



australian
nursing federation

Submission to the Productivity Commission Issues Paper
Vocational Education and Training Workforce

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses, midwives and assistants in nursing (however titled), with Branches in each state and territory of Australia.

The Australian Nursing Federation's 175,000 members are employed in a wide range of enterprises in urban, rural and remote locations in Australian public and private health services, residential and community aged care sectors that include hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

The ANF participates in the development of policy in , nursing regulation, health, community services, veteran's affairs, education and training, occupational health and safety, industrial relations, immigration and law reform. The ANF has also taken a positive role and active leadership in many of the national, state and territory and local activities relating to aged care. The ANF is represented on many relevant boards, committees and industry including the Community Services and Health Industry Skills Council and state Community Services and Health Industry Training Boards. The ANF also has representatives that participate in Industry Reference Groups in relation to development and review of nationally accredited training units of competence and qualifications from time to time.

The ANF is the largest union representing workers in the health sector. The eight ANF state and territory Branches have reached a consensus view in relation to the Productivity Commission issues paper on Vocational Educational Training (VET) and Workforce. The ANF has specifically addressed five of the questions in the VET Workforce Issues Paper.

2. Background to Nursing and midwifery workforce

Nurses and midwives form the largest health profession in Australia¹, providing health care to people throughout their lifespan and across all geographical areas of Australia. The depth and breadth of nursing and midwifery practice reaches into: people's homes, schools, general practice, local councils and communities, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional organisations.

There are two levels of nurse that are legally regulated within Australia: registered nurses/midwives and enrolled nurses. The education of registered nurses/midwives occurs in the higher education sector. The education of enrolled nurses occurs in the

Vocational Education and Training (VET) sector. The minimum level of qualification for entry to practice for enrolled nurses is contained in the health training package and is variously at the Certificate IV or Diploma level according to jurisdictional requirements and must meet the Nursing and Midwifery Board of Australia's (NMBA) national competency standards for the enrolled nurse².

Whilst the NMBA has adopted the position that the Diploma should be the entry level qualification for practice nationally there is active consideration of the need to maintain a Certificate IV pathway for entry to practice into the future.

In addition to the two legally regulated levels there are other groups of workers such as assistants in nursing and midwifery (however titled) that undertake nursing and midwifery work that is delegated to them and are supervised by the registered nurses and midwives.

Specifically, assistants in nursing (however titled) assist registered nurses, midwives and enrolled nurses in the provision of delegated aspects of nursing and midwifery care within the limits specified by their education, training and experience. Assistants in nursing and other unlicensed workers (however titled) work within a plan of nursing or midwifery care developed by the registered nurse or midwife, and work under the supervision and direction of a registered nurse or midwife at all times. Registered nurse/midwife supervision may be direct or indirect.³

It is not mandatory for the assistant in nursing (however titled) to hold a qualification in order to gain employment. However, because of the vulnerability of the people who are cared for in the health and aged care systems and the inherent potential for harm in delivering their care, a comprehensive regulatory framework has evolved to manage this risk for most groups of health workers, especially those responsible for direct care and treatment. The role of this regulation has been primarily to achieve particular goals including the setting of standards of education and practice to ensure that health care providers have the necessary job entry knowledge, skills experience, health and character to provide safe and competent care⁴.

Furthermore, there is an increasingly sizeable proportion of the health workforce who work outside these comprehensive regulatory safeguards and who have the potential, because of their work roles, to place the health care and treatment of people in these systems at risk.

It is the view of the ANF that assistants in nursing (however titled) must be licensed in accordance with the Australian Health Professionals Regulation Agency (AHPRA) regulations and are accountable for a determined scope of practice according to their licensure.

3. The education of assistants in nursing and other unlicensed workers (however titled)

Assistants in nursing (however titled) are employed across a wide range of health and aged care settings in Australia and have a plethora of titles. They may work in acute clinical care settings – in hospitals, day procedure centres and in primary care centres in some Australian jurisdictions. They also work in the slow stream rehabilitation sector of the acute and sub-acute health care system. They predominantly work in the residential aged care sector and residential disability sector. They are also working in the community in home care, public health and aged care. They work with ambulance services and they are privately contracted by individuals to work in homes.⁴

Assistants in nursing (however titled) are accountable for their own actions, however it is the registered nurse or midwife who is always accountable for all delegated functions to these workers. It is the long held position of the ANF that the educational preparation of assistants in nursing (however titled) should be competency based, recognise prior learning and experience, be conducted in the VET sector at a level appropriate to facilitate articulation and credit transfer to other nursing or midwifery programs.³

The primary aim of education and training courses for assistants in nursing (however titled) must be to prepare a worker to achieve a relevant (as determined by nursing and midwifery) qualification at the AQF Level 3 as a minimum standard.³

Over time the ANF has formed the view there is a substantial problem with the quality of graduates from VET sector programs.

The ANF has received consistent reports of variable quality from programs from Certificate III to Diploma levels (in relevant areas). Those reports indicate that graduates do not hold the required skills and knowledge to meet the care needs of clients.

It has been suggested that the variable quality could be addressed in a number ways including:

- a requirement for training organizations to ensure that courses are delivered within a small tolerance level from the nominal hours prescribed; and/or
- more rigorous and comprehensive assessment criteria associated with each qualification either within the training packages or alternatively prepared by the skills council for the use of training organizations and auditing bodies; and/or
- more detailed examination of assessment strategies when auditing Registered Training Organisation's (RTO's) both in approving new qualifications on scope and in renewal applications. Evidence should be required that demonstrates effective industry engagement on assessment strategies and levels including in this case registration and professional bodies.

RECOMMENDATION

The ANF supports nationally accredited and nursing industry endorsed full VET qualifications for all workers involved in any aspect of direct care to patients and clients or any aspects of nursing work including any involvement in decision making about a person in their care.

The issue of skill sets or clusters has been resolved within the community services and health training packages by the requirement that they supplement full qualifications rather than substitution for them. The ANF supports the continued application of this principle.

Ultimately the ANF seeks to have these workers and their training programs registered and licensed with NMBA with a specified scope of practice.

4. An overview of the VET workforce

The current characteristics of the VET workforce are difficult to analyse due to the absence of national data collection.

A better understanding of the VET workforce and its needs would contribute to quality training outcomes in VET and subsequently quality health care outcomes for the Australian community. The ANF suggests this work must occur as a matter of urgency in the immediate future.

RECOMMENDATION

The ANF supports the establishment of a national data collection portal to aid in the analysis of VET workforce characteristics including educational preparation, continuing professional development and overlap in functions of the VET workforce.

5. Quality of education in VET

It is of concern that the only real regulation of teacher quality within the VET sector is the requirement for Certificate IV in Training and Assessment (TAA). Teachers in primary and secondary education are registered and the ANF believes there are strong public interest considerations for licensure or more structured regulation of VET teaching staff. The ANF is also in favour of a more diverse qualification for entry to VET teaching. In nursing programs this means that nurse educators with post graduate qualifications in education

are often forced to undertake the training and assessment qualification required to teach and assess in the VET sector.

RECOMMENDATION

It is the opinion of the ANF that the Productivity Commission should recommend changes to the AQTF 2008 standards to reflect a capacity for higher qualifications in adult education programs to be an alternative requirement to the TAA.

6. Demand influences on the VET sector

6.1 Demographic and economic change

What impact might demographic trends have on future demand for VET, and the VET workforce? (p.15)

It is acknowledged that the population changes will lead to increased competition for entrants to the VET programs. This is highly likely to result in a larger cohort of students with greater learning and pastoral care needs, culturally and linguistically diverse backgrounds within training programs.

This will pose significant challenges to the VET sector and to funding arrangements if programs are to meet the needs of students and of industry. For example, in our industry, the need to ensure a capacity to communicate effectively in English especially in programs that require an IELTS (international English language testing system) score on completion will require training providers to significantly boost literacy training in addition to existing levels of training required for the qualification.

RECOMMENDATION

The ANF believes funding must be attached to programs which address factors to enable effective training and workforce participation.

6.2 Demographic features of nursing

At 30 June 2008, there were approximately 157,087 Residential Aged Care (RAC) residents in Australia⁵, with around 70% receiving high level care (Table 2.1)⁶.

It is predicted that Australia's projected ageing population will have a significant impact on the number of residents in RAC facilities.

- *The total number of RAC residents is projected to increase by 56.8% from 160,250 in 2008 to 251,254 by 2020 – i.e. by 3.8% per annum on average, nearly four times all-age population growth.*
- *There will also be a drift toward older and older age cohorts. The largest growth will occur in the 95+ age cohort – which will more than double for females, rising to an estimated 28,980 people in 2020 and more than quadruple for males, growing to 8,227 people by 2020. Overall the 95+ cohort will grow 9.5% per annum on average.⁷*

Between 2003 and 2007, the proportion of registered nurses in residential aged care facilities fell from 21 per cent to 17 per cent. The proportion of enrolled nurses fell from 14 per cent to 12.5 per cent. The proportion of assistants in nursing and other unlicensed workers (however titled) increased from 57 to 64 per cent. The projections are that by 2020 the ration of aged care residents per registered nurse will double.⁸

Increasing numbers of aged care residents with higher and more complex needs have added to the workloads of existing nursing care staff. In the aged care sector the work of registered and enrolled nurses is progressively being substituted by assistants in nursing and other unlicensed workers (however titled), which now represent the bulk of the workforce providing aged care services. The National Institute of Labour Studies (NiLS)⁹ report of 2008 shows that numbers of these unlicensed workers rose from 42,943 (full-time equivalents FTE) to 50,542 (FTE) in the period from 2003 to 2007. The change in skills mix means there is less access for these workers to support and supervision from registered and enrolled nurses.¹⁰

A 2007 Australian study found skills mix was a significant predictor of patient outcomes⁴. The ANF has played a critical role in lobbying government to address these statistics and to ensure quality care outcomes for aged care and health care recipients with interventions that assist in managing state and commonwealth health cost outcomes. The ANF believes there will be an increased need for government funding to support both the current national health care policy reforms and the impact this will have on the future demand for VET.

RECOMMENDATION

The ANF calls for a continuing increase in funding to qualifications in health and community services given the historical underfunding of VET qualifications in these sectors.

7. Sector-specific influences

What implications might a trend towards higher level qualifications have for demand for VET, and the VET workforce? (p.17)

What impacts do you anticipate that the use of technology in the VET sector will have on: (p.18)

- ***Teaching delivery and methods over the next five to ten years?***
- ***Demand for training, particularly from regional/remote areas and overseas?***
- ***Demand for the VET workforce, both in terms of numbers, and of knowledge and skills requirements?***

As previously discussed, registered nurse qualifications occur within the university sector and enrolled nurse qualifications occur within the VET sector. Consistent with the findings of the national review of nursing education, enrolled nurse qualifications are contained in the health training package and are aligned with the professional competency framework for licensure. The ANF believes that the provision of these qualifications in the relevant sectors should be maintained into the future.

RECOMMENDATION

The ANF believes that the provision of nursing qualifications in the relevant sectors should be maintained into the future.

The AQF descriptors have become increasingly difficult to interpret and apply to qualifications within and between training packages over time. Within our sectors of interest each training package review has added content to qualifications as a result of perceived industry needs. Consequently such changes have resulted in increasing burden to students to complete qualifications and meet rising costs and extended timeframes. For example the Certificate III in Aged Care was once a 350 hour program and now exceeds 500 hours.

There is little incentive for industry to contribute to the cost of training and professional skills maintenance and development and this must be addressed if the training system is to be financially sustainable.

The anticipated trend is to increase access to higher level qualifications such as the Diploma of Enrolled Nursing through on-line delivery. This would decrease the amount of face-to-face delivery required and would increase access to VET in health. It would also impact on the capacity of remote area organisations to access training for their workers to the level required for their service delivery area. The ANF supports this trend to access

higher level qualifications on-line but the trend must be supported by programs and funding to increase the ability of the VET workforce to adapt to this transition and for trainees to be enabled to access on-line training.

7.1 The effect of an ageing population on the VET sector

AIHW¹¹ noted an 'ageing' of the overall Australian nursing workforce between 2001 and 2005. The average age of employed nurses increased from 42.2 years in 2001 to 45.1 years in 2005. Over this period, it was also found the proportion of nurses aged 50 years and over increased from 24.4% to 35.8%.

The NiLS¹² stated that its research in 2003 demonstrated the aged care workforce was significantly older than the overall workforce. The registered nurse occupational group, in particular, was older than the other groups. The 2007 study found the direct care RAC workforce had a slightly older age profile in 2007 than in 2003, although this coincided with an overall ageing of the Australian workforce over this period.

In 2003, the NiLS found that 16.7% of the RAC direct care workers in the survey were 55 or older, while in 2007, the proportion had increased to 22.5%. All RAC occupational groups aged over this period, with registered nurses aged 55 or more increasing from 24% to 32%, enrolled nurses from 11% to 17% and personal carers 15% to 20%. However, the ageing preserved the tendency for registered nurses to be older than personal carers and enrolled nurses, with enrolled nurses having the youngest age structure.

As can be seen from the statistics, the existing nursing workforce is ageing and there is an increasing role for enrolled nurses within the Australian health care system, as well as a need to expand their current scope of practice. Access to educational bridging programs and up-skilling to meet employer and consumer requirements is often difficult and may be limited in many areas e.g. Certificate IV in Nursing to Diploma of Enrolled Nursing as well as the Advanced Enrolled Nurse qualifications.

Currently some workers at enrolled nurse level are being asked to work beyond their level of educational preparation and scope of practice. While others are unable to access positions in clinical practice settings they would prefer to work in due to the lack of up-skilling opportunities, for example intravenous therapy education and medication management leading to an expanded scope of clinical practice.

RECOMMENDATION

The ANF believes easier access to programs in all states and territories must be an immediate priority of the Australian Government.

The ANF is very supportive the ongoing continuing development of qualifications and units of competence in the VET health and community services sector as well as the review and development of relevant higher qualifications that reflect appropriate, professional and vocational competencies for the nursing and midwifery workforce, in order to ensure quality health care education and training that ultimately lead to improved health outcomes for the Australian people.

8. Supply of the VET workforce

8.1 Enhancing workforce capability

Are there tradeoffs between technical skills and teaching skills and, if so, which skills are more important? (p.22)

It is the opinion of the ANF that both technical and teaching pedagogy are of equal importance in nursing and health care education and apply to all programs. Teaching skills are necessary to facilitate and impart the knowledge that is required to support skill development, learning and critical thinking and eminent teaching skills are critical to quality learning and the outcomes demonstrated by the behaviours of the worker/student in the workplace. In health and community services sector it is vital that teaching staff have the clinical background in the areas they teach in and possess a current knowledge of industry requirements, practices and developments to impart and demonstrate the technical skills required of their students.

Would increasing qualification standards make entry into the VET workforce more appealing and/or more difficult? Would these changes produce better student outcomes? (p.22)

Currently there are disincentives for qualified health professionals, such as nurses, to work as educators for most VET providers. For example, within the health and community sectors, increasing the minimum educational requirements for VET educators would encourage high quality clinical practitioners to consider a career move to become VET educators. Through the transference of clinical skills and knowledge combined with workplace experiences, leads to better student learning outcomes.

For such a move to be attractive to nurse educators there must be accompanying improvements to the award wages and conditions of VET nursing educators commensurate with nurse educator wages offered by other employers.

Currently in Tasmania, registered nurses who are employed by government VET providers earn substantially less than they would if they worked shift work as a registered nurse with another employer.

As previously mentioned, nurse educators holding post graduate qualifications in education are forced to undertake the TAA to enable them to deliver nursing education in the VET sector. This may prove to be a deterrent for them to enter the VET sector as nurse educators. The ANF supports a more diverse qualification for entry of nurse educators into the VET sector.

Tasmania is a prime example of this phenomenon; for example, the Tasmanian Polytechnic is the only provider of the enrolled nurse bridging program in the state and the enrolled nurses wishing to access that program must be supported and sponsored by an employer. Strategies to increase equity and access to courses, including financial and geographical, in accordance with anticipated skill and workforce needs must be an Australian government and state and territory government priority.

What workforce development options exist for VET workers seeking to develop their VET knowledge and skills? Industry currency? Trainer/assessor competence? Are these options adequate? For public and private providers? If not, what other workforce development activities are desirable? How should these be funded? How should they be delivered? (p.23)

It is the opinion of the ANF that ideally, there should be a career structure for VET educators commensurate with educational qualifications and experience. Government funding is needed to support the continuous professional development of VET educators. Current professional development programs offered are government sponsored face to face sessions¹³ that are generally limited to focusing on meeting compliance and AQTF requirements, rather than supporting quality learning/training outcomes. A range of delivery modes and funding models could be explored through surveying training need requirements of VET educators.

9. Conclusion

There is conclusive evidence available demonstrating that more qualified nurses and nursing support staff leads to better and more positive health outcomes for patients and directly correlates to the quality and quantity of care they receive.

It is the opinion of the ANF that by seriously addressing the quality outcomes of VET qualifications, increasing access to these qualifications, supporting the improvement of the VET workforce and through focused government financial support, the VET sector will be better placed to deliver on the changing needs of the health and community care sectors.

It is the view of the ANF that graduates of VET qualifications must be work ready on completion of their qualification, that health programs in the VET sector need to be

nationally accredited and approved and that all VET training programs that have any aspect of direct client care or direct involvement in decision making about a person in their care be approved by the profession.

10. References

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