

Budget Policy Division
Department of the Treasury
Langton Crescent
PARKES ACT 2600

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Dear Sir/Madam

2013-14 Federal Budget Submission

Australian College of Nursing is pleased to provide a submission for consideration in the preparation of the Australian Government 2013-14 Budget.

On July 1, 2012, Royal College of Nursing, Australia and The College of Nursing unified to become the Australian College of Nursing (ACN). The unification of these two leading nursing organisations heralds a new direction and creates a single, stronger, more focused voice for the nursing profession.

In the attached submission we have outlined three priority areas for funding allocation that reflects the centrality of the nursing and midwifery professions in the provision of health care for all Australians. Among a wide range of potential strategies CAN has identified these three as having major impact on the nursing workforce and ultimately the health care of the community. The predominant role of the professions across the health system and their direct influence on community health outcomes requires that much greater strategic resource investment is directed to initiatives that will secure the workforce capacity of nursing and midwifery into the future.

Thank you for considering ACN's views. Please do not hesitate to contact me for further information or discussion.

I look forward to release of the Federal Budget later this year.

Yours sincerely



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Australian College of Nursing Federal Budget submission 2013-14

Priorities

Resources be allocated to provide structured, flexible and dedicated clinical support systems for all nurses undergoing transition.

Dedicated national funding be provided to develop nurse leadership capacity to improve nurse workforce retention and to support national health system innovation and reform.

Funding be allocated to increase Medicare Benefits Schedule (MBS) items and rebates for eligible nurse practitioners to strengthen health workforce capacity and increase access to health service delivery.

Priorities

1. *Clinical support for nurses in transition*

Recommendation: Resources be allocated to provide structured, flexible and dedicated clinical support systems for all nurses undergoing transition.

Case: Health Workforce Australia's report *Health Workforce 2025 – Doctors, Nurses and Midwives* demonstrates that sustaining a nurse workforce into the future is dependent on effective retention strategies. The report has forecast a potential shortage of nearly 110,000 nurses by 2025. If effective retention strategies are identified and implemented on a national scale, the shortage is predicted to be less than 25,000. Keeping nurses in the workforce will be key to bridging the gaps that will emerge as the workforce starts to retire in large numbers and as demand for health services significantly increases in the future. To reduce nursing attrition rates and increase job satisfaction and improve assurance of clinically appropriate care, clinical development support must be generally available to nurses within the health system.

With a national objective to develop an adaptable health workforce able to support health service innovation and reform, there is an urgent need to identify effective clinical support mechanisms for nurses transitioning into, within or across health services. Well-developed transition support schemes can promote personal and professional development and ease pressure on existing staff to mentor and supervise less experienced co-workers. Clinical support mechanisms for nurses in transition would also form part of retention strategies focused on creating positive practice environments through cultural and attitudinal change. To significantly improve nurse retention, clinical transition support systems must aim to support all nurse in transition including:

- Newly registered nurses
- Early career nurses
- Internationally qualified nurses
- Nurses re-entering the health system
- Nurses moving into new clinical environments
- Nurses changing areas of specialty

Such support systems should include structured mentor programs, clinical education, and professional development. A range of health professions have well developed structured mentor programs embedded in professional pathways, the most established being medicine, that have proven to be valuable professional development activities that support workforce

retention. Embedding similar support systems within the nursing profession and health care settings has become an imperative to attract and retain nurses. Investment is required also to build the capability of the current workforce to provide the support systems, particularly to develop the capability of nurses to act as mentors. Strategic funding for structured, flexible and dedicated clinical support mechanisms across the health system for nurses in transition is an essential and pro-active retention strategy.

Way forward: Allocating funding to a national initiative to embed clinical support systems for all nurses undergoing transition across the health sector, including primary health care and aged care, presents an important workforce reform opportunity. The national initiative would comprise the development of a national transition framework built on key principles and strategies to support the flexibility and mobility of the nurse workforce, a national workshop program, and development of associated resources such as mentoring policies, to support the implementation of transition programs for nurses in health services across Australia.

Budget Cost: \$450,000 for development and roll out of a transition program for nurses

2. Valuing and strengthening nurse leaders

Recommendation: Dedicated (in particular at the unit level) funding be provided to develop nurse leadership capacity to improve nurse workforce retention and to support national health system innovation and reform.

Case: Dedicated national funding is required to develop nurse leadership capacity from operational through to strategic levels to improve nurse workforce retention and to support innovation and reform. Nursing leadership capability has a direct impact on nurse workforce retention and there is a need to foster more engaged and competent leadership within the profession to better support the implementation of intended national health and workforce reforms. This is particularly important at the unit or centre level where the Nursing Operations Manager or equivalent and their leadership have a key impact on the retention of clinical staff.

These nurse managers invariably focused on immediate clinical concerns and administrative matters. There is often a lack of attention on developing their management and leadership competencies. A broad paradigm shift is required within the

profession to support leaders to undertake and achieve change. This will require dedicated programs to challenge existing cultural barriers and to promote positive professional cultures.

Whilst generic leadership programs exist there is a recognized gap in profession specific leadership programs in nursing, particularly related to clinical environments.

A key objective of Health Workforce Australia (HWA) is to *develop leadership capacity to support and lead health workforce innovation and reform*. As nurses are the largest professional group delivering health services throughout Australian health systems, strengthening and growing nurse leadership must be a foremost priority. As part of HWA's identified strategy to *develop national health leadership training and capacity building mechanisms to drive innovation and reform and improve productivity* specific programs must be funded to develop leadership capacity within nursing.

Way forward: Investment in specifically tailored nurse workforce leadership programs to strengthen nurse leadership capacity and capability to improve workforce retention and to support innovation and reform.

Drawing on the HWA leadership competencies, a bespoke leadership program be developed to be delivered over 12 months that provides a structured education program, mentoring, exposure to best practice leadership, and enables participants to critically appraise leadership methodologies and contextualize to health care settings, the nursing profession, and innovation and reform. The program should articulate with formal academic qualifications.

Budget Cost: \$250,000 for the development of a 12 month leadership program for nurses

3. Supporting nurse practitioners to work to full scope of practice

Recommendation: Funding be allocated to increase Medicare Benefits Schedule (MBS) items and rebates for eligible nurse practitioners to strengthen health workforce capacity and increase access to health service delivery.

Case: Nurse practitioner roles continue to develop across the health sector, however, without a coordinated national strategy. One exception is

The *Nurse Practitioner – Aged Care Models of Practice* Program which is a national program, seeking to demonstrate effective, economically viable and sustainable models of practice; to facilitate the growth of the aged care nurse practitioner workforce and improve access to primary health care for clients of residential and community aged care.

There is great scope to further develop the role of nurse practitioner across the health sector to give the community easier and greater access to the range of nursing services available. While the establishment of MBS provider rights for eligible nurse practitioners has been a transformative reform and a strong step in the right direction, health service innovation relating to the role of eligible nurse practitioners is currently stifled by the narrow scope of MBS items for nurse practitioner services and the level of the Schedule Fee set for these items. Current MBS rebates for Nurse Practitioner services do not support the financial viability of a private Nurse Practitioner practice to provide services in response to client needs. To achieve financial viability private Nurse Practitioner services must limit the services they provide to those that attract rebates that recompense them adequately for their time, expertise, and infrastructure costs.

There are also still significant caveats to eligible nurse practitioners providing care to their full scopes of practice, particularly the requirement to have a collaborative relationship with a medical practitioner. Nurse practitioners are also largely dependent on inter-professional goodwill to secure the professional relationships required to develop service models that incorporate subsidised services.

The national policy expectations for the role of the nurse practitioner workforce to support workforce innovation and reform are very high. While the policy intent is sound the financial investment to grow their roles must be increased to attract and retain an eligible nurse practitioner workforce over the longer term.

Way forward: Additional MBS item numbers and higher level Schedule Fees must be funded to increase the viability of nurse practitioners, over the longer term, to provide a broad range of health services throughout the community.

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