SUBMISSION

Thursday, 24 October 2024

AMA submission on the draft National Nursing Workforce Strategy

Introduction

The Australian Medical Association (AMA) has called for the development of a whole of nursing workforce strategy in the past and we welcome the consultation on the inaugural draft National Nursing Workforce Strategy. Doctors and nurses work in collaboration daily across all healthcare settings. Nurses bring invaluable skills and knowledge; their profession is highly respected within the community as well as among other healthcare practitioners.

This is a positive step being undertaken. However, careful consultation with relevant groups must be ensured to create a document that provides a clear direction for the nursing workforce into the future. The AMA provides feedback on the draft strategy as detailed below.

Vision

The AMA has no concerns with the proposed vision statement. It articulates an aspirational outlook for the nursing workforce in Australia.

Outcomes

The outcomes outlined are reasonably clear and help guide the priorities. The AMA suggests explicitly mentioning broader inclusivity in the nursing workforce in terms of ethnicity, gender, and other factors, will ensure the workforce strategy is aiming to achieve outcomes for all communities. For example, a clear outcome is to increase the number of male nurses within the workforce.

Priority 1 — Value

Cultural safety and diversity

Cultural safety and diversity extend beyond the two action items presented. The section presented is high level and non-specific. Cultural safety describes a state, where people:

- feel enabled to access healthcare appropriate to their needs

- expect to receive effective, high-quality care
- have trust in the service
- challenge personal or institutional racism when it is encountered.

Cultural safety is based on shared respect and means there is no denial or challenging of Aboriginal and Torres Strait Islander identities and knowledges. This must be reflected in the education and practice of nurses.

Cultural safety and racial equity must be embedded in governance and leadership processes. This must be guided and led by Aboriginal and Torres Strait Islander peoples and other culturally and linguistically diverse (CALD) heritages. Additionally, the distinction must be made between these two groups within the strategy to highlight the points of difference.

The AMA Anti-racism position statement highlights accountability is key to achieving cultural safety and racial equity for individuals, organisations, and communities. This requires a commitment across all professions at all levels, including executive and senior leadership roles, to create systems and processes to ensure individuals and groups are held responsible for their decisions and actions. [i]

There is now a legal obligation under the Health Practitioner Regulation National Law [ii] for practitioners, regulators, accreditation authorities, educators, and employers to ensure the development of a culturally safe and respectful health workforce that is:

- responsive to Aboriginal and Torres Strait Islander peoples and their health
- contributing to the elimination of racism in the provision of health services.

Overseas trained nurses are crucial for health system sustainability. Addressing racism in nursing is crucial for creating a more inclusive profession.

The action items must reflect cultural priorities that aim to improve workforce participation. The AMA proposes the following:

- 1.3 Implement anti-racism training programs for nursing staff and create accountability measures.
- 1.4 Establish mentorship programs to support internationally qualified nurses in their transition to Australia's health system.

Identity of nursing

The AMA agrees the nursing identity needs to be considered in uplifting the value and perception of nurses, both within the profession and from a public perspective.

Ensuring workplace settings — whether in a hospital or in the community — are psychosocially safe is key to reducing the rates of burnout and overwork for nurses and the entire health workforce. The AMA advocates with the Drs4drs National Leadership Alliance for the inclusion of psychosocial safety within the National Safety and Quality Health Services (NSQHS) Standards. Ensuring health

professionals are psychosocially safe reduces rates of burnout, bullying, and harassment, but also improves patient safety.

The AMA also recommends re-wording action item 1.5 to encompass community education. The AMA proposes: Action 1.5: modernise the identity of nursing by engaging in community outreach and promoting diverse nursing roles.

Priority 2 — Plan

Workforce planning

Data-driven and evidence-focused workforce planning is key to creating a sustainable and community responsive nursing workforce. There is a need to grow the workforce ethically and use resources appropriately when conducting workforce planning. The AMA supports action item 2.1 implementing nationally coordinated nursing workforce data, modelling and planning. The AMA advocates for the establishment of a national Independent Health Workforce Planning and Analysis Agency (IHWPAA) to progress the targeted and sustainable development of not only the nursing workforce but the wider health workforce.

The IHWPAA should coordinate and consult with Australia's varied health stakeholders, including state and territory health departments, colleges, and medical schools, to ensure a well-distributed and sustainable health workforce. Robust workforce data and analysis must drive health workforce policy, planning, and decision making. This includes advising on student numbers and overseas trained health professional recruitment to meet community needs. Health workforce planning in Australia has languished since the abolition of Health Workforce Australia in 2014. We have seen minimal modelling or planning reports since 2017, and the results of this neglect are becoming more apparent every day.

Workforce planning must include planning for and within public and private hospitals, general practices, specialist private practices, the National Disability and Insurance Scheme sector, aged-care services, community nursing care, teaching and education, as well as Aboriginal Community Controlled Health Organisations.

Further, the AMA supports action item 2.6 adapt student employment models for all health and aged care settings. Greater investments must be made to practices and supervisors encourage training, education and improve training capacity in primary and community care settings. Positive experiences during student placements lead to increased retention of nurses. [iii]

Presently, there is no requirement for nurses do complete placements in general practice. Primary care is the foundation of healthcare in Australia, so prioritising and including general practice placements should be considered. Consultation must be undertaken with tertiary institutions to explore options on including general practice placements as part of nursing training.

Aboriginal and Torres Strait Islander nurses

The AMA supports the growth of the Aboriginal and Torres Strait Islander nursing workforce, acknowledging the significant value Aboriginal and Torres Strait Islander healthcare practitioners bring to delivering culturally safe health services. Aboriginal and Torres Strait Islander nurses offer unique perspectives and expertise yet remain under-represented in Australia's health workforce. Parity improves the current workforce gaps, but also brings a depth of knowledge, experience and diverse perspectives into the health system.

The statement — "Aboriginal and Torres Strait Islander nurses are key to improving health outcomes for Aboriginal and Torres Strait Islander people across Australia's health and aged care system" — does not reflect the contribution and work Aboriginal and Torres Strait Islander nurses do within non-Indigenous communities. They improve outcomes for all people, so this must be highlighted. Additionally, improving health outcomes for Aboriginal and Torres Strait Islander peoples should not just fall to Aboriginal and Torres Strait Islander nurses; it must be the responsibility of the entire nursing workforce.

The AMA notes the Australian Indigenous Doctors' Association is providing a submission to the consultation. The AMA supports their advocacy for Aboriginal and Torres Strait Islander peoples, the workforce as well as the work of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.

Priority 3 — Design

Innovative models of care

AMA members have provided significant feedback on the multidisciplinary and collaborative models used in their practices. There has been strong support for better funding for practice nurses; funding that would allow the nurses to work to their full breadth of scope, either through specific MBS items, or through meaningful pooled funding. There are many practices where practice nurses already do this, but it is often funded by the patient. A significant challenge AMA members continue to note is the increasing competition for nursing staff with other parts of the health system. Without proper funding, general practice will lose nursing staff at a time when we can and should be increasing nursing roles in general practice.

Scope of Practice

The AMA supports all health practitioners to work to their full breadth of scope and does not fundamentally oppose the expansion of scope where it is safe, collaborative, appropriate, and benefits patients and the health system. Inappropriate 'scope creep' for the purposes of trying to fill service gaps is a threat to the health of the community and unlikely to address the root problems, given the severe workforce shortages across the nursing profession.

The AMA is also aware of general practices around Australia that provide nurse-led walk-in services which have structured care pathways and ensure a GP reviews all patients. These usually require an out-of-pocket payment to cover the costs, but they are valued by patients as there are clear escalation protocols where patients are seen in a timely manner. This is an example of a collaborative model of care where practice nurses work to the top of their scope.

Given scope of practice is currently undergoing significant review, careful consultation and further details are required within this section to ensure a consistent approach among all the national policies.

Priority 4 — Deliver

Retention

Current solutions to nursing shortages, such as the increasing use of double-shifts, casual staff, and agency nurses, can only be stopgaps and are not sustainable in the long-term.

The AMA reiterates the importance of ensuring all health environments are psychosocially safe.

Nurses have the right to also remain physically safe in the workplace. However, within higher acuity units and certain nursing specialties, such as mental health, forensic units, intensive care, the emergency department, and aged care, face a higher degree of physical occupational harm from patients. Violence towards nurses must be addressed in the draft strategy, as violence is a key driver in determining whether a nurse will leave the profession or change specialties to safer alternatives, such as theatre. Nurses who do not feel safe at work will not want to remain in the workplace. [iv]

Action item 4.3 adopt positive practice environment standards in all settings attempts to address this, however, it is not clear. The AMA recommends clarity for this action item addressing the need to improve occupational violence in all nursing settings.

Attract and recruit

Attracting and recruiting individuals from diverse backgrounds must be a separate action item. Diversity within the workplace enriches the profession and enhances the quality of care provided to a multicultural population. Strategies to engage with underrepresented groups should be integral to recruitment efforts. For example, nursing needs to be seen as a viable career option for men.

Action 4.4: Develop a national career framework is broad and generic. The AMA suggests adding detail about the specialised pathways within the nursing profession to guide nurses seeking specific career trajectories and ensure focused support.

Action 4.5: Build and grow nurse clinical-academic/research career pathways must foster partnerships between healthcare organisations and universities to create dual-role positions for nurses. This could allow nurses to engage in research while maintaining clinical responsibilities, enhancing both practice and research outcomes.

Rural and remote workforce

There are persistent workforce challenges in rural and remote settings. The AMA supports the National Rural and Remote Nurse Generalist Framework. The National Nursing Workforce Strategy must consider the National Rural and Remote Nurse Generalist Framework and create alignment particularly regarding the recruitment and retention of the workforce.

Within rural and remote communities, multidisciplinary team (MDT) practice is important for rural and remote nurses as it enables diverse clinical care and builds collegial respect in rural and remote settings. The system cannot function without the MDT. The AMA would like to see an action item supporting a co-ordinated MDT approach within rural and remote settings.

Strategy implementation

The AMA is concerned with the lack of detail around the implementation of this nursing workforce strategy. To meaningfully improve the distribution of our nursing workforce across all settings will require significant collaboration which may be supported by a national independent workforce planning and analysis agency. The AMA looks forward to productively supporting the implementation of this draft National Nursing Workforce Strategy.

Other comments

Priority 4 is missing the aspect of returning to nursing; re-entry and refresher programs. The AMA considers this an important aspect of the workforce plan that must be addressed with an action item. Nurses often return to the workforce after starting a family, and as a result, their circumstances often change. There is often a greater preference to work near home/school, decision to work part-time, or need for a flexibility in shifts. For this group of nurses who consider returning to the profession after a period of absence, they will base their decision on whether the nursing profession can cater to providing a more family friendly environment. [v]

Ahpra and the Nursing and Midwifery Board uphold the regulatory pathway for returning to practice, and the educational institutions are responsible for providing refresher training courses. This must be mentioned in the framework as a critical aspect to addressing the workforce needs of the profession. It will also drive action among the stakeholders involved in returning nurses to the workforce and shape the future of workforce planning, investment, and reform.

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[i] Australian Medical Association. (2024). Anti-racism position statement. https://www.ama.com.au/articles/anti-racism-position-statement#:~:text=The%20AMA%20Anti%2DRacism%20Statement,in%20all%20forms%20is%20unacceptable.

[ii] Australian Health Practitioner Regulation Agency. (2022). Joint statement Aboriginal and Torres Strait Islander health and cultural safety at heart of National Law changes. https://www.ahpra.gov.au/About-Ahpra/Ministerial-Directives-and-Communiques/National-Law-amendments/Joint-statement.aspx

[iii] Suliman, M., & Warshawski, S. (2022). Nursing students' satisfaction with clinical placements: The contribution of role modeling, epistemic authority, and resilience-a cross- sectional study. *Nurse education today*, *115*, 105404.

[iv] Kafle, S., Paudel, S., Thapaliya, A., & Acharya, R. (2022). Workplace violence against nurses: a narrative review. *Journal of clinical and translational research*, *8*(5), 421–424.

[v] Long, J., & West, S. (2007). Returning to nursing after a career break: Elements of successful re-entry. *Australian Journal of Advanced Nursing*, *25*(1), 49-55.