

**Nurse Recruitment  
and Retention Committee**  
Government Response



June 2001

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Published by Policy and Strategic Projects Division  
Victorian Government Department of Human Services  
Melbourne Victoria

June 2001

Also Published on *nursing.health.vic.gov.au*

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Copy of the main report Nurse Recruitment and Retention Committee:  
Final Report (June 2001) can also be found at *nursing.health.vic.gov.au*

# Nurse Recruitment and Retention Committee

As a result of a Government initiative to address the current shortage of nurses in Victoria, in February 2000, the Minister for Health established the Nurse Recruitment and Retention Committee. The purpose of the Committee was to provide advice to the Minister on matters in relation to the registered nurse workforce in Victoria.

The Committee membership was chosen by the Minister for Health and was composed of a broad cross-section of the nursing workforce, drawn from metropolitan and rural clinical nurses, industrial and professional bodies, the tertiary sector and hospital management. The Committee was chaired by Emeritus Professor Margaret Bennett, President of the Nurses Board of Victoria

The Committee established three sub-committees to explore the issues surrounding the attraction and recruitment, education and retention of nurses. Each sub-committee coopted a wide range of specialist expertise from the health care and education sectors to add to deliberations.

The work of the Committee focused on issues relating to the attraction and recruitment of nurses, the exodus of nurses from the workforce, and the retention of qualified, experienced nurses within the public hospital sector.

The Committee handed down its report in September 2000. The report contains 86 recommendations directed at the Victorian Government, health service management, the tertiary education sector and the Commonwealth Government. The report is available online at [nursing.health.vic.gov.au](http://nursing.health.vic.gov.au)

The Government's response to the report's recommendations is set out in the following table. The reference to sections in this document relate to the Committee's report.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 1**

That the Department of Human Services (DHS) establish mechanisms and strategies to ensure the immediate implementation of the recommendations approved by the Minister of Health and that there be effective nursing input into this process through consultation and establishment of appropriate workgroups and,

Accept  
Nurses Policy Branch has been created to do this.

That DHS monitors the strategies in relation to workload, working conditions career structure qualifications allowance and study leave as determined by the AIRC and evaluate their impact on recruitment and retention of nurses in the Victorian public health workforce.

Accept  
Work is already underway.

### **High Priority**

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### **Recommendation 2 (section 2.1.11)**

That the Commonwealth include all States & Territories, and all relevant nursing peak bodies, in its new Australian Health Workforce Advisory Committee (AHWAC), when issues relating to nursing are considered.

AHWAC has convened a meeting of all State & Territory Chief Nurses to progress this issue.

### **Long Term Priority**

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### **Recommendation 3 (section 2.1.11)**

That notwithstanding local initiatives, the Victorian Government continue to lobby the Commonwealth to coordinate issues relating to nursing workforce planning for which it has responsibility, including the tertiary education of nurses, migration policy and aged care nursing.

Accept

### **Long Term Priority**

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### **Recommendation 4 (section 2.2.1)**

That nurses in education courses be reported from the Victorian Department of Education to DHS annually (for Division 1) and 6 monthly (for Division 2).

Support  
The Department of Human Services will liaise with the Victorian Department of Education on the timing and collection of data.

### **Medium Term Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 5 (section 2.3)**

That the DHS, in conjunction with the NBV, publish the Victorian proportion of the AIH&W labourforce statistics in 'real time' as a separate report.

**Medium Term Priority**

It is preferable that the Commonwealth produce reports in a timely fashion, through the Australian Institute of Health & Welfare: Victoria will consider publishing its own reports only if this cannot be achieved.

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### **Recommendation 6 (section 2.3)**

That the DHS make available to the Victorian Department of Education Victorian nursing labourforce statistics on a regular basis, to assist in the provision of postgraduate and postbasic specialty nurse course planning in the university and Vocational Education & Training sector.

**Long Term Priority**

Accept

The DHS will undertake a nurse labourforce study mid 2001, and the Victorian Department of Education will be involved.

Timing dependant on progress of Commonwealth nurse education review.

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### **Recommendation 7 (section 2.4)**

That DHS commission regular payroll reports (at least three monthly), reporting total numbers and total EFT of nurses by agency by grade, by service and by full time or part time status.

Accept

Work is already underway to establish this reporting mechanism.

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### **Recommendation 8 (section 2.4)**

That the DHS recommend the following changes to the AIH&W annual survey tool:

*Q16:* to assist workforce planning, mental health be categorised by community mental health and inpatient mental health, and palliative care to be added as a clinical specialty in its own right.

*Q17:* Specify that the post basic qualifications be graduate certificate (including hospital based courses which predate the transfer of nurse education to the tertiary sector), graduate diploma, masters, PhD or post basic TAFE/VET module. This is to exclude 'informal' courses and inservice education which confound interpretation of Victorian specialist nurse.

**Medium Term Priority**

Accept

The Government has incorporated these changes into the 2000 survey tool.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 9 (section 4.2)**

That DHS:

- Liaise with the Careers Education Association of Victoria and Victorian directors of nursing (public and private) to increase the provision of the number and quality of work experience places for year 10 secondary school students.
- Explore the feasibility of using the school nurse network as a method of raising the profile of nursing amongst school students.
- Work closely with CEAV to ensure that teachers have a better understanding of nursing as a career.
- Undertake research to prepare a core set of materials to be made available for high school students describing the role and education pathways for nursing. The materials should emphasise the variety of clinical settings, should avoid gender and racial stereotypes and should give equal prominence to Division 1 and 2 education pathways. The materials should also be available in both paper and electronic formats.
- Seek advice on materials and strategies to attract people in age groups other than traditional school leavers to consider nursing as a career.

Accept

The Nurse Policy Branch has commenced work on this recommendation.

The DHS has completed phase one of its recruitment campaign.

**Medium Term Priority**

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### **Recommendation 10 (section 4.3.3)**

That the DHS ensure that Group A, B & C public hospitals have access to refresher and re-entry programs in for Division 1 & 2 nurses, and that regional mental health services have programs in place for nurses in Divisions 1 & 3.

Accept

Already implemented and funded through the Nurse Recruitment and Retention Strategy.

**High Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 11 (section 4.3.3)**

That Government provide funding to participating hospitals of \$2100, for each nurse undertaking re-entry programs or accredited supervised practice programs.

The following criteria must be met:

- Tailored nursing program must contain clear learning and performance parameters.
- Nurses participating in the re-entry program will not be charged fees or other costs.
- The course must be accredited by the Nurses Board of Victoria (NBV).

The educational component of the re-entry course may involve consortia arrangements as appropriate to local needs.

**High Priority**

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Accept  
Already implemented and funded through the Nurse Recruitment and Retention Strategy.

### **Recommendation 12 (section 4.3.3)**

That Government provide funding of \$130 per week Full Time Equivalent (FTE) to each unregistered nurse undertaking a re-entry program or accredited supervised practice program, in line with current Austudy arrangements. Rural nurses required to travel more than 100km each way to undertake a program will attract \$170 per week (FTE), to reflect the increased burden of travel costs on rural nurses.

**High Priority**

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Accept  
The Government has exceeded the recommended level of funding in response to the current nurse shortage. \$1700 is being offered to nurses undertaking courses, with a further \$500 offered to nurses required to travel more than 100km.

### **Recommendation 13 (section 4.3.3)**

That the Nurses Board of Victoria review its current policies, procedures and publications in relation to recency of practice requirements.

**High Priority**

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Support

The Nurses Board of Victoria has revised its current policies in relation to this recommendation.

Recency of Practice is an issue for many health disciplines. The Department of Human Services will publish a discussion paper for public comment on amendments to the Medical and Nurses Acts. The paper will seek stakeholder comment on proposed recency of practice provision amendments.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 14 (section 4.3.4)**

That regionally based health services establish a uniform approach to refresher programs that consider both education and clinical requirements of the individual nurse, and may include consortia arrangements as a method of program delivery.

Support

**High Priority**

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### **Recommendation 15 (section 4.3.4)**

That Government pay \$450 to each health service providing refresher or reskilling programs for every registered nurse not currently practicing that they place on a refresher or reskilling program.

Accept

The Government has exceeded the recommended level of funding in response to the current nursing shortage. The Government is funding health facilities \$1000 in addition to salary costs for every nurse undertaking refresher programs.

The following criteria must be met:

- Individual nursing program must contain clear learning and performance parameters.
- Nurses participating in the refresher or reskilling program will not be charged fees or other costs.

Nurses undertaking refresher or reskilling programs are entitled to be paid according to the provisions of the *Nurses (Victorian Health Services) Award 1992*.

**High Priority**

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### **Recommendation 16 (section 4.3.5)**

That the DHS conduct a statewide advertising program aimed at encouraging both registered non practising and unregistered nurses to return to work.

Accept

The Government launched a Statewide advertising campaign on 20 October 2000.

**High Priority**

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### **Recommendation 17 (section 4.4)**

That DHS explore the extent to which return to work programs for injured nurses have been implemented in public healthcare facilities in Victoria.

Accept.

The DHS will conduct a survey of Statewide OH&S coordinators late in 2001. Further action will be predicated on the results of the survey

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**Medium Priority**

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 18 (section 5.1.1.1)**

That the Victorian Deans of Nursing carry out a mapping exercise to ascertain both the availability of clinical placements within the health system and the requirements of the students for such placements. The results of such a project should form the basis for the establishment of a coordinated system to facilitate bookings and placements of all undergraduate nursing students.

**Medium Priority**

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This is a recommendation for the Victorian Deans of Nursing, however the Government would consider the concept of a centrally coordinated clinical placement booking system.

### **Recommendation 19 (section 5.1.1.1)**

That the Minister for Health, in conjunction with the Victorian Minister for Post Compulsory Education, Training and Employment, approach the Commonwealth to review the funding model for the clinical learning component of the degree programs leading to nursing registration to ascertain if the current level accurately reflects the true costs of clinical learning programs.

**High Priority**

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Accept  
The Government has requested that the 2001 Commonwealth review of nursing education address the issue of the funding model as it applies to nursing.

### **Recommendation 20 (section 5.1.1.1)**

That nurses undertaking preceptorship roles have access to suitable education to equip them to perform this role. Funding for these programs should be accessed through the undergraduate teaching allowance of the Training and Development Grant.

**High Priority**

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Support access to suitable education for preceptorship roles. Funding under the Australian Industrial Relations Commission nurses EB finding will provide 50 new clinical educators and access to professional education and study leave. This should address issues raised with the preceptorship role without resort to the Training and Development Grant.

The outcome of the Mental Health Services EB supports the development of a Statewide framework and implementation process for training and development of the mental health nursing workforce.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 21 (section 5.1.1.1)**

That the DHS establish a working party with the Victorian Deans of Nursing, Directors of Nursing and other relevant bodies to review the clinical learning programs in the undergraduate programs for Division 1 nurses to develop a Statewide strategy to maximize clinical learning outcomes.

Accept, but timelines will be dependant on the 2001 Commonwealth Review of Nursing Education.

### **High Priority**

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### **Recommendation 22 (section 5.1.1.2)**

That the Victorian Deans of Nursing through the Nurse Policy Branch develop a group of relevant stakeholders, (including the Professional Colleges) to review the place of the specialty components within the undergraduate course. This review should investigate the development of innovative curricula which takes into account the accommodation of specialist areas through streaming and also consider the appropriate length of funded degree programs leading to nursing registration in the context of this issue.

Support  
This recommendation will be initiated by the Victorian Deans of Nursing.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 23 (section 5.1.1.3)**

- a) That financial support of \$100 per week be provided to both metropolitan and rural undergraduate students in their second and subsequent year(s) of the undergraduate course undertaking rural placements, where significant travel and accommodation costs are incurred.
- b) That DHS administer this initiative using the following criteria.  
That the student be:
- An Australian permanent resident or citizen undertaking a rural placement in the second or subsequent year(s) of a Bachelor of Nursing program.
  - Not in receipt of any other scholarship or grant for this purpose.
  - Required to travel in excess of 100km each way from their usual place of residence to attend the rural placement.
  - Required to provide supporting documentation from the university acknowledging placement.
  - Required to undertake a placement of not less than two or more than five weeks.
- c) That DHS adopt a 'first come' basis, once equity across regions had been achieved, for its allocation should the number of applicants exceed the available funding.
- d) That DHS review the initiative as a retention strategy paying particular attention to the length of the time of the placement.

Accept, with minor modifications  
The recommendation will be administered by Victorian University Schools of Nursing in conjunction with the Department of Human Services.

### **High Priority**

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### **Recommendation 24 (section 5.1.2.1)**

That DHS, together with the Australian & New Zealand College of Mental Health Nurses, develop a marketing strategy to attract and recruit nurses into the mental health areas.

### **High Priority**

Priority is for the general campaign currently underway to attract nurses, covering all types of nurses. The need for a more targeted campaign dealing with mental health nurses should be considered after issues of training are resolved (recommendations 25, 26).

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 25 (section 5.1.2.2)**

That all area mental health services offer placements, appropriate to the clinical learning needs of students, at all stages of the undergraduate course. The requirement for agencies to provide these placements, within their service capacity, be incorporated into health service agreements between the DHS and the individual agencies.

The Government accepts the need for appropriate clinical placements, however the mechanism for monitoring arrangements needs to be explored further.

**High Priority**

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### **Recommendation 26 (section 5.1.2.2)**

That the Mental Health Branch of DHS coordinate a group of relevant stakeholders to review the mental health content—both theory and clinical learning—of the Bachelor of Nursing courses and make recommendations to the Nurses Board of Victoria as to the guidelines that should be adopted in relation to mental health content. This process to be completed by June 2001 in order that the guidelines developed can be adopted for the 2002 academic year.

Accept  
The Statewide Education, Training & Professional Development Reference Group, established for the implementation of the Mental Health Services enterprise bargaining decision, is responsible for addressing this recommendation.

**High Priority**

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### **Recommendation 27 (section 5.1.3)**

That DHS convene an intersectoral steering Committee comprising representatives Vocational Education and Training, the Health Care Industry, the Higher Education sector, Professional Organisations, NBV, and the Industry Training Board. The role of this group will be to address the educational issues associated with the developing role and expanded scope of practice of the Division 2 nurse. In particular, but not limited to, the Committee should pay attention to:

- The need to revise the Certificate IV in Health (Nursing) curriculum, including the clinical practice component, to reflect relevant changes flowing from changes in the scope of practice, new modes of service delivery and current areas of practice, i.e. acute care and its specialties, Aged Care, Mental Health and Community settings.
- The current credit transfer arrangements between Certificate IV in Health (Nursing) course and undergraduate degrees leading to registration in Division 1.

The Government accepts the need to review the education of Division 2 nurses. The Office of Post Compulsory Education & Training (PETE) recently let a tender to review the Division 2 nurse education curriculum, and is seeking advice from the organisations referred to in this recommendation. In view of this, the Government believes that PETE, rather than DHS, is the most appropriate body to coordinate the review, but that DHS should be involved and advocate for relevant nursing body participation.

**High Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 28 (section 5.1.3)**

That the Minister of Health recommends to the Minister for Post Compulsory Education and Training that the level of funding for the Certificate IV in Health (Nursing) reflect the requirements for registration.

**Medium Priority**

The Government supports the need to match the education and registration requirements of Division 2 nurses. This will be reviewed as part of the curriculum review undertaken by PETE (recommendation 27).

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### **Recommendation 29 (section 5.2.1.2)**

That the Minister of Health:

- a) Approach the Commonwealth Government to increase the number of HECS funded places allocated to Nursing.
- b) Make an approach to the university Vice Chancellors to increase the number of HECS places allocated to nursing within Victorian universities.

**High Priority**

- a) Accept in principle. The Government has requested that the Commonwealth review of nursing education address the number and distribution of HECS funded postgraduate nursing places.
  - b) Accept. The Minister for Health will write to Victorian Vice Chancellors requesting an increase in the number of HECS funded places allocated to postgraduate nursing, ensuring that such places are not provided at the expense of existing HECS funded undergraduate places in any healthcare discipline.
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### **Recommendation 30 (section 5.2.1.2)**

To increase uptake of post graduate places:

- That DHS fund scholarships to a maximum of 50% of the fee (HECS or Full Fee) for post graduate courses in areas of identified need over the next three years.
- That DHS establish an equitable, transparent process and provide feedback to the profession on the number of places funded.
- That health care facilities consider ways to provide financial support to nurses undertaking such courses in identified areas of need.
- That a minimum of 25% of these scholarships be allocated to regional/rural areas.
- That the Nurse Policy Branch monitor this strategy and evaluate its effectiveness as a recruitment and retention strategy by December 2003.

**High Priority**

Accept

The Government has allocated \$1.56 million over 3 years to postgraduate scholarships. There is a need for equitable distribution of funds to students undertaking full fee paying and HECS funded courses, and to ensure that scholarships are targeted towards areas of clinical need. It is important that this subsidy not relieve the Commonwealth of responsibility for ensuring there are sufficient HECS funded places.

The DHS is developing process and selection criteria and scholarships will be implemented in the second semester of 2001.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 31 (section 5.2.1.2)**

That the Victorian Deans of Nursing develop options to facilitate easier access to postgraduate study, especially through the encouragement of multiple entry and exit points, a variety of modes of delivery and systems that enable maximum recognition of prior learning, especially learning achieved through continuing education modules.

Whilst this recommendation is directed at the Victorian Deans of Nursing the Government is supportive of this strategy.

**High Priority**

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### **Recommendation 32 (section 5.2.1.2)**

That the Victorian Deans of Nursing develop collaborative arrangements that maximize postgraduate courses for smaller specialties and small cohort courses.

Whilst this recommendation is directed at the Victorian Deans of Nursing the Government is supportive of this strategy.

**High Priority**

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### **Recommendation 33 (section 5.2.2)**

That the intersectoral group in recommendation 27 also pay attention to the:

- Effectiveness of current post basic modules and the need for additional modules to meet industry requirements.
- Recognition of prior learning arrangements between postbasic and continuing education undertaken and for postbasic modules and the Division 1 degree program.

Support  
The DHS and PETE will jointly explore these issues.

**High Priority**

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### **Recommendation 34 (section 5.2.2)**

That DHS evaluate the effectiveness of the provision of scholarships for Division 2 nurses to undertake postbasic modules as a recruitment and retention strategy by December 2003.

Accept  
The Government has allocated \$1 million over 3 years to Division 2 nurses wishing to undertake postbasic education, in the form of study leave and study grants.

**Long Term Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 35 (section 5.3.1)**

That the DHS commission and fund a research project to evaluate differing models of preceptorship within Graduate Nurse Programs in order to identify best practice.

**Long Term Priority**

The report refers to the 'absence of sufficient clinical teachers' as a contributing factor in the 'lack of support' for new nurses making the transition from university to working life. The increase of 50 nurse educators arising from the new nurses EB is likely to alleviate this problem, so the need for a separate research project should be deferred until the impact of the new nurse educators is known.

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### **Recommendation 36 (section 5.3.2)**

That the Intersectoral group (Recommendation 27) should look to developing programs to assist Division 2 nurses make the transition from the educational to industry sector during the first six months of practice. These programs should reflect the principles adopted for the Division 1 graduate nurse program and include a preceptor component.

**High Priority**

Government will further consider this proposal in the context of its wider approach to attracting nurses to the workforce.

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### **Recommendation 37 (section 5.4.1)**

That the DHS collect data relating to current expenditure on continuing education for nurses in each facility. Through its health services agreements with health care facilities, DHS ensures that funding is provided for continuing education to a level of 1.5% for metropolitan and 2% for rural facilities based on the budget for the total nursing EFT across the facility. These funds to be shown as a separate line item. The Training & Development Grant for continuing education should be continued in its present form.

**High Priority**

Support in principle health services reporting expenditure on continuing education and professional development, to ensure transparency.

The Committee was unable to identify current spending levels, so the Department will need to collate data on current levels before an appropriate benchmark can be considered. The nurses EB decision will significantly increase the level of funding to continuing education and professional development.

Under Mental Health Services enterprise bargaining decision, the DHS Mental Health Branch agreed to the establishment of a dedicated mental health training and professional development budget within all area mental health services, with appropriate monitoring and acquittal processes.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 38 (section 5.4.2)**

That DHS:

Support

- a) Ensure information on existing multimodal education products and postgraduate modules and courses be disseminated to health care facilities and their nurses via the most appropriate method of dissemination, such as the Clinicians Health Channel.
- b) Review existing multimodal education products with a view to identifying what is currently available, the product's ability to meet current industry needs, and to identify unmet needs. The review should also evaluate, as well as recommend, appropriate products for multi modal education such as tele/video conferencing, distance education and CD-ROMs, to fill identified gaps in continuing education.
- c) Explore what is currently available in tele/video conferencing facilities in Victoria and that a strategy be developed to make effective use of these as a means of delivery of continuing education in rural and regional Victoria.

**High Priority**

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### **Recommendation 39 (section 5.5.5)**

That DHS allocate places for paid study leave for four hours per week per place for nurses undertaking postgraduate and postbasic courses by any mode of delivery. Such allocation to be based on areas of identified need and EFT with a minimum of 25% of the total places allocated to the regional/rural areas and 25% of total places allocated to Division 2 nurses. DHS ensure a mechanism for reporting back to the profession on its process.

**High Priority**

Study leave has been dealt with in the Australian Industrial Relations Commission general nurses EB decision.

The psychiatric services EB decision will clarify the application of study leave in the mental health sector at a time still to be determined.

In addition to the AIRC decision, the Government is offering a study leave and fee relief package for Division 2 nurses undertaking approved postbasic education modules.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 40 (section 5.5.5)**

That nurses apply for study leave to their health service or area mental health service. Where applications exceed allocations, a ranking system be used incorporating the following principles as guides—length of service, results of performance appraisal where available and, if not available, their contribution to the service and service priority for its areas of need/shortage, including aged care and mental health nursing.

See response to recommendation 39

### **High Priority**

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### **Recommendation 41 (section 5.6.5)**

That the DHS review the Training and Development Grant in relation to the undergraduate teaching allowance, the graduate nurse program, and the postgraduate program (including midwifery) The review should ensure that

The Government is undertaking a review of the entire Training and Development Grant. This recommendation has been submitted to the review for consideration.

- a) The manner in which the Grant is made available to the hospitals is transparent and acquittal processes ensure the funds are used for their intended purpose.
  - b) The funding for undergraduate nursing be allocated according to student numbers undertaking placements in a hospital.
  - c) The medical and nursing components are separated and the nursing component is shown as a line item in the budget.
  - d) A nursing reference group is established to review the graduate nurse program guidelines paying particular attention to:
    - How the funds are used to support the new graduate through supervision and preceptorship.
    - The capacity to provide for rotations in specialty areas such as critical care, renal, perioperative nursing.
    - The provision for both rotations in and separate programs for, aged care and mental health as a positive recruitment strategy.
    - Provide for Division 2 nurses.
  - e) Establish a nursing reference group to develop guidelines for postgraduate courses along the lines of the graduate nurse program, ensuring that the distribution of the monies provides for equity between facilities.
  - f) That allocation to the aged care T & D grant be increased as a positive recruitment strategy.
  - g) That the mental health funding be analogous in structure to the acute T & D grant.
  - h) That the continuing education grant continue as it is.
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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 42 (section 6.1.1.2)**

That in the absence of Statewide workload data, each ward/unit establish a template for an appropriate workload for that ward/unit consistent with a ratio ranging from 1:3–1:5, excluding the nurse in charge of the am and p.m. shifts, for the acute general medical/surgical wards/units and the Nurse Policy Branch review the impact of ratios on workloads until more explicit data are collected and analysed.

#### **High Priority**

Nurse to patient ratios have been established by the Australian Industrial Relations Commission nurses EB decision, within the context of an overall cap on numbers.

The AIRC EB Psychiatric Services decision specifies that:

- Caseloads and staffing in community-based services are to be reviewed by the Psychiatric Services Agreement Implementation Committee.
- By 1 February 2000, safe and adequate staffing levels are to be reviewed and negotiated for in-patient services by the Psychiatric Services Agreement Implementation Committee.
- The DHS is currently trialling a system to collect data on nurse/patient ratios at the ward/shift level, which will be extended more widely across public acute hospitals.

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### **Recommendation 43 (section 6.1.1.2)**

That the DHS convene a working party comprising relevant stakeholders including ANF, HSUA and Directors of Nursing to jointly:

- a) Determine the data that are needed to evaluate nurse/patient ratios and skill mix across the State and
- b) Review available dependency systems and if needed commission further studies on such systems to evaluate their effectiveness and report back to the Minister for Health.

#### **High Priority**

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The Government accepts the need to review, evaluate and trial patient dependency tools.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 44 (section 6.1.1.2)**

That policies and procedures should be in place to enable the Nurse Unit Manager and Associate Nurse Unit Manager to control workloads by adjustment of staff numbers as appropriate and where workloads are unreasonably high, additional staff are unavailable and patient flow cannot be controlled, that adequate support be given to enable beds to be closed as a last option in the control of workload.

This recommendation has been overtaken by the Australian Industrial Relations Commission consensus decision.

**High Priority**

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### **Recommendation 45 (section 6.1.1.2)**

School holidays are known periods of nurse shortages and that hospitals minimise the amount of elective surgery during such times.

Scheduling of elective surgery is an operational matter for local hospital management.

**High Priority**

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### **Recommendation 46 (section 6.1.1.3)**

That each facility undertake a review of activities such as telephone answering, routine clerical activities and some housekeeping activities i.e. unmade bed making, and recommend to the DHS by June 2001 strategies that will either introduce such positions in addition to nursing positions that assist the nurse at ward/unit level, or extend the hours of such assistance as necessary.

Accept  
Such a review is proposed in the Australian Industrial Relations Commission consensus decision. This recommendation should be explored as part of this process.

**Medium Priority**

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### **Recommendation 47 (section 6.1.1.3)**

That health facilities establish a policy that nursing be undertaken only by those nurses registered under the provisions of the *Nurses Act 1993*.

The definition of nursing is being explored as part of amendments to the Nurses Act. Until this is resolved, it is not possible to establish such a policy. It is not yet clear that all nursing practice can be so precisely defined so that others can be excluded from performing some functions performed by nurses. The outcome of considerations through the Australian Industrial Relations Commission concerning nursing functions will need to be considered, along with Recommendation 46 above.

**High Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 48 (section 6.1.2.2)**

That attention be paid to rostering and that the following principles be implemented:

- a) Flexibility, fairness and equity of rostering—through such means as self-rostering and job sharing.
- b) No gaps in the roster caused by short shifts.
- c) Encouragement of voluntary permanent night duty, but with access to continuing education, periods of day duty and strategies to avoid a ‘night duty culture’.

**High Priority**

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Support the principle of flexibility, fairness and equity in rostering. How these principles are applied should be subject to local management decisions. The issue of rostering was considered by the Australian Industrial Relations Commission nurses EB, and it is not considered appropriate to establish additional statewide conditions on rostering outside of that process.

### **Recommendation 49 (section 6.1.2.2)**

That strategies be put in place by each hospital to reduce the need for excessive overtime, but where it is required, hospitals be reminded of their award obligations regarding overtime provisions.

**High Priority**

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Australian Industrial Relations Commission nurses EBs (both general and psychiatric) deal with the payment of overtime.

### **Recommendation 50 (section 6.1.2.2)**

That management encourage Nurse Unit Managers to claim legitimate overtime to ensure that a negative culture does not develop in relation to payment of overtime.

**High Priority**

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As for Recommendation 49.

### **Recommendation 51 (section 6.1.2.3)**

That all health care facilities restore an overlap period between shifts. The length to be determined by local need and the requirement for sufficient hand-over time, meal relief, undertaking of double duties and provision of some in service education and team building.

**High Priority**

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This recommendation has been overtaken by the Australian Industrial relations Commission nurses EB decision on the introduction of the 8/8/10 roster, and associated shift overlap provisions.

The length of shifts was also addressed in the AIRC EB Psychiatric Services decision. The decision requires a review to be undertaken and report back to the Commission.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 52 (section 6.1.2.4)**

That full time nursing staff have access to an Accrued Day Off (ADO), to be taken in a flexible manner suitable to the nurse and the local facility circumstances, and that DHS adjust the Casemix funding formula to allow for the full implementation of ADOs.

**High Priority**

This recommendation has been overtaken by the Australian Industrial Relations Commission nurses EB decision and the psychiatric services decision, which have reintroduced the ADO across the Victorian health care system.

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### **Recommendation 53 (section 6.1.3.1)**

Health care facilities ensure that

- a) Strategies are being implemented to employ nurses on a permanent basis to fill permanent vacancies.
- b) Recruitment procedures for replacement of permanent positions are developed to ensure that such vacancies are filled within eight weeks of notice of resignation.
- c) Use of agency nurses is restricted to unplanned absences only.

**High Priority**

Overtaken by the Australian Industrial Relations Commission nurses EB decision.

Support prompt replacement of permanent positions, but consider this a local management issue, recognising the difficulty in filling some positions that are in short-supply.

Overtaken by the Australian Industrial Relations Commission nurses EB decision. A proposal is being considered to actively support hospitals to establish local nurse banks and increase flexibility to encourage nurses to shift from agency to hospital employment.

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### **Recommendation 54 (section 6.1.3.1)**

That the DHS monitor state wide trends in agency usage in the public health care industry on a quarterly basis.

**High Priority**

Accept

The DHS is in the process of establishing mechanisms to monitor agency use by hospitals and by psychiatric services.

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### **Recommendation 55 (section 6.1.3.1)**

That Casemix funding be adjusted so that hospital funding is sufficient to ensure that ward/unit budgets and permanent staffing profiles include provision for leave relief such as annual leave relief and ADOs.

**High Priority**

The technical method for incorporating the Australian Industrial Relations Commission nurses EB decision into casemix funding is complex and will be resolved by the Department of Human Services as the decision is progressively implemented.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 56 (section 6.1.3.2)**

That health facilities are encouraged to (re)establish Nurse Banks to meet the *ad hoc* staffing needs of the facility and that these nurses have access to the ongoing education program of the facility.

**High Priority**

Support

The Government is exploring the establishment of nurse bank coordinators in major hospitals as the preferred method of addressing casual labour needs.

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### **Recommendation 57 (section 6.1.4.1)**

That the DHS, in conjunction with key stakeholders, evaluate work currently in progress in the healthcare industry to assess the prevalence of, and control of, workplace violence (physical and verbal) both directed at nurses, and from within nursing, and to consider whether a coordinated Statewide campaign is required.

**Long Term Priority**

Accept

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### **Recommendation 58 (section 6.1.4.2)**

That the DHS review of the Graduate Nurse Program address the issue of the vulnerability of new graduates to physical and horizontal violence in the workplace.

**High Priority**

Accept

To be incorporated in Recommendation 57.

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### **Recommendation 59 (section 6.1.4.2)**

That provision of formal independent counselling for victims of bullying and interpersonal conflict, be available for all nurses working in the public system. In addition the Committee recommends that all nurses working in the public system have access to critical incident debriefing services.

**High Priority**

Critical incident debriefing is a key responsibility of health care facilities, and should be routinely offered to staff as needed as part of the human resources functions of public hospitals.

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### **Recommendation 60 (section 6.1.4.2)**

That the DHS, in conjunction with key stakeholders (which should include relevant industrial and professional bodies, as well as human resources professionals and the Victorian Workcover Authority), establish a review of workplace culture with the aim of ensuring that each health care facility has in place a formal mechanism for dealing with workplace bullying.

**High Priority**

Support in principle: discussions will need to be held with the Victorian Workcover Authority over how this should proceed.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 61 (section 6.1.4.2)**

That the DHS encourage all publicly funded agencies to undertake an appropriately recognised and validated staff satisfaction survey on a regular basis, and that these agencies demonstrate to the DHS changes they have initiated as a result of survey findings.

Accept

**High Priority**

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### **Recommendation 62 (section 6.1.4.3)**

That all hospitals review their budget allocations for medical consumables and equipment for nursing care and where the budget is inadequate, in order to avoid the inefficiencies of practice that results from such inadequacies, to request that DHS consider additional finances to restore and maintain medical consumables and equipment level.

The adequacy of capital equipment levels in public hospitals is subject to annual budget review at the DHS and hospital levels. The need for capital equipment to achieve efficiencies is supported. The Committee does not present evidence of underprovision in these areas.

**High Priority**

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### **Recommendation 63 (section 6.1.5.1)**

That the DHS, as a matter of urgency, undertake a review of nurses childcare needs across all sections of the nursing workforce, with a view to formulating a strategy to best meet assessed needs.

Accept

DHS will commission a review in 2001. Preliminary work has commenced.

**High Priority**

A joint industry review of childcare needs in the psychiatric sector is recommended in the psychiatric EB.

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 64 (section 6.1.6)**

That DHS, in conjunction with its regional offices, establish workgroups of relevant stakeholders to:

- Develop strategies to provide support and peer review opportunities for nurses in rural hospitals.
- Explore the establishment of a locum nurse bank in rural areas where relieving nurses are not available and develop marketing strategies and an incentive scheme for the bank.
- Examine the security risks for nurses working in both the hospital and community in rural regions and develop a state-wide policy with strategies such as training programs, use of two staff where appropriate, suitable vehicles, telecommunication devices and safety equipment and personnel for security management and risk minimisation.

Policy and strategy implementation and their outcomes to be reported to DHS Nurse Policy Branch.

**Medium Term Priority**

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### **Recommendation 65 (section 6.1.6.1)**

That regional and rural health facilities ensure that classification structures in rural areas adequately reflect the levels of responsibility associated with the isolated environment in which nurses practice and is on no less than comparative services/functions in the metropolitan areas.

**Medium Term Priority**

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### **Recommendation 66 (section 6.2.1.1)**

That the Clinical Nurse Specialist (CNS) position at Grade 2 year 7 be maintained in the health care sector and be used as a strategy for retaining experienced, qualified nurses at the bedside.

Support the exploration of establishment of nurse banks (see response to recommendation 56).

Support the need for further work in this area.

Accept

The issue of grading and salary of Clinical Nurse Specialists has been overtaken by the Australian Industrial Relations Commission nurses EB decision.

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## Nurse Recruitment and Retention Committee Recommendation

## Government Response

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### Recommendation 67 (section 6.2.1.2)

- a) That for candidates applying for CNS positions, hospitals adopt the following general principles:
- Recognition of the *Registered Nurses (Victorian Health Services) Award 1992* definition.
  - Level of clinical practice reflects the level of remuneration i.e. higher level of skill than would be expected of other grade 2 nurses but less than grade 3 positions.
  - The primary focus of the position is clinical.
  - Criteria for CNS must be achievable in normal paid rostered hours.
  - Criteria for performance review processes be consistent with the review process of all nurses in the facility.
  - Publish criteria for the CNS position.
- b) Applicants must show a commitment to development of area of specialty, their own development and the hospital in which they are employed and must demonstrate one of criterion in each of the three sections.

This definition has been adopted in the Australian Industrial Relations Commission nurses EB decision.

#### *Clinical skill*

- Higher levels of skill demonstrated in clinical decision making—in particular in problem identification and solution, and analysis and interpretation of clinical data.
- Maintenance and improvement of clinical standards.

#### *Professional behaviour*

- Positive role modelling.
- Act as mentor or preceptor to less experienced nurses, including graduate nurses.
- Support of, and contribution to, quality improvement and research projects within the area of practice and ward/unit.
- Acting as a resource person to others in relation to clinical practice.

#### *Professional development*

- Membership of relevant professional body.
- Contribution to the education of other professionals e.g. being willing to provide at least one in service education program each year.
- Undertaking own planned professional development and competence through various forms of continuing education—e.g. conferences, study days, formal study, reading.

- c) DHS to review all criteria and ensure Statewide consistency of application of criteria.

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 68 (section 6.2.1.3)**

That as a matter of urgency DHS request that facilities indicate the number of CNS positions that are needed for the implementation of recommendation 67 above and collect data regarding the number of CNS positions in the public sector, following implementation of this recommendation and use this number as a baseline for the funding of CNS positions across the public sector.

This has been overtaken by the Australian Industrial Relations Commission nurses EB decision. The number of CNS positions to be created is currently subject to negotiation between DHS and public hospitals.

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### **Recommendation 69 (section 6.2.1.3)**

That DHS recommend a mechanism to ensure that adequate funding is provided for the CNS classifications according to the baseline figures as established in recommendation 68 above, for the 2001–2002 financial year and beyond.

As for Recommendation 68.

**High Priority**

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### **Recommendation 70 (section 6.2.1.4)**

That the parties respondent to the *Registered Nurses (Victorian Health Services) Award 1992* work towards a consent award variation, whereby the title CNS be changed to Senior Clinical Nurse (SCN) to more accurately reflect the expectations of the position.

Accept

**Medium Priority**

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### **Recommendation 71 (section 6.2.1.4)**

That VHIA, ANF and the DHS develop a CNS stream within the Registered Nurse Award which ensures that there are CNS positions at grades 2, 3 and 4, and that the definition of the responsibilities of the Grade 3 and 4 be completed by the end of 2001.

Appropriately considered as part of the AIRC nurses EB decision.

**High Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 72 (section 6.2.2)**

That in order to ensure an appropriate clinical career path for nurses in Victoria, the parties respondent to the *Registered Nurses (Victorian Health Services) Award 1992* remove the current award provision which restricts Clinical Nurse Consultant (CNC) to chemotherapy, stomal therapy, diabetes education and infection control to ensure that the CNC position can be appointed in any clinical area.

This recommendation has been enacted under the Australian Industrial Relations Commission nurses EB decision.

**High Priority**

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### **Recommendation 73 (section 6.2.3.1)**

That ANF, HCSUA, VHIA and DHS establish a suitable mechanism for recognising postgraduate qualifications for nurses within areas of nursing at specific levels within the context of the career structure, the work to be completed by June 2001. Until this mechanism is established and qualifications are recognised in this process, an interim qualifications allowance for nurses should be introduced, similar to that of other health professionals in Victoria for qualifications relevant to the area of current practice.

Overtaken by the Australian Industrial Relations Commission nurses EB decision and the psychiatric services decision.

**Medium Term Priority**

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### **Recommendation 74 (section 6.2.4.1)**

That the senior nurse manager (however titled) be a member of the hospital executive and have recognised input into resource allocation and utilisation appropriate to the nursing services of the facility.

The Government supports the need for nurses to be part of the executive decision-making and resource allocation process in healthcare facilities, however the management structures are for local health services to determine.

**High Priority**

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### **Recommendation 75 (section 6.2.4.2)**

That all health care facilities ensure that strategies are in place for succession planning for all levels of nursing management.

Accept

**High Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 76 (section 6.2.4.2)**

That nurse managers have input into the budget setting process and have responsibility for its ongoing implementation.

Support

**High Priority**

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### **Recommendation 77 (section 6.2.4.2)**

That all nurse managers be encouraged to:

Support

- a) Participate on a regular basis in in-service education programs in general, financial and human resource management.
- b) Pursue post graduate management and have access to paid study leave.

**High Priority**

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### **Recommendation 78 (section 6.2.4.2)**

That rural & regional hospitals explore strategies to ensure that there is training and development for ANUMs to facilitate succession planning to NUM positions, and that where appropriate consideration be given to jobsharing within the NUM position.

Support, however the Government considers this to be a health service issue to be determined at local level.

**Medium Term Priority**

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### **Recommendation 79 (section 6.3.1)**

- a) That clinical supervision for registered nurses be introduced into the public health system as a strategy for retaining experienced, qualified nurses in clinical settings and that each nurse, regardless of full time or part time status, will receive 2 hours per month of clinical supervision time.
- b) That funding be provided for the introduction, implementation and evaluation of clinical supervision for registered nurses and that the DHS take responsibility for the allocation of funds and establish a process for the allocation to health services.
- c) That the DHS evaluate the implementation of clinical supervision.

The Government strongly supports the concept of clinical supervision as a method of maintaining clinical standards, and notes that this is now a legislative requirement for midwives in the UK.

The introduction of specified shift overlap periods and the introduction of additional clinical educators as a result of the Australian Industrial Relations Commission nurses EB decision allows opportunity for clinical supervision to be undertaken without additional funding.

Accept, subject to more specification of how such an evaluation could be done by DHS.

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**High Priority**

## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 80 (section 6.3.2)**

That health agencies be encouraged to consider whether there are opportunities to employ Division 2 nurses in the acute sector in positions currently not filled by Division 2 nurses.

Support given the shortage of nurses, and that this strategy be extended to mental health care services.

**Medium Term Priority**

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### **Recommendation 81 (section 6.3.2)**

That the DHS consider a campaign amongst Division 1 nurses, undergraduates and the wider healthcare industry, to promote a better understanding of the role of Division 2 nurses.

Accept  
A campaign will be considered following determination of the extended scope of practice for Division 2 nurses and review of the Division 2 curriculum.

**Medium Term Priority**

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### **Recommendation 82 (section 6.3.3.1)**

That ongoing in-service education be provided in the public aged care sector (nursing homes and hostels) and that resources be sufficient for this activity.

Support the need for ongoing in-service education in public aged care. Funding levels in aged care are subject to Commonwealth Government policy.

**Medium Term Priority**

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### **Recommendation 83 (section 6.3.3.2)**

That DHS collect data relating to the staffing mix in the public aged care sector and in particular identify:

- The number of CNS positions required following the implementation of recommendation 68 and ensure that this number be used as a basis for the funding of CNS positions.
- The number of CNC positions, especially, but not limited to continence management, and dementia care.
- Nurse Practitioner roles as they are implemented and evaluated as part of the Government's funding of Nurse Practitioner projects.

The State Government's policy and practice in relation to public aged care is under active consideration, and these matters will be referred to this process.

**Medium Term Priority**

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## **Nurse Recruitment and Retention Committee Recommendation**

## **Government Response**

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### **Recommendation 84 (section 6.3.3.3)**

That the State Government recommend to the Commonwealth Government that the documentation required for Residential Classification Index Tool currently being used in the aged care sector be simplified, so as to reduce the documentation required to allow more time for nurses to be able to deliver direct patient care. The Committee recommends that the Victorian Minister for Health raise this issue at AHMAC to seek the support of other State Governments.

**Medium Term Priority**

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While recognising the level of documentation required for the Commonwealth's RCI Tool, the State regards this as a matter for the Commonwealth and recognises the need for the Commonwealth to collect sufficient data to determine payment levels according to level of dependency.

### **Recommendation 85 (section 6.3.3.4)**

That DHS provide specific funding for the complete implementation of a no lift program in the public aged care sector.

**High Priority**

The Government supports the wider policy encompassed in its Back Injury Prevention Project, which incorporates no lifting policies and principles. DHS is undertaking an audit to assess implementation requirements. Further expansion of the program will be subject to availability of funds as part of the State Budget process.

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### **Recommendation 86 (section 6.3.4)**

That DHS, together with key stakeholders, collect data relating to the recruitment and retention of midwives in rural areas and the implemented strategies be evaluated by DHS.

**Medium Term Priority**

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Accept

