



Australian
College of
Nursing

Voice of influence



The Manager
Individuals Tax Unit
Personal and Retirement Income Division
The Treasury
Langton Crescent
PARKES ACT 2600

Email: selfeducationtaxreform@treasury.gov.au

To whom it may concern

Re: Reform to deductions for education expenses

Australian College of Nursing (ACN), Australian Primary Health Care Nurses Association (APNA) and Australian College of Midwives (ACM) are pleased to provide a submission on the *Reforms to deductions for education expenses discussion paper, May 2013* to the Treasury.

The retention of the nursing and midwifery workforces is currently a national health policy priority. It is now widely recognised that even by conservative estimates, the supply of nurses within Australia will soon be outstripped by demand. Retaining current nurses and midwives through the promotion of up-skilling and self-education has been identified as a key measure to address anticipated shortages within our workforces.

The Australian Government proposal to introduce a \$2,000 cap on deductions for education expenses would impose a major barrier to continuing professional education for nurses and midwives, having the most profound impact on the ability of nurses and midwives to undertake formal post-graduate education. It is the view of our organisations that the proposed cap will be a major obstacle for the enhancement and expansion of the nursing and midwifery workforces and presents a retrograde step in the overall reform of the Australian health care system.

The attached joint submission provides the position of our organisations that nursing or midwifery work-related education leading to an accredited award should not be subject to expense deduction capping and that a work-related education expense deduction cap for education that does not lead to an accredited award should be set no lower than \$10,000 for nurses and midwives.

Please do not hesitate to contact us for further information in relation to the joint submission. We look forward to the outcomes of this consultation.

Yours sincerely

Adjunct Professor Debra Thoms
FACN (DLF)
Chief Executive Officer
Australian College of Nursing

Kathy Bell
Chief Executive Officer
Australian Primary Health Care
Nurses Association (APNA)

Sarah Stewart
Acting Executive Officer
Australian College of Midwives

Joint submission to Treasury

Response to: *Reform to deductions for education expenses discussion paper, May 2013*

Joint Position

- **Nursing or midwifery work-related education leading to an accredited award should not be subject to expense deduction capping.**
- **A work-related education expense deduction cap for education that does not lead to an accredited award should be set no lower than \$10,000 per year for nurses and midwives.**

In response to the Australian Government Treasury May 2013 discussion paper *Reform to deductions for education expenses* (the Discussion Paper), Australian College of Nursing (ACN), Australian Primary Health Care Nurses Association (APNA) and Australian College of Midwives (ACM) contend that the proposed reform to cap work-related education expense deductions at \$2,000 from 1 July 2014 will have a disproportionately negative impact on the nursing and midwifery professions and that the proposal should not be applied to these professions in its current form.

The health system is dependent on the flexibility of the nursing and midwifery professions to work across different settings and specialities, and be responsive to changing population health needs. To achieve this nurses and midwives must undertake postgraduate studies and participate in ongoing continuing professional development (CPD) during their careers. Most nurses and midwives must meet the costs of their own education and CPD, the proposed cap will present major barriers and have a negative impact on the professional development of nurses and midwives. This ultimately impacts the quality of health care that the Australian community receives. These effects flow on to population health outcomes at a time when demand for services are increasing with an ageing population, and government health reform is emphasising nursing services to coordinate complex care.

It is our view that, to ensure our professions continue to access higher education to maintain and improve on standards of nursing and midwifery care across the health system, educational activities leading to an accredited nursing or midwifery award **should not** be subject to capping.

The proposed \$2,000 cap on deductions for work-related education expenses is too low to realistically support the necessary continuing skills development within the contemporary nurse and midwife workforces and presents a counterproductive measure within the context of national health workforce reform. Our organisations propose that any work-related education expense deductions cap for activities that do not lead to a recognised award be set no lower than \$10,000 per annum for nurses and midwives.

The following comments are made with the assumption that retention of the nursing and midwifery workforces is of paramount importance to the health care system of Australia. These comments are also made within the context of views expressed by our combined memberships of nurses and midwives that strongly oppose the reforms to deductions in education expenses as outlined in the Discussion Paper.

Overview of education for nurses and midwives

Throughout their careers nurses and midwives undertake a prescribed amount of continuing professional development to meet the requirements of registration, additional continuing professional development to support professional growth and development, and for many nurses and midwives postgraduate studies to qualify them in particular areas of specialty. Undergraduate nursing studies prepare nurses for generalist practice. Specialist knowledge is acquired through postgraduate studies. It is not unusual for nurses to move across several speciality areas during their career. Similarly, undergraduate midwifery studies prepare midwives for practice. Further midwifery education ensures midwives maintain competence and contemporary practice as well as enhanced skills through postgraduate studies including the pharmacology and prescribing qualification, which is compulsory for eligible midwives.

Continuing professional development is compulsory for all nurses and midwives if they are to meet their registration requirements with the Nursing and Midwifery Board of Australia (NMBA). CPD entails the maintenance, improvement and broadening of knowledge required for professional practice. It comprises of an updating of expertise and competence and is essential for ensuring safety and quality in care according to contemporary best practice models.

Rapid technological change and advances in health care impact on nursing and midwifery care and require that an individual's professional knowledge constantly evolves and is under continuous revision. Upon entering the professions, nurses and midwives assume responsibility, common to all professional groups, for the quality of the service they provide and hold themselves accountable to consumers and the community for the outcomes of the service they give. Fulfilling the responsibility of providing evidence-based, competent care and meeting fundamental consumer's rights to receive the best care from competent professionals involves maintaining and enhancing competence, relevant to the context of practice, on a continuing basis.

Specifically, nurses and midwives must complete at least 20 - 40 hours of CPD per year, depending on their registration category, to maintain their registration. This CPD must be relevant to the nurse or midwife's current context of practice and must be documented in order to demonstrate evidence of completed hours. Generally self-funded, nurses and midwives are ultimately responsible for their CPD and self-education and bear such costs with the understanding that such expenses are tax deductible. CPD consists of a range of accredited and non-accredited programs.

Education leading to an award is delivered through a range of providers including:

- universities
- higher education providers
- registered training organisations
- vocational training institutions

Continuing professional development education and training is provided through a range of providers including:

- universities
- higher education providers
- registered training organisations
- vocational training institutions
- health service providers
- professional organisations

A great deal of CPD is undertaken through participation in professional conferences across Australia, meaning the nurse or midwife will generally need to fund their own travel and registration as well as conference fees. For some nurses and midwives, some CPD is also undertaken overseas to broaden the nursing and midwifery perspective from a national to international one and explore innovations in nursing and midwifery, the latest nursing and midwifery research findings, management practices, system wide approaches, and workforce planning initiatives to name a few.

General Comments

Integrated National Policy Directions

- **Without effective national retention strategies Health Workforce Australia predicts unprecedented nurse workforce shortages in the medium and long term.**
- **Ongoing education has been identified by Health Workforce Australia as being critical to improving nursing and midwifery workforce retention.**

It is essential that there are no unintended tensions between national policy directions taken by different arms of Government. A critical national nurse workforce shortage has been identified by Health Workforce Australia (HWA) whose modelling predicts significant shortages by 2025 if immigration and retention strategies are not implemented nationally (HWA 2012a). HWA is yet to quantify a shortage of midwives due to an absence of robust data. Unless the predicted shortage of nurses is resolved through a range of strategies, demand for nurses will sharply exceed supply placing serious strain on the Australian health care system. Strategies devised by HWA to ameliorate this nursing shortage include a range of retention, education and immigration strategies. These strategies apply equally to the midwifery workforce. HWA have identified that access to ongoing education is critical to improving nursing and midwifery workforce retention, and research has

demonstrated that programs providing additional qualifications build capacity within organisations and healthcare systems by up-skilling nurses and midwives and encouraging their retention.

Central to retention strategies has been the emphasis on enhancing job satisfaction, career development and the professional advancement of nurses and midwives already practising. By encouraging professionalism through further education and up-skilling, nurses and midwives are provided with opportunities to remain engaged and committed to their professions. Not providing avenues for professional enhancement, or making such avenues difficult to access, is not consistent with the retention focus of the national reform agenda for the nursing and midwifery workforces committed to by HWA and potentially undermines the work already being done in this area. It is the view of our organisations that the proposed deductions in education expenses pose a disincentive to career development and are inconsistent with a whole-of-government approach to public policy in that they do not incorporate the strategic directions envisaged by HWA in promoting retention in the current healthcare workforce. Ultimately the proposed cap in its current form will impact on patient care as it presents financial barriers to nurses and midwives who wish to develop their skills and qualifications and move along the career pathway, at a time when we need to be emphasising workforce retention, productivity, and quality care.

1. Overarching concerns for the nursing and midwifery professions

It is well documented that Australia's health system is under increasing pressure due to the burden of an ageing population and increased rates of chronic and preventable disease. Ensuring the health system is able to meet the anticipated increased service demand requires the immediate retention of suitably skilled and qualified nurses and midwives across the health system. It is noted that nurses and midwives together are the most populous professional group within the health care workforce. With the predicted 109,000 shortfall of nurses by 2025, and in the absence of robust midwifery workforce data, the reliance of the health system on our professions cannot be overstated and the importance of retaining nurse and midwives is now critical to its future.

As mentioned above, the introduction of a \$2,000 cap on education expense deductions would have a profoundly negative impact on the nursing and midwifery professions. In its proposed form, the recommended cap is a very "blunt instrument" in terms of dealing with the range and complexity of problems associated with the current education expense deduction system. It fails to differentiate between types of education and between the varying incomes of different professional groups. Therefore, professional groups, such as nursing and midwifery, traditionally on lower incomes will be disproportionately affected by the introduction of a cap.

2. Limited financial support mechanisms for CPD

As discussed above nurses and midwives have requirements for continuing professional development. Despite these requirements, there are currently very few financial support mechanisms available to assist nurses and midwives meet the mandatory CPD requirements and few financial

supports available to enable nurses and midwives to pursue higher learning to upgrade their skills to meet increasingly complex patient care needs.

Further to this, as nurse and midwife staffing numbers tend to be high relative to other health professional groups, many employers do not prioritise the professional development of nurses or midwives due to cost implications. As the support that nurses and midwives receive in undertaking continuing self-education is highly variable, the onus is predominantly on individual nurses and midwives to fund and organise such development themselves. Not only are the majority of nurses and midwives obliged to pay the cost of education themselves, many are not paid study release time/leave and in fact lose wages by taking annual or unpaid leave to attend education events. The deduction for work-related education expenses provision is therefore a pivotal enabling instrument for nurses and midwives to undertake self-funded continuing professional development activities. Introducing a \$2,000 cap on deductions for education expenses will create an unnecessary barrier for nurses and midwives, at all levels and career stages, seeking to meet continuing professional development requirements as well as for those aspiring to upgrade their knowledge and expertise through undertaking formal post-graduate studies.

3. Imposing a cap is a risk to furthering knowledge and developing expertise

- **Introducing a \$2,000 cap on deductions for education expenses will present a disincentive for nurses and midwives to undertake work-related post-graduate education.**
- **Nursing or midwifery work-related education leading to an accredited award should not be subject to expense deduction capping.**
- **Imposing a cap will reduce demand for post-graduate nursing and midwifery courses leading to a decrease in the range of available courses.**
- **An unintended consequence of the introduction of such a cap would be a lessening of the skill level of nurses and midwives as the cost of additional qualifications will be prohibitive for many potential candidates.**
- **The relative cost of undertaking post-graduate education leading to an award for individual nurses and midwives is substantially higher than \$2,000 per year.**

The tax provision to deduct work-related education expenses is one of the few universally available financial incentives to support the ongoing professional development needs of nurses and midwives. Given this, introducing a \$2,000 cap on deductions will create a barrier for nurses and midwives seeking to invest in their own skills. The personal investment nurses and midwives make in their own professional skills development results in direct safety and quality benefits within Australia's health care systems and provides indisputable benefit to the community. Introducing the proposed cap will reduce access to and therefore demand for post-graduate education by nurses and midwives. A concerning negative consequence of a decrease in demand will be the reduction in the range and availability of post-graduate courses for nurses and midwives. This will lead to our workforces being less qualified, with significantly reduced speciality knowledge and reduced flexibility, having

implications for the safety and quality of care across the health system and the development of innovative responses to health system pressures.

Furthering knowledge: through career stages

The continuing professional development needs of nurses and midwives change as they progress through their careers. As highly flexible health care professionals, it is not unusual for nurses and midwives to transition at many stages throughout their careers. The smooth and safe transition between roles and across worksites often requires individuals to up-skill or re-skill and in many cases requires the acquisition of new knowledge. Acquiring formal post-graduate education qualifications is a standard expectation for nurses and midwives whose career pathways are focused on advanced practice clinical roles, specialisation, management or other leadership roles. Providers, other health organisations and indeed the health system as whole are dependent upon the investment nurses and midwives make in their own professional development.

A further strain on nursing and midwifery research

Nursing and midwifery research is significantly underfunded in Australia. This has widespread implications for patient care, as nurses and midwives are the most prevalent health professionals within the health care system uniquely providing health services across the range of health care settings. There is a very limited range of categories for research funding to which researchers investigating nursing and midwifery can apply. It is essential that nursing and midwifery policy and practice development is supported by a strong evidence base which is developed through research and practice innovation. Such evidence promotes continual improvement and quality and safety of health care throughout health services, post-graduate education is one of the few essential avenues through which important nursing and midwifery research can be pursued.

Furthering knowledge: relative cost of post-graduate education

Our organisations are opposed to setting any tax deduction limitations on nursing or midwifery work-related education that leads to an accredited award. The costs associated with undertaking post-graduate education in nursing or midwifery vary depending on the level of award, duration of course, course fees, education provider, clinical requirements and other factors. Despite variations, the relative cost of undertaking post-graduate education leading to an award for individual nurses and midwives **is substantially higher than \$2,000**. The following provides relative course costs including fees for Commonwealth Supported Places (CSP) that are available for some post-graduate programs. It is noted that CSPs are limited and merit-based therefore not accessible to the majority of nurses and midwives intending to undertake post-graduate education.

Master Degree – Nursing Clinical

Duration: 1.5 years

Fee for Commonwealth Supported Place (CSP): \$5,800 per year of full-time study

Fee for Domestic Student: **\$16,800 per year** of full-time study

Graduate Diploma – Nursing Clinical

Duration: 1 year

Fee for CSP: \$5,800 per year of full-time study

Fee for Domestic Student: **\$16,800 per year** of full-time study

Graduate Certificate – Nursing Clinical

Duration: 1 year

Fee for CSP: \$5,800 per year of full-time study

Fee for Domestic Student: **\$16,800 per year** of full-time study

Master of Clinical Midwifery

Duration: 1.5 years

Fee for Commonwealth Supported Place – not offered

Fee for Domestic Student: Approximately **\$18,000 per year** of full-time study

Graduate Diploma – Midwifery

Duration: 1 year

Fee for CSP: \$5,856 per year of full-time study

Fee for Domestic Student: **\$18,660 per year** of full-time study

Graduate Certificate – Midwifery

Duration: 1 year

Fee for CSP: \$4,180 per year of full-time study

Fee for Domestic Student: **\$7,450 per year** of full-time study

It is also unclear at this stage what the impact of the education reforms which reduce funding to universities will be on fees for postgraduate nursing education and will potentially increase the cost of such programs of study further. As noted above, any limitation on the pursuit of post-graduate education would have a direct impact on the capabilities of the nurse and midwifery workforces and effectively the capacity of the health system as a whole.

Furthering knowledge: supporting leaders and emerging leaders

The CPD needs of nurses and midwives change as their careers progress. Nurse and midwife leaders or emerging leaders tend to target their education development at the highest post-graduate levels to ensure they are equipped with the necessary skills to provide leadership, manage service delivery, undertake strategic planning and provide expert advice. The following provides a relative cost of undertaking a Masters level course in the field of management:

Master Degree – Management

Duration: 1.5 years

Fee for Commonwealth Supported Place (CSP): \$9,700 per year of full-time study

Fee for Domestic Student: **\$30,000 per year** of full-time study

Case example:

I am a registered nurse working within the public sector. My area of specialisation is reproductive medicine, and I have a Masters degree in this field. This degree was not Commonwealth supported, and was obtained at a cost of \$18,000 over 18 months, plus course materials. My workplace at the time (a private entity) sponsored me for one third of this course however the remaining portion was self-funded.

I am now employed as a Nurse Manager and am close to completion of a dual Master of Business Administration/Master of Health and Human Services Management. These courses are not Commonwealth supported, and at the time of my enrolment my employer (a not-for-profit) was unable to provide financial assistance to me, however they were most encouraging in the further development of my skills. The cost of course fees alone for these courses are, \$44,400, or approximately \$2,775 per subject, with the usual course participant undertaking four subjects a year. My current employer, a public health service, has generously offered a payment of \$500 per semester which I have used to purchase text books. The availability of a tax deduction for these expenses has been the only way that I can financially afford to complete these courses. I am only 28 years old, and thus I am able to see that this investment will have long term rewards not only for myself, but for my patients and staff that I have contact with over the next 35 years.

Nurse and midwifery leadership at all levels is the cornerstone of workforce reforms within our professions. Evidence demonstrates that visible, respected and accountable nurse and midwifery leadership has a direct impact on the retention of nurses and midwives and care outcomes. Nursing and midwifery leadership is also an enabler that will support the introduction of health reforms and systems changes. It is imperative that there are no additional restrictions or disincentives that will limit the capacity of individual nurses and midwives to undertake higher learning as they progress through their careers.

Putting health services at risk

With the prohibitive costs outlined above there are several critical areas of health care service delivery that will be at risk should the cap be imposed on accredited post-graduate education. A primary example is the area of mental health. Mental health is a targeted area of Australian Government health care reform and nurses are central to key program strategies under current implementation. The Mental Health Nurse Incentive Program (MHNIP) funds community-based general practices, private psychiatric practices and other organisations to engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental health disorders. Imposing the proposed cap on education expense deductions would directly affect the graduate pipeline for mental health and put a range of essential mental health services at risk across the health system. Midwifery would likely be impacted the same way as, whilst midwifery qualifications can now be attained at an undergraduate level, the common pathway at present for becoming a midwife is a registered nurse

attaining a post-graduate diploma or Masters in midwifery. Mental health and midwifery are just two examples of a range of nursing and midwifery qualifications attained at the post-graduate level that are required to service community health care needs. Reducing access to post-graduate education will compound existing workforce problems and put further strain on health services.

4. Meeting mandatory CPD requirements

- **There are very few financial support mechanisms to assist nurses and midwives meet mandatory national registration continuing professional development requirements.**
- **The deduction for work-related education expenses provision is a pivotal enabling instrument for nurses and midwives to undertake self-funded continuing professional development activities.**
- **Introducing a \$2,000 cap on deductions for education expenses will create a barrier for nurses and midwives seeking to meet continuing professional development requirements.**
- **A work-related education expense deduction cap for education that does not lead to an accredited award should be set no lower than \$10,000 for nurses and midwives.**

As mentioned above, nurses and midwives have mandatory minimum annual continuing professional development requirements and there are very few financial support mechanisms to assist nurses and midwives in meeting these requirements. The proposed education expenses reforms outlined in Discussion Paper would threaten the capability of nurses and midwives to undertake the professional development required to maintain their professional registration and ability to practice at the highest level of safety and quality.

Relative CPD costs – nursing and midwifery

The following provides some examples of CPD expenses that midwives and nurses incur, which do not include the costs of postgraduate education, or associated cost such as travel, meals, time off work, back-fill or locum, childcare or accommodation, or other materials that support education such as textbooks. These costs clearly indicate that a cap of \$2,000 a year on CPD expense deductions will significantly limit the access nurses and midwives will have to ongoing education.

Relative CPD cost: midwifery

- Pharmacology and prescribing course – approximately \$9,000 (compulsory for eligible midwives)
- ACM Bi-annual conference in Hobart, October 2013 - \$2,500
- Midwifery Practice Review - \$990 (\$660 ACM members) (compulsory for eligible midwives)
- Advanced Life Support in Obstetrics course (management of emergencies including resuscitation) - \$1,300
- International Confederation of Midwives (ICM) conference in Prague, June 2014 - \$990 (will need to add considerable costs for flights, accommodation etc)
- Mid-Plus CPD Program - \$220 per year (free to ACM members)

- Face-to-face workshops - vary anything from \$80-\$250 per day
- Membership of Australian College of Midwives - \$310-330
- Subscription to professional journal – e.g. British Journal of Midwifery \$260 per year
- ACM webinar - \$70 (\$50 ACM members)
- ACM e-learning packages - \$330 each (\$290 ACM members)

Relative CPD cost: nursing

- CPD courses \$139 - \$800 (1- 4 days)
- Professional journal subscription \$60 - \$117 (average costs)
- ACN National Nursing Forum - \$750 - \$950 (registration fee)
- International Council of Nurses Congress in Seoul Korea 2013 – approximately \$1000 (will need to add considerable costs for flights, accommodation etc)
- Face-to-face workshops - vary from \$50- \$200 per session/day
- Membership of Australian College of Nurses - \$295-\$320
- ACN e-learning packages - \$100 each (1 -3 Hour)
- ACN webinars - \$25 - \$110
- Membership of APNA - \$225 per annum
- APNA National conference – \$520 - \$820 registration
- Commercial CPD conferences/workshops – from \$500 - \$2,000 + registration

****note that travel and accommodation costs are additional and can be significant for interstate conferences, and for nurses and midwives from rural and remote areas***

Our organisations recognise a need to rein in excessive work-related education expense deduction claims, however, there are legitimate expenses related to the attainment of required CPD for nurse and midwives that exceed the arbitrary figure of \$2,000 per annum. We are not aware of any indication or evidence of abuse of the tax deductibility provisions by our professions. Our organisations recommend that the proposed cap be set no lower than \$10,000 for work-related education expense deductions for activities that do not lead to an accredited award, for nurses and midwives.

Accessing professional development: rural and remote challenges

The proposed cap will be detrimental for nurses and midwives working in rural and remote areas where access to relevant continuing professional development opportunities is particularly challenging and often requires travelling long distances. Poor access to CPD programs and social barriers are major concerns for the development of the nursing and midwifery workforces in rural and remote areas. For rural and remote nurses and midwives, managing the costs associated with undertaking CPD such as travel, accommodation and course or conference fees will often exceed \$2,000 and this is before social costs such as childcare, back-fill and locums are factored in. Moreover, capping at \$2,000 would mean that nurses and midwives working in rural and remote areas would likely need to

limit their education experiences as the cost otherwise becomes prohibitive for the average nurse or midwife.

This is highly undesirable for remote and rural communities that are often highly dependent on the versatile and flexible skills of very limited numbers of nurses and midwives providing a broad range of services. Any reduction in the capabilities of the health workforce in rural and remote areas tends to have a profound impact on service delivery capacity as dependence on individual health professionals is so much greater in areas where resources are limited. This is particularly pronounced within services that are reliant on dual registrant nurse/midwives, if an individual fulfilling both a nursing and midwifery role is unable to maintain registration in both professions the health service will lose vital resources.

Accessing professional development: additional concerns

The introduction of the proposed cap will also have a range of other concerning and broad reaching impacts on the nursing and midwifery professions. For example, part-time nurses and midwives will experience particular financial pressure in funding and undertaking CPD and post-graduate education. Part-time nurses and midwives are required to meet the same CPD requirements as their full-time colleagues, yet their incomes are lower. With the average number of hours worked by all nurses and midwives being around 32.8 hours a week (AIHW 2012), self-funding continuing professional development including accredited post-graduate education will be very financially challenging for a large proportion of the workforces.

Other nurse and midwifery workforce groups who will find it difficult to self-fund CPD with a capped deduction in place are newly registered nurses and midwives, some of whom are unable to secure full time employment, and have significant student debts to repay. Additionally, eligible midwives have an additional 20 hours of CPD per year that they are required to achieve in order to retain their eligibility notation and midwives who also practice in nursing roles, such as remote nurse/midwives, also have increased costs.

Contact Details

Debra Thoms
Chief Executive Officer
Australian College of Nursing
Tel: 02 6283 3401 (Canberra)

Debra.Thoms@acn.edu.au

Sarah Stewart
Acting Executive Officer
Australian College of Midwives
Tel: 02 6230 7333

Sarah.Stewart@midwives.org.au

Kathy Bell
Chief Executive Officer
Australian Primary Health Care Nurses Association (APNA)
Tel: 03 9669 7400

kathy.bell@apna.asn.au

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