1. A National Transition Framework for nurses

**Recommendation:** That resources be provided for a National Transition Framework designed to support (1) nurses new to the profession to transition into clinical practice and (2) practicing nurses to move from one area of clinical practice or setting to another to improve nurse workforce flexibility and productivity.

**Case:** Commonwealth investment in a National Transition Framework that supports nurses who are either new to the profession or are moving to a new area of clinical practice or setting would increase nurse workforce flexibility and efficiency. Supported clinical transition will (1) assist inexperienced first year nurses to transition into clinical practice or (2) support practicing nurses to transfer within a health service under one employer or between health services with different employers. For example, a practicing nurse may be supported to acquire the clinical skills to transition to work in a kidney dialysis unit under the same employer. Or the Framework may enable an employer in the aged care sector to facilitate the clinical transition to aged care of a nurse recruited from the acute care sector. The Framework should provide support across the health system, including primary health care and aged care. To ensure the National Transition Framework has maximum effect on workforce flexibility every nurse at every stage of their career should be eligible for participation in clinical transition support.

The National Transition Framework would identify supports for transition such as mentoring, clinical education and other professional development and provide project materials for employers offering supported clinical transition. National stakeholder workshops will be held to validate the methods identified and materials developed during the design of the Framework.

The benefits of the National Transition Framework will accrue to nurses, health services, and the Australian community. Ensuring nurses as beginning practitioners have all the requisite skills for an area of clinical practice will support the development of their confidence, assisting them to become fully productive more quickly. The Framework will enable health services to be more responsive to meeting demand for care and to changing population health needs. The Framework also assures the quality of nursing care and may reduce employers’ need to recruit nurses nationally or internationally. Expanding nurses’ clinical competence through supported clinical transition may also have a positive impact on nurses’ job satisfaction and retention in the workforce. Ample empirical evidence exists that links nurses’ high job satisfaction to their intention to remain in their employment. The retention of nurses in the workforce is a serious consideration. The Australian Institute of Health and Welfare’s (AIHW) recent *Nursing and Midwifery Workforce 2012* report shows that almost 40 per cent of nurses are aged 50 years or older. The Australian community benefits from the retention of nurses in the workforce because most acute care and much of non-acute care is dependent on nurses’ contribution.
Way forward: A targeted investment by the Commonwealth in a National Transition Framework would increase nurse workforce flexibility and responsiveness to target areas of need and contribute to closing the productivity gap in health care.

Budget cost: $350,000 for the design, trial and evaluation of the National Transition Framework.

2. A scholarship program to support newly registered and enrolled nurses to practice in rural health services

Recommendation: To fund a transitional support rural scholarship program that enables health services to support newly registered and enrolled nurses to undertake three months of structured clinical learning at the beginning of their initial year of practice in a rural health service.

Case: Rural and remote Australia has 388 hospitals and multi-purpose services according to the AIHW’s Hospital Statistics 2011-12. The number of institutions indicates how important the nurse workforce is to health care delivery outside urban centres. However, this workforce is ageing and many rural health services encounter difficulties with their recruitment of nursing staff. The AIHW’s Nursing and Midwifery Workforce 2012 shows that rural nurses are older than their metropolitan counterparts. Metropolitan nurses’ average age was 43.8 years while their regional and remote counterparts had an average age ranging from 44.9 to 46.6 years. These data indicate that action is required to renew this workforce. Renewal may not easily be achieved in all rural areas. The Department of Education, Employment and Workplace Relations’ Labour Market Research Nurses 2012-13 states that employers in regional areas had less success recruiting nurses than those in metropolitan areas. Some locations in New South Wales, the Western Australian wheatbelt, Tasmania and Northern Territory report particular difficulties.

Often first year nurses experience working in rural health services as very stressful because many services have few or no staff available to provide clinical decision support, particularly outside business hours. Many rural health services do not offer special supports designed for inexperienced first year nurses to transition into clinical practice. Newly registered and enrolled nurses’ experience in rural health would be improved if rural health services could offer them a three month transitional support scholarship at the beginning of their employment with a rural health service. The scholarship would enable health services to have the first year registered or enrolled nurse participate in a structured, clinical learning experience tailored to the relevant clinical setting while being supernumerary to staffing requirements. The design and implementation of the structured transitional education will be an in-kind contribution to the scholarship by the rural health service. A transitional support scholarship scheme would (1) attract newly registered and enrolled nurses to work in rural health settings (2) consolidate and build their clinical competence (3) enable first year registered and enrolled nurses to develop confidence in their clinical judgment and practice and (4) enhance these beginning practitioners’ experience of rural health to make their retention in rural health more likely.

Way forward: A three year trial of a total of 50 transition support scholarships at $12,000 each for health services employing first year registered and enrolled nurses in rural and remote hospitals followed by an evaluation of the scheme.

Budget cost: $660,000 over three years which includes $600,000 for 50 scholarships at $12,000 each plus a 10% administration fee.
3. An independent, national system for collecting, analysing and comparing nurse sensitive indicators

**Recommendation:** That funding is made available to establish an independent, national system for collecting, analysing and comparing nurse sensitive indicators as a metric on the quality of nursing care and nurse workforce productivity.

**Case:** A large body of research consistently indicates that nurse staffing levels and skill mix directly impact the health outcomes of hospital patients. Nurse sensitive indicators (NSIs) make it possible to establish the relationship between the number and skills of nurses deployed, the number of patients per nurse and the quality of care achieved. Thus NSIs quantify the impact of investment in nurse staffing on patient outcomes. The validity and reliability of these indicators has been well established nationally and internationally and expertise on NSIs is available in Australia.

The information NSIs provide on nurses’ quality of care is invaluable in view of the size of hospitals’ nursing workforce. According to the AIHW’s *Australian Hospitals at a Glance 2010-11*, nurses constitute the largest staffing category in public hospitals making up 45 per cent of the full-time equivalent staff numbers and nursing consumes 28 per cent of public hospitals’ recurrent expenditure. Further, an independent national system for collecting, analysing and comparing NSI data can provide an evidence base to inform health system and workforce strategies to achieve optimal care outcomes.

**Way forward:** An independent, national system for collecting, analysing and comparing data on NSIs will provide valid and reliable metrics on the quality of nursing care and provide an evidence base for health system policy.

**Budget Cost:** $1,000,000 for the design and implementation trial of an independent, national system for the collection, analysis and comparison of nurse sensitive indicators.

4. A national leadership education program targeting nurse managers

**Recommendation:** That resources be provided for nurse leadership programs specifically targeting the leadership education needs of nurse managers.

**Case:** Dedicated national funding is required to develop nurse leadership capacity for managers from operational through to strategic levels. National and international evidence shows that nurse leadership within health services at the clinical level improves nurses’ job satisfaction and retention in the workforce. However, to date the development of leadership capabilities of nurse managers has received insufficient attention in spite of many clinical units consuming multi-million dollars annually in staff wages, consumables and other costs. Whilst generic leadership programs exist, there is a recognised gap in programs that address the specific challenges involved in leading nursing teams in clinical units. The education programs should be specifically tailored to address the challenges of nurse leadership at the clinical level, such as fostering innovation, patient-focused care and staff recognition. The programs should target early, mid and later career nurse leaders to support them to acquire

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1 Duffield, CD, Diers, D, O'Brien-Pallas, L, Aisbett, C, Roche, M, King, M, et al. 2011, ‘Nursing staffing, nursing workload, the work environment and patient outcomes’, *Applied Nursing Research*, vol. 24, no. 4, pp. 244-55.
improved leadership skills of clinical nurse units. Such programs should articulate with formal award courses. The need to close the productivity gap in health care, along with the looming supply shortage for nurses, makes improved leadership skills for nurse managers a critical factor in putting health care on a sustainable footing into the future.

**Way forward:** Investment in nurse leadership programs that are specifically tailored to meet leadership requirements in the clinical setting to improve nurse retention and support workplace innovation and the implementation of health reforms.

**Budget cost:** $250,000 for the development of leadership programs for nurse managers.

5. Funding for more Medicare Benefits (MBS) items and increased rebates for nurse practitioners

**Recommendation:** Allocation of funding to increase the number of Medicare Benefits Schedule (MBS) items and rebates for eligible nurse practitioners to strengthen health workforce capacity and increase access to health services.

**Case:** There is great scope to further develop the role of nurse practitioners to give the community better access to nurse practitioner services. The establishment of MBS provider rights for eligible nurse practitioners has been a strong step in the right direction but innovation relating to the role of nurse practitioners is currently stifled by the narrow scope of MBS items available to support care delivery. The low level of the Scheduled Fees set for nurse practitioner MBS items does not support the viability of nurse practitioners in private practice. The productivity of the health care system can be improved if services are performed by health care professionals with the right level of skill. The Productivity Commission's 2013 research paper *An Ageing Australia Preparing for the Future* argues that improving health care productivity is an effective way to alleviate fiscal pressures caused by Australia’s ageing population’s increased consumption of health care. The introduction of innovative roles for nurse practitioners supported by an increased number of MBS items that provide adequate reimbursement for the service delivered can be part of an overall strategy to improve the productivity of the health care system.

**Way forward:** Funding to be provided for additional MBS item numbers and higher level Schedule Fees to expand service delivery by nurse practitioners.

6. A rural education scholarship scheme for rural nurses

**Recommendation:** That funding is made available for a rural education scholarship scheme to support postgraduate study and professional development for nurses.

**Case:** Rural populations’ health outcomes do not compare well to that of urban populations in Australia. Nurses are well distributed throughout Australia’s rural regions. The rural availability of nurses places them in positions where they can make a significant contribution to improving rural health outcomes if they are supported to update or extend their skills. However, the cost of postgraduate courses and Continuing Professional Development (CPD) can create a significant barrier to rural nurses’ skill development. A Graduate Diploma costs about $15,000, a Graduate Certificate around $6,000 and CPD courses about $600. ACN proposes a rural education scholarship scheme which supports the extension of nurses’ skills through postgraduate education and the advancement of nurses’ skills through CPD.
Gaps in the delivery of rural health services could be addressed by financially supporting nurses to undertake postgraduate study in a nursing specialty identified as a community need (e.g. diabetes education). This part of the rural education scholarship scheme will have as its core principle the support of postgraduate education for rural nurses to ensure the local workforce mix matches the demand for care for specific conditions. The rural education scholarship scheme could also address service gaps by supporting nurses to become 'rural nurse practitioners'. ‘Rural nurse practitioner’ education could focus on the treatment of trauma following minor accidents as well as generic skills in the management of chronic conditions such as common mental health conditions, diabetes and cardiovascular disease.

Empirical data indicate that almost half the rural nursing workforce is close to retirement. The rural scholarship scheme could attract much needed young nurses to, and retain them in, the rural workforce. Nurses value professional development highly and access to professional development makes an important contribution to nurses’ job satisfaction.

Way forward:
Funding for a rural education scholarship scheme to enhance the capacity and responsiveness of the rural nurse workforce and improve access to care for rural populations.

Budget cost: $500,000 annually for a rural education scholarship scheme to enable rural nurses to fill service gaps by extending their skills through postgraduate study and advance rural nurses’ skills base through supporting their Continuous Professional Development.

7. Mapping nursing roles in non-acute care settings

Recommendation: Funding for a project to map the clinical roles of nurses in non-acute care.

Case: In non-acute care health settings a multitude of nurses carry out a wide range of nursing roles. Some of these non-acute nursing roles such as school nurses or child and maternal health nurses are well established. However, in recent years there has been a proliferation of new nursing roles in non-acute care as service providers innovate in a quest to meet care demand. Aged care nurse practitioners, breast care nurses, IVF nurses and wound care nurses are but a few examples of non-acute nursing roles that were established in the last decade or so and whose practitioners continue to grow in numbers. Nurses in the non-acute sector are funded through diverse funding streams, such as federal and jurisdiction funding as well as mixed funding through non-government organisations and private health care provision. The varied funding of the clinical settings in which non-acute nurses are employed has made the tracking of nursing roles in the non-acute setting difficult. To date no systematic overview exists of the different clinical roles, practices and professional issues of nurses working in the non-acute sector as well as their number, location and funding source. A map of the clinical roles of nurses working in the non-acute sector would provide invaluable information for policy makers about this nursing workforce and its to date hidden capacity. The map may also reveal information on service overlaps and duplication and indicate options for better integration, offering opportunities to eliminate waste and improve efficiency.

Way forward: A one year project to map the clinical roles and workforce data of nurses working in the non-acute sector. This map will assist policy makers to (1) better understand the contribution this

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nursing workforce makes to health care (2) identify its capacity and (3) provide baseline information on options to reduce duplication and make more effective use of funds.

**Budget cost:** $150,000 for a research officer employed for 12 months.