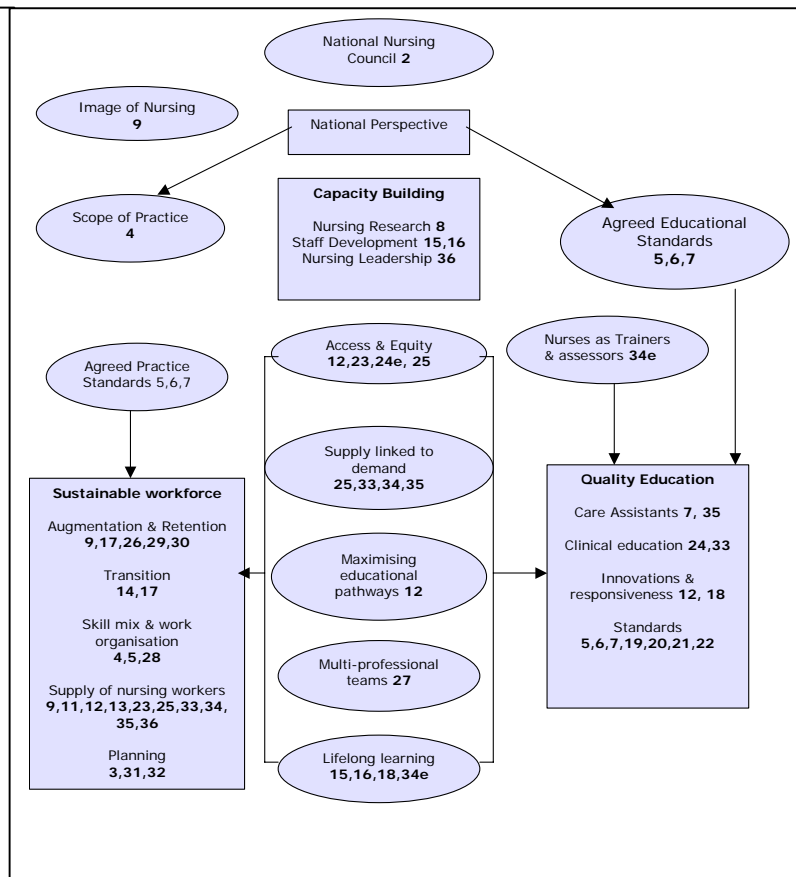
- Training of care assistants
- Clinical education
- National education standards
- Flexible education programs

### 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 (N<sup>3</sup>ET)

### 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 September 30 <sup>th</sup> 2005	
<b>SKILL, MIX &amp; WORK ORGANISATION</b>				
<p><b>4. Nationally Consistent Scope of Practice</b>  <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>Alliance partners, N<sup>3</sup>ET, 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), are meeting regularly by teleconference to coordinate and progress action on the priority action areas identified on the N<sup>3</sup>ET <a href="#">Blueprint for National Action</a>. Alliance partners are leading various aspects of the work:</p> <ul style="list-style-type: none"> <li>N<sup>3</sup>ET has formed a steering group and finalised a project brief for the National Legislation/Regulation Mapping exercise to commence early November 2005. The mapping will inform the work on other priority action areas.</li> <li>A project brief has been developed by the ANMC to develop a National Decision Making Framework for Scopes of Practice for Nurses and Midwives in Australia. The Project Management Group (PMG) has convened to refine the brief and project plan.</li> <li>The ANZ-CCN is developing a project brief to bring national consistency to the regulation and facilitation of "Re-entry" to practice for nurses and midwives across Australia.</li> <li>A draft project brief is being developed by the ANZ-CCN for a project to bring national consistency to regulatory practices concerned with on-going competence for renewal of registration and enrolment of nurses and midwives.</li> <li>Work has commenced on mapping NP education pathways (see also Rec 12).</li> </ul> <p>Alliance partners are working together to provide direction, support and sponsorship to each of these projects.  <i>See also progress on Recommendations 5, 6, 12, 21</i></p>	

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE	
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<p><b>5. National standards for nurse practitioners</b>  <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	<p>Detailed project planning progressing including:</p> <ul style="list-style-type: none"> <li>Work for this Recommendation is being structured around six streams, namely: <ol style="list-style-type: none"> <li>Workforce policy, planning &amp; NP role development</li> <li>Legislation &amp; Regulatory Issues</li> <li>Educational Preparation/Standards</li> <li>Clinical specialty/competencies</li> <li>Data/Information/Analysis</li> <li>Evaluation</li> </ol> </li> <li>Mapping of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation processes has been completed and will be made available on N<sup>3</sup>ET website. Areas for priority action areas from mapping being identified.</li> <li>Collaborating as Industry partner in Research Consortia seeking grant/funding to investigate NP outcomes.</li> <li>Working with AIHW to develop a minimum data set for the collection of de-identified client level data relating to services provided by Nurse Practitioners in public funded health, aged care and community settings in all States/Territories.</li> <li>Rec 12 Working Group 3 has commenced work on education pathways for NPs.</li> </ul> <p><i>See also progress on Rec 4, 12 and Specialisation</i></p>
<p><b>27. Encouragement of inter-disciplinary and cross-professional approaches to education and practice</b>  <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><b>28. Work Organisation</b>  <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"> <li><i>constantly seek to achieve the most effective and efficient use of the total nursing workforce (including learning from best practice elsewhere)</i></li> <li><i>ensure that skills and expertise are matched to the work required in the particular workplace</i></li> <li><i>take account of the interrelationships with other health professionals</i></li> <li><i>ensure that nurses are encouraged to practise to their full professional capacity.</i></li> </ol>	Taskforce	Commenced October 2004	<p>Being progressed as joint project with rec 28 &amp; 30. Preliminary scoping commenced including:</p> <ul style="list-style-type: none"> <li>Dialogue with Chief Nurses regarding options for progressing this work.</li> <li>First "N<sup>3</sup>ET Mythbuster" will be released (via website) in October 2005. Mythbusters are designed to provide accurate and factual data to dispel popular nursing myths regarding nursing and midwifery education and the workforce and related to key aspects "N3ET workplan.</li> <li><i>N<sup>3</sup>ET Solution Seekers</i>" was launched September 2005. <i>Solution Seekers</i> is part of the N3ET website and aims 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.</li> </ul>

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
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<b>SUPPLY OF NURSING WORKERS – See also Strategy 3 – Maximising Education Pathways Rec. 12, Strategy 2 - Nursing Leadership &amp; Management Rec. 36</b>				
<b>9. The Image of Nursing</b> <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>	Taskforce	Commenced March 2005  Anticipated completion March 2006	Work tracking according to project timelines: <ul style="list-style-type: none"> <li>National consultation is underway through the jurisdiction Health and Education Forums convened by the Chief Nurses (see Rec 3) to inform the development of a set of national media principles for the portrayal of nurses and midwives</li> <li>Forums have been completed in 5 jurisdictions</li> <li>Updates on forum outcomes and progress are available on the N<sup>3</sup>ET website</li> </ul>	
<b>25. Commonwealth assistance for specialty and re-entry courses</b> <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>	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"> <li>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 AHMAC September 2005.</li> <li>Review of Re-entry completed and reported on in "Re-entry Programs for Nurses and Midwives". Currently processing to AHMAC.</li> </ul>	
<b>PLANNING – See Also Strategy 3 Training places for Certificate III Rec. 35</b>				
<b>3. Nursing Education and Workforce Forums</b> <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> c) <i>assist with the implementation of the recommendations of this Review.</i> <i>Note Forums are also to include the following:</i> 14. <i>Standards for Transition Programs</i> 20. <i>Nurse academics and teachers</i> 27. <i>Interdisciplinary/ cross professional approaches to education &amp;</i>	Jurisdictions. Monitored by Taskforce	Commenced June 2004  Anticipated completion May 2006	Work tracking according to project timelines: <ul style="list-style-type: none"> <li>National framework for forums developed with Chief Nurses and Forums established in all jurisdictions (Nov 2004)</li> <li>N<sup>3</sup>ET Chair has attended/participated in forums in seven States/territories.</li> <li>Forums are currently being utilised for national consultation on recommendations 8 (Research) &amp; 9 (Image) up to Nov 2005.</li> </ul> Baseline audit conducted of work done to date in relation to recommendations allocated to jurisdictions for action compiled and reported on by Taskforce in "N <sup>3</sup> ET Supplementary Report On	

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<i>practice</i> Midwifery Recommendation 2			Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 & 36". <i>See also Recs 8 &amp; 9</i>	
<b>AUGMENTATION &amp; RETENTION - See also Strategy 1 - Supply of Nursing Workers, Rec. 9 "Image of Nursing"</b>				
<b>30. Workplace Culture</b> <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> <ol style="list-style-type: none"> <li><i>support for professional development</i></li> <li><i>a positive work environment in which staff feel valued and are able to make their full contribution</i></li> <li><i>multi-professional team work</i></li> <li><i>workplace safety and cultural sensitivity</i></li> <li><i>a work/life balance.</i></li> </ol>	Jurisdictions & Taskforce	Commenced October 2004	<ul style="list-style-type: none"> <li>N<sup>3</sup>ET role in implementation of this recommendation relates to identifying and disseminating best practice mechanisms and is occurring through the operation of N3ET Solution Seekers (<i>See "Solution seekers" under Rec 2</i>)</li> </ul>	
STRATEGY 2 Our Duty of Care		CAPACITY BUILDING		
<b>NURSING RESEARCH</b>				
<b>8. Research and research training for nursing</b> <i>To build capacity in a vital discipline that has only been in the university sector for a relatively short period:</i> <ol style="list-style-type: none"> <li><i>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.</i></li> <li><i>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> <ol style="list-style-type: none"> <li><i>particular priority should be given to building longer term capacity and integration of research findings into practice</i></li> <li><i>priority areas might include evidence-based practice, aged care, work organisation, mental health nursing, and nursing in rural and remote areas.</i></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Taskforce</li> <li>Taskforce &amp; AHMAC</li> </ol>	Commenced in June 2004  Anticipated completion May 2006	Work tracking according to project timelines: <ul style="list-style-type: none"> <li>Finalising data collection for report on Research Training Scheme (RTS) and Australian Postgraduate Association (APA) scholarships for nurses and midwives, and report commenced.</li> <li>Review completed of past and present research activity including program research by universities offering nursing and midwifery and by key nursing and professional organisations and of funding sources for nursing and midwifery research.</li> <li>National consultation is underway to develop National Nursing and Midwifery Research Priorities and to investigate ways of successfully building research capacity in nursing and midwifery in a competitive funding environment.</li> <li>Consultation is occurring through the jurisdiction Health and Education Forums and through interviews with key researchers and stakeholders/groups. Forums have been conducted in 6 jurisdictions to date and will be completed by October 2005.</li> </ul>	
RECOMMENDATION 3		CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)		
<b>Ensuring adequate data for ongoing and complete workforce supply analysis and requirement analysis</b> <i>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:</i> <ol style="list-style-type: none"> <li><i>AIHW surveys: the implementation of a consistent, timely national approach for the collection of nurse labour force surveys via nurse registration boards</i></li> </ol>	<ol style="list-style-type: none"> <li>AHMAC</li> <li>AHWOC/AHWAC</li> <li>Taskforce</li> </ol>	Commenced June 2004	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 identification of priority areas for research  <i>See Recommendation 8 above</i>	

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<p>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>				
RECOMMENDATION 4		THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)		
<p><b>Consider establishment of national longitudinal research study</b></p> <p><i>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.</i></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><b>7. Care workers not covered by regulation</b></p> <p><i>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:</i></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><i>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.</i></p> <p><b>35. Training places for Certificate III</b></p> <p><i>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.</i></p>	Taskforce	<p>Commenced October 2004</p> <p>Anticipated completion March 2006</p>	<p>Recommendation 7 and 35 developed as a joint project. Project includes:</p> <ul style="list-style-type: none"> <li>• Ongoing liaison and consultation with ABS and DEWR re. draft ANZSCO classifications and definitions.</li> <li>• Background literature review and document analysis undertaken.</li> <li>• Operational definitions, data collection tools and methodology for data collection from jurisdiction developed</li> <li>• Commenced data collection</li> </ul>	
VET OPPORTUNITIES				

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At September 30 <sup>th</sup> 2005	
<p><b>34 Expansion of opportunities in the VET and VET in schools</b></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)	Commenced July 2005  Anticipated completion May 2006	<p>Activities for this recommendation include:</p> <ul style="list-style-type: none"> <li>Liaison with DEST project areas responsible for the Pathways Project</li> <li>Data collected on Enrolled Nurses in training by qualification, model of preparation, jurisdiction and region.</li> <li>Preliminary data collection on funding models for EN training in the states and territories currently nearing completion.</li> <li>Correspondence with DEST regarding policy on traineeships/Commonwealth Government Incentives, and liaison with state training authorities regarding State policy on VET funding priorities</li> </ul> <p><i>Note: the outcomes of this recommendation are linked to Rec 21 outcomes</i></p>	
<b>CLINICAL EDUCATION</b>				
<p><b>24. Clinical education funding</b></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	Commenced June 2004 Anticipated completion March 2006	<p>Work progressing according to revised project timelines:</p> <ul style="list-style-type: none"> <li>Data collection from all universities has been completed.</li> <li>Analysis and report writing in progress.</li> </ul>	
<b>INNOVATIONS &amp; RESPONSIVENESS</b>				
<p><b>12. Maximising education pathways</b></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> <p>a) <i>maximise the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) in enrolment processes</i></p>	Taskforce & ATSIHWWG (formerly AHWWG)	Commenced June 2004  Anticipated completion May 2006	<p>Work progressing according to project timelines: N<sup>3</sup>ET is working in collaboration with the Council of Deans of Nursing and Midwifery-ANZ to lead 5 work groups focusing on identified issues:</p> <ol style="list-style-type: none"> <li>Pathways for entering nursing at various levels of education.</li> <li>Cross sector articulation and credit arrangements &amp;</li> </ol>	



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<i>b) in consultation with local Indigenous communities, improve articulation pathways for Aboriginal and Torres Strait Islander peoples.</i>			<p>arrangement for credit at post registration and postgraduate level (formerly two separate groups).</p> <ol style="list-style-type: none"> <li>3. Pathways to progress to nurse practitioner.</li> <li>4. Pathways for RN Bachelor students to exit and register and ENs.</li> <li>5. Articulation between Bachelor of Midwifery and Bachelor of Nursing.</li> </ol> <p>All groups have been convened and commenced work on the action areas identified above.</p> <p>Groups are Chaired by representatives of the CDNM-ANZ to bring a high level of coordination to the work and supported by the N3ET</p> <p>All groups will incorporate a focus on education pathways for Aboriginal and Torres Strait Islander People</p> <p><i>This work links to work undertaken by CSHISC to incorporate EN competencies into Health Training Package. N3ET continued participation on Industry Reference Group for above project and will link with work undertaken by ANMC (in partnership with Alliance) to develop national standards for accreditation of courses leading to registration and enrolment.</i></p>	
STANDARDS				
<p><b>6. National ANCI principles to underpin nursing legislation and regulation</b></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><i>a) assessment against the ANCI competencies for initial registration of registered nurses and enrolled nurses</i></p> <p><i>b) audited self-reporting for continuing registration of registered nurses and enrolled nurses using indicators that demonstrate currency of competence including ongoing education.</i></p>	<p>a) Taskforce b) Jurisdictions-Taskforce to report.</p>	<p>Commenced July 2004</p> <p>Anticipated completion March 2006</p>	<ul style="list-style-type: none"> <li>• A project brief is being developed by the ANZ-CCN for review by Alliance partners</li> </ul> <p><i>This work is one of the priority action areas identified on the N<sup>3</sup>ETBlueprint for National Action</i></p>	
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"> <li>• <i>What constitutes a nursing specialty?</i></li> <li>• <i>What skills and competencies do nurses require to work in particular clinical area, and of these, what are generalist competencies that all nurses possess?</i></li> <li>• <i>How should nurse specialties be developed, governed and endorsed?</i></li> <li>• <i>Should there be a process for ensuring that nurse specialist qualifications are established to a consistent length and content</i></li> </ul>	<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 activities include:</p> <ol style="list-style-type: none"> <li>1. Development of a Taxonomy of recognised nursing specialties &amp; criteria for a recognised specialty is being undertaken and will build on work done for the National Review. This includes an analysis of how close current practice is to the specialty classification in relation to key processes/data systems.</li> <li>2. Development of Standards/Governance for groups/colleges that develop competencies for recognised specialties.</li> <li>3. Development of overarching principles for recognised</li> </ol>	

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<p><i>standard, which would produce similar competency outcomes?</i></p> <ul style="list-style-type: none"> <li>• <i>How do education providers ensure their products meet the needs of employers and the health industry?</i></li> </ul> <p><i>In particular, the Taskforce has been asked to develop:</i></p> <ol style="list-style-type: none"> <li>1. <i>An agreed definition of specialist nursing</i></li> <li>2. <i>An agreed framework for nursing specialization and the development and attainment of postgraduate qualifications that addresses above issues these</i></li> </ol>			<p>specialty postgraduate courses (courses will be driven by meeting of competencies) and how competencies in nursing specialties are developed and written</p> <p>4. Final stage will be to pilot the application of processes within a specialty. .</p>	
RECOMMENDATION 2	CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)			
<p><b>Ensuring an adequate supply of qualified critical care nurses (quality)</b></p> <p><i>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.</i></p> <p><i>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.</i></p>	<p>a) Jurisdictions</p> <p>b) Taskforce</p>		<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><b>13. Student nurse employment</b>  <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><b>Responsibility:</b> Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor  <b>Monitoring Process:</b> Taskforce to report after 12 months on jurisdictional work.            Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N<sup>3</sup>ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 &amp; 36".</p>
<p><b>14. Standards for transition programs</b>  <i>To ensure consistency and quality in the development and delivery of transition programs:</i>            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.</p>	<p><b>Responsibility:</b> Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor  <b>Monitoring Process:</b> (a) &amp; (b) not supported. Taskforce to report after 12 months on jurisdictional work (via Forums).            Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N<sup>3</sup>ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 &amp; 36".</p>
<p><b>20. Nurse academics and teachers</b>  <i>To ensure that students are exposed to current clinical practices, faculty practice should be:</i>            a) built into the workload of those nurses who teach nursing students in universities and the VET sector            b) incorporated into annual performance appraisals.</p>	<p><b>Responsibility:</b> Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor  <b>Monitoring Process:</b> Taskforce to report after 12 months on jurisdictional progress.            Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N<sup>3</sup>ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 &amp; 36".</p>
<p><b>36. Nursing leadership and management</b>  <i>For nursing leadership and management to be enhanced:</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            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.</p>	<p><b>Responsibility:</b> Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor  <b>Monitoring Process:</b> Taskforce to report after 12 months on jurisdictional progress.            Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N<sup>3</sup>ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 &amp; 36".</p>
<p><b>26. Remuneration for Practice: Postgraduate Award Course Recognition</b>  <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><b>Responsibility:</b> Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor.  <b>Monitoring Process:</b> Information on jurisdictional progress on this recommendation will be reported on in 2006.</p>

RECOMMENDATION 1 Our Duty of Care	TO BE MONITORED BY TASKFORCE
<p><b>33. Commonwealth funding for additional undergraduate university places</b>  <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:</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> <ul style="list-style-type: none"> <li>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></li> <li>ii. <i>universities are able to supply quality clinical placements for all their nursing undergraduate students</i></li> <li>iii. <i>the places are targeted to students who are able to gain advanced standing (such as ENs who wish to upgrade) and current undergraduates or graduates who wish to transfer to nursing.</i></li> </ul>	<p><b>Responsibility:</b> .....Jurisdictions;  .....a) DEST &amp; Universities, b) Jurisdictions</p> <p><b>N<sup>3</sup>ET Role:</b>.....Taskforce to report on implementation of (a) after 2 years</p> <p><b>Monitoring Process:</b> N<sup>3</sup>ET Secretariat currently tracking commencement load and "pipeline" figures for additional undergraduate places using DEST data.</p>
<p><b>21. Enrolled nurse (EN) competencies</b>  <i>To provide links to other training and to develop national consistency for the education and training of ENs:</i></p> <p>a) <i>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>b) <i>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><b>Responsibility:</b> ANMC &amp; CSHISC</p> <p><b>N<sup>3</sup>ET Role:</b> Taskforce to monitor</p> <p><b>Monitoring Process:</b> 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"> <li>• 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).</li> <li>• Draft competencies prepared for stakeholder review and comment in Aug 2005.</li> <li>• 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.</li> </ul>
RECOMMENDATION 1	CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)
<p><b>Ensuring an adequate supply of registered nurses to work in critical care (quantity)</b>  <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><b>Responsibility:</b> DEST/Universities and State/Territories</p> <p><b>N<sup>3</sup>ET Role:</b> Taskforce to monitor</p> <p><b>Monitoring Process:</b> Taskforce to report on jurisdictional progress.  Information on jurisdictional progress on this recommendation (clinical places) will be reported on in 2006.</p>

RECOMMENDATION 1	THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)	
<p><b>Coordinating action to improving the supply of midwives in Australia</b></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><b>Responsibility:</b> DEST/universities, States &amp; Territories</p> <p><b>N<sup>3</sup>ET Role:</b> Taskforce to review progress after two years</p> <p><b>Monitoring Process:</b></p> <ul style="list-style-type: none"> <li>Information on jurisdictional progress on this recommendation (clinical places) will be reported on in 2006.</li> <li>Recommendation 25: Scholarships Report (currently processing with AHMAC) provides additional information to aid jurisdictional policy and planning.</li> </ul>	
RECOMMENDATION 2	THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)	
<p><b>Putting in place actions outlined in Recommendation 1</b></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><b>Responsibility:</b> DEST/universities, States &amp; Territories</p> <p><b>N<sup>3</sup>ET Role:</b> Taskforce to review progress</p> <p><b>Monitoring Process:</b></p> <ul style="list-style-type: none"> <li>Information on jurisdictional progress on this recommendation (clinical places) will be reported on in 2006.</li> <li>Recommendation 25: Scholarships Report (currently processing with AHMAC) provides additional information to aid jurisdictional policy and planning.</li> </ul>	