Australian Nursing and Midwifery Federation  
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‘ANMF’s position on future health workforce needs’  

Slide 1: Title slide  

I’d like to take a moment to acknowledge the traditional owners and custodians of the land we’re meeting on today, the Kaurna (Garner) people, and pay my respects to their elders past and present. I extend my respects to Aboriginal and Torres Strait Islander elders, nurses and midwives, here with us today.  

Thank you to my South Australian colleagues for inviting me to speak. It’s lovely to be here in my second home, Adelaide. Mine is a national role and as my partner lives here, I manage to live between Melbourne and Adelaide. Tricky, I know. I have extended family and friends down
south in Kangaroo Island and up north in Crystal Brook. Over the last two and a half years, I’ve had the opportunity and good fortune to discover many beautiful parts of South Australia.

I’d also like to say congratulations to Elizabeth Dabars on the safe arrival of the ANMF’s newest member – Adelaide Dabars-Williams. To our minds, much more important than the royal baby! If you’re ever in need of overqualified babysitters when we’re in town, let us know. The Federal Office Professional Team work closely with our South Australian Branch colleagues, in particular Elizabeth, Rob Bonner, Jenny Hurley and Trish Currie. They’re a hardworking, incredibly helpful bunch. Nothing we ask of them ever seems to be of too much trouble. We’re very grateful for that.

I’ve been asked to speak to you today about the Australian Nursing and Midwifery Federation’s position on future health workforce needs. In particular, the work the Federal Office is involved in relating to the current debates and discussions on nursing and midwifery workforce. When I looked at this topic I felt somewhat overwhelmed about how to distill such a massive volume of work into a brief overview for you. I could go on for days on these issues, and those of you who know me would be acutely aware that I’m not joking. As my dear friend Rob
Bonner would say – the expression talking under wet cement comes to mind!

**Slide 2 (HWA Committees)**

The Federation has been working closely with Health Workforce Australia over the last two years. In this time, we have been represented on 8 national HWA committees. In addition to this ANMF personnel have participated in countless workshops where we’ve been able to advocate on behalf of the nursing and midwifery professions. Personally, I’ve have been the Federation’s representative on 7 of the 8 national committees.

In fact Etienne, I’ve done so much work for HWA, our Finance Manager thinks that I should have been on your payroll.

**Slide 3 (Cover and webpage for the HW2025 Report)**

The National Training Plan Governance Committee, on which I sat, was responsible for oversight of the Health Workforce 2025 Report released in April last year. The Report predicts that nursing will be facing a shortage of 109,000 by 2025. That’s a shortage of 89,000 registered
nurses and 30,000 enrolled nurses. No predicted problems for midwifery: they will be in balance.

The Report highlights that the only effective means of significantly reducing the nursing shortage is retention. That is, keeping the nurses we have in the system. This will reduce the predicted shortage of nurses by an estimated 84,000. Bringing the overall shortage down from 109,000 to 25,000.

The ANMF has been involved in the next piece of work HWA are doing on this issue - the Nursing Retention and Productivity Project. Our Federal Secretary, Lee Thomas currently represents the Federation on the Project Advisory Group. We had a strong showing at the National Forum held to discuss nursing retention and productivity in Melbourne in April and have made written submission in response to the HWA Discussion Paper on this issue.

Slide 4 (Federal Office website address and link to the submissions page)

I would encourage you to download our submission from the Federal Office website to see all of the recommendations we’ve made to HWA. This morning I'll just highlight some of our key messages.
Slide 5 (Key Messages: Nursing and Midwifery Retention)

In order to retain nurses and midwives we need:

Safe staffing – which involves:

- the provision of sufficient numbers and skill mix of registered and enrolled nurses, and midwives, to manage the type and acuity of persons for whom they provide care;
- mechanisms to mandate safe, manageable workloads for qualified nurses and midwives; and
- appropriate models of care

We need fair remuneration

- commensurate with the nurses or midwives level of qualification and experience; and
- wage parity across all health and aged care settings;

We need investment in Continuing Professional Development

- this means right across the continuum from student, through transition to practice, to the existing workforce, those changing
work settings, those re-entering and nurses and midwives coming from overseas

- we need employers to facilitate and support professional development opportunities and further education

We need our work to be respected

- by allowing and enabling nurses and midwives to work to their full scope of practice. This includes recognition of, and valuing, their clinical decision-making; and, acknowledgement that nurses and midwives are regulated health care professionals who are accountable and responsible for their own actions.

Retaining our nursing and midwifery workforce needs to be our focus right from graduation.

The predictions of a looming nursing shortage are occurring in a landscape where our current reality is that newly graduating nurses are missing out on jobs in their thousands right across the country.

**Slide 6 (Stop Passing the Buck Campaign)**

The Federation, in our ‘Stop Passing the Buck’ - Australia’s nursing grads need jobs Campaign, are calling on the Australian Government to:
- Waive HECS fees for graduates who accept employment in areas of need
- Fund 24 hour, 7 day a week clinical supervision and mentoring
- Rotate new graduates through non-traditional graduate areas such as primary care, aged care and acute settings; and
- Join with State and Territory Governments to fund graduate nurse positions.

Much work still needs to be done to deal with this bottleneck so that our beginning level nurses can be well supported as they transition from their studies into clinical practice. We can’t afford to lose the one’s that haven’t even had a chance to begin!

**Slide 7 (HWA Committees - repeat)**

Okay, now that’s one HWA Committee down, and 7 more to tell you about!

Don’t worry, today I’m just going to cover two more.
HWA is undertaking a series of Expanded Workforce Scope Projects as part of their Work Plan.

**Slide 8 (Expanded Workforce Scope Projects)**

Two of these projects focus on:

- Implementation of expanded nurse roles in the Emergency Department in response to an increasing demand in presentations to EDs and related workforce issues; and
- Implementation of an advanced practice in endoscopy nursing role in response to the expected increase in demand for endoscopies as a result of the National Bowel Screening Program and the consequent workforce capacity and waiting list issues.

There are eight implementation sites in the ED stream and five implementation sites in the endoscopy stream. The project sites for the nurses in ED program have a focus on mental health, paediatric nursing, and rural and remote settings. Sites are spread across NSW and Victoria. Lead sites for the advanced practice in endoscopy nursing program are in Queensland and Victoria, with Queensland providing the education and training program for all project participants.
Overall, these projects have sought to recognise and utilise professional nursing expertise that either already exists by introducing models of care to support nursing roles or, in the case of nurse endoscopy, developing nursing expertise with additional education and training. Many of the ED Projects are assisting Nurse Practitioners and those working towards Nurse Practitioner endorsement, to work to their full scope in roles that recognise this advanced level of nursing practice.

These models hold some promise in improving health outcomes for the community. However, the Federation has continued to advise HWA of concerns around the scope and remuneration of the nurse endoscopist role. Our concerns are with the Victorian model which employs relatively junior registered nurses, not on a nurse practitioner pathway. And there is no intention to support this role being for a nurse practitioner in the future. The opposite is the case in Queensland. Evaluation of the full program of projects is being undertaken by the University of Wollongong, with a focus on: the safety and quality impact of the projects; the costs and benefits involved; sustainability issues; and national scalability.
Slide 9 (ANMF Position)

The Federation’s position is that:

- Advanced scope of practice is an increase in clinical skills, reasoning, knowledge and experience so the practitioner is an expert working within the scope of traditional practice.
- Expanded or extended scope includes expertise beyond the currently recognised scope of practice of the nursing profession.

Slide 10 (ANMF Position)

- Expanded or extended scope of practice for registered nurses should be embedded in the Nurse Practitioner role using the established Nurse Practitioner framework.
- Registered nurses seeking to expand or extend their scope of practice beyond the nursing professions scope, should be supported to complete the Nurse Practitioner pathway and be employed in Nurse Practitioner roles once endorsed.
Providing opportunity and support to nurses working at an advanced practice level, where they would choose to expand or extend their scope in areas of clinical interest, is one measure required to retain them in the workforce.

**Slide 11 (The Major Issue)**

Despite all this work, the major issue for nursing in general, is not expansion or extension of scope, but rather being allowed to work to our full scope. We spend too much time fending off attacks from those who would presume to know nursing’s scope of practice, such as substituting others to do our work. We need to be the Master of our own destiny, understand and claim our scope, and educate others along the way.

As you’re no doubt aware, there are plans afoot to further increase the numbers of technical and support staff in the workforce. The looming predicted shortage of nurses is used to justify these increasing numbers and this has major implications for nursing.

Nurses and midwives need to continue to educate others not only about our roles and scope of practice, but what we need from other
health workers to be able to work safely together. It creates difficulty for nurses and midwives to work alongside, supervise, delegate to, and be responsible and accountable for these workers, where there is no national standard for their education or practice.

**Slide 12 (Regulation)**

Regulation protects the public

It protects the health professionals as well.

It all comes back to retention.

If people are working in an environment where the whole health care team are well prepared for their roles, and are all aware of one another’s scope of practice, then they’ll work more efficiently, their practice will be safer, health outcomes will be improved, they’ll feel satisfied with their work and they’ll stay.

For this reason, it’s no secret the Federation has been calling for regulation of Assistants in Nursing.
AINs are a growing and essential part of the nursing workforce and nursing family. A key concern for the Federation, and for registered and enrolled nurses, is how do we support AINs and make sure we have the best skills mix and provide the highest level of care to those using the health and aged care systems?

Regulation for nurses and midwives has the dual benefit of protecting the public and enabling these health professionals themselves to feel confident about the role preparation and professional framework of their colleagues. Parameters of education, professional conduct, ethical conduct, professional practice standards (previously known as competency standards), and scope of practice are known for nurses and midwives.

It is time to give AINs a nationally consistent professional practice framework, the same one that nurses and midwives enjoy. It is time for a mandated nationally consistent qualification and practice standards for AINs.
The Federation is well versed in the development of national professional practice standards. In recent times, along with various university research partners, we have led or participated in the development of 8 sets of professional practice standards for nurses and midwives.

As the national organisation that represents AINs, we have asked HWA for the funds to develop these national practice standards in consultation with our members. I'm afraid I can report no success with this to date, but hopefully, after today, Etienne will be persuaded.

HWA is commencing work on an Assistant and Support Worker Project. We believe it is timely for them to work with us to progress the establishment of a nationally consistent professional practice framework for AINs in this country.

The Federation believes strongly that we need national consistency in this area as it again comes back to protecting the public and valuing and retaining our workforce.
This brings me now to the issue of emerging support worker roles.

There are just two other roles I will specifically mention, and about which Etienne and I have had many conversations on the Federations’ view.

I refer to the roles of Medical Practice Assistant and Physician’s Assistant. As you will no doubt be aware, from the Australian Nursing Journal, the Federation has been vocal in its opposition to these unregulated roles.

The Medical Practice Assistant or MPA is a hybrid of a medical receptionist, practice manager and nurse. The course which is advertised as 6 months duration, has just 7 days of face to face training and only 1 week of clinical placement, for those not already working in the general practice environment. Of grave concern to the Federation is that they are providing invasive procedures normally the remit of qualified nurses – including giving injections and ear syringing!
There is no evidence of an identified need for this role in general practice. Despite this, they are still being trained in South Australia and Queensland.

Physician Assistant’s, on the other hand, are undertaking a role that we believe is essentially that of the Nurse Practitioner.

The Federation is vehemently opposed to Physician Assistants. Although regulation for this role has been supported by medical groups, there have been no moves to do this to date. We believe the introduction of this unregulated health worker, who will essentially be undertaking the role and scope of practice of nurses, poses an unacceptable and unnecessary risk to the public. When you see the PA scope written down it is clearly apparent that it is the scope of practice of regulated nurses and nurse practitioners.

Those offering PA courses will be predominantly looking to nurses, as the largest component of the health workforce, to fill their student cohorts. A health qualification is a prerequisite to this course. With the suggestion that PAs will earn more than a highly qualified and experienced and highly regulated nurse practitioner, $110,000 per
annum, then it’s possible that some frustrated, underpaid nurses may take up this offer. Don’t be seduced!

Recruitment from nursing will only serve to exacerbate the HWA predicted shortage of nurses. The classic ‘Robbing Peter to pay Paul’.

Once again, there is no evidence of an identified need for this role in this country.

I struggle to understand how a highly medico-legal risk averse profession, such as medicine, would allow unregulated health workers to undertake this role. Apart from anything else this is morally inconsistent given the position many of our medical colleagues take in opposing nurse practitioners. The suggestion that PA’s would service rural and remote communities indicates to me that there is no intention for them to actually work under medical supervision, as we know the doctors aren’t out there. Is it a case of, in desperation, these communities should accept a high risk, lesser level of health care. People in the bush deserve better don’t you think?
PA’s are an unknown quantity whereas nurse practitioners have demonstrated safe, quality care for over a decade.

So, how can we ensure there are enough nurses and midwives to meet the health needs of the community into the future?

Well, what the Federation can do is to continue our work on national committees, provide input to health reform debates and discussions on our members’ behalf, and help to shape health and aged care policy so that our recommendations for retention of nurses and midwives can be implemented.

And of course, there’s a lot you can do to help our work.

By keeping in touch with the community and seeing the trends. Being aware of shifts and changes in health and aged care issues.

You, as nurses and midwives working with the community, have an important role in advising the Federation through your Branch of those changes. So that we can more appropriately plan and enable
the nursing and midwifery professions to remain viable and sustainable, to meet the communities needs for the future.

**Slide 15 (Key Messages: Nursing and Midwifery Retention - repeat)**

We know what it takes to keep nurses and midwives in the workforce – safe staffing, fair remuneration, investment in CPD, and respect for our work and the people we care for.

**Slide 16 (Thankyou)**