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2008-2009 Australian Government Pre-Budget Submission

## Providing a Nursing Workforce for Australians into the Future

January 2008

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The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses in Australia, with branches in each State and Territory. The ANF is also the largest professional organisation in Australia, with a membership of over 150,000 nurses, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and nursing.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

The ANF has prepared a series of funding proposals that we consider essential to address long term reform of the Australian health and aged care sectors. Nurses are the backbone of service provision in health and aged care. Long term reform in the health and aged care sectors will not succeed without the provision of a sufficient nursing workforce into the future.

These recommendations are put forward for the consideration of Government in the context of the federal budget. The ANF would be pleased to have further discussion or provide further information if necessary.



JILL ILIFFE  
Federal Secretary



GERARDINE (GED) KEARNEY  
Assistant Federal Secretary



# australian nursing federation

## 1. Nursing Education

### 1(a) Increased Cluster Funding

#### Proposal

That the current models of clusters for education funding for the health professions and in particular the discipline groupings and relativities within the cluster mechanism are reviewed by the federal government as they are disadvantageous for nursing and midwifery. Nursing education is currently funded at \$9,316 per Equivalent Full Time Study Load (EFTSL) compared to \$14,000 per EFTSL for medical students. There are currently around 28,000 nursing students each year undertaking courses leading to registration as a nurse.<sup>1</sup>

#### Cost Implications

The ANF estimates that increasing funding by \$5,000 per nursing student per annum to reflect the true costs of course provision to ensure that nursing programs are capable of delivering up-to-date, relevant and high quality curricula would cost \$140 million per annum.

#### Rationale

The relative funding model which favours medicine over the other health professions was developed in 1980's and reflects historic funding patterns, but is not based on any contemporary evidence regarding the real or relative costs of delivering education for the various disciplines. The resources required to teach the health sciences to nursing and allied health students are the same as those for medical students and the current inequity in funding relativities is forcing universities to consider abandoning nursing courses in favour of other more courses which are less financially demanding. Increasing the funding available for nursing students would reflect the importance of the discipline and the urgency required in addressing national nursing workforce shortages.

### 1(b) Increase Funding for Nursing Clinical Education

#### Proposal

That funding is made available for the provision of additional clinical placements for nursing students and for the supply of clinical teachers. An increase in funding for clinical education should include a mechanism to ensure that funds for clinical placements are spent only on clinical training and not go into general university revenue.

### Cost Implications

It has been estimated that despite recent increases in funding for the clinical component of undergraduate nursing education, there is still a shortfall of approximately \$3,000 per student per year for clinical education.<sup>2</sup> With approximately 28,000 EFTSL nursing students per annum, this initiative would cost \$84 million per annum.<sup>3</sup>

### Rationale

Shortages of clinical placements for nursing students exist across a wide range of specialty areas and are limiting the ability of nursing students to gain vital clinical skills and experience. Particular shortages exist in clinical placement opportunities in rural and remote areas, in midwifery, sexual health, mental health, psychiatric nursing, high dependency, paediatric, community health, drug and alcohol, and maternal and infant care.

Recent increases in university places for nursing students has increased the pressure on clinical placements, but it has not been accompanied by an increase in the availability of places, nor of appropriately trained clinical teachers. Clinical staff are under pressure to meet higher workloads at the same time as being asked to mentor and support students.

Models of service delivery have also changed, with length of stay and bed numbers decreasing and patient acuity increasing, particularly in teaching hospitals. There is only limited funding available to support student accommodation during clinical placements, adversely affecting those undertaking placements in rural and remote areas. The costs of clinical placements and supervision are escalating and fees or subsidies are increasingly necessary to secure access to health services for clinical training.<sup>4</sup>

## 1(c) Enrolled Nurse Education

### Proposal

That the funding for enrolled nurse education be increased by funding an additional 100 enrolled nursing education places nationally each year.

### Cost Implications

Enrolled nurse education averages around \$5,000 per student, therefore this initiative will cost \$500,000 per annum.

### Rationale

Second level nurses, known as enrolled nurses, undertake a Diploma in Nursing or a Certificate IV in Nursing in the TAFE/ VET sector. Increasing the number of enrolled nursing education places would also assist in addressing workforce shortages by boosting this section of the workforce who provide vital support to registered nurses.

## 2. The Nursing Workforce

### 2(a) Nurse Practitioners in Aged Care Project

#### Proposal

That the federal government funds a project to establish and evaluate the role of nurse practitioners in residential aged care facilities including a trial of providing access for nurse practitioners to the PBS for prescribing medications and the MBS for patient consultations and diagnostic investigations.

#### Cost Implications

It is envisaged that a pilot project employing 10 nurse practitioners in aged care over a one year period plus a project coordinator would cost approximately \$1.8 million. The project could be based on the NSW Institute of Trauma Nurses Consultant project model<sup>5</sup>, however the ANF would be happy to provide a full project proposal in conjunction with the Australian Nurse Practitioners Association.

#### Rationale

It is now well established that nurse practitioners in Australia are delivering safe, competent, quality care to their clients in urban, regional and remote areas. Further development of the nurse practitioner role requires the allocation of specific funding and resources for the development, implementation and evaluation of the role. The proposed project will aim to this as well as provide added value to the provision of aged care services to older Australians in residential aged care facilities.

With the current focus on health reform, it is timely to investigate new approaches to health care delivery in Australia. Attention to the aged care sector is vital to improve the efficiency of the public health system and to remove some of the current pressure from public hospitals.

A study recently completed by the Federal Government and ACT Health (reported on at the 3rd Australian Nurse Practitioners Conference in Perth September 2007 yet to be published) found that lack of access to the PBS and MBS severely hindered patient care causing significant delays in treatment for older people in emergency departments. The study also predicted there would be no significant increase in the number of prescriptions with only 25% of interventions being for medications. It was demonstrated that the number of prescriptions or diagnostic investigations is the same regardless of whether it is a general practitioner or a nurse practitioner doing the prescribing.

There is also no evidence to show that limited access to the MBS would increase costs. In fact in aged care in particular, a nurse practitioner may well reduce the need for intervention, particularly admission to a public hospital. The project will be of great benefit to older Australians as well as develop the role of the nurse practitioner in Australia.

## 2(b) Additional Postgraduate Nursing Scholarships

### Proposal

That the number of postgraduate nursing and midwifery education scholarships is increased and the quantum of funds available for each scholarship is also increased to reflect the true costs to the student.

### Cost Implications

Postgraduate diploma and Masters' courses for nurses and midwives generally cost around \$10,000 per annum. An additional 100 scholarships provided in the key areas of nursing workforce shortages would cost \$1 million dollars annually.

### Rationale

Current scholarships do not reflect the true costs of postgraduate education which are prohibitive for nurses. The number of available scholarships is also inadequate, as current scholarship schemes are oversubscribed, with many more eligible applicants than available places. Poor access to the funds necessary for nurses to undertake postgraduate education limits their opportunity to upgrade their skills, exacerbates workforce shortages, and ultimately threatens the quality and safety of care to the Australian community.<sup>6</sup>

## 2(c) Scholarships for Nurses to Attain the Level of Nurse Practitioners

### Proposal

That 50 scholarships are made available by the federal government to assist nurses to undertake post graduate qualifications leading to endorsement as a nurse practitioner.

### Cost Implications

To attain the level of nurse practitioner nurses must achieve a Masters at a cost of around \$10,000 per annum for an average of two years. It is envisaged that there be 50 scholarships offered to the value of \$10,000 per annum for two years with a total cost of \$1 million to assist nurses with their study and encourage them to pursue this vital role.

### Rationale

Nurse practitioners bring proven benefits to the productivity and efficacy of health care delivery. Nurse practitioners in Australia deliver safe, competent, quality care to their clients across all health sectors and geographical areas.

Federally funded scholarships would reduce the financial burden facing nurses interested in becoming nurse practitioners and would be a positive step in encouraging nurses to attain the Masters qualifications necessary to become a nurse practitioner.

With the advent of health reform the time is right to investigate new approaches to health care delivery in Australia. The role of nurse practitioner is vital to improve efficiency in all areas of health and alleviate some of the current pressure on public hospitals.

### 3. Aged Care

#### 3(a) Achieving Wage Parity

##### Proposal

That the federal government provided dedicated funding to close the wages gap between nurses working in residential aged care facilities and nurses working in other sectors, such as the public and private acute sectors and implement a mechanism to ensure that the dedicated funding is used solely to close the wages gap.

##### Cost Implications

\$450 million (see attachment)

##### Rationale

The Australian Nursing Federation (ANF) supports the principle objective of establishing and implementing a national wages benchmark in residential aged care that provides comparative wage rates between nursing and care staff working in residential aged care and nursing and care staff working in the public and private acute care sector.<sup>7</sup>

The levels of remuneration and conditions of employment of nurses and care staff in residential aged care are fundamental to the ability of employers in the sector to recruit and retain nursing and care staff. To attract and retain appropriate levels of nursing and care staff in the sector, the wages and employment conditions must be comparable to other sectors competing for staff.

Accountability mechanisms must be developed to prevent the diversion of funding away from closing the wages gap. The accountability mechanisms must be sufficient to ensure that staffing and skills mix levels in residential aged care facilities are maintained at a minimum standard that is not compromised by payment of public and private acute care sector benchmark wages.

Access to the salary supplementary funding must require the employer to enter into collective wage agreements which establishes and maintains public and private acute sector benchmark wages and which commits the parties to achieving best practice in accreditation and quality of care outcomes.

## 4. Occupational Health and Safety

### 4(a) National Health Workforce Violence Study

#### Proposal

That a national scoping study be funded to develop strategies to reduce the incidence of violence and aggression toward nurses in the workplace.

#### Cost Implications

The cost will be \$300,000.00 over two years, which includes the employment of a research assistant (0.4 FTE).

#### Rationale

There is significant evidence that nurses experience a high level of violence in their workplaces.<sup>8</sup>

Two thirds of nurses in a Tasmanian study reported having experienced workplace violence and more than 30,000 nurses surveyed in Queensland reported workplace violence had increased in all public, private and aged care sectors.<sup>9</sup>

Nurses have repeatedly been identified as the occupational group most at risk of violence in the workplace in Australia.<sup>10</sup> Recent Australian research shows large numbers of nurses are regularly exposed to verbal and physical violence.

This can adversely impact on the quality of care provided to patients and result in nurses leaving the profession, compounding existing nursing workforce shortages.

However despite the extensive evidence that violence is a significant problem for nurses, there has been no national study on the nature and extent of violence experienced by nurses in the workplace. This hampers the development of effective national policies to reduce the level of violence experienced by nurses and make the workplace a safer environment for nurses, other health care workers and patients.

The ANF proposes a national scoping study on violence in the health sector. This study would provide a comprehensive picture of the level and type of violence and aggression experienced by nurses in the workplace and inform the development of policies and strategies to reduce violence and aggression toward nurses and other health workers in the workplace. It would also provide baseline data against which future trends in this area could be measured.

#### 4(b) Needle Stick Injury Prevention

##### Proposal

That a national initiative to introduce needle-less access devices in the public hospital sector be funded by the federal government.

##### Cost Implications

The estimated cost of introducing needle-less access devices in the public sector is approximately \$50 million over three years including equipment supply and staff education.

##### Rationale

The majority of needlestick injuries are preventable. Some workplaces maintain high safety standards and have precautions in place in an attempt to avoid injury, but these procedures alone cannot stop needlestick injuries. The introduction of specially designed needle-less access devices would effectively eliminate the injuries.

Health workers are the most at risk group for needlestick injuries with nearly 1000 injuries occurring in Victoria in 2001/02.<sup>11</sup> This issue carries a significant cost for employers and employees. Those employees who sustain a needlestick injury are exposed to high risk infectious diseases and require physical and psychological care as a result. Unfortunately one of the difficulties in Australia is the lack of national surveillance data for occupational exposure to blood borne pathogens. Any data that is readily available does not reveal the full extent of the issue for health care workers because of the significant under-reporting for needlestick and other sharp object incidents.

A recent study undertaken by the Office of the Australian Safety and Compensation Council (OASCC) in conjunction with the ANF and Dr Tim Driscoll on nurses' exposure to occupational hazards (yet to be made publicly available) found needlestick and sharps injuries to be the third most common occupational hazard for nurses.

Currently NSW is the only State in Australia with a mandatory system of monitoring health care associated infections. The recently published 2005 data for parenteral (eg needle stick) injuries shows no decline in injury rates compared with prior years.<sup>12</sup> The NSW government has recently developed guidelines for the prevention of sharps injuries in health care, which includes but does not mandate, the use of 'safety engineered devices' for parenteral (non gastro intestinal) access.

By simply replacing current access devices using needles with needle-less (safety engineered) devices the federal government would eliminate this preventable problem and the associated social and health costs.

#### 4(c) Musculo-Skeletal Injury Prevention

##### Proposal

That a national 'no lifting' policy be funded by the federal government across all public health sectors including acute care and aged care.

##### Cost Implications

The estimated cost for the implementation of equipment and training for a national 'no lifting' policy is \$60 million over three years. The ANF recommends the funding be delivered through Australian Health Care Agreements on an annual basis matched to specific reduction targets.

##### Rationale

A 'no lifting' initiative provides for a safer approach to patient handling where the manual lifting of patients is eliminated or minimised wherever possible. The adoption of a 'no lifting' policy promotes the use of mechanical lifting aids and other equipment to assist nursing and other care staff in the moving, transferring and handling of patients to ensure that minimal force or exertion of the body is employed.

Musculo-skeletal injuries remain one of the highest occupational hazards in the health and aged care sectors while being one of the most easily preventable. It is well documented that musculo-skeletal injuries cause significant pain and suffering to nurses, a loss of income and psychological distress as well as lost work days and increased workers' compensation premiums, affecting productivity and increasing costs.

The Victorian government successfully implemented a 'no lifting' policy in the public hospital sector in 2000 reducing manual handling injuries significantly.<sup>13</sup> In a 12 month period there was a 48% decrease in injuries related to manual handling, a 54% decrease in claims costs, and a 74% decrease in days lost.

## 5. Indigenous Health Equality

### 5(a) Puggy Hunter Scholarships

#### Proposal

That the federal government increases the number of 'Puggy Hunter' scholarships each year from 109 to 150 (41 extra scholarships).

#### Cost Implications

The scholarships are currently offered through Royal College of Nursing Australia (RCNA) and are for \$45,000 over three years (\$15,000 per year for three years). An increase of 41 scholarships would require an additional \$1,845,000 million over three years. As the 'Puggy Hunter' Scholarship is already established additional administration costs would be minimal. Including a 'repeating education package' to inform Indigenous Australians of the scholarship would add an estimated \$100,000 bringing the total cost of this initiative to \$648,333 each year.

#### Rationale

The Puggy Hunter Scholarship Scheme is coordinated by RCNA and was established in recognition of Dr Arnold ('Puggy') Hunter's significant contribution to Aboriginal and Torres Strait Islander health and in his previous role as Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO). The aim of the Scheme is to help address the under-representation of Aboriginal and Torres Strait Islander people in health professions and assist in increasing the number of Aboriginal and Torres Strait Islander people with professional health qualifications. With Indigenous health now rightly gaining the national attention it deserves, it is timely to promote nursing and other health careers amongst Indigenous people.

### 5(b) Maternal and child health qualifications

#### Proposal

That the federal government provides funding for 500 one off scholarships to allow Indigenous and non-Indigenous nurses working in Indigenous communities to undertake post graduate studies in maternal and child health.

#### Cost Implications

The ANF estimates there is a need for 500 more nurses with maternal and child health qualifications in Indigenous health. The average cost of a post graduate nursing qualification is \$10,000.00. Achieving this target would be a one off cost of \$5 million.

### Rationale

The ANF supports the ALP's Indigenous 'Health Equity Plan' and its targets and is seeking new funding to increase the number of Indigenous and non-Indigenous nurses with maternal and child health qualifications to provide maternal and child health care to Indigenous communities. Increasing the number of health care workers in Indigenous communities, especially nurses, is an important step toward closing the health equality gap that exists for Indigenous Australians. Additional care for Indigenous women and their babies is essential in closing the child and maternal morbidity and mortality gap. There are many successful projects currently operating where Indigenous and non-Indigenous nurses work cooperatively within Indigenous communities. The ANF would be happy, in conjunction with the Congress of Aboriginal and Torres Straight Nurses (CATSIN), to advise the Government more specifically on implementation.

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