Queensland Nurses & Midwives' Union

Submission to

The Select Committee on

Jobs for the Future in Regional Areas

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Select Committee into Jobs for the Future in Regional Areas for the opportunity to provide information to the inquiry.

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing workforce including Registered Nurses, Registered Midwives, Enrolled Nurses and Assistants in Nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 60,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

Our submission addresses term of reference A that refers to new industries and employment opportunities that can be created in the regions. While we recognise the inquiry is investigating new areas of economic development, health care is a fundamental and necessary service to support regional populations. We have included here our proposals for new and innovative models of nursing and midwifery care and highlight our significant concerns around workforce planning, particularly in maternity services, mental health and aged care, all of which will require a suitably trained workforce.

Recommendations

The QNMU recommends the federal government:

- introduce incentives for undergraduate nursing and midwifery student placements in regional, rural and remote areas;
- provide funding for an additional 50 nurse navigator positions and nurse practitioner-led models of care in the regional primary health networks in Queensland to ease the burden on hospital services;
- create 50 additional nurse practitioner scholarships to encourage experienced nurses into this role;

- provide specific funding for states to appoint high level midwife leaders;
- provide funding incentives to enable:
  - safe, equitable, accessible, affordable, and sustainable models of maternity care.
  - rights to private practice for midwives;
  - expansion of the 19(2) exemption for primary maternity services for rural and remote areas; and
  - indemnity insurance for midwives providing private care.

- develop a national nursing and midwifery workforce plan;
- provide funding models for graduate nursing and midwifery programs, particularly in aged care, mental health and rural and remote settings;
- regulate the carer/assistant health workforce, as well as their education/courses, to ensure that qualifications, skills and competencies are consistent, measurable and capable of assisting health practitioners with safe and quality care.
- provide national recognition and accreditation for all healthcare qualifications from Cert III onward;
- develop nationally consistent VET and tertiary courses in partnership with education providers so that student intake and completion rates can be commensurate with anticipated need.

Term of Reference A - new industries and employment opportunities that can be created in the regions

Background

The Regional Australia Institute (2017) defines regional Australia as including towns, small cities and areas that lie beyond the major capital cities. Remote Australia covers about 85% of the Australian land mass, predominantly in northern and central Australia. 29% of Australia's population live in regional and remote areas (Australian Institute of Health and Welfare, 2016). This population tends to have a lower life expectancy, higher rates of disease and injury and poorer access to and use of health services than people living in major cities (Australian Institute of Health and Welfare, 2016).

The QNMU views the role of nurses and midwives as imperative to the health care system of regional, rural and remote Australia. The Senate Community Affairs References Committee echoed this in the review of the availability and accessibility of medical imaging equipment, where they recommended that "… the Department of Health work with stakeholders to

facilitate nurses and nurse practitioners expanding their clinical scope of practice to include certain ultrasounds, where they have received proper training and sonographers are not available to do so" (Senate Community Affairs Reference Committee, 2018, p.X).

The QNMU applauds this recommendation and believes this expansion will help to increase employment opportunities and reduce inequality in regional health services.

Identifying and preparing for change associated with the impact of new technologies

In 2030 it is anticipated there will be three types of jobs:

- Future jobs, new and focused on digital specialisation and technical skills;
- Changing jobs, similar to current jobs but with new activities focused on high personal contact ('high touch'), high levels of care and high levels of tech;
- fading jobs, which will be replaced by automation in time. In May 2013, 5.6 million people - half of Australia's overall workforce, used the internet to work away from the office (Regional Australia Institute, 2016).

In 2030, it is predicted that there will be an increase in part-time work (30 per cent more), a growth of women in the workforce (55 per cent more) and doubling of older workers (195 per cent more of the over 65s) (Australian Communications and Media Authority, 2013).

Health care professionals, carers and aides, and business, human resources and marketing professionals are projected to see some of the largest employment gains in Australia in the short term – through to 2021. Each of these jobs require creative problem-solving skills and high levels of contact with clients (Foundation for Young Australians, 2017).

Against the backdrop of the implementation of the National Disability Insurance Scheme (NDIS), Australia's ageing population and increased demand for childcare and home-based care services, large increases in employment are projected for hospitals (up by 53,900 or 15.2 %), residential care services (46,700 Or 21.6 %) and child care services until 2019 (Department of Employment, 2015).

Given these projections, state and federal nursing and midwifery workforce planning is a vital step in meeting the challenges facing population health. It is also a crucial element in determining the future earnings, job security, employment status, training needs and working patterns of nurses and midwives. Workforce planning can use different methodologies and models that focus on demographic trends to assess supply and demand, linking expenditure

projections with workforce projections, role extension and substitution and needs based models.

'Caring professionals' - people working in roles to improve the health and wellbeing of others - have a high degree of transferable skills. Even though many caring professions are considered at low risk of being impacted by automation in the near future, their skills profile will change by 2030 (Foundation for Young Australians, 2017, p. 19).

Nurse Practitioners (NP)

In the contemporary health setting the NP is a highly skilled nursing role, generating immediate, sustainable capacity in health care modelling and delivery. The NP role originated in the United States and has been adopted in a number of countries such as the United Kingdom, Canada, New Zealand and Australia. A NP is an experienced RN educated to Masters Level and competent to function autonomously and collaboratively in an expanded clinical position. NPs have their own distinct role and scope of practice.

NPs have access to the Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) and provide high levels of clinically focused autonomous nursing care in a variety of contexts in response to patient/community complexities (Burston, Chaboyer & Gillespie, 2014).

Health Workforce Australia (HWA) recognised the value of expanding the scope of practice for NPs and recommended it as a way to address the health workforce skills shortage in rural and remote regions (HWA 2013c cited in Farquhar., 2014).

NP-led models in primary care will be essential to minimise the burden on hospital services. This is especially important given the potential for nurses to play a pivotal role in primary health care service delivery, particularly mental health and case coordination. We believe the creation of at least 40 additional nurse practitioner scholarships in Queensland would encourage experienced nurses into this role.

Given the shortages of mental health nurses, we also see the potential for expanding the mental health nurse incentive package. The QNMU believes mental health nurses should be involved in every step of the *Stepped care model in primary mental health care clinical service delivery* (Australian Government, 2019). Currently, workforce requirements in the model only allow mental health nurses to practice in the highest end of the spectrum of dealing with patients with severe mental illness.

We suggest Primary Health Networks could make the best use of the mental health nursing workforce by employing mental health nurses at all stages of the stepped care model. Mental health nurses have the skills, qualifications and experience to work across the whole spectrum of care including those patients with episodic mental ill health and those with high needs (Australian College of Mental Health Nurses, 2018).

Nurse Navigators

Nurse Navigators are a team of RNs who provide a service for patients who have complex health conditions and require a high degree of comprehensive, clinical care. They have a critical role to play in co-ordinating health care in regional Australia.

These nurses are highly experienced and have an in-depth understanding of the health system. Nurse Navigators:

- use a multi-disciplinary approach to monitor high needs patients, identify actions required to manage their health care and direct patients to the right service, at the right time and in the right place;
- provide a central point of communication and engagement to ensure optimal care and coordination of services along a patient's entire health care journey;
- educate and help patients to better understand their health conditions and enable them to self-manage, participate in decisions about their health care and improve their own health outcomes.

Nurse Navigators support and work across system boundaries and in close partnership with multiple health specialists and health service stakeholders to ensure patients receive the appropriate and timely care needed (Queensland Health, 2019). Queensland Health currently employs around 400 of these clinicians across the state.

The QNMU recommends the federal government fund an additional 50 nurse navigator positions in the regional primary health networks in Queensland as an economically sound way to improve health outcomes for people so often disadvantaged by distance.

Rural and Isolated Practice Endorsed Nurses

Rural and isolated practice endorsed nurses (RIPEN) is another category of nursing that is vital to the health service of regional Australia. The endorsement enables these RNs to obtain and

initiate the administration and supply of certain schedule 2, 3, 4 and 8 medicines for nursing practice in defined rural and isolated practice areas.

Midwives

Now recognised as a separate discipline to nursing, midwives follow women throughout their pregnancy, birth and post-partum and play an important health care role in regional Australia. Studies have shown that continuity of care has improved for pregnant women when they are assigned a primary midwife in their local (remote) area (Longman, et al., 2017).

The QNMU is actively working with key stakeholders, individuals and organisations in the articulation, implementation and evaluation of policy, guidelines and models of care to meet the needs of regional, rural and remote maternity care providers and women and babies accessing those services.

Expanding the 19(2) Medicare exemption (whereby currently medical doctors in the geographical area that has an exemption can be employed by Queensland Health, work in private practice and access Medicare rebates for care provision) to primary maternity services has the potential advantage of improving funding models to expand the midwifery workforce in regional, rural and remote areas.

The QNMU recommends the federal government specific funding:

- for states to appoint high level midwife leaders
- for incentives to enable:
    - safe, equitable, accessible, affordable, and sustainable models of maternity care.
    - rights to private practice for midwives;
    - expansion of the 19(2) Medicare exemption for primary maternity services for rural and remote areas; and
    - indemnity insurance for midwives providing private care.

Workforce Planning

In Australia, policy concern about the increasing demand for health care coupled with an inadequate workforce to meet projected needs resulted in the establishment of Health Workforce Australia (HWA). The federal government established HWA to deliver a national, coordinated approach to workforce reform with an overall goal of building a sustainable health workforce for Australia (HWA 2013a cited in Buchan, Twigg et al., 2015).

While HWA was able to gather national data and develop policy levers for managing the health workforce, in 2015, the federal government closed it down. Thus, although its projections and responses may have been different over time, its focus on the health workforce was a welcome insight into an area of growing concern in an ageing population.

In its early analysis, HWA identified maldistribution of the workforce across a geographically large country with an extremely skewed population distribution, shortages in some professions notably nursing, inefficient work practices and inflexible professional practices as major issues facing the health industry (Buchan, Twigg et al., 2015).

In 2014, HWA developed a set of nationally authoritative, consistent and coherent health workforce projections for health workforce planning. Before that time health workforce planning was undertaken by individual state and territory governments, employers, professionals and other planners (Crettenden et al., 2014). *Health Workforce 2025* provided the evidence base to align student training intakes with projected health workforce requirements (Crettenden et al., 2014).

HWA estimated that unless there are changes to policy settings, the demand for nurses would exceed supply from approximately 2014 onwards, with a shortfall of almost 110,000 nurses by 2025.

The main policy levers HWA identified to achieve change were innovation and reform, immigration, training capacity and efficiency and workforce distribution. These remain key areas for policy development and planning (King, 2017; HWA 2013b cited in Buchan, Twigg et al., 2015).

Health workforce development strategies included creating a national measurement of workforce shortages, ongoing monitoring, a focus on improving training pathways, access to clinical places, making immigration easier and increasing participation of the Aboriginal and Torres Strait Islander people in the workforce.

Productivity-enhancing measures focused on improved retention and recruitment and addressing regulatory, legislative and industrial (e.g. collective bargaining) barriers to improve workforce flexibility. Distribution strategies promoted evidence-informed policy and planning with a view to providing job opportunities in the sector, setting or geographic area where the community needed the services (HWA 2013c cited in Buchan, Twigg et al., 2015).

Since 2006, the QNMU has engaged in an interest-based problem-solving approach to enterprise bargaining and this has resulted in significant innovation and better health service

delivery. This type of co-operative approach offers many opportunities across the industrial relations landscape.

Clearly the current approach to Australia's health workforce will not be sustainable over the coming years. There is a need for coordinated, long-term reforms by state and federal governments, professions and the higher education and training sectors for a sustainable and affordable health workforce. This will include measures to address technological change which is increasing rapidly and at times can negate the requirement for nurses to provide as much direct patient care (Luck, 2017). Digital hospitals, electronic records, and robotic technology will all impact on the training and skills required by nurses and midwives.

Affordable Housing

The death in South Australia of a remote area nurse has highlighted the need to urgently review a wide range of issues pertaining to nurses and midwives employed in regional, rural and remote settings. This includes reviewing 'single nurse posts' including the accommodation provided to nurses and midwives living and working in rural and remote areas as well as staffing levels, on call, call out, health and safety policies and other working arrangements.

The QNMU has long campaigned around removal of 'single nurse posts'. It is our position that minimum safe staffing is two nurses rostered on at all times in regional, rural and remote settings.

In 2008, we sought safe housing and accommodation for our members following the sexual assault of a RN in the Torres Strait where Queensland Health became subject to an enforceable undertaking with the Workplace Health and Safety regulator.

Since the tragic events in South Australia and the growth in occupational violence, we have revisited the accommodation standards of our members. We therefore recommend:

- the collocation of housing for all government workers; and
- the provision of properly maintained, air conditioned, safe housing for all government workers.

Promoting equality through supporting people, especially those most at risk, to engage, stay engaged or re-engage with the labour force and/or education and training

It is important to provide incentives for nurses and midwives in hard-to-staff roles or locations – whether the nurses and midwives targeted are re-entrants, new entrants, transfers or continuing in existing positions.

Flexible working arrangements are the cornerstone to increase retention of nurses and midwives in the workforce. However, it is replenishing the total pool of qualified nurses and midwives that should be given priority as a large cohort moves into retirement. It should also be a priority to improve the general attractiveness of nursing and midwifery as careers to ensure adequacy in quantity and quality of new recruits over the coming decade.

HWA (2013a) noted that the most significant issue reported across rural areas is the ageing of the nursing workforce, indicating strategies are needed to strengthen attraction and recruitment strategies.

The QNMU supports the concept of Higher Education Contribution Scheme (HECS) refunds for health professionals relocating to regional and remote areas, but incentives need to be in place at the very start of nursing and midwifery careers. Governments should provide funding for rural hospitals to sponsor the inherent costs of living away from home for local students to study nursing, perhaps in return for two or three years' work in their rural area. This of course means there will also need to be funded graduate programs in those areas.

We believe there needs to be an acknowledgment from the highest levels of state and federal government that the next generation of nurses and midwives in rural and remote settings will not be created without supported graduate programs.

To this end, governments could explore incentives for undergraduate student placements in rural and remote areas. The undergraduate's experiences may also influence their future career decision, particularly in the specialty area they choose, so quality placements are necessary for effective preparation to practice. Any graduate program must be able to identify mentors and preceptors who are prepared (and remunerated) to undertake the important task of preparing graduates for independent practice.

Supporting employers in responding to potential transitions within their industry, including their workforces

Whether or not technology causes gross aggregate unemployment in Australia, certain industries, sectors and geographic regions are likely to be affected, particularly as permanent employment is substituted for variable non-standard work.

It is not yet known if the utilisation of artificial intelligence, automation, big data and other new technologies will lead to an acute transitional period of increased disruptive change or, as some have argued, ongoing accelerated disruption. Hence, the digital revolution has the potential to exacerbate the current dual crisis of inequality and insecure work in Australia in the short, medium and possibly long-term.

Ultimately, whatever areas of economic investment the federal government selects, high-quality physical, digital and social infrastructures, including public services such as transport networks are fundamental prerequisites. Inadequate transport networks restrict labour mobility, impede commerce and exacerbate the urban–rural divide. Insufficient and substandard housing increases the risk of accidents and ill health. Poor quality schools, technical colleges and vocational training institutes make it hard to produce the next generation of skilled workers (Commission for the Future of Work, 2019).

Directing more investment towards digital infrastructure generates multiple gains. Closing the digital divide, particularly by promoting universal digital connectivity is fundamental to business. Infrastructure investment can also add to the creative economy providing strong potential for highskilled jobs (Commission for the Future of Work, 2019).

Aged Care

The QNMU takes this opportunity to reinforce the existing and looming workforce issues facing aged care because the system is failing older Australians across the country. This is not the fault of the overworked nursing staff who deliver the best possible care under very difficult circumstances. There are simply not enough of them. Unless the federal government addresses the aged care workforce issues now, it will only exacerbate in the future with the ageing of the population and particularly in regional Australia given the lack of aged care facilities.

The Productivity Commission (2011) has indicated the future demand for aged care will precipitate a significant expansion of the aged care workforce to manage the increase from the current 1 million people accessing aged care services to an anticipated 3.5 million people.

Strong growth in aged care services is expected across regional Australia, with potential economic opportunities in the development of new or expanded aged care facilities. Locating new aged care facilities within and close to primary health care facilities offers easier access to allied services and reduces travel dependency.

Older Australians, particularly those receiving residential aged care services are characterised by high care needs, multiple diagnoses, comorbidities and polypharmacy. It has been estimated that on average they have 3.4 to 4.5 separate diagnoses, 6 comorbidities, and are taking 8.1 medications (Willis et al., 2016). Research also points to a rising trend of avoidable and premature death in Australian aged care facilities (Ibrahim et al., 2017). The QNMU is concerned this trend reflects deskilling and reduced levels of care across the aged care sector.

From 2003 to 2014 the number of residential aged care places increased by 25%. Over the same time period, the number of residents requiring a high level of care increased from 64% to 86%. These trends are expected to continue rising over the coming years. This future need supports current expansion and funding of Vocational Education and Training (VET) programs aimed at providing aged care workers with Certificate qualifications. However, the increase in the number of high dependency residents will also require a corresponding increase in the numbers of Registered and Enrolled Nurses to provide the high level of nursing required for a resident with high care needs.

If programs are not developed and substantial funding is not allocated urgently to the current and future recruitment of Registered and Enrolled Nurses in aged care, through new and innovative approaches, the quality of aged care will decline significantly and our older Australians will live out their final years in unnecessary pain and suffering. Aged care is health care. Funding arrangements at federal and state levels are a continual block to effective continuity of care and safety across sectors. Nurse navigators and nurse practitioners can provide effective treatment, advice and co-ordination of care that transcends these barriers.

Rural, regional and remote training and competencies for nurses and midwives

In rural, regional and remote areas multi-disciplinary teams need to incorporate all disciplines so the nurse/midwife has the necessary professional services and supports in place to be productive. Employment of student nurses and midwives in regional, rural and remote

settings is a strategy that may also keep them in the professions longer. This arrangement aims to build a conduit so there is fluid movement of students from the beginning to graduation.

Nursing is becoming more specialised in its practice and increasingly difficult for nurses to have the comprehensive knowledge required to be a 'generalist' practitioner. There needs to be improved recognition the old generalisation 'a nurse is a nurse' is totally inappropriate in modern professional practice. The consequence of moving towards specialty nursing is the potential to lose 'holism' as one of the pillars of the profession. To mitigate this, the QNMU supports the role of nurse navigators as a means of co-ordinating treatment and care for the whole person.

A workplace strategy that addresses the cross generational issues in nursing and midwifery will improve recruitment and retention of nurses in rural, remote and indeed all areas of Australia. This would not be in lieu of clinical placement or clinical hours required to fulfil the requirements of the course but provide an opportunity for the student to experience the workplace to which they might be recruited on completion of their course.

Transitioning the workforce of today to the workforce of the future

There are a number of steps required in transitioning the current health workforce.

1. Conduct research on future health needs and patient preferences, based on current health and disease trends, demographics, population growth and ageing to determine where the health and aged care needs will be and the scope of practice of the health practitioners required to meet those needs.
2. Once needs are determined, develop a nationally consistent VET and tertiary courses that will meet the need, in partnership with education providers, so that student intake and completion rates can be commensurate with anticipated need.
3. Regulate the carer/assistant health workforce, as well as their education/courses, to ensure that qualifications, skills and competencies are consistent, measurable and capable of assisting health practitioners with safe and quality care.
4. Provide incentives for health workers to practice/work in regional, rural and remote areas, and mental health such as subsidised training/education fees and living away from home allowances.
5. Provide qualification allowances for all forms of health worker in all state and national industrial awards, from Cert III to Masters/PhD.

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