

Submission by the Australian Nursing and Midwifery Federation

Developing a Blueprint for the VET Workforce

26 March 2024



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Nursing &
Midwifery
Federation



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INTRODUCTION

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 326,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Department of Employment and Workplace Relations (DEWR) for the opportunity to provide feedback on the Development of a Blueprint for the VET workforce.



OVERVIEW

Growing the workforce

The consultation process, which includes public submissions, will explore a range of areas and issues to assist in the development of the Blueprint. For example, we would like to hear:

- **Do the barriers and challenges identified in this paper reflect your understanding of the issues in your organisation and/or in your experience?**
 - Yes, the ANMF believes that most of the issues have been covered to some extent.
- **If not, what are the barriers and challenges you or your organisation are facing?**
- **Which barriers are most significant in your context?**
 - Employment conditions and wages are high priority areas for ANMF members and present a barrier to some people that may otherwise consider a VET qualification and associated career pathway. For example, working as a carer in a residential or community aged care service is often perceived by workers as low paid and female dominated work. VET skills escalators from Certificate III to Diploma can be attractive to VET students, however many employers in the aged care sector preference employment of certificate qualified employees on the basis of employment cost. This is of grave concern to the ANMF as it impacts the aged and community care workforce in numerous ways such as lack of skills mix of staff and the quality care provided to clients by highly skilled nurses.
 - Registered and enrolled nurses need to have confidence to appropriately delegate care tasks to care workers in order for both nurses and care workers to perform their roles to the best of their professional ability. In order to do this care workers need to be appropriately trained to undertake those tasks and nurses need to know that those carers have the underpinning knowledge and skills to perform those tasks.
 - Australia is experiencing a growth in the ageing population which will lead to an increased demand for aged care services. The Australian Institute of Health and Welfare reported 16% of Australians are aged 65 and over. With this percentage expected to increase significantly over the coming decades, the demographic shift will result in increased demand on the aged care workforce. The aged care sector has often been seen as a less attractive specialty to others with lower rates of recruitment and retention of nurses. This has been amplified due to significant pressure with staffing¹. shortages, skill mix, low pay, poor working conditions and the increased negative attention from the Royal Commission. The Aged Care Workforce Census Report reported the nursing profession made up only 23% of the direct aged care workers, while unregulated health care worker ('UHCW') accounted for 71%. The data demonstrates currently there is an inadequate skill mix in aged care and this was highlighted in the Royal Commission which found 'Inadequate staffing levels, skill mix and training are principal causes of substandard care in the current system.'



- As our industry is female dominated, there continues to be a significant wage gap between men and women in our sectors. Compared with men, women in Australia bear most of the burden of unpaid labour which includes many other responsibilities. 71.8% of primary carers are women. Being a primary carer significantly influences decisions regarding education and career pathways. Genuine investment through wage increases and employment conditions will help retain and recruit to the community and health sector. Our members consistently tell us, second to workloads, wages are the next significant factor that impact on retention and recruitment of staff. Nurses and carers wages have been historically suppressed by the chronic undervaluing of the feminised workforces. Again, women work part time or take substantial periods of parental leave which can have a detrimental effect on their career development and their yearly progression through pay increments.
- With no clear career pathways and recognition of prior learning (RPL), particularly from the nationally recognised Certificate III in Individual Support (aged, community and disability care sectors) to the Diploma of Nursing there is no provided incentive to continue to develop skills through the qualification framework, particularly if people will not be employed once their qualification has been completed. This is also hindered by the current lack of recognition between the VET and tertiary education sector.
- The casualisation and short-term contracts of the VET sector workforce are a significant contributing factor in recruiting the appropriately qualified professionals to teach, facilitate and assess the curriculum. Trainers and assessors do not get provided the professional development and support needed to maintain their currency. Flexibility to work within clinical and educational spaces concurrently would be of great benefit to the quality of the education provided.

What do you see as the biggest challenges facing the VET workforce now and into the future.

- Perceptions of the VET workforce and the employability of graduates from some courses and in some sectors can be an issue for graduates seeking employment. For example, Diploma of Nursing graduates who have been registered as enrolled nurses with the Nursing and Midwifery Board of Australia (NMBA), are facing real difficulty in being employed in the residential aged care sector although the sector is in dire straits. Some employers have determined (without any validity) that enrolled nurses do not form part of the mandated “Care Minutes” within the residential aged care sector. This must be addressed to ensure the aged care and community sectors have the right skills mix, which will in turn assist with attraction and retention of the workforce, now and into the future.
- Clinical placement hours for our sectors are unpaid, which contributes to financial hardship and a significant time burden which impacts well-being. Students studying nationally endorsed courses such as the Diploma of Nursing are required to undertake 400 hours of clinical placement; and aged care workers undertaking the Certificate III in Individual Support, also nationally recognised, must undertake 120 hours of clinical placement. In order for these clinical placements to be successful for the student, they must be facilitated by competent preceptors/facilitators.



Ensuring there are employer supported preceptors/facilitators who are remunerated appropriately, including having time 'off the floor' to undertake this role is vital to the success of students completing their training and providing quality care.

- Most nursing students undertake some paid employment while studying as a supplement to, or instead of, the applicable Commonwealth assistance payment. For most students, this payment equates to a maximum of approximately \$300 per week. Relying solely on that payment is not an option for most as it puts them at nearly \$190/week below the poverty line. Students receiving a payment can earn \$240 per week before it impacts on their payment. When surveyed, financial issues affected 62% of students' health and wellbeing ². With the increased cost of living (accommodation, fuel, travel and meals) and often the need to attend placements away from their place of residence, financial burden of the placement/s is increased when there is not affordable accommodation, particularly as students must continue to pay their mortgage or rent. ANMF student members across the country have reported significant concerns with access to accommodation whilst undertaking placements. A Commonwealth Government subsidy that provided financial relief for placements would be a solution to this issue. Better partnerships with clinical placement providers are required to ensure placements are of the standard and quality to develop a well-prepared workforce. This requires an underpinning by sound workforce planning. Also equally important is the guarantee of gaining meaningful and permanent employment at the completion of their educational preparation and being awarded their qualification.
- The ANMF also recognises other barriers to the achievement of VET qualifications including paying any associated costs for students' education via their education provider and having a VET HELP debt that can reduce the likelihood of them securing a mortgage.
- Employers who promote qualification outcomes within their organisation are more likely to attract new trainees and possibly retain their existing workforce.

Ensuring informed workforce planning

The consultation process will explore a range of areas and issues to assist in the development of the Blueprint. For example, we would like to hear:

- **What mechanisms could be suitable for the regular collection of VET workforce data?**
- **Which mechanisms would work best for your organisation's context?**

The ANMF has asked repeatedly over the years for the following VET data to be captured and shared.

- Collection of all VET qualifications enrolment and course preferences from school based apprenticeships/traineeships through to mature aged students.
- Collection of all VET qualifications completion data.
- Follow up of graduates with 1/3/6/and 12 months of course completion to ascertain and track numbers of people that have entered or escalated in the workforce as a result of successfully completing a VET qualification. The NMBA should be able to track every enrolled nurse graduate throughout their study and through to completion (graduation).
- Age, gender, educational attainment data, locality, industry/sector context.



What existing workforce data do you routinely collect and could even share with JSA?

Graduates age, gender, qualification outcome, employment within 1/3/6/12 months from course completion.

How should the Blueprint respond to barriers and challenges?

The consultation process will explore a range of areas and issues to assist in the development of the Blueprint. For example, we would like to hear:

- **What could be done to attract and retain more VET teachers, trainers and assessors?**
- **What could be done to attract and retain other key workforce roles such as complementary education professionals (e.g. educational designers, librarians or counsellors) or support VET professionals to enter leadership positions?**
 - Permanent contracts of employment, with paid holidays and superannuation.
 - Rid the sector of sessional teachers/trainers/assessors or ensure that there is a balance between permanent and casuals.
 - Guaranteed and quarantined time to prepare and assess students and mark assignments and prepare exams.
 - Promote the VET sector as a valued career pathway to teachers/trainers/assessors.
 - Ensure that there is a mandated quota of positions for the above roles.
 - Develop succession planning within the sector to encourage and promote the development of individual skills development to prepare them to take on leadership roles (like internships and career rotations within the VET sector).
- **In your view, what strategies or actions would have the best impact for building capability and supporting career development and progression?**
 - Ensure that there are enablers built into the system that consider that a large cohort of students, and ultimately workers in the health and community care sectors are women. Women are often burdened with other caring responsibilities for their families, which may include young to adolescent children, those with special needs (mental health & disabilities), and 'grey' care of older parents. These workers and potential students may need special considerations in relation to flexibility in course structure and delivery; and where clinical experiences form part of any assessment criteria for course/qualification completion. Education providers must adopt strategies that cater for such students in all their course delivery design.
 - Subsidise student accommodation costs for any element of 'away from home' clinical or practical experiences associated with a course outcome.
- **Are there actions that should be specifically taken at the national level, and at the local level?**
 - Ensure priority is given to in-demand skills shortages to ensure that those courses are subsidised or offered as Free TAFE options.
 - The ANMF is of the opinion that the clinical placement burden should be addressed at a national level to reduce course incompletions.



- **Are there examples of attraction and retention strategies, actions or initiatives that have worked well?**
 - Yes. Free TAFE offerings and supported accommodation for clinical experiences.
- **What were the critical factors that made them successful?**
 - National and local government and industry support.
- **How can industry assist with building the teacher, trainer and assessor workforce?**
 - Ensure a stable work environment for these roles and removal of casualisation and short contracts.
 - Subsidised wages that are equal to industry remuneration that will entice people to enter teaching/assessing from their industry roles.
- **What collaborative mechanisms could be implemented to assist transition between industry and the VET workforce?**
 - Create opportunities for key personnel working in industry to be seconded to the training sector, without loss of their substantive roles in industry. There needs to be more crossover and opportunity for this.
- **Where the employer is the RTO, what would assist in transitioning staff into teacher, trainer and assessor roles?**
 - Strong mentoring programs with experienced staff and providing opportunities for career progression through professional development.
- **If there was one immediate goal that could be worked towards to relieve the current pressures on the VET workforce, what would that be?**
 - From an ANMF perspective and taking into consideration our specific sectors of nursing and aged and community care work we would like to see pay parity between genders addressed and funding of clinical placements for students who have to undertake placements away from home, particularly in rural and remote areas.
- **What does success look like in practice for the actions you have proposed?**
 - Increase in enrolments and completions for roles within the community and health sectors.
 - This would lead to an increase in staff, upskilling of the workforce and ultimately a healthier community and health sector.



CONCLUSION

The ANMF appreciates the opportunity to address the current vulnerabilities of the VET sector, including its workforce.

The ANMF is also extremely welcoming of the opportunity to work with a government that supports tripartism and is interested and dedicated in dealing with the many issues that currently face the VET sector.

The VET sector, as we are all in no doubt, has been run into the ground under the leadership of the past government and requires many changes to bring it back up to the standard it was and should be now.

We look forward to working with you to ensure the VET sector is of the highest quality and entices many Australians to engage in the system.

REFERENCES

1. AIHW (2023)
2. NSWNMA Submission to the Special Commission of Inquiry into Healthcare Funding November 2023