



PROGRESS REPORT (PR 04/05)

Dec 2005

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

This report is of progress against Workplan version "N³ET Workplan-AHMAC_Aug04.pdf"

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NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

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

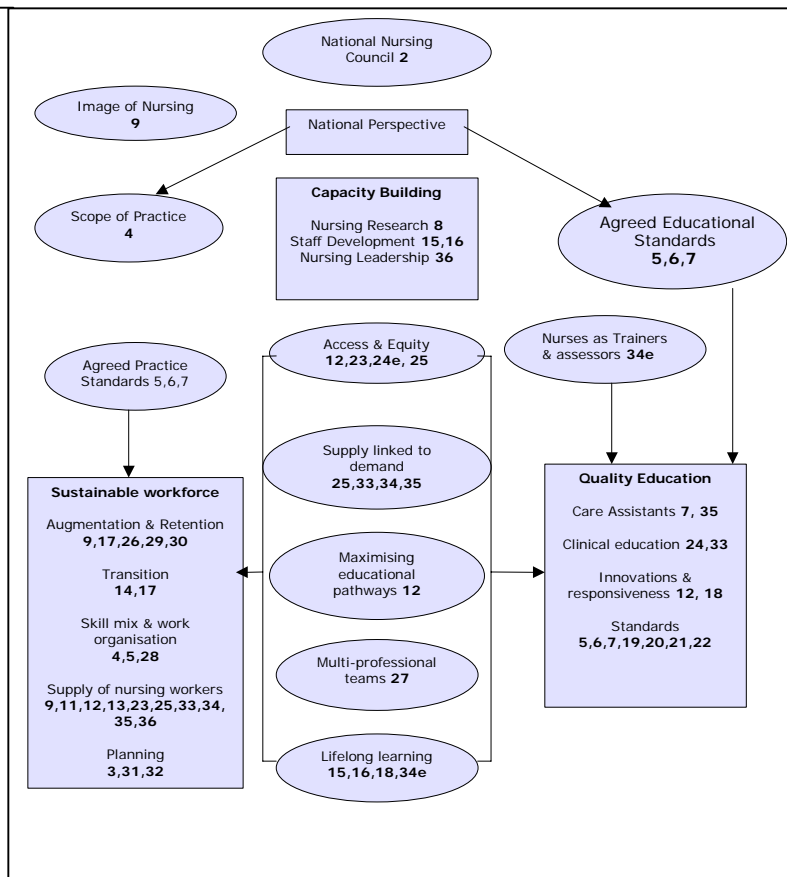
- Training of care assistants
- Clinical education
- National education standards
- Flexible education programs

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



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

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 December 31st 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>Alliance partners, 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), are meeting regularly by teleconference to coordinate and progress action on the priority action areas identified on the N³ET Blueprint for National Action. Alliance partners are leading various aspects of the work:</p> <ol style="list-style-type: none"> 1. Consultation with key stakeholders for the N³ET Legislation/Regulation Mapping exercise scheduled for January/February 2006. The mapping will inform the work on other priority action areas. 2. ANMC is progressing the project to develop a National Decision Making Framework for Scopes of Practice for Nurses and Midwives in Australia. A consultation document has been prepared and consultation forums are planned to commence January 2006. 3. The ANZ-CCN has developed a project brief to develop national principles to underpin and bring consistency to jurisdictional "Re-entry" to practice programs for nurses and midwives. 4. The ANZ-CCN is developing a project brief to bring national consistency to regulatory practices concerned with on-going competence for renewal of registration and enrolment of nurses and midwives. 5. Work on NP education pathways is progressing (see also Rec 12) <p>Alliance partners are working together to provide direction, support and sponsorship to each of these projects.</p> <p><i>See also progress on Recommendations 5, 6, 12, 21</i></p>	



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STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 31st 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	<p>Commenced June 2004</p> <p>Anticipated completion May 2006</p>	<p>Work for this Recommendation is being progressed around six streams, namely:</p> <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> <p>1. Mapping of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation processes has been completed and will be available on N³ET website.</p> <p>Further areas for N³ET action identified from mapping are</p> <ul style="list-style-type: none"> - Development of consistent nurse prescribing terminology and models, - Position Statement on clinical guidelines and NP practice, and - Drafting of possible indicators of effective regulation arising from NP "experience". <p>2. Refer to Rec 4, Activity on Legislation mapping.</p> <p>3. Rec 12 Working Group 3 has commenced work on education pathways for NPs and is currently preparing set of principles for use by jurisdiction when making decisions about educational requirements for NPs.</p> <p>4. Refer to Specialisation work</p> <p>5. Work underway with AIHW and key stakeholders on development of NP Workforce Planning Data Set.</p> <p>6. Collaborating as industry partner in Research Consortia seeking grant/funding to investigate NP outcomes.</p> <p><i>See also progress on Rec 4, 12 and Specialisation</i></p>	



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 31st 2005	
<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> <p>a) <i>constantly seek to achieve the most effective and efficient use of the total nursing workforce (including learning from best practice elsewhere)</i></p> <p>b) <i>ensure that skills and expertise are matched to the work required in the particular workplace</i></p> <p>c) <i>take account of the interrelationships with other health professionals</i></p> <p>d) <i>ensure that nurses are encouraged to practise to their full professional capacity.</i></p>	Taskforce	Commenced October 2004	<p>Being progressed as joint project with Recs 28 & 30. Preliminary scoping commenced including:</p> <ul style="list-style-type: none"> Dialogue with Chief Nursing Officers (CNOs) regarding options for progressing this work. First "N³ET Myth Buster" has been released (via website) in December 2005. Myth Busters 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 of the N³ET workplan. "N³ET Solution Seekers" was launched September 2005. N³ET Solution Seekers is part of the N³ET website and aims to identify and disseminate examples of "best practice" (as requested by Ministers) for numerous recommendations. N³ET Solution Seekers site is an open access, searchable repository of innovative projects/approaches that are related to the workplan from across Australia. 	
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></p> <p>a) <i>the value, contribution and benefits of a nursing career should be promoted</i></p> <p>b) <i>expert advice should be sought to develop a national marketing profile (brand) for nursing:</i></p> <p>i. <i>the profile should help generate a broader base of recruitment to nursing which reflects the diversity of the Australian population</i></p> <p>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	<p>Commenced March 2005</p> <p>Anticipated completion March 2006</p>	<p>Work is tracking according to project timelines:</p> <ul style="list-style-type: none"> National consultation has been completed Report to Taskforce including principles for portraying nursing and midwifery in communications media is in final draft stage. Planning commenced on communication strategy, as outlined in the Report. Chief nurses have agreed to work with N³ET and Graduate Careers Australia (GCA) to develop an Industry Career Profile of nursing and midwifery (drawing in the agreed media principles) for the GCA website, and further distribution. <p><i>Note: this project will also contribute towards work by the jurisdictions to implement Recommendation 10 of the Our Duty of Care report</i></p>	



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

STRATEGY 1 Our Duty of Care		BUILDING A SUSTAINABLE NURSING WORKFORCE		
Recommendations	Responsibility	Time Frame	Progress Against Plan As At December 31st 2005	
<p>25. Commonwealth assistance for specialty and re-entry courses</p> <p><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></p> <p>a) <i>an audit should be undertaken of the current postgraduate coursework scholarships, including those offered by the States and Territories</i></p> <p>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></p> <p>c) <i>new scholarships should be offered for 3 years in the first instance, subject to review</i></p> <p>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></p> <p>e) <i>university-based units required for re-entry to nursing should be covered by a loans scheme.</i></p>	<p>a) Taskforce, then advise on (b)-(e)</p>	<p>Completed July 2005</p>	<p>Project Work for this Recommendation is completed.</p> <p>The deliverables for this project were:</p> <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". Review of Re-entry completed and reported on in "Re-entry Programs for Nurses and Midwives". Both reports are progressing through to the Australian Health Ministers' Conference (AHMC). 	
<p>PLANNING – See Also Strategy 3 Training places for Certificate III Rec. 35</p>				
<p>3. Nursing Education and Workforce Forums</p> <p><i>State Territory governments should establish nursing education and workforce forums to:</i></p> <p>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></p> <p>b) <i>address local and regional nursing education and workforce issues</i></p> <p>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></p> <p>14. <i>Standards for Transition Programs</i></p> <p>20. <i>Nurse academics and teachers</i></p> <p>27. <i>Interdisciplinary/ cross professional approaches to education & practice</i></p> <p><i>Midwifery Recommendation 2</i></p>	<p>Jurisdictions. Monitored by Taskforce</p>	<p>Commenced June 2004</p> <p>Anticipated completion May 2006</p>	<p>Work tracking according to project timelines:</p> <ul style="list-style-type: none"> National framework for forums developed with Chief Nursing Officers (CNOs) and Forums established in all jurisdictions (Nov 2004) N³ET Chair has attended/participated in forums in seven States/Territories. Baseline audit conducted of work done to date in relation to recommendations allocated to jurisdictions for action compiled and reported on by Taskforce in "<i>N³ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 & 36</i>". Processes for evaluation of Forums in 2006 agreed with CNOs. <p><i>See also Recs 8 & 9</i></p>	



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

AUGMENTATION & RETENTION - See also Strategy 1 - Supply of Nursing Workers, Rec. 9 "Image of Nursing"			
30. Workplace Culture			
<p><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	<ul style="list-style-type: none"> N³ET 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 Recs 27 & 28</i>)
STRATEGY 2 Our Duty of Care	CAPACITY BUILDING		
NURSING RESEARCH			
8. Research and research training for nursing			
<p><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.</p> <p>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.</p> <p>i. particular priority should be given to building longer term capacity and integration of research findings into practice</p> <p>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</p> <p>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"> Data collection on Research Training Scheme (RTS) and Australian Postgraduate Association (APA) scholarships for nurses and midwives completed with a 100% return rate, and drafting of report in progress. Completed national consultation on National Priorities for Nursing and Midwifery Research and ways of successfully building research capacity in nursing and midwifery in a competitive funding environment. Drafting of Report in progress. Developing a communication strategy for National Research Priorities.



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

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 to workforce planning, noting that. The following measures are required:</i></p> <p><i>a) AIHW surveys: the implementation of a consistent, timely national approach for the collection of nurse labour force surveys via nurse registration boards annually.</i></p> <p><i>Nurse registration authorities: AHMAC to encourage jurisdictions to work together to ensure a more consistent approach to registration data collection and reporting.</i></p> <p><i>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.</i></p> <p><i>b) Improvement of information relating to the nursing education sector.</i></p> <p><i>c) Research to measure the relationship between critical care nurse staffing levels (and skill mix) and patient outcomes.</i></p>	<p>a & b) AHMAC AHWOC/AHWAC</p> <p>c) Taskforce</p>	<p>Commenced June 2004</p>	<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 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 <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>	<p>AHWOC & 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 above</i></p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

STRATEGY 3 Our Duty Of Care	QUALITY EDUCATION		
CARE ASSISTANTS			
<p>7. Care workers not covered by regulation <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 b) a minimum competency level of Certificate III from the appropriate Community Services or Health Training Package 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>35. Training places for Certificate III <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>	<p>Taskforce</p>	<p>Commenced October 2004</p> <p>Anticipated completion March 2006</p>	<p>Recommendation 7 and 35 developed as a joint project.</p> <p>Work tracking according to revised project timelines:</p> <ul style="list-style-type: none"> • Background literature review and document analysis undertaken. • Operational definitions, data collection tools and methodology for data collection from jurisdictions developed • Phase 1 – national nomenclature commenced - 87% return rate as of December 2005. • Phase 2 - qualification & suitability check survey currently under trial in Victoria and the ACT. • Phase 2 to be distributed to all jurisdictions in Feb 2006.
VET OPPORTUNITIES			
<p>34 Expansion of opportunities in the VET and VET in schools <i>States and Territories should expand opportunities for entry to enrolled nursing and occupations that do nursing work by:</i></p> <p>a) providing additional training places for enrolled nurses to replace those upgrading to registered nurse within the State/Territory, and to meet shortages of enrolled nurses b) promoting employment of student enrolled nurses through models of education and training such as traineeships c) working with the Commonwealth to expand traineeships in rural areas as an entry to care work and nursing d) supporting the expansion of VET-in-schools programs based on the Community Services or Health Training Packages e) offering workplace trainer and assessor courses to nurses and recently retired nurses willing to assist in training or supervision of student nurses or trainees, particularly those in rural areas.</p>	<p>Taskforce (b) and (c)</p>	<p>Commenced July 2005</p> <p>Anticipated completion May 2006</p>	<p>No further progress to report at this time. <i>Note: the outcomes of this recommendation are linked to Rec 21 outcomes</i></p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

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> <ul style="list-style-type: none"> a) <i>promote State- and Territory-based cooperative arrangements between those sectors preparing nurses for initial registration and those employing them</i> b) <i>be acquitted in terms of delivering quality clinical placement outcomes (to defined minimum standards)</i> c) <i>prioritise partnership arrangements and contributions from all sectors involved in health and education</i> d) <i>promote innovative approaches to clinical education</i> e) <i>include some assistance to students, particularly for those who are disadvantaged by the high costs of attending clinical placements.</i> 	Taskforce	Commenced June 2004 Anticipated completion March 2006	Work progressing according to revised project timelines: <ul style="list-style-type: none"> • Data collection from all universities has been completed with a 100% return rate. • Analysis and report writing in progress.
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> <ul style="list-style-type: none"> a) <i>maximise the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) in enrolment processes</i> b) <i>in consultation with local Indigenous communities, improve articulation pathways for Aboriginal and Torres Strait Islander peoples.</i> 	Taskforce & ATSIHWWG (formerly AHWWG)	Commenced June 2004 Anticipated completion May 2006	Work progressing according to project timelines: N ³ ET is working in collaboration with the Council of Deans of Nursing and Midwifery-ANZ (CDNM-ANZ) to lead 5 work groups focusing on identified issues: <ol style="list-style-type: none"> 1. Pathways for entering nursing at various levels of education – analysis of the policy and regulatory framework for articulation is underway 2. Cross sector articulation and credit arrangements & arrangement for credit at post registration and postgraduate level – profile of credit arrangement models is being developed including analysis of issues and barriers to articulation 3. Pathways to progress to nurse practitioner – drafting principles for jurisdictions when making decisions about educational requirements for NPs. 4. Pathways for RN Bachelor students to exit and register and ENs – analysis of issues impacting on this pathway is being undertaken 5. Articulation between Bachelor of Midwifery and Bachelor of Nursing – mapping of the regulatory requirements impacting on articulation in this context is being completed



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

			<p>All groups progressing action on agreed work items, including:</p> <ul style="list-style-type: none"> • Analysis of the policy environment including Department of Education, Science & Training (DEST), Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), Australian Vice-Chancellors Committee (AVCC), Australian Qualifications Framework (AQF) and Australian Quality Training Framework (AQTF) guidelines and policies, and planned compliance monitoring activities • Analysis and mapping of the regulatory environment including legislative provisions and Nursing & Midwifery Regulatory Authority (NMRA) requirements • Data collection – surveys have been generated by Groups 2 and 5 to enhance the contextual understanding of the issues • Liaison with key contacts to inform understanding of the issues
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><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"> • A project brief has been developed by the Australia New Zealand Council of Chief Nurses (ANZ-CCN) and is being reviewed by Alliance partners (See also Recommendation 4) <p><i>This work is one of the priority action areas identified on the N³ET Blueprint for National Action</i></p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

NURSE SPECIALISATION	Additional work referred by Ministers		
<p>The Health Ministers referred the following issues related to specialty nurse education to the Taskforce:</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? • How do education providers ensure their products meet the needs of employers and the health industry? <p>In particular, the Taskforce has been asked to develop:</p> <ol style="list-style-type: none"> 1. An agreed definition of specialist nursing 2. An agreed framework for nursing specialization and the development and attainment of postgraduate qualifications that addresses above issues these 	<p>Taskforce</p> <p>(Work referred in September 2004)</p>	<p>Commence April 2005</p> <p>Anticipated completion May 2006</p>	<p>Project activities underway include:</p> <ol style="list-style-type: none"> 1. Development of taxonomy of recognised nursing & midwifery specialties & criteria for a recognised specialty is underway (building on work done for the National Review). This includes an analysis of how close current specialty classifications for workforce planning is to the specialty classification 2. Development of Standards of Governance for groups/colleges that develop competencies for recognised specialties. 3. Development of overarching principles for recognised specialty postgraduate courses (courses will be driven by meeting of competencies) and how competencies in nursing specialties are developed and written 4. Final stage will be to pilot the application of processes within a specialty.

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>	<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>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

PART 2 Recommendations being monitored by the N³ET

RECOMMENDATIONS Our Duty of Care	TO BE MONITORED BY TASKFORCE
<p>13. Student nurse employment <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>Reporting requirements for this Recommendation is completed.</p> <p>Responsibility: Jurisdictions N³ET Role: Taskforce to monitor Monitoring Process: Taskforce to report after 12 months on jurisdictional work. Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N³ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 & 36".</p>
<p>14. Standards for transition programs <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>Reporting requirements for this Recommendation is completed.</p> <p>Responsibility: Jurisdictions N³ET Role: Taskforce to monitor Monitoring Process: (a) & (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 "N³ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 & 36".</p>
<p>20. Nurse academics and teachers <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>Reporting requirements for this Recommendation is completed.</p> <p>Responsibility: Jurisdictions N³ET Role: Taskforce to monitor Monitoring Process: Taskforce to report after 12 months on jurisdictional progress. Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N³ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 & 36".</p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

RECOMMENDATIONS Our Duty of Care	TO BE MONITORED BY TASKFORCE
<p>36. Nursing leadership and management <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:</p> <ul style="list-style-type: none"> 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>Reporting requirements for this Recommendation is completed.</p> <p>Responsibility: Jurisdictions N³ET Role: Taskforce to monitor Monitoring Process: Taskforce to report after 12 months on jurisdictional progress. . . Information on jurisdictional progress on this recommendation compiled and reported on by Taskforce in "N³ET Supplementary Report On Jurisdictional Progress On The Implementation Of Recommendations 13, 14, 20 & 36".</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 will be reported on in 2006.</p>



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

RECOMMENDATION 1 Our Duty of Care	TO BE MONITORED BY TASKFORCE
<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:</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 ENs who wish to upgrade) and current undergraduates or graduates who wish to transfer to nursing.</i></p>	<p>Responsibility: Jurisdictions; a) Department of Education, Science & Training (DEST) & Universities, b) Jurisdictions</p> <p>N³ET Role:.....Taskforce to report on implementation of (a) after 2 years</p> <p>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 <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>Responsibility: Australian Nursing and Midwifery Council (ANMC) & Community Services and Health Industry Skills Council (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 prepared for stakeholder review and comment in Aug 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.



NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

RECOMMENDATION 1 CRITICAL CARE WORKFORCE IN AUSTRALIA 2001-2011 (2002)	
<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: Department of Education, Science & Training/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) will be reported on in 2006.</p>
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: Department of Education, Science & Training/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"> • Information on jurisdictional progress on this recommendation (clinical places) will be reported on in 2006. • 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: Department of Education, Science & Training/Universities States & Territories</p> <p>N³ET Role: Taskforce to review progress</p> <p>Monitoring Process:</p> <ul style="list-style-type: none"> • Information on jurisdictional progress on this recommendation (clinical places) will be reported on in 2006. • Recommendation 25: Scholarships Report (currently processing with the Australian Health Ministers' Conference) provides additional information to aid jurisdictional policy and planning.