



Australian Health Ministers' Advisory Council

## NATIONAL NURSING & NURSING EDUCATION TASKFORCE

# PROGRESS REPORT (PR 02/04)

**December 2004**

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

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## PART 1 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

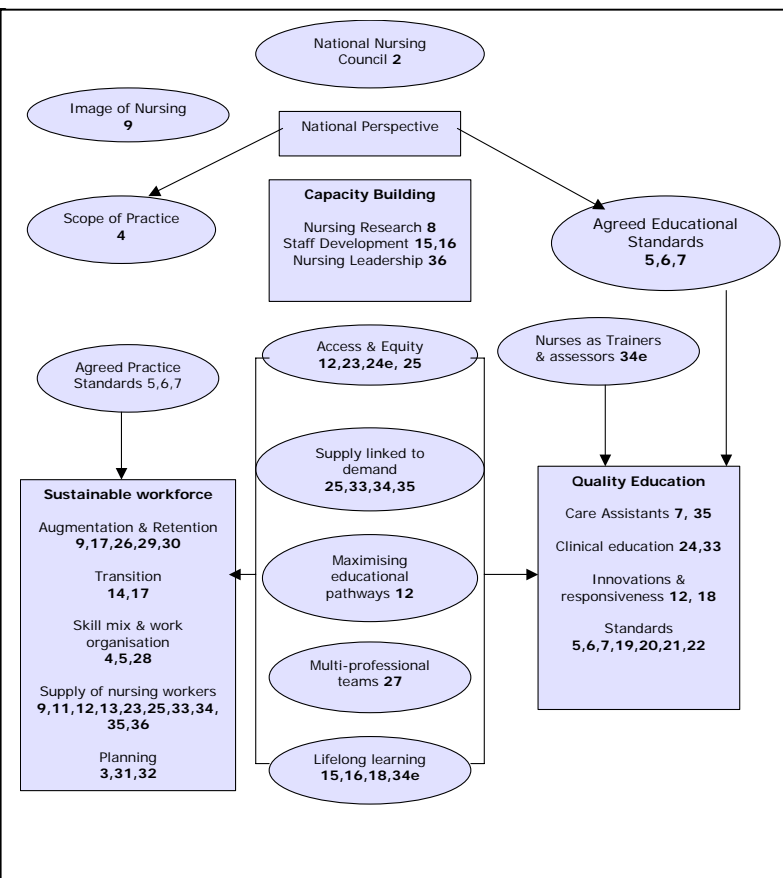
- Training of care assistants
- Clinical education
- National education standards
- Flexible education programs

### 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. Workplan version “N3ET Workplan-AHMAC Aug04 outlines the plan of work and commencement dates for the recommendations allocated to the National Nursing and Nursing Education Taskforce.



## NATIONAL NURSING & NURSING EDUCATION TASKFORCE

STRATEGY 1	BUILDING A SUSTAINABLE NURSING WORKFORCE			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<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>Work is tracking according to project timelines:</p> <ul style="list-style-type: none"> <li>• Consultation and agreement with key stakeholders, including Australian Nursing and Midwifery Council (ANMC, formerly ANC), Nurse Regulatory Authorities (NRAs) and Australia and New Zealand Council of Chief Nurses to share information and align work</li> <li>• Analysis/tracking of current legislation/ regulation reform affecting legal scope of practice, conditions placed on registration by NRAs commenced</li> <li>• Draft of Scope of practice commentary paper for release at the end of February 2005.</li> <li>• Preparations for Scope of Practice stakeholder national consultation forum (to be held in March 2005)</li> <li>• Commenced development of principles/guidelines for key stakeholders to work together on national work</li> <li>• N<sup>3</sup>ET Chair participating on Industry Reference Group for inclusion of EN Competency Standards in Health Training Package (Rec 21)</li> </ul> <p><i>See also progress on Rec 5</i></p>	

STRATEGY 1	BUILDING A SUSTAINABLE NURSING WORKFORCE			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<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	Detailed project planning progressing including: <ul style="list-style-type: none"> <li>• Identification of six streams of complimentary work to be addressed to achieve national standards, consistency and sustainable NP role, grounded in principles of health workforce policy:               <ol style="list-style-type: none"> <li>1. <i>Workforce policy, planning &amp; NP role development</i></li> <li>2. <i>Legislation &amp; Regulatory Issues</i></li> <li>3. <i>Educational Preparation/Standards</i></li> <li>4. <i>Clinical specialty/competencies</i></li> <li>5. <i>Data/Information/Analysis</i></li> <li>6. <i>Evaluation</i></li> </ol> </li> <li>• Scope of NP work presented to all Chief Nurses, NRAs and ANMC in Nov 2004 and a way forward endorsed</li> <li>• Commentary paper on advanced practice roles to be developed to situate both NP work and specialisation work and link to issues being progressed in Scope of Practice commentary paper</li> </ul> <p><i>See also progress on Rec 4. Links also to work on specialisation now referred to N<sup>3</sup>ET</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>	Taskforce	To commence in October 2004	Preliminary scoping commenced	
<b>SKILL, MIX &amp; WORK ORGANISATION</b>				
<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>a) <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>b) <i>ensure that skills and expertise are matched to the work required in the particular workplace</i></li> <li>c) <i>take account of the interrelationships with other health professionals</i></li> <li>d) <i>ensure that nurses are encouraged to practise to their full professional capacity.</i></li> </ol>	Taskforce	To commence in October 2004	Preliminary scoping commenced	
<b>SUPPLY OF NURSING WORKERS – See also Strategy 3 – Maximising Education Pathways Rec. 12, Strategy 2 - Nursing Leadership &amp; Management Rec. 36</b>				

STRATEGY 1	BUILDING A SUSTAINABLE NURSING WORKFORCE			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<p><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></p>	Taskforce	To commence in March 2005	Not yet commenced	
<p><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></p>	a) Taskforce, then advise on (b)-(e)	Commenced June 2004  Revised completion date of Jan 2005  Anticipated completion mid-2005	Work completed to date: <ul style="list-style-type: none"> <li>• National survey of scholarships completed</li> <li>• Draft report on scholarships for specialty practice prepared</li> <li>• Report also includes results of a preliminary scoping exercise undertaken regarding the current level of support provided to nurses and midwives wishing to re-enter the workforce. A more detailed report will be completed and submitted in mid-2005</li> </ul>	
<b>PLANNING – See Also Strategy 3 Training places for Certificate III Rec. 35</b>				
<p><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></p> <p><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; practice</i>  <i>Midwifery Recommendation 2</i></p>	Jurisdictions. Monitored by Taskforce	Commenced June 2004  Anticipated completion May 2006	Work is tracking according to project timelines: <ul style="list-style-type: none"> <li>• Framework for implementation of forums developed with Chief Nursing Officers</li> <li>• Forums established in all jurisdictions by Nov 2004</li> <li>• N3ET Chair has attended/participated in 6 forums and invited to two others in early 2005</li> <li>• Work to commence on developing baseline audit of work done by jurisdictions to date and reporting/evaluation processes between forums and N3ET</li> </ul>	

STRATEGY 1	BUILDING A SUSTAINABLE NURSING WORKFORCE			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<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>a) support for professional development</li> <li>b) a positive work environment in which staff feel valued and are able to make their full contribution</li> <li>c) multi-professional team work</li> <li>d) workplace safety and cultural sensitivity</li> <li>e) a work/life balance.</li> </ol>	Jurisdictions & Taskforce	To commence October 2004	Preliminary scoping commenced	

STRATEGY 2	CAPACITY BUILDING			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<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>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.</li> <li>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. <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</li> <li>ii priority areas might include evidence-based practice, aged care, work organisation, mental health nursing, and nursing in rural and remote areas.</li> </ol> </li> </ol>	a) Taskforce  b) Taskforce & AHMAC	Commenced in June 2004  Anticipated completion May 2006	A project brief and project plan has been established. Work is tracking according to project timelines: <ul style="list-style-type: none"> <li>• Data collection tool to establish baseline status of current and projected research scholarships and research training places under development</li> <li>• Consultation with CDNM – ANZ, background research into barriers to increasing numbers of research students funded through RTS (including: proposed RAE (Research Assistance Exercise); research supervision capacity)</li> <li>• Commenced scoping activity to identify national nursing research priorities and map to identify national priority areas (eg. workforce planning/ AHWAC nurse workforce reports, National Health Priority Areas, areas identified by <i>Our Duty of Care</i>)</li> </ul>	

STRATEGY 3		QUALITY EDUCATION		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<b>CARE ASSISTANTS</b>				
<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	Commenced October 2004  Anticipated completion March 2006	<p>Recommendation 7 and 35 developed as a joint project. Preliminary project scoping commenced:</p> <ul style="list-style-type: none"> <li>Key related work (such as work by Nurses Board SA, newly formed AHWOC Regulation Sub-Committee and review of Australian Standard Classification of Occupations project) incorporated into planning</li> <li>Developing process for baseline situational analysis of each jurisdiction including an audit of qualifications 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. To be undertaken in early 2005</li> </ul>	
<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) promote State- and Territory-based cooperative arrangements between those sectors preparing nurses for initial registration and those employing them</p> <p>b) be acquitted in terms of delivering quality clinical placement outcomes (to defined minimum standards)</p> <p>c) prioritise partnership arrangements and contributions from all sectors involved in health and education</p> <p>d) promote innovative approaches to clinical education</p> <p>e) include some assistance to students, particularly for those who are disadvantaged by the high costs of attending clinical placements.</p>	Taskforce	Commenced June 2004 Anticipated completion March 2006	<p>Work is progressing according to project timelines:</p> <ul style="list-style-type: none"> <li>Continued liaison with the Council of Deans of Nursing &amp; Midwifery (A&amp;NZ)</li> <li>Consultation undertaken with the Health Workforce Secretariat to align areas of work related to best practice in clinical practicum models</li> <li>Consultation and liaison with DEST to obtain 2004 data on additional funds distributed to universities and 2005 funding agreements</li> <li>Correspondence with Australian Vice Chancellors and the AVCC to obtain data on utilisation of additional Commonwealth Government funding for nurses clinical education in 2004 and thereafter</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>	Taskforce & ATSIHWWG (formerly AHWWG)	Commenced June 2004  Anticipated	<p>Work is progressing according to project timelines:</p> <ul style="list-style-type: none"> <li>Identification of recent seminal work undertaken by the Australian Universities Teaching Committee. and current projects</li> </ul>	

STRATEGY 3		QUALITY EDUCATION		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004	
<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>		<p>completion June 2005</p>	<p>underway by ANTA and DEST</p> <ul style="list-style-type: none"> <li>• Six priority areas targeted for action</li> <li>• Formation of six working groups in process</li> <li>• Development of a communication strategy for working groups</li> <li>• Liaison and consultation with National Health Workforce secretariat to align Phase 3 of this project with AHWOC project on best practice models for clinical education</li> <li>• N<sup>3</sup>ET Chair participation on Industry Reference Group for inclusion of EN Competency Standards in Health Training Package (Rec 21)</li> <li>• Consultation with ANMC, NRA and ANZ Council of Chief Nurses re. Rec 21</li> </ul>	
<b>STANDARDS</b>				
<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>a) <i>assessment against the ANCI competencies for initial registration of registered nurses and enrolled nurses</i></p> <p>b) <i>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>	<p>Work on this project is progressing according to timelines:</p> <ul style="list-style-type: none"> <li>• Continued consultation and liaison with ANMC and Nurse Regulatory Authorities to clarify data in evidence of current Nurse Regulatory Authority practices with respect to Part a)</li> <li>• Development of data collection tool to assist in reporting on developments in jurisdictions with respect to Part b)</li> </ul>	



## PART 2 The Critical Care Workforce in Australia 2001-2011 (2002)

RECOMMENDATION 2 CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004
<b>Ensuring an adequate supply of qualified critical care nurses (quality)</b>			
<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>	<p>a) Jurisdictions</p> <p>b) Taskforce</p>	<p>To commence Feb 2005</p>	<p>Not yet commenced</p> <p>This recommendation will be progressed in conjunction with the work on Nurse Specialisation</p>

RECOMMENDATION 3 CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004
<b>Ensuring adequate data for ongoing and complete workforce supply analysis and requirement analysis</b>			
<p>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:</p> <p>a) <u>AHMC surveys</u>: the implementation of a consistent, timely national approach for the collection of nurse labour force surveys via nurse registration boards annually. <u>Nurse registration authorities</u>: AHMAC to encourage jurisdictions to work together to ensure a more consistent approach to registration data collection and reporting. <u>Australian and New Zealand Intensive Care Society Intensive Care Unit Resource Surveys</u>: 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>	<p>a &amp; b) AHMAC AHWOC/AHWAC</p> <p>c) Taskforce</p>	<p>Commenced June 2004</p>	<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</i></p>

## PART 3 The Midwifery Workforce in Australia 2002-2012 (2002)

RECOMMENDATION 4 THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)			
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004
<b>Consider establishment of national longitudinal research study</b>			
<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>	<p>AHWOC &amp; Taskforce.</p>	<p>Commenced June 2004</p>	<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</i></p>

## PART 4 Recommendations being monitored by the N3ET.

OUR DUTY OF CARE	RECOMMENDATION TO BE MONITORED BY TASKFORCE
<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> Nursing Education and Workforce Forums. Process to map work already completed by jurisdictions and to develop processes for reporting/evaluation between forums and N3ET to commence as part of Recommendation 3</p>
<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 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> <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><i>ii. universities are able to supply quality clinical placements for all their nursing undergraduate students</i></li> <li><i>iii. the places are targeted to students who are able to gain advanced standing (such as enrolled nurses who wish to upgrade) and current undergraduates or graduates who wish to transfer to nursing.</i></li> </ul>	<p><b>Responsibility:</b> Jurisdictions;  a) DEST &amp; Universities, b) Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor  <b>Monitoring Process:</b> Discussions with DEST in relation to the data available to be progressed. Process for liaising with jurisdictional contacts for implementation of recommendations to be progressed</p>
<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> Nursing Education and Workforce Forums. Process to map work already completed by jurisdictions and to develop processes for reporting/evaluation between forums and N3ET to commence as part of Recommendation 3</p>
<p><b>36. Nursing leadership and management</b>  <i>For nursing leadership and management to be enhanced:</i></p> <p>a) <i>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>b) <i>workplaces should recognise and support the development of future nurse leaders and managers, using initiatives such as:</i></p> <ul style="list-style-type: none"> <li><i>i. mentoring and coaching, where experienced staff help younger or less experienced staff to develop and progress</i></li> <li><i>ii. involvement in policy development and implementation</i></li> <li><i>iii. provision of programs in areas such as human resources, financial management and policy development.</i></li> </ul>	<p><b>Responsibility:</b> Jurisdictions  <b>N<sup>3</sup>ET Role:</b> Taskforce to monitor  <b>Monitoring Process:</b> Nursing Education and Workforce Forums. Process to map work already completed by jurisdictions and to develop processes for reporting/evaluation between forums and N3ET to commence as part of Recommendation 3</p>

## PART 4 Recommendations being monitored by the N3ET. (Contd.)

OUR DUTY OF CARE	RECOMMENDATION TO BE MONITORED BY TASKFORCE	
<b>21. Enrolled nurse (EN) competencies</b>		
<p>To provide links to other training and to develop national consistency for the education and training of ENs:</p> <p>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</p> <p>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.</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> Taskforce Chair's participation on the Industry Reference Group for the inclusion of Enrolled Nurse Competency Standards in the Health Training Package</p>	
<b>RECOMMENDATION 1</b>	<b>CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)</b>	
<b>Ensuring an adequate supply of registered nurses to work in critical care (quantity)</b>		
<p>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:</p> <p>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.</p> <p>Strategies to improve retention of the skilled critical care nurse workforce would ensure that the required new entrants to the workforce is minimised.</p>	<p><b>Responsibility:</b> Jurisdictions</p> <p><b>N<sup>3</sup>ET Role:</b> Taskforce to monitor</p> <p><b>Monitoring Process:</b> Discussions with DEST in relation to the data available to be progressed. Process for liaising with jurisdictional contacts for implementation of recommendations to be progressed</p>	
<b>RECOMMENDATION 1</b>	<b>THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)</b>	
<b>Coordinating action to improving the supply of midwives in Australia</b>		
<p>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.</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> Process for liaising with jurisdictional contacts for implementation of recommendations to be progressed</p>	
<b>RECOMMENDATION 2</b>	<b>THE MIDWIFERY WORKFORCE IN AUSTRALIA 2002-2012 (2002)</b>	
<b>Putting in place actions outlined in Recommendation 1</b>		
<p>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.</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> Process for reviewing progress will be through Nursing Education and Workforce Forums as advised by Ministers</p>	

## PART 5 Additional work referred to the Taskforce by Ministers

Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 30 <sup>th</sup> 2004
<b>NURSE SPECIALISATION</b>			
<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 standard, which would produce similar competency outcomes?</i></li> <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 these questions</i></li> </ol>	Taskforce	To commence April 2005	<p>Work referred in September 2004</p> <p>Not yet commenced</p>