



Australian College of Nursing

# PRE-BUDGET SUBMISSION

2022–2023



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## Pre-Budget Submission 2021-22: Foreword

The Australian College of Nursing (ACN) welcomes the opportunity to provide our budget proposals ahead of the 2022–2023 Budget.

The past year has seen a global pandemic and significant social and economic upheaval for millions of Australians. Nowhere have these crises been felt more acutely than across the health and aged care sectors. As the single largest health profession across the workforce, nurses have witnessed tragedy, desperation, and despair while experiencing overwhelming challenges themselves throughout the past two years.

Nurses are on the frontline of their local communities. They work tirelessly to ensure our most vulnerable are safe and well-cared for across the lifespan and deliver evidence-based health promotion and prevention. Australian nurses provide highly skilled, trusted care in various settings, and their leadership and expertise have been crucial through the COVID-19 pandemic and in day-to-day health care settings.

The Royal Commission into Aged Care Quality and Safety and the COVID-19 crisis in aged care have revealed systemic failures in the aged care sector's funding, regulation, workforce planning, and risk management. Nurses can address many of these issues, providing much-needed leadership and coordination to ensure person-centred, streamlined, and holistic care. ACN is committed to supporting nurses to drive much-needed reforms in aged care, allowing older people greater autonomy, dignity, and access to the care outcomes they value most. Specifically, ACN would like to see appropriate education provided to nurses to support older Australians in the comfort of their own homes. Given the increasing demand for 'at home' care by older Australians, the Government must focus on the availability of a skilled nursing workforce for this setting. The safety of older people is paramount, and using unregulated health care workers to fill deficits within home care is not always appropriate.

These crises also strike at the heart of the future challenges our profession faces. While many students study to become nurses, new graduates face challenges entering the workforce due to poor transition practices.<sup>1</sup> These problems will only be amplified over the coming years as we witness the impact of the COVID-19 pandemic and the ageing nursing workforce transition to retirement. More than 50% of the Australian nursing workforce is over the age of 45 years.<sup>2</sup>

Australia must support and encourage existing nurses, inspire the next generation, and ensure our nursing workforce is optimised if Australians receive the highest quality of health care.

ACN's submission provides a way forward in supporting the planning of the Australian nursing workforce and creating opportunities for both current and prospective nurses to achieve their potential. Our recommendations will support both potential and future nurses by creating opportunities for scholarships and access to education and ensuring new nurses receive support during the challenging early stages of their careers.

ACN is committed to our mission of shaping health and advancing nursing to enhance the health of all Australians. The public has long regarded nursing as the 'most trusted profession.' ACN welcomes the opportunity to continue its work with the Government to raise the profile of nursing and demonstrate the value nurses bring to Australia's health and aged care systems.

**Adjunct Professor Kylie Ward FACN**  
Australian College of Nursing  
Chief Executive Officer

# Summary of Recommendations

## RECOMMENDATION 1

### WORKFORCE PLANNING

**Leading Excellence through Advanced Practice Scholarship Program (LEAP).**

ACN recommends the Australian Government commits funding of \$720,000 over three years to establish the Leading Excellence through Advanced Practice Scholarship Program, delivering up to 150 scholarships to support the development of the next generation of Australian nurses.

## RECOMMENDATION 2

### DISABILITY SECTOR

**We will establish two units of study (UOS) of a Transition to Practice Disability Course for nurses working in disability.**

ACN asks for \$250,000 over three years to establish two units as a specialty stream of the Graduate Certificate in Community and Primary Nursing within a framework of education for those working in or planning to work in the disabilities sector.

## RECOMMENDATION 3

### AGED CARE

**Graduate Certificate in Aged Care scholarships for registered nurses.**

ACN seeks \$52.5M over three years (5000 places x \$10,500 for course costs) to fund 5000 scholarship places for registered nurses (RNs) working in aged care to undertake a Graduate Certificate in Aged Care. This would provide RNs with the clinical expertise, leadership, and management experience to ensure safe, effective, and high-quality person-centred care for every older person in Australia.

# Workforce Planning

## RECOMMENDATION 1

Leading Excellence through Advanced Practice Scholarship Program (LEAP).



## PROPOSAL

**ACN recommends the Australian Government commits funding of \$720,000 over three years to establish the Leading Excellence through Advance Practice Scholarship Program, delivering up to 150 scholarships to support the development of the next generation of Australian nurses.**

The ACN Institute of Leadership is committed to advancing nurse leadership and practice to enhance health and aged care delivery to all Australians. The ACN Leading Excellence through Advanced Practice Scholarship Program (LEAP) will develop nursing capability across the five practice domains supporting advanced practice, clinical practice, education, leadership, systems support, and research. The program will help to develop the next generation of advanced practice nursing leaders. The focus on millennial nurses (under 35 years of age) will give this cohort the skills they need to play an even more influential role in shaping the health and aged care system in years to come.

The ACN LEAP will explore innovation and transformative leadership concepts through a range of learning sessions aligned to the ACN White Paper, 'A New Horizon for Health Service: Optimising Advanced Practice Nursing.'<sup>3</sup>

The ACN LEAP is reflective of the Advanced Nurse Practice Guidelines for the Australian Context by the Chief Nursing and Midwifery Officers Australia,<sup>4</sup> initiatives and models of care delivery utilising advanced nursing practice roles. Enabling nurses to work to their full scope of practice and develop toward advanced practice will improve workforce flexibility and generate a sustainable supply of advanced practice nurses who can work across boundaries (p.15).<sup>5</sup>

## THE ISSUES

ACN recognises that sectors of the Australian population are either underserved, poorly serviced, or have delayed access to health care. For example, individuals from rural and remote communities, including First Nations populations, experience significant disadvantages. Despite having a nursing workforce, almost 50% of the health workforce, as a readily available solution. While Advance Practice Nurses (APNs) are clinical leaders with the requisite skills to make a difference in these settings, they only make up roughly 9% of the total registered nurse workforce, over 26,000.<sup>6</sup> In addition, there is poor utilisation of the APN workforce due to current funding and practice models, which limit the potential for flexible health care delivery. Not only are APNs not working to their full clinical capacity, but it is also a waste of health dollars and missed opportunity for effective clinical service.

There is a necessity to move beyond the assumption that a medical practitioner must lead health services. Recognising nursing service as appropriate, relevant, and cost-effective to lead health care for some patient groups is essential.

## THE SOLUTION

APNs are clinical leaders who work in specialist and generalist fields, have high levels of autonomy and knowledge of health systems, traverse the hospital community interface in managing patient/client care and provide clinical care across all levels of complexity. APNs work across all domains of clinical practice at a level higher than nurses at other levels of practice<sup>7</sup> such as clinical practice, leadership, research, education, and optimising health systems.<sup>8,9</sup>

ACN would like to propose modern-day service options that involve optimising the untapped potential of advanced practice nursing on a national scale. ACN Leap scholarships will ensure a sustainable APN workforce ready to lead underserved communities.

# Disability Sector

## RECOMMENDATION 2

Establish two units of study (UOS) for nurses working in disability.



## PROPOSAL

**The Australian College of Nursing recommends the Australian Government commit funding of \$250,000 over three years to establish two units as a specialty stream of the Graduate Certificate in Community and Primary Nursing within a framework of education for those working in or planning to work in the disability sector.**

ACN believes every person living with a disability in Australia deserves equitable access to safe and high-quality care that reflects their individual needs, values, and preferences. ACN is committed to advancing the specialist skills and knowledge of those working in the disability sector to enhance the health and well-being of all Australians living with a disability. ACN recognises that the demand for staff will continue for some years to provide a basic level of care to people living with disabilities in all settings. ACN aims to deliver education to the existing trained and experienced nursing workforce to provide high-quality care to those living with disabilities. This educated nursing workforce will oversee the unregistered workforce, ensuring that people living with disabilities are treated with appropriate care and safety and supported to live the best lives possible. Learning from the outcomes of the Royal Commission into Aged Care Quality and Safety, these educated nurses can act as mentors and support newly qualified nurses who wish to make the transition to this area of specialty as future demand increases.

## THE ISSUES

### DISABILITY IN AUSTRALIA

- 1 in 6 people (18%) in Australia lives with a disability, and 1 in 3 (32%) of those, are considered to have a severe or profound disability. This means they require assistance 'always' or 'most of the time' for at least one core activity: self-care, mobility, or communication.<sup>10</sup>
- For about 3 in 4 people living with a disability, their primary form of disability is physical, with the remaining 1 in 4 living with a mental or behavioural disability.<sup>11</sup>
- Older populations are more likely to experience disability, with 50% of those 65 or older living with a disability.<sup>12</sup>
- Preventable hospitalisations of people living with an intellectual disability are eight times higher than the general population.<sup>13</sup>
- 2.8 million Australians with one or more of the most common chronic conditions also live with a disability.<sup>14</sup>
- Just 24% of adults living with a disability experience good or excellent health, compared with 65% of adults living in the general population.<sup>15</sup>

- In 2019, 7,495 registered nurses (RNs) worked principally in rehabilitation and disability compared to 31,613 in aged care.<sup>16</sup> 3,220 enrolled nurses (ENs) were working principally in rehabilitation and disability compared to 17,379 in aged care.<sup>17</sup>

### EXISTING DISABILITY WORKFORCE

About two-thirds (67%) of people living with a disability have an informal carer, with parents acting as primary carers in most cases (65%).<sup>18</sup> The Royal Commission on Violence, Abuse, Neglect, and Exploitation of People with Disability Interim Report revealed that people living with disabilities are subject to neglect and misdiagnosis in health care settings and abuse and mistreatment in supported accommodation settings.<sup>19</sup> A nursing workforce specially educated regarding complex care management for people living with a disability would provide much-needed leadership and clinical governance in this sector. The overall aim is to ensure that every person living with a disability will have a right to dignity, safety, and high-quality, evidence-based care — including respect for their needs, values, and preferences across different care settings.

### FUTURE FOCUS

By 2024, the National Disability Insurance Scheme (NDIS) plans to draw about 83,000 extra workers, including nurses, into the disabilities sector in all NDIS occupational sectors.<sup>20</sup> To enable this to happen, nurses will require the proper knowledge, skills, values, and diverse experiences to meet the needs of the NDIS, inclusive of understanding of intellectual and development disabilities (IDD), health disparities, and complex communication skills.

To meet the needs of the increasingly casualised, part-time disability workforce<sup>21</sup>, the NDIS National Workforce Plan 2021–2025<sup>22</sup> recommends access to knowledge through the preparation of shorter courses without a loss of working time. Through research conducted in 2020, the plan acknowledges that 20% of providers did not pay staff to attend training. Quick design of short courses that meet the changing needs of the sector is beneficial. Components of an accredited course will allow participants to attain certification in time.

### NURSING-SPECIFIC EDUCATION

There is currently no nursing-specific disability post-graduate education in Australia.<sup>23</sup> Several institutions, including Deakin University, La Trobe, Griffith University, Flinders University, University of New England, and Southern Cross University, offer either a graduate certificate or a graduate diploma. Macquarie University, La Trobe, University of New England, Griffith University, and Flinders University all offer Masters in a disability-related area. However, none of these are specifically focused on the specialised nature of clinical practice in disability and instead focus on the legal, ethical, sociological, economic, advocacy, social inclusion, or lived experience dimensions of disability care. These courses build on work in the disabilities or human services sectors, such as individual care, managerial positions, policy and advocacy, sports and leisure, and technologies. However, these graduates do not require a health professional background such as nursing.

The Australian Nursing and Midwifery Federation recognise that all nurses should be prepared with the skills and knowledge to work in care rehabilitation and management of optimal health outcomes for those living with a disability.<sup>24</sup> ACN's solution proposes targeting nurses who want to continue nursing in the disability sector and wish to gain the specific skills and knowledge to excel in this field.

## THE SOLUTION

The initial plan is to develop a 150-hour UOS at AQF level 8 to be offered as a specialty elective in the Graduate Certificate in Community and Primary Health Nursing, which will allow those in the workplace, either already in the disabilities workplace or with a thought to move into disabilities nursing, to engage in easily accessible training. This education is offered as more minor micro-units of study of 1-10 hours, with or without assessment, for continuing professional development.

Both options will be attractive to those who want to access training with the least disruption to their work and life schedules, allowing nurses accessible learning opportunities.

## EDUCATIONAL FRAMEWORK

Completing 4 UOS will lead to a Graduate Certificate in Community and Primary Health (Disability Nursing Stream).

After completing a core UOS entitled Leadership and Professional Practice, the student will progress to the proposed UOS Principles of Disability Nursing. It will provide a foundation for practice as a disability nurse. It will ask the student to reflect upon their approach to develop specialist knowledge, skills, attitudes, and attributes necessary for effective and caring practice for people living with a disability. As the learner progresses through the unit, a range of disabilities will be analysed to determine the complex health care needs and the nursing management required to ensure people experience an optimal quality of life and reach the degree of independence they desire. A third core UOS Complex Care Management for People Living with Disabilities will follow. This UOS will focus on communication skills needed to overcome acquiescence and will build upon the knowledge of the first two UOS, allowing students to conceptualise the complex nursing management skill required to lead in practice. Students then have the choice of several elective units offered by ACN.

## PARTNERING WITH AN EXPERIENCED PROFESSIONAL ASSOCIATION

ACN will collaborate with the Professional Association of Nurses in Developmental Disability Nursing Australia (PANDDA) to ensure the skills and knowledge delivered in the training units match the needs of the disability sector. ACN plans to commence with a single UOS with the potential for a specialty stream in the Graduate Certificate in Community and Primary Health Nursing, allowing a Transition to Practice Program similar to ACN's aged care model. Due to the ongoing Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability, PANDDA has advised they will not be available until early 2022 to be involved in a Course Advisory Industry Reference Group (CAIRG).

# Aged Care



## RECOMMENDATION 3

Graduate Certificate in Aged Care

## PROPOSAL

**ACN seeks \$52.5M over 3 years (5000 places x \$10,500 for course costs) to fund 5000 scholarship places for registered nurses (RNs) working in a residential aged care facility (RACF) to undertake a Graduate Certificate in Aged Care. This would provide RNs with the clinical expertise, leadership, and management experience to ensure safe, effective, and high-quality person-centred care for every older person living in an RACF in Australia.**

ACN is committed to protecting the health, welfare, and dignity of all residents in residential aged care facilities (RACFs). Staffing levels, skill mix, resourcing and communication all have an impact on the delivery of care, or what is referred to as missed care<sup>25</sup>. The Royal

Commission into Aged Care Quality and Safety<sup>26</sup> found 'many failures and shortfalls in the Australian aged care system'. In RACFs, the first step to ensuring the resident is placed at the centre of care is to ensure appropriate staffing and skill mix to minimise missed care.

Registered nurses are critical in aged care facilities, providing expert clinical governance, leadership and oversight of unregulated health care workers (UHCWs) who make up the majority of the aged care workforce, across residential and in-home care settings<sup>27,28</sup>. However, Australia's rapidly ageing population and the subsequent rise in complex multimorbidity among older people means RNs require additional training and support to bolster skill mix within RACFs. ACN believes all RNs working in RACFs should have postgraduate qualifications<sup>29</sup>, and these scholarships would provide a sound starting point for this requirement.

## THE ISSUES

Residents in aged care experience increasingly complex medical conditions<sup>30</sup> which requires a commensurate increase in the knowledge of attending staff. Research suggests inappropriate staffing and lean skill mix impacts on the safety and quality of care delivery within RACFs<sup>31</sup>. UHCWs typically provide direct care to meet residents' daily living needs, wound care interventions and in some instances, medication administration. UHCWs routinely provide care at a level beyond their role description<sup>32</sup> and without appropriate training.

RNs play a major leadership role in RACFs, delegating tasks to other health workers<sup>33</sup>, providing motivation and encouragement to those tasked with caring for residents<sup>34</sup>. However, research suggests a lack of training focused on 'clinical leadership and health team management'<sup>35</sup> indicates RNs require more leadership training to ensure the safety and care of residents.

RNs in RACFs have a high level of knowledge and clinical competence<sup>36</sup> however, their managerial and administrative roles take away day-to-day care time with residents<sup>37</sup>. Every resident needs access to RNs, to improve person-centred care, and thus better care overall<sup>38</sup>. RACFs that provide high levels of person-centred care employ staff with extra qualifications in dementia care to ensure a high standard of care<sup>39</sup>. RNs are clinically prepared for the workplace but require regular upskilling and a supportive working environment to maintain competence for work in RACFs. Providing RNs with requisite skills to manage residents' care will reduce hospital admissions from RACFs<sup>40</sup>.

Care provision in RACFs is often reported as lacking, which has resulted in an increased use of pharmacological intervention to manage resident behaviour<sup>41</sup>. This is an effect of higher than recommended numbers of UHCWs without the training to recognise the signs of deterioration and subsequent behavioural changes<sup>42</sup>.

While staff with higher educational qualifications improve nursing management of complex clinical issues and gerontological syndromes<sup>43</sup>, increasing acuity and a growing number of patients with comorbidities in RACFs, places greater demand for professional nurses with the clinical expertise, leadership, and management experience to ensure safe, effective, and high-quality person-centred care<sup>44</sup>. The Royal Commission's Final Report made two recommendations (84 and 85) to improve rates of pay for nurses and care workers, acknowledging the long understood reality that RNs working in RACFs are paid significantly less than their acute care colleagues<sup>45</sup>, thus impacting their ability to invest in postgraduate qualifications.

Lack of skills and training negatively impacts residents' care and outcomes. Caring for the older person often living with complex multi-morbidities, cannot be delegated to an unskilled, uneducated health care worker who does not have a scope of practice. The UHCW must work within the confines of the role description for which they are employed. Any deviation from this places the patient, the UHCW and the supervising RN at significant risk. The current ratio of RN to residents in RACFs is too low, resulting in an increased reliance on inadequately trained health care workers to undertake critical tasks outside their educational ability or skillset.

## THE SOLUTION

Providing scholarships for RNs to undertake a Graduate Certificate in Aged Care will ensure that nurses leading clinical governance, high-quality care and oversight of the care workforce in RACFs are well-equipped and supported through specialist postgraduate training. Supporting RNs will bolster skill mix and resourcing needed to prevent the missed care highlighted in the Royal Commission, while ensuring every resident is provided safe, high-quality, and person-centred care.

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