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COMMUNITY AFFAIRS REFERENCES COMMITTEE

Reference: Nursing inquiry

TUESDAY, 28 AUGUST 2001

CANBERRA

BY AUTHORITY OF THE SENATE

SENATE
COMMUNITY AFFAIRS REFERENCES COMMITTEE
Tuesday, 28 August 2001

Members: Senator Crowley (*Chair*), Senator Knowles (*Deputy Chair*), Senators Bartlett, Evans, Gibbs and Tchen

Substitute member: Senator Lees for Senator Bartlett

Participating members: Senators Abetz, Brown, Calvert, Chapman, Coonan, Crane, Denman, Eggleston, Faulkner, Ferguson, Ferris, Forshaw, Gibson, Harradine, Harris, Lightfoot, Mackay, Mason, McGauran, O'Brien, Payne, Tierney, Watson and West

Senators in attendance: Senators Crowley, Evans, Gibbs, Knowles, Lees. Tchen and West

Terms of reference for the inquiry:

For inquiry into and report on:

- (a) the shortage of nurses in Australia and the impact that this is having on the delivery of health and aged care services; and
- (b) opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and postgraduate nurses.

That the Committee specifically make recommendations on:

- (i) nurse education and training to meet future labour force needs,
- (ii) the interface between universities and the health system,
- (iii) strategies to retain nurses in the workforce and to attract nurses back into the profession including the aged care sector and regional areas,
- (iv) options to make a nursing career more family friendly; and
- (v) strategies to improve occupational health and safety.

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Committee met at 5.02 p.m.

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WELLS, Mr Robert William, First Assistant Secretary, Health Industry and Investment Division, Department of Health and Aged Care

RIZVI, Mr Abul Khair, First Assistant Secretary, Migration and Temporary Entry, Department of Immigration and Multicultural Affairs

CHAIR—Welcome. The Community Affairs References Committee is commencing its inquiry into nursing. The committee has before it your submissions—No. 944 and No. 952. Do you wish to make any alterations to the submissions?

Mr Wells—No.

Mr Rizvi—No.

CHAIR—I remind departmental officers that you are not required to answer questions on the advice you may have given in the formulation of policy or to express a personal opinion on a matter of policy. I now invite the officers from the Department of Health and Aged Care and then Immigration and Multicultural Affairs to make an opening presentation, and then we will proceed to questions. We have got an hour. We might crib just a little more than that. I would ask you to be brief if you wish to make a statement to highlight the points, but we do not want a thesis because then we will not get to questions.

Mr Wells—I just want to add a few things to our submission in terms of recent developments in work force planning. On 1 August 2001, health ministers discussed the need for a mechanism to provide broad long-term advice regarding health work force strategies to meet future health system needs. Initially, health ministers suggested that one way of achieving this would be to expand the role of AHWAC to provide national direction on the whole health work force. However, following further analysis of the current responsibilities and activities of AHWAC—the Australian Health Workforce Advisory Committee—and AMWAC—the Australian Medical Workforce Advisory Committee—and of the best mix of planning bodies, discussion has now focused on setting up a new body to undertake long-term broad strategic advice.

AHWAC will retain its important current role and its role is likely to be extended to cover the allied health force in addition to the nursing work force. A proposal for a new work force advisory structure is currently being developed for health ministers' consideration. It is planned that this will be considered further at a teleconference of health ministers scheduled for 28 September this year. That is all I have to say, Madam Chair, to add to our submission. It is a recent development.

CHAIR—There are no further comments from Health? I will call upon Immigration.

Mr Rizvi—The department is keen to assist in further addressing the nursing skill shortage through the provision of a range of visa programs designed to meet the needs of Australians and Australian employers. Our submission presents a wide range of options that are available to health employers in Australia to fill nursing vacancies with trained overseas nurses on either a permanent or a temporary basis. As a result of these, Australia has experienced a net gain in the number of nurses from overseas by around 1,200 over the period 1997-98 to 1999-2000.

Essentially, Australia attracts three broad groups of overseas people who are interested in a nursing career in this country. Firstly, there are fully qualified nurses; secondly, partly qualified nurses; and, thirdly, generally unqualified people but with an interest and a capacity to study nursing. Nurses who have been assessed as being immediately eligible to work as registered nurses in Australia can enter Australia on both permanent and temporary entry visas. The standard processing time for permanent entry under the Regional Sponsored Migration Scheme, for example, can be as little as three months, a minimum that we consider important, given the mandatory health and character checking of people who are applying to work in Australian hospitals. Skilled temporary entrants who come to Australia for up to four years can be processed more quickly, especially if they can provide a recent x-ray at the time of application.

The second group of people consist of nurses who need to undertake preregistration, or enrolled nurse assessment, courses in Australia before entering the profession in this country. As these courses run for less than three months, nurses in this situation are able to apply for temporary, short-stay business visas which may be obtained in about two weeks. Nurses who are then successful in their assessment can apply onshore for temporary long-stay business visas which allow for up to four years stay and can lead to permanent residence via the Employer Nomination Scheme or the Regional Sponsored Migration Scheme.

Finally, there are people who wish, or need for registration purposes, to enter Australia to undertake longer-term training in nurses. These people would generally first enter Australia on student visas. In 1999 there were over 2,700 overseas students in Australia study nursing. Nursing students who obtain qualifications of at least diploma level, requiring at least one year full-time study, may apply onshore to remain and work in Australia. In recent years the government has introduced legislative and policy changes which have increased opportunities for various employers in the Australian health industry to recruit skilled overseas nurses. The department looks forward to continuing to work closely with all stakeholders aiming to overcome the nursing skill shortage.

CHAIR—There was one question that I missed in the noise or the background—and I beg your pardon. I thought that you might have given us a time for a permanent entry—how long does it take?

Mr Rizvi—That would depend on the category of entry, Senator. Certainly, we aim to provide the highest processing priority for people entering in the Regional Sponsored Migration Scheme. For example, where a hospital in regional Australia was seeking to bring in a person with recognised nursing qualifications, they would be able to do so within a period as short as three months from overseas. If the person were already in Australia, of course, they may already be working in that hospital.

Senator WEST—Before I ask my questions I would note that I am a former registered nurse—and I am still currently registered—and a member of the two colleges of nursing.

Senator CHRIS EVANS—So we want to see how we can get her back into the work force

Senator WEST—On 30 June next year, they will probably line me up. I am interested in some breakdowns as to what countries we fully recognise the qualifications of and which countries require further ongoing training with the division.

Mr Rizvi—In terms of recognition of qualifications, Senator, that is really not the responsibility of the department of immigration. That is the responsibility of the relevant professional bodies, and we take their advice and accept the outcome of the assessments they make.

Senator WEST—How long does that take? You must have some countries whose qualifications you know you are not going to accept because the standard is not met. There used to be a list of countries where reciprocal qualifications were recognised. Is there such a list existing now, or do you not have it?

Mr Rizvi—I am not conscious of such a list.

Senator WEST—I see.

Mr Rizvi—The professional bodies may well have a list.

Senator WEST—But the department does not have a list?

Mr Rizvi—Generally speaking, for example, if a qualified nurse is seeking to enter Australia, for example through the independent skilled category, the first thing they would have to do is apply to the relevant skills assessing body to get their skills assessed. If they obtain a successful skills assessment, they then proceed to lodge an application with us. We do not question the skills assessment of the professional skills assessing body.

Senator WEST—Is the process for them to come in to actually apply to those bodies before they approach DIMA?

Mr Rizvi—In terms of the independent skilled category, that is the process that we follow.

Senator WEST—And in terms of the other skilled categories?

Mr Rizvi—In terms of other skilled categories, they may apply before they have obtained that skills assessment, but our assessing officers will seek advice on the qualifications of the applicant to ensure that they will indeed be registered as a nurse in Australia.

Senator WEST—So your assessing officers do not seek the advice for the independent skills?

Mr Rizvi—No. That advice has already been sought from the skills assessing body. It is a question of the order in which that process takes place.

Senator WEST—I am trying to ascertain the order.

Mr Rizvi—The order in the independent skilled category is for the applicant to seek the skills assessment before they apply. In the employer-nominated or the regional sponsored category, that assessment takes place after they apply.

Senator WEST—Of those who are undertaking the undergraduate studies, you said there were in excess of 2,000 studying.

Mr Rizvi—Two thousand seven hundred is the figure for 1999 that we have obtained from DETYA.

Senator WEST—Right. Under what schemes are they studying here? Are they studying under schemes that are part of the aid program?

Mr Rizvi—They would be predominantly full fee paying private overseas students.

Senator WEST—Are they scattered across the country, or are they predominantly in one or two locations?

Mr Rizvi—I would not have the answer to that. DETYA may well have the answer to that question.

Senator WEST—Do you know how many of them are studying here under aid programs?

Mr Rizvi—We could find that out. We would need to seek advice from DETYA.

Senator WEST—DETYA will be coming before us shortly, so if there is anyone from DETYA here listening they might choose to pick up on those. The reason I am asking is if some of them are coming here on aid programs and, because we are so short of nurses, we are allowing them to stay we are actually undermining some of the aid programs and having a detrimental effect back in their country of origin where they would have an even greater shortage of registered and appropriately trained nurses.

Mr Rizvi—Where a person enters Australia on the basis of an aid program funded by AusAID and studies nursing in Australia, they are not able to apply to migrate on the basis of their skills for a period of two years. However, if that person happened to, for example, marry

an Australian whilst they were here, of course the bar on them remaining in those circumstances does not apply.

Senator WEST—Do you have any idea of the numbers that are here on aid programs?

Mr Rizvi—I do not have those statistics with me. We can obtain them.

Senator WEST—Thank you.

CHAIR—Do you want to proceed at this point, Senator West?

Senator WEST—No.

Senator KNOWLES—Thank you, Madam Chair. I will probably ask similar questions to DETYA as I am going to ask here. I noticed that there has been a national review of nursing education announced earlier this year by Ministers Wooldridge and Kemp which will look at the effectiveness of current arrangements for education and training of nurses and so on, as you have put in your submission.

One of the anecdotal things that has been coming across for quite some time in relation to attracting people into the profession is that, since there was a shift from hospital based training to tertiary based training, the attraction for many has decreased. As I say, this is anecdotal. This is purely and simply what one gets when one inquires from the profession as to what has changed. What I am interested to know is whether or not the shift from hospital based training to tertiary based training has, in the department's view, taken that incentive away. I will cite further anecdotal evidence. Some people say that they go through all the training and they find that when they actually get into the hospitals they do not go much on the sight of blood or they do not go much for doing a number of the other things that nurses are obliged to do. With hospital based training, they were confronted with those things almost from day one. Personally, I think nurses are saints, let alone anything else. They are now confronted with those things at a later stage. Therefore, the decision to stay in that occupation has been affected.

Mr Wells—The short answer to your question is that we have heard those anecdotes as well. We do not know how much evidence there is behind those anecdotes. There has been a lot of change in the health sector and in tertiary education over those 10 or 15 years now since nursing shifted into the higher education sector. It would be difficult to isolate some of the factors. However, we would expect that is one of the matters that would be turned up in the current review—the joint review commissioned by Ministers Kemp and Wooldridge. We have no evidence to either support or contradict those anecdotes.

Senator CHRIS EVANS—We had a review in 1994, didn't we?

Mr Wells—There was a review in 1994. It reviewed the implementation of the transition from hospital based education to tertiary based education, but that just picked up the process that had happened. I think that review occurred within about four or five years of the last shift, if you know what I mean, into a higher education sector. It came up with a number of recommendations. It did identify this issue as one of potential risk—that is, the issue of trainee nurses in the higher education sector not having enough clinical exposure—and that was

referred to the relevant authorities. This review, in a sense, will try and pick up what has been the longer-term experience. It has now been 15 years since the last transition from hospital based to tertiary based, so it is a longer time span.

Senator KNOWLES—I am finding this inquiry fairly difficult, basically because I know that nurse education is a state responsibility. Much of the responsibility dealing with nurses is a state responsibility as opposed to a Commonwealth. Therefore, I want to focus on that area that is purely and simply attached to Commonwealth responsibility. If you can, I would like you to succinctly detail the specific area for which we as a Commonwealth parliament have responsibility.

Mr Wells—Primarily, it is the higher education sector—and you are seeing DETYA later this afternoon. Within the health portfolio, we have some more direct responsibilities in relation to nurses employed in the aged care sector—and Dr Ramadge could elaborate on those issues if the committee so wished. In more recent times, the Commonwealth has acted with some programs—for example, to support the return of nurses to the work force through some scholarships for rural nurses and issues around practice nurses for general practice in areas of work force shortage. Primarily, the Commonwealth's responsibility in this matter relates to the higher education sector—the training of nurses.

Senator KNOWLES—Dr Ramadge, do you have anything to add in relation to the aged care situation?

Dr Ramadge—Certainly, there is an issue of the nursing work force in aged care, as there is in all other areas, and it is of concern, and we are looking at ways of trying to improve the image of aged care. That is not a recent occurrence. It has been a long-term issue in the nursing work force, but the image of aged care has not been well regarded by the rest of the profession, and that is an issue that we are attempting to deal with. The minister's excellence awards is one area that is addressing that in terms of raising the image. The teaching nursing homes centres of excellence is another way that the industry and the education sector are attempting to deal with that image problem in aged care specifically.

Senator KNOWLES—When you say that it is not well regarded by the rest of the profession, would you mind elaborating on that—in what respect is that? When you say it is not well regarded by the rest of the profession, do you mean that the job itself is one that they say, 'No, no, no, I do not want to do that,' or is it that the people involved in it are not well regarded?

Dr Ramadge—I think it is the job itself. That has been a long-term issue, as I mentioned, and it is really because there has been such a strong focus on acute care nursing for quite a long time that areas of nursing outside the acute care sector have not been regarded in the same way, either academically or in terms of the level of skill and education required to perform in those areas. So they are issues in themselves, but certainly, as I said, the affiliations that some nursing homes are now attempting to make with universities is slowly changing that image.

Senator KNOWLES—How difficult would it be for the committee to be able to get a statistical breakdown of where nurses go once they are trained—whether it is paediatric nursing, whether it is intensive care nursing, whether it is aged care nursing or whatever? Are there any such statistics available that could help us?

Dr Ramadge—The AIHW do look at those sorts of statistics in nursing work force. They are not really current. The latest ones are the preliminary 1999 work force data and there is some breakdown in those statistics.

Mr Wells—Could I add to that? The AIHW surveys the nursing work force every two years through the nursing registration process, and they produce their reports. As Dr Ramadge has said, it is difficult to then say where the nurses actually pan out to, if you like, in terms of the sub-specialties within the profession. The only information we have really is what is in the AIHW reports.

Senator KNOWLES—One of the things that is in the back of my mind is that, if there are certain areas of nursing that are attracting more people, why is that so? Is there something peculiar about that that could be utilised in other areas of nursing to attract people into them? I do not know how best we go about finding that information.

Mr Wells—The Australian Health Workforce Advisory Committee, which is the new committee set up under the AHMAC system to look at nursing and the allied health work force, has taken as its first two areas of attention critical care nursing and midwifery. It is still working through its methodologies. They are areas that have been identified as areas of critical shortage in the nursing work force. They will perhaps get to some of those questions in a more in depth way than perhaps you would get through the normal AIHW type survey.

Senator LEES—I have a couple of questions on aged care, and I am sorry that I missed the beginning of Senator Knowles's questions—perhaps I am doubling up here. Are pay and conditions in nursing homes also an issue in terms of attracting nurses into that area?

Dr Ramadge—I think the evidence suggests that that is an issue, but it has not been highlighted as the main issue. Certainly the pay has not been identified as the main issue. The surveys that have been conducted in some of the states identified family reasons, the inflexibility of shiftwork and so on as primary reasons.

Senator LEES—Are you able to take these issues up with the nursing home organisations themselves and work through them with some of the homes?

Dr Ramadge—We do facilitate the provision of information to the aged care industry to enable them to be able to take up those issues, but we cannot directly influence them.

Senator LEES—Some nursing homes are starting to work collectively to look at schemes to get nurses back. In particular they are looking at training and other initiatives but they are having great difficulty getting any funding. Are you the right people to talk to about that, or should we ask DETYA later on?

Dr Ramadge—I think training and education funding is a DETYA responsibility.

Senator LEES—Would you have any role in supporting some of those plans that groups of nursing homes are looking at? Those plans include, for example, things like more flexible shifts and a formal retraining program for nurses who have been out of the work force, not for up to five years but for up to 15 years. Is that something you could be looking at?

Dr Ramadge—We do not have direct responsibility for that area. As I mentioned earlier, the teaching nursing home concept is quite attractive and those homes that have adopted that, and there are not many at this stage, have found that it is much easier to attract staff and those staff are better qualified.

Senator LEES—I will raise that with the other department later on. Somewhere the impetus seems to be missing for the actual funding that is needed for the formal side of the courses that need to be run, but I will come back to that with the other department. Looking generally at the new body that is being set up to get a better handle on work force issues, you were talking about midwifery and critical care. You present reports to the minister and the minister goes to meetings with the states. Have these issues been raised over the last year or three years? Have we actually seen a red flag raised maybe two years ago? How has this evolved to the point where now, as I move around nursing homes, I see they are struggling even to remain open? They cannot send everybody home at night if there is no registered nurse. If the pool cannot provide a registered nurse, no-one can. How long has this problem been building up?

Mr Wells—In terms of the general nursing work force shortage issues, over about the last three to four years there have been increasing concerns coming up through the health ministers and the Health Ministers Advisory Council mechanisms. In 1999, following some discussions at health ministers' meetings that year, the Commonwealth convened a national nursing work force forum. The resolutions arising out of that forum led to this new body, for example. You can directly link that to some of those resolutions. Yes, they have been of increasing concern. In the last two years there has been much more focus on, firstly, the specifics of the problem and, secondly, what governments might do about them collectively.

Senator LEES—In your submission you talk about different issues from aged care to mental care, et cetera. What would you see as the critical issues that we have to address in the short term—just in terms of priorities? Is it just a matter of getting those who are out of the work force back into the work force, as some in the aged care industry argue? What is, to your department's way of thinking and planning, the priority list?

Mr Wells—There are two fronts, if you like. One is attracting students into the higher education scheme, and that is what the review is about—trying to look at some of the issues there. The other front is looking at retention or re-attracting people who have already been trained and who have left the work force for various reasons. Some of the states do a fair bit around that activity. They have various schemes to try to attract people back in. Those schemes have only started to arise in the last few years so it is difficult to say what sort of impact they are going to have in the longer term. We get mixed reports from them.

Senator LEES—You mention in your submission that this is not just our problem—that around the world we are seeing the shortage in, and the ageing of, the nursing work force. When I was in Britain in the middle of last year they had a national plan of action they were implementing. I might add that part of it was to attract more Australian nurses. I understand we lose about 30 per cent of our new graduates overseas in the first year. I will perhaps ask the Department of Immigration and Multicultural Affairs if they have those sorts of figures. Are we now getting to the point where we are going to have a national plan of action or are we still going to be leaving it up to the states?

Mr Wells—I do not think it is a case of ‘leaving it up to the states’ at all. The states are the major employers of nurses and the ones that can do most to deal with the problem. But it is a national problem and it needs a national approach. We believe that is best done through those intergovernmental mechanisms that I have described, the various committees. The new, if you like, overarching strategic committee which health ministers are in the process of setting up will assist us to take a more strategic view of the work force as a whole. It will look not just at doctors or nurses or physiotherapists or whatever but at what are the overall work force needs to deliver health care as we perceive it. On the issue of the loss of nurses overseas and retention, the AIHW data suggests that we are a net gainer from those various movements.

CHAIR—From where overseas?

Mr Wells—I do not have the break-up.

Senator CHRIS EVANS—Ireland, I suspect, judging by the accents on the wards.

Mr Wells—I do not have the break-up, Senator. The aggregate figures suggest we gained just over 1,000 and we lost about 600. We gained about 500 or 600 in 1998, I think.

Senator WEST—I suggest you upgrade your figures because I looked on the UKCC web site yesterday and they were maintaining that they picked up about 1,000 Australians—I presume it was last year.

Mr Wells—I was quoting 1998 and the latest AIHW is 1999, so there is a lag there.

Senator CHRIS EVANS—Mr Wells, I will play devil’s advocate and say that there does not seem to be a great deal of urgency about addressing this issue inside the federal government. I look at your performance in private health insurance where we have had lots of initiatives and lots of drive. You had a work force forum in September 1999 and a couple of committees have met since then, but it does not reek of urgency or drive in terms of how we are responding to this issue. Your first response was to say that nursing work forces remain primarily a state and territory government concern—the point Senator Knowles was making—but it seems to me that this issue is driving so much of the problems that exist in health and aged care now that really it is a national concern. You said it needs a national approach but I do not get any sense of urgency. To be honest, the measures that have been taken so far are fairly modest. Is that fair, do you think, or am I missing the point?

Mr Wells—I would say the measures we have taken are fairly targeted. I do not think your words are fair, Senator. The issue clearly cannot be settled by the Commonwealth alone. It is different from doctors where we essentially have the funding levers for doctors. Most doctors are in private practice and we have the funding levers to deal with those. Most nurses are in fact salaried employees of state governments. They are the ones therefore who have the funding levers, if you like, or the direct incentive mechanisms. We can work with the states but I do not think it is realistic to expect we could, if you like, roll over the top of the states and come up with a whole package of our own.

Senator CHRIS EVANS—We just do not seem to be providing the leadership, either. I accept it is a worldwide problem. It is a national problem but, in your own area of direct

responsibility for aged care, they seem to be at the bottom of the food chain—partly because of the wages disparity, the lack of minimum staffing and those sorts of benefits that some of the other areas have. Even in aged care it seems to be a pretty modest and slow response to the needs. When the whole quality of the aged care system is under threat because of the lack of skilled workers to staff the system, I would expect a little more energy in the responses. While things like awards for excellence are good things in themselves, they are not addressing the fundamental problems of getting enough nurses to care for people in aged care. That is a direct Commonwealth responsibility, isn't it?

Mr Wells—Dr Ramadge might wish to comment further on other work force initiatives. But I would reiterate: I think the Commonwealth has displayed leadership on this with the states and territories. We convened that forum in 1999; we have been energetic with the states in establishing these committees; we have very senior representation on the work force committee at deputy secretary level. So I do not think—

Senator CHRIS EVANS—So what you have done is this: you had a forum two years ago and you have got two committees that have just formed and are talking about a work plan. That does not sound much like action to me, with respect.

Mr Wells—I think they have done more than talk about a work plan, with respect. They have done a lot of work about developing methodologies for studying the work force further.

Senator CHRIS EVANS—For studying the work force further?

Mr Wells—Studying the nursing work force, yes. The methodologies here I think will be different from the methodologies that have proved successful with the medical work force, because it is a different work force. It is larger, it is constituted differently, it has different arrangements. I do not know whether Dr Ramadge would like to add some of the other activities in relation to the nursing work force.

Senator CHRIS EVANS—I would be interested, Dr Ramadge. I think I asked about this at the last Senate estimates. There has been a committee on aged care for 3½ years, and I could not actually elicit what it had actually done. The officers were going to get back to me on that, but perhaps you could tell me.

Dr Ramadge—The most recent activity from that committee has been the commissioning of a research project looking at nurse returners.

Senator CHRIS EVANS—This is the La Trobe stuff?

Dr Ramadge—Yes. We have just received the final draft and it will be presented to the work force committee at the end of this week for them to action.

Senator CHRIS EVANS—Will that La Trobe report be made public?

Dr Ramadge—It will depend on the committee. It would be their judgment about that.

Senator CHRIS EVANS—Will they receive that this Friday?

Dr Ramadge—Yes.

Senator CHRIS EVANS—Where will that take us, then?

Dr Ramadge—There are certainly some recommendations in that report. It is for the committee then to look at those recommendations and make a decision and a judgment about them, and what needs to be done in relation to that. Some of those recommendations are directed towards the industry and other stakeholders, not just the government.

Senator CHRIS EVANS—The focus is pretty well on the RNs. What has happened in terms of support for training or education of enrolled nurses? I know they are called different things in different states; with my West Australian bias I call them ENs. But what is happening on that front?

Mr Wells—I think you would really have to ask DETYA about that. We do not have many data around those matters.

Ms Cobbold—There certainly is data in the AIHW reports about division 2 nurses, whatever they are called. But the review of nurse education certainly is expected and required to address the issues around enrolled nurses—division 2 nurses—as well as registered nurses and their education and training.

Senator CHRIS EVANS—Okay, thanks.

Senator GIBBS—Just following on from the national approach: if you did have a national approach of consistency of conditions and training for nurses throughout Australia, that would mean equal pay, equal training and that sort of thing. Is that possible to achieve? It is my understanding that each state pays differently. Is that right?

Mr Wells—Yes, they do. When I said a national approach, I was referring to a national approach to identifying the work force issues—the issues that Senator Knowles raised about why people are not attracted perhaps to nursing or why there are high drop-out rates, or whatever the issue is. In terms of employment conditions and work force structures, I think they are quite properly the matters for individual jurisdictions. So I would not imagine we would have, if you like, a national pay level for all nurses around Australia. We do not have that, as far as I am aware, in any profession.

Senator GIBBS—You do for doctors. A lot of nurses leave the profession because of poor pay, poor conditions, the stress and workplace health and safety issues. They have to lift people; they are abused, and they are bashed by patients. There is all that sort of stuff. A lot of nurses are not big hefty things; they are quite tiny little things. No one should actually put up with that sort of treatment. How would you go about doing this? Even if you could not do it with the pay, you would have to do this with conditions. It seems to me that people such as professional nurses or RNs have problems in aged care facilities, particularly in Queensland because of the reclassification. Even though they love working in aged care, they cannot because, if they stay there too long, they will lose their licence to work in hospitals. Can the Commonwealth address this sort of situation?

Mr Wells—I must say I am not sure we can, because the registration of nurses is a state responsibility. That is not an issue that has come to my attention. I do not whether Dr Ramadge has any experience of that.

Dr Ramadge—No, I certainly have not heard of that. Registration for a registered nurse is not dependent on whether the nurse happens to work in a particular area.

Senator GIBBS—Not in some of the facilities. They reclassify them. But why cannot the Commonwealth take responsibility for a national code that all nurses have to work under and national conditions?

Mr Wells—I think that the states would legitimately say that employment conditions are their responsibility and it is none of the Commonwealth's business.

Senator GIBBS—But you do for doctors. Why can't you do it for nurses?

Mr Wells—I do not think we do in terms of employment conditions. The salaries of doctors working in public hospitals would vary from state to state and hospital to hospital.

Senator GIBBS—That is true. But there is a set fee for doctors and then they charge anything they like over and above that. There seems to be a national sort of code. I just wonder why there cannot be one for nurses. After all nurses are professional people too and we really need them.

Mr Wells—But the system for remuneration of doctors through the Medicare system has a standard rebate for the various items on the schedule. The nurses are not remunerated through the schedule. They are salaried employees.

Senator GIBBS—Okay, let us get off wages. What about the conditions of nurses?

Mr Wells—We do not set conditions for doctors either across the country.

Senator GIBBS—But if you have a national code, wouldn't this—

Mr Wells—We have codes for standards of medical practice but, again, they are supervised by the medical boards anyway. We do not have a national code for any profession in the sense that you are talking about of employment conditions.

Senator GIBBS—Don't you think you should?

Mr Wells—Senator, I think the situation is that we do not. The current federal arrangements under health do not provide for that.

CHAIR—Mr Wells, some years ago it was argued that the status of aged nursing care in a couple of states was significantly different from those in other states in this country. That was a matter of grave concern for the Commonwealth, and they addressed it by trying to fund certain states to increase the standard of care provided in their nursing homes. That would seem to me

to be some recognition of the need for some kind of national equity—if not standards, at least a recognition that, if the nursing homes in one state were really pathetic, this was unfair to the citizens.

Mr Wells—Dr Ramadge could talk about the system for the standards of nursing homes.

Dr Ramadge—Certainly there are national standards through the accreditation system for all nursing homes. Part of those standards—and certainly within the act and the principles—

CHAIR—Let us not get distracted here. Senator Gibbs was asking about the appropriateness or not of some kind of national standards for nursing. The point was that we do not get into national standards. I am suggesting that you do and you do it in aged care.

Mr Wells—Senator, I was saying that we get into national standards for quality of care for the delivery of services to the consumer, but we do not get into national standards for conditions of employment.

Senator CHRIS EVANS—You do not even get into national standards in your own aged care area about numbers of staff or qualifications of staff, do you?

Dr Ramadge—We do not specify staffing levels. The standards are—certainly within the act and the principles—that the providers have a responsibility to provide adequate staff with appropriate qualifications to meet the needs, as identified, of the residents.

Senator CHRIS EVANS—You do not even require that they have a director of nursing in aged care now, do you?

Dr Ramadge—There is not that specification.

CHAIR—I am still interested to get on the record why the department says that it really does not have a direct responsibility for the nursing work force, but in aged care you are directly responsible, are you not?

Mr Wells—No, we do not employ the nurses working in aged care.

Dr Ramadge—The providers employ the nurses who work in aged care, and there is flexibility in that system for the provider, through the director of nursing or whoever the care manager might be, to identify the care requirements, as they change, of the residents in those homes.

CHAIR—I feel that I should use ex-senator Peter Baume's line here: 'I am just a simple soul.' This is extremely difficult for the community to understand, to say nothing of our committee. The Commonwealth Department of Health and Aged Care has put in a useful submission that deals with some of the concerns about nursing standards and so on. But the answer to so many things is, as your report says here, 'We have little direct responsibility for the nurse work force'. It continues:

The Department of Health and Aged Care is aware that a shortage of practising nurses in Australia is impacting on the delivery of health and aged care services ...

You have a responsibility for the delivery of health and aged care services. How do you decide that nursing is not your responsibility and yet the delivery of health and aged care services is?

Mr Wells—The issue is that we are working with the states and territories who are the deliverers of those health and aged care services to work through the issues. They are the ones who provide the services by and large, and we are working with them. I do not see the contradiction.

CHAIR— I think if I read the mission statements you have a responsibility. As you say here, the delivery of health and aged care is a Commonwealth responsibility. I give notice that we might have to come back on this. It is very confusing for the Commonwealth to have direct responsibility for aged care, but not direct responsibility for the work force providing that aged care, and I think a lot of people are open to confusion about that. What criteria have led to the Commonwealth, which has no direct care or no direct provision of nursing, to decide to fund practice nursing and rural nurse scholarships, which seems to be contradictory to what you have just said?

Mr Wells—I said earlier that the government has decided to take some targeted measures where it believes Commonwealth support would assist in the delivery of services in those areas, and those rural initiatives are some of those areas. But that is not to say that the delivery overall of health services in a state or territory is a matter for that jurisdiction. I do not see a contradiction here. I think we are really talking about different levels of support.

CHAIR—It is a direct contradiction. You say that you do not have responsibility for the employment of nurses or for the nurse work force but you are going to provide for funding for practical nurses and scholarships for nurses. Simple souls like Peter Baume and me would say that is a direct contradiction, and I think it has to have been by certain criteria. I would be pleased if you could assist the committee with what those criteria are for you to step outside your normal definition.

Mr Wells—The practice nurses are to support the work of general practitioners, for which we do obviously have a direct funding responsibility through the Medicare benefits system, and that scheme is for practice nurses to work within general practices. Again, we are not employing the nurses. We are supporting the general practitioners to augment the services that they are able to offer in certain specified areas by taking on practice nurses.

CHAIR—You fund aged care directly. Why is it different when you are funding doctors from when you are funding aged care?

Mr Wells—Dr Ramadge can talk about the mechanism for funding aged care; it is a different mechanism from that for funding doctors.

Dr Ramadge—The funding for aged care is output based. The providers need to meet specific outcomes as identified in the act and in the principles and standards of care. They do that through identifying the staffing requirements needed to meet the care of the residents to the

outcome standards. Certainly the accreditation system monitors that level of outcome, that is, whether they have met the standards.

Senator GIBBS—In the aged care facilities where they have high care and where they are giving medication, do you insist that they have to have so many registered nurses to the number of patients that they have?

Dr Ramadge—It is certainly not up to us to make that decision.

Senator GIBBS—Don't you think it should be?

Dr Ramadge—It is up to the provider to identify the care requirements and the staff they have to have to meet the outcomes that are specified in the standards.

Senator LEES—I have moved around over the past couple of months and I have to ask you this: can you be sure that tonight every nursing home across Australia will have a registered nurse, which is what they are required to do, I understand? Has the department got a handle on how bad it is getting out there?

Dr Ramadge—We have information through the accreditation system about what is happening in aged care homes.

Senator LEES—You can be quite confident that tonight every nursing home in Australia will have a registered nurse on duty?

Dr Ramadge—If they are meeting the standards they should.

CHAIR—How many are not meeting the standards?

Senator CHRIS EVANS—We know that Templestowe, the one that got into trouble, did not have a director of nursing for five months. That is why they were being monitored by the department. We are saying that they were meeting the standards but they did not have a director of nursing. They were found to have failed critical care standards. This is not an example of staff shortage but a lot of providers are telling me and Senator Lees and anyone who asks the question that in aged care they cannot get the staff they need to meet the standards. I am sure they are telling you the same thing. They have been public about that. Yet you have said tonight, 'It is not our problem. It is not a Commonwealth responsibility.' I am not being personal. The committee is frustrated because the Commonwealth is saying, 'It is not our problem. It is a state matter.' Yet there is a crisis in aged care in terms of them being able to deliver quality care because they cannot get the staff. It seems to me the Commonwealth has a responsibility in that area but we do not seem to be responding very adequately or urgently. We are trying to tease out of you why not. Don't you think we ought to be or does the department think there is not a problem? I suppose that is the first thing to establish. Do you think there are enough staff available to provide quality care in nursing homes or do you think, as the industry say, that they are short of qualified staff?

Dr Ramadge—We have recognised that there are problems. That is why some of the activities through the work force committee have been instigated. Certainly the activities that Mr Wells has identified indicate that we do recognise that there is a problem in the work force.

Senator CHRIS EVANS—In your submission you said you were doing two things to deal with that problem: you have a nurse returners project which will examine the issue of why people left the industry and you have awards for excellence in staff development. That is the response in your submission. That is how you are dealing with the aged care nursing crisis. It just looks a bit thin, to be honest.

Dr Ramadge—There are some activities within the states themselves that are addressing work force problems. We are not the only ones who are identifying activities in terms of the nursing work force.

Senator CHRIS EVANS—I take your point but then the providers and others say to us that they cannot get DETYA to fund them. You say we have to ask DETYA about that but they then say they cannot get funding for training programs to solve the crisis. Health then seems to say to us, ‘It is not our problem. It is another department. It has got nothing to do with us.’ Is this not an argument for a coordinated strategy to deal with the problem?

Mr Wells—I think that is what we are saying. With respect to the health sector, which is the sector we are most involved in, we think that the AHMAC process, which includes the heads of Commonwealth and state governments, is the forum to do exactly what you are saying—to look at some more strategic approach to it. At the moment, we are largely working on anecdote. I am not trying to belittle that but I do not think we have enough hard data on what are the real problems and what are some of the underlying causes of those problems. I do believe that our current review of the nurses higher education sector will help us to understand—

Senator CHRIS EVANS—Let us be frank, Mr Wells. I do not want to be rude, but do you know that an aged care nurse in Western Australia gets 23 per cent or 24 per cent less than a public hospital nurse working next door? Do you think that might have something to do with it or do we need a study to work that out? Quite frankly, these are real, practical problems that are existing on the ground that we all know about. The nursing education study is not going to solve that problem. It is not going to address those sorts of issues. We cannot tell aged care nurses we really value them but we are going to pay them 25 per cent less than they can get next door, surely?

Mr Wells—I think Dr Ramadge went into some of those issues around the attraction of aged care as an aspect of the nursing profession and made a statement that, from information provided to the department, it was not just a matter of wages; there were a whole lot of complicating factors.

Senator CHRIS EVANS—Your RCS is a big factor, too. We do know this stuff, don’t we? I know you say it is anecdotal but people in the industry know it. The nurses are expressing that view, and I don’t mean just the union. It is not as if it is secret stuff or requires detailed scientific probing to work the stuff out. I would have thought a 25 per cent wages gap would be clearly a factor that one would have to think about and that it might have some influence.

Dr Ramadge—The Commonwealth does not set the awards for nurses in any state or in any clinical setting at all. We have no control over how the awards are set.

Senator CHRIS EVANS—No, but you do fund the indexation mechanism that allows them to determine what they can pay.

Dr Ramadge—But that does not influence the award rates.

Senator CHRIS EVANS—I am afraid it does, Dr Ramadge.

CHAIR—The other thing is that this little piece of information exchange here illustrates exactly why it is necessary to have this inquiry. There is great frustration when people know there is a wage discrepancy, when people know there is a shortage of nurses, when you report there is a shortage of nursing, when you say, ‘It’s a big problem out there but, in fact, it’s a state issue.’ So, why, I would ask, are you actually organising an Australian health work force advisory committee and the new one you are proposing to set in place? That means that you know there is a big problem. I think Senator Evans is saying that we cannot go on pussyfooting around while nursing homes in this country, a direct Commonwealth responsibility, cannot get the appropriately qualified nursing staff to allow them to tick off on the requirements you have for accreditation—to say nothing of standards of care for the patients.

Senator KNOWLES—Am I right in saying the Commonwealth does not set the wages?

Mr Wells—That is correct. We do not set the wages.

Senator WEST—Maybe they should.

Senator KNOWLES—Why are we lecturing officers here when the Commonwealth has no responsibility for setting the wages? No-one is denying, in my knowledge, that those nurses working in aged care are underpaid and certainly under-awarded in a whole range of areas. Why are we sitting here sawing sawdust and lecturing officers when, in fact, it is not the Commonwealth’s responsibility to set wages?

CHAIR—They are the people who employ or provide the aged care, Senator Knowles, and I think what this committee is trying to—

Senator KNOWLES—That is fine, but let us focus on areas of responsibility and not start lecturing officers on areas outside their responsibility.

CHAIR—I would suggest that Mr Wells was just explaining a little while ago that the department recognises that there is a need for nurses to assist general practitioners in delivering health care. The department presumably looks at what is necessary to assist in the provision of aged care, so presumably you are going to look at ways in which you can address these very issues. I wanted to ask you about point 4 on page 8 in your report. You say:

(iv) Options to make a nursing career more family friendly

This is a State and Territory matter. State and Territory Governments are major employers of the nursing workforce and are responsible for the administration of the public hospital systems ...

But isn't the concern we are talking about here—staff in aged care institutions—also to do with, for instance, child care and family friendly work practices, et cetera? If this is not the case, then we will turn the page and I will ask some different questions. Ultimately, I think I would have to ask the department—you may even want to put some more words on paper for us—but this is one of the divisions that is causing major angst and a lack of understanding out there.

Dr Ramadge—Certainly family issues have been identified by nurses as being important to them. Again, those kinds of conditions are not part of our direct responsibility. They are their employers' responsibility, and the negotiations that they have with their employers about their conditions are—

Senator LEES—Don't you see it as a role for this department to actually oversee—as far as nursing homes and, indeed, hostels are concerned—that conditions are family friendly and that we look, as with the British national model, at different rosters: rosters that allow women to be at home for the kids either before they leave for school or when the kids get home from school? There are even some rosters where they only work during school hours, or indeed entirely at night. There is a whole raft of different ways in which they have approached it. Don't you see a national role for you in that sort of planning?

Dr Ramadge—Again, those things are part of the conditions of employment, and we do not have a role in that. I do understand that there are many homes which are providing those kinds of conditions already.

Senator LEES—So don't you put in documentation for homes generally any recommendations or any suggested plans of action?

Dr Ramadge—That may well be one of the recommendations from the nurse returners report. As I said, it has not been submitted to the committee yet.

Senator LEES—Can I ask you about another issue relating to responsibilities. A complaint I get from young nurses is that they have had no experience in nursing homes. Either their particular university has had it as an option which they were unable to access or they—for a range of reasons, including a lack of training spaces in nursing homes, given the pressure that nurses there are under—simply could not take part in any practical experience in nursing homes. Whose job is it to make sure that nurses, while they are training, have a slab of time in a nursing home so that they can get some experience?

Dr Ramadge—Again, it is the university which provides the training—if we are talking about registered nurses. Certainly the minister has had a roundtable with the deans of nursing to identify this very issue, to discuss with them providing more input into the nursing curriculum—undergraduate and postgraduate—for aged care nursing, and to address the issue of clinical placements in aged care.

Senator LEES—Does your department have any role in supporting nurse education?

Dr Ramadge—We do not have an active role in that. Through the work the minister has done with the deans of nursing, we attempt to facilitate and promote those issues with the universities. Ultimately, it is up to them. Some of the deans pointed out to me and to others in the department that some of the schools of nursing tend to specialise in areas of nursing, so not all universities will be able to offer aged care, particularly in postgraduate studies.

CHAIR—We have run out of time. I have some questions that I would like to read onto the record by way of notice. Is the department frustrated by its limitations in terms of the nursing work force? Is your proposal for the new committee going to address some of that?

Senator KNOWLES—I think that is asking for a personal opinion on policy. I do not think it is appropriate to ask the department what their view is.

CHAIR—I am not sure that I have asked it that way, Senator, but if the question is judged out of order, of course, I would appreciate the department advising me of that. If the department can give some response to that question I would appreciate it. Can you also tell me please any more detail on the rural nursing scholarship scheme and how it will operate, how many people have so far expressed an interest and if there will be any additional training places connected, as there were in the case for bonded medical scholarships?

Is there anything you can provide to the committee about the practical action as a result of the Australian Health Workforce Advisory Committee: how many occasions has it met, what reports has it produced, how many staff work in the department on AHWAC and how many on nursing in general, and can you give us an estimate of the budget in the department responsible for health work force issues? Can you provide us with any evidence about the appointment of a chief nursing officer which has been proposed in many of the submissions? Has the department examined such a proposal and could you give us a comment about that?

Senator CHRIS EVANS—Madam Chair, there are a couple of questions I want to put on notice. Could we agree to put some questions on notice to the department that might inform the rest of the committee process? I know you are trying to read yours in. I wonder whether that might be more appropriate given the shortness of time, as I have got a couple as well that I have not got to tonight.

CHAIR—Sure.

Senator CHRIS EVANS—Other senators might have other things which might inform the hearings as we go around the country. If it is agreeable, maybe we could all put any questions we have on notice for the department.

CHAIR—We will then provide it to the secretariat.

Senator CHRIS EVANS—Mr Wells, it will not be like the Senate estimates process, I promise you.

CHAIR—No, so if there are other questions on notice they could come to the secretariat. I would also like to say that unfortunately we have not had time to do justice to immigration and multicultural affairs. There are any number of questions that I would certainly like to ask about

how many are coming, how many are going, from which countries do they come, in what numbers, how many are actually working as nurses and in what institutions and so on. But we will put those on notice too.

I am sorry that we have got such a limited amount of time on what I think is a very important inquiry, and I appreciate the efforts you have been making to tell me where the limits are. I would hope you would appreciate that on behalf of those folk out there who are frustrated by the boundary lines that mean we do not get easy answers. We are trying to see how best that can be dealt with. Thank you very much.

[6.14 a.m.]

GALLAGHER, Mr Michael, First Assistant Secretary, Higher Education Division, Department of Education, Training and Youth Affairs

KARMEL, Dr Tom, Assistant Secretary, Information and Analysis Group, Higher Education Division, Department of Education, Training and Youth Affairs

MCDONALD, Dr Elizabeth, Director, Information and Analysis Group, Higher Education Division, Department of Education, Training and Youth Affairs

CHAIR—Welcome. The committee has before it your submission No. 928. Do you wish to make any alterations to the submission?

Mr Gallagher—Maybe just some amplification.

CHAIR—I guess that means not strictly any alterations, but you would like to speak to it. I remind the officers that you are not required to answer questions on the advice you may have given in the formulation of policy or to express a personal opinion on matters of policy. If you would like to now amplify, we will then take questions. Thank you.

Mr Gallagher—The department has made a submission to the Senate committee inquiry and has an interest in particularly the first and second areas of the terms of reference—nurse education and training to meet labour force needs and the interface between universities and the health system. The interest in the first term of reference is twofold. The Commonwealth funds universities, which now provide the pre-registration, education and training of nurses and specialist courses. The Commonwealth also contributes through various programs to vocational education and training, which is where the preparation of the enrolled nurses is carried out.

The relationship between the health care system needs and the provision of a well-prepared work force are issues that go to the quality of the nursing education and training in universities. The definition of nursing occupations is treated more broadly than registered nurses and enrolled nurses in descriptions used by organisations such as the Australian Institute of Health and Welfare. The unregulated health worker is a group that is increasing in significance. They are having an increasing impact on the supervisory work of nurses and on patient care. Issues of nursing education and training will need to address the impact of this group on the nursing work force.

Major challenges for nursing and the preparation of nurses at all levels in the future come from a number of areas. The shortages in the general nursing work force as well as in some specialist areas mean that there is growing pressure being placed on universities to enrol more nursing students within their total intake. Providing adequate clinical preparation is a challenge due to the stress on the health care system created by nursing shortages. The loss of expertise as nurses leave nursing will also be a challenge for the induction of new nurses into the profession in the future and is already having an impact.

Other factors affecting the nursing labour market include the demands of new technologies, clients' expectations, status, pay and conditions and the increasing demand for chronic and disability nursing as the population ages, the comparatively low level of interest of school leavers in nursing as a career and the cost of nursing preparation. The changing demands of the labour market, in terms of the types of knowledge and skills required and the timing and distribution of those needs, create a highly complex relationship between the education of nurses and the labour market. The government has signalled a particular interest in these and related matters through establishing a national review of nursing education chaired by Mrs Patricia Heath. The evidence and findings of the Senate committee will likely provide useful input to the considerations of the national review, which is scheduled to report next year. The national review has also commissioned several analytical projects to inform its considerations. I am happy to table a list of those projects should the committee wish.

Senator CHRIS EVANS—I notice the Department of Health and Aged Care left. Maybe that is a sign of the problem. There seems to be a lack of coordination between Health and yourselves. What is the interface between you and Health on nursing work force issues? Is there a joint departmental committee? Is there a task force?

Mr Gallagher—We enjoy good relations with the Department of Health and Aged Care especially the division that was before you immediately before us. We meet regularly. We communicate quite frequently on normal policy matters. We also have jointly resourced the secretariat, which is supporting the national review of nursing education. The terms of reference for that review were jointly developed by the two departments and agreed by the two ministers. There has been, in this area, a good deal of cooperation. There are also a number of formal structures, which Dr Karmel could tell you about. They involve the Commonwealth and other jurisdictions.

Dr Karmel—I think Mr Gallagher is referring to the Australian Health Workforce Advisory Committee, which is a relatively new committee; I guess it has been going now for about nine months and it has met a number of times—I think you asked a question about it before. As well as ourselves and the Department of Health, there are representatives from the states and representatives from the Australian Institute of Health and Welfare on the committee. It is a formal body which is looking at work force issues. Initially, the committee has looked at midwifery, and I think it is also looking at critical care in some detail; it is now moving to thinking about more general issues. There is another body called the Australian Medical Workforce Advisory Committee which has been going for many years and which is much better established. The new body is really modelled on that body.

Senator CHRIS EVANS—I take it from your opening submission though, that you have a view about the nursing work force that says it is a complex issue and that the factors that impact on it are much broader than just questions of nursing education—that what is driving choice and decisions and shortage of nurses is a much more complex picture. I took that from your submission. Is that a fair summary?

Dr Karmel—Yes.

Senator CHRIS EVANS—What work has been done on the other issues? There is a lot of reference to this nursing work force and nursing education inquiry, and one of the things that

was said to us when we were talking about setting up this inquiry was that that was occurring. We did not worry, but I think the committee took the view that it was a much more multifaceted problem and that, while that will be a useful inquiry, there were other issues. What is happening in terms of addressing—or even quantifying—how those other issues are driving nursing work force issues?

Mr Gallagher—I interpret your question to go to the terms of reference of the national review. Terms of reference (b) refers to inquiring into ‘the types of skills and knowledge required to meet the changing needs of the labour force involved in nursing.’ That is really looking at changes in the population structure, changes in the nature of disease, changes in the demand for nursing service and, therefore, implications for the diversification of the supply of nursing, which then feeds back to education and training.

Senator CHRIS EVANS—There must be broader issues—you mentioned wages and we have had a bit of discussion about that—but it seems to me that the whole caring work force is a problem for us. It is not just nursing: it is child care, it is disability services, and there is a sort of issue about the way caring work is being regarded and valued in the community more broadly, isn’t there? Have you done any work on that? Is there anything you could provide to the committee about the broader issue?

Mr Gallagher—Can I refer to Dr McDonald?

Dr McDonald—I cannot provide you with the information now. We have commissioned a number of pieces of work in relation to the other review which are looking at the following issues: a number of literature reviews; expectations of nursing education; career pathways for nurses; the whole gamut of enrolled nurses and how that is functioning and how they are trained, et cetera; the scope of nursing in Australia; a snapshot of the challenges and the whole range, from aged care facilities, hospice, psychiatric, defence, prisons, to schools and the spectrum in which nurses work; and what challenges are facing them as both enrolled nurses and registered nurses. So we have a number of pieces of work trying to tap into some of those issues.

Senator CHRIS EVANS—I think it would be helpful for the committee if you could give us a list or an overview of both recent research and work that has been commissioned in the caring work force—obviously within nursing, but it might be useful to list within a broader sense as well. That is so we understand what has been done and what is already commissioned.

Dr Karmel—The document that was tabled provides a very brief description of the projects that we have commissioned. I should stress that the projects that we have commissioned are focused on nursing, which covers registered nurses, enrolled nurses and also some carers who are supervised by nurses. It does not necessarily cover the whole range of issues that you are talking about. The child-care industry is not a focus of the work that we have been doing.

Senator CHRIS EVANS—I accept that. I was just using it to highlight the fact that with some of the issues in child care you run into the same debates. It is about remuneration and about how we value caring, nurturing roles in the community. I suppose I am trying to put the nursing debate in a broader context, because I run into it in disability and child-care issues. The fact that it is regarded traditionally as women’s work and is not highly valued or well

remunerated seems to me to be a broader problem, and that seems to feed into the nursing issue. I was just interested in what you had in a broader context—that was all. I am interested in any work you have done in that area. If you could provide us with any of that broader perspective that would be useful.

Can I ask you just briefly about enrolled nursing. I read in your submission about innovations under the New Apprenticeships scheme for enrolled nurses. I was not quite sure what to take from that submission. Basically, it seems you are saying that, despite general demand for nurses, employment for enrolled nurses has actually fallen. Then I looked at the figures you provided for traineeships under New Apprenticeships, and they seemed on the face of it to raise the issue that I have always had a problem with regarding New Apprenticeships—that is, large commencement rates and poor completion rates. I am not sure if that is a fair thing, because the figures you provided did not actually give us the same cohort—they were annual figures for completions and commencements. I just wondered if you could describe for me what is happening with enrolled nursing and what is happening with New Apprenticeships.

Dr McDonald—Enrolled nursing numbers have certainly been dropping. If you look at the AIHW figures, as a percentage of the nursing work force they are losing a share. If you actually have a really good look at the figures, particularly in nursing homes and aged care provision, they seem to have dropped out in that area.

Senator CHRIS EVANS—They have almost disappeared and I do not know why.

Dr McDonald—There have been a series of state decisions over a period of time. At one stage I know Victoria decided it was no longer going to train enrolled nurses. It has reviewed that decision, but all of those things in the history of enrolled nursing have obviously had an impact. The New Apprenticeships scheme is not the only method by which enrolled nurses are being prepared, and different states have different approaches. One of the issues around all of this is that the New Apprenticeships scheme has started. Victoria seems to have been one of the first ones to run it, and it is largely the private sector that has taken up the new apprenticeships. The state sector has tended to stay with the TAFE models.

Senator CHRIS EVANS—Are they in aged care?

Dr McDonald—From what I am told, in the private sector a lot of the ones that are doing this are aged care institutions, but they are being prepared for both acute and aged care work through their training.

Senator CHRIS EVANS—Is there any hospital based training still occurring, or has that all gone?

Dr McDonald—Under the VET sector, organisations that now offer training for the diploma need to be recognised private providers. I did not think there were hospitals involved in that, but I have just recently found out there are hospitals that have become recognised private providers in order to train enrolled nurses.

Senator WEST—Are these larger hospitals?

Dr McDonald—I became aware just very recently through a discussion in South Australia that at least one large teaching hospital had taken on that role.

Senator CHRIS EVANS—Can I return to the question of completions—

Dr Karmel—I do not think we have that data, but we are happy to take that on notice.

Senator CHRIS EVANS—Could you take that on notice for me. I used to attend some of the DETYA Senate estimates hearings, and one of the concerns was that some sectors of the New Apprenticeships scheme seemed to have very high start-up rates and very poor completion rates. That was a bit of a bugbear of mine. I am just looking at the figures you gave. I know you were not comparing apples with apples, but we had large staff commencements and very low numbers of completions. I would be interested in what you can tell me about that. Thank you.

Senator WEST—I will preface this by saying that I am a member of the two colleges of nursing. How many of the universities are offering a pathway or giving recognition for the enrolled nurse training to allow these enrolled nurses then to become RNs? I know that a couple of the universities do. Charles Sturt University is offering an external program for enrolled nurses and graduated the first lot in May of this year. The university appears to be going very well, offering a very good career path for these people—mostly women—who have got good base clinical skills and are upgrading them. Are you encouraging universities to do this? This strikes me as a pool of people who have got base clinical skills and can be trained further. By that stage, having been ENs, they would have decided that they actually want a career in nursing. They would not, as Senator Knowles said, faint at the sight of blood or decide that the bedside work was not what they wanted to do. What is happening in that respect?

Dr McDonald—The AVCC does have a general policy on giving credit for prior experience which it encourages its universities to take up. I cannot give you exact universities, but certainly we are hearing that quite significant numbers of the more mature entrants to the bachelor courses are ENs going through the process of becoming registered nurses. There is generally an acceptance that something up to a year of credit might be appropriate, but usually the universities make decisions on individual students—on their record, where they were trained and a range of other things.

Senator WEST—So you do not know which university is doing what? I know from attending the graduation for Charles Sturt that the ENs came out with a different name to their degree—they still had a degree course but it probably took them less actual unit time—and I know UTS is doing something different for its ENs. You don't know who is doing what and what encouragement is being given?

Dr McDonald—No. In the case of Charles Sturt, it set up a separate program. Other universities are integrating them into the usual program, giving them some credit as part of the process.

Senator WEST—Is anyone doing any work to see how the two systems are working?

Dr McDonald—Not that I am aware of, although the issue of articulation is being covered in one of our pieces of commissioned research in relation to enrolled nurses.

Senator WEST—My other question relates to—and you have touched on it a little bit—the impact of technology, shorter bed stays in hospital, disease occurrence and increasing acuity of the patients. Has anyone done any work on the impact of those factors on the delivery of health care and on the training of health professionals—particularly on nurses?

Dr Karmel—That is a key issue for the review that we are involved with. It seems to me that, in many cases, there seem to be conflicting requirements: you hear that some areas want more emphasis put on experience in nursing homes, you have greater calls for greater training in mental health, you have these sorts of developments happening in the acute care hospitals. One of the major challenges for education is the extent to which you can provide nurses with the generic skills to work in a variety of environments and deal with these developments.

Senator WEST—No-one has looked at the impact of these on retention as well?

Dr Karmel—Is that retention in hospitals?

Senator WEST—It is retention once you have actually got them trained as an RN.

Dr Karmel—Certainly, we have heard anecdotally that the actual intensity of the work is a pressure on the work force that is having some impact, but I am not aware of anybody doing anything concrete on that.

Senator WEST—The intensity of the work is a heck of a lot different from what it was 35 or 40 years ago, I have to admit.

Dr Karmel—Yes.

Senator KNOWLES—I want to go to page 26 of your submission, about a national vocational education and training system. To take this back further than tertiary education, what is being done by career counselling officers in the schools to try and attract more young men and women into the profession? I know that the Commonwealth is not responsible for the schools, but has there been any coordination by the Commonwealth with the states and territories to try and get greater emphasis and focus placed on attracting young men and women to the profession?

Dr Karmel—I am not aware of any work in this area. I just made the comment that there are real tensions here: clearly there is a demand for nurses, we also hear demands for teachers with the same sorts of issues, we hear demands for computer programmers. The difficulty is that there are lots of options available for young people, and many of those options are very positive for them in terms of economic prospects. It is quite difficult to single out one particular area and just focus on that.

Senator KNOWLES—Everything you say is 100 per cent correct, I know that. It is a very competitive area and people are looking at what their career options, advancement and remuneration will be. But a question that I have been asking of the profession for quite some time relates to how the profession interacts with the state and territory governments to get into the schools and sell the positive stories about nursing. That is why I asked the question in relation to all of those good things that are being done there, with industry working with government

and the Australian National Training Authority, as to whether the Commonwealth had had any interaction with the profession itself or the states and territories. Is 'no' the answer?

Dr McDonald—I do not know what role the Commonwealth has taken in relation to careers education, but I am certainly aware that a number of the states have very big marketing campaigns with their schools and working with their career advisers at this point in time. I know Western Australia has an 'Are you good enough to be a nurse?' campaign and South Australia has its 'Nursing takes you places' campaign. I know New South Wales has quite a significant campaign as well. So the states have certainly been running their campaigns and are very aware of the role of the careers educator in schools in relation to the campaign.

Senator KNOWLES—It is a very important aspect, and one that for too long has been underrated in trying to attract young men and women into the profession. I have not yet seen anything in the submissions—point to the detail if it is there—giving a break-up now of male and female entrants. In all of this information that you have been good enough to provide, I do not see any such break-up. Are we seeing a trend one way or the other—given that we are seeing a trend away from primary teaching by men?

Dr Karmel—We can give you just an indication here, but we are quite happy to table the tabulation that we have. From 1991 to 2000—as total numbers across all levels at higher education, so it does not cover the enrolled nurses—we had 1,843 males in 1991, compared with 12,198 females, so it was clearly very skewed towards females; in 2000, the figure was 1,561 compared with 11,638. It has not changed a great deal. It is still very female dominated.

Senator KNOWLES—It is a shame because there are many good men who are nurses as well. Are they being approached in a positive light regarding the contribution that they can make?

Senator CHRIS EVANS—There is actually a very good program over in Kalgoorlie involving older males and training them up on a shorter course. I was nursed by a couple of them last year. They had a slightly different approach, but they were good nurses.

Senator KNOWLES—I think it is their slightly different approach that makes them good.

Senator CHRIS EVANS—They were blokes from Kalgoorlie who became nurses. It is slightly different.

Senator KNOWLES—It probably has more to do with Kalgoorlie.

Mr Gallagher—Senator, we can give you a table on the trends in gender by level of award in higher education. You may also be interested just to get some perspectives in balance in terms of the tertiary entrance scores for nursing. At the bachelor level, while there is some bunching around 60 to 80, there is also an impressive number in the 80s and 90s. So nursing is attracting high performing students. It may be worthwhile for the committee to have access to that.

Senator KNOWLES—If I may just go back to where I started with the department of health, I think you were here when I was asking a question about a decrease in participation and the fallout rate following tertiary education as opposed to hospital based training. It is interesting to

note the graphs you have here. The thing that is worrying me, I suppose, is the trend for domestic students—showing a steady decrease in completions of nursing courses from a high of 11,000 in 1994 to just over 8,000 in 1999. Your submission does not necessarily give much of a lead as to why that is happening. How much research has been done on the completion side of it and also then on the drop-out side after qualification?

CHAIR—Can I add to Senator Knowles's question? On page 4 you tell us in a piece of history that the drop-out rate between 62 and 68 was 50 per cent. That is an important qualifier that needs to be put alongside the answer to Senator Knowles's question.

Senator KNOWLES—You may need to take it on notice.

Dr Karmel—We might be able to provide a better response to that on notice. We certainly can provide you with information on drop-out rates within the courses. We do not have access to data on the drop-out from the profession. That is much more difficult to do, even though there are a couple of bits of work for the review that we hope will throw some light on that question. But it is a difficult question.

Senator LEES—On that same issue, looking at tertiary entrance scores, having spoken to some who are working in colleges of nursing, they are saying now that these campaigns are really only driving up the TER scores because there are not enough places in the universities—that in fact they could take twice the number of local students that they are currently able or funded to take. Is there any examination from your department as to whether the numbers are accurate and whether indeed the numbers are adequate in each state?

Mr Gallagher—We have an annual discussion with each university around what we call the profile of their enrolments. When nursing was transferred to the university sector, numbers were notionally agreed. Often there is pressure from the state health authorities to see where those numbers are trending. I think it is fair to say that some universities have within their mission retained a strong emphasis on nursing as part of the range of their offerings and have given attention to quality of provision. Others have responded more to student demand in other areas, as a result of which there has been variable performance in the total number of places that are around.

Some institutions, particularly in New South Wales, have taken the view that the TER of the applicants for nursing has been lower than they would have preferred, and are worried about setting students up for failure. How much that is masking the preferences of the institutions to move into other fields is to be seen. All I can say is that we do have a dialogue with the universities; we try and look at their priorities in responding to student demand. The government's policy is to have a diverse higher education system, not a uniform one, so some differentiation in mission has been encouraged.

Senator LEES—So you would argue that it is not any lack of funding on the government's part, but the choice of the university not to provide places in nursing?

Mr Gallagher—One can argue either way, I suppose. But I think there are discretions that the universities have within the funding that is made available to them, and some have exercised that discretion in favour of nursing and others in favour of other fields.

Senator LEES—Is it the case that they are no longer able to over-enrol in nursing? The drop-out rate, I understand from people I have talked to, is about 30 per cent in the first year and another 30 per cent during the course, which brings us back to the 50 to 60 per cent overall. Is there a problem in over-enrolling in first year?

Mr Gallagher—We have no constraints on over-enrolment.

Senator LEES—There are no financial penalties if they over-enrol?

Mr Gallagher—No. There is a financial incentive to over-enrol. They get paid the discounted HECS per additional undergraduate place above their total funded load. In fact, there are 25,000 over-enrolled students in the system at the moment, and nursing is not prohibited as an area. The only area that is prohibited is medicine.

Senator KNOWLES—On the drop-out issue, has any research been done among those who have actually dropped out, as to why they have dropped out and what they would see improved? If so, is it possible to provide that research to the committee, and whether or not it has been acted on in any way?

Dr Karmel—I will take that on notice. I do not know anything off the top of my head on that. But I would make the comment that, when we look at drop-outs within nursing, nursing actually does quite well. People are relatively focused in it and there are other areas in universities that have much higher drop-outs than nursing.

Senator LEES—On notice as well, to follow on Senator Knowles's question: could you also look at the need or otherwise for some basic requirements of those going into nursing. For example, from one school of nursing the concern was they are getting students in without basic maths—it makes the handling of medicine and that whole area quite difficult if fractions have not been understood—and also basic things like biology, where there would be some core knowledge that carries through. So could you also take a question on notice on the requirements, if there are any, in any of our schools.

Dr Karmel—I would just make one comment on that. It is a very difficult area. If you look at the intake pool for nurses, I think you find that only about 30 per cent come in with a tertiary entrance score. Large numbers come in who are older people who have got work experience, and it may be the case that for many of those older people some of that knowledge may need to be remedied.

Senator LEES—Are there any entrance exams, or basic requirements?

Dr Karmel—That is a matter for individual universities. They set the prerequisites.

Senator LEES—Yes, I realise that, but have you got any data on what is actually happening?

Dr Karmel—We will take that on notice.

Senator LEES—Have you had a hand in facilitating or encouraging and supporting the dedicated courses in midwifery that are starting in South Australia and New South Wales next year?

Dr Karmel—I think it would be fair to say that that is an initiative of the universities concerned, in conjunction with their local states.

Senator LEES—There seems to be an issue for some nurses who now want to go and do that of its being a second degree and therefore needing fees to be paid. Have you had any approaches or been able to support in any way those people who wish to come back and do it, and therefore help, as you have identified, with the shortage of midwives? Is that an issue that has been raised with your department?

Mr Gallagher—Yes, we have been approached by a number of the deans on this matter. As I understand it, following the discussions they had with us a couple of weeks or maybe months ago, they are developing a proposal for our consideration to investigate the matter.

Senator LEES—Would you be able to keep us in touch with that? Given the shortage of midwives that we have, we are looking to how we can facilitate more training.

Dr Karmel—If this new degree is, as I understand it, just an undergraduate degree, there is no necessity to charge fees for that. It can be a HECS place, as any other course would be.

Senator LEES—Even if they have another degree?

Dr Karmel—Yes, even if they have another degree. There is no prohibition that you can only have one degree.

Senator CHRIS EVANS—I have a couple of points. When I asked what seemed like a stupid question about your research projects and the review, it was because we did not have the document and had not seen it yet, so I appreciate your making that available. But I think there is probably a typographical error, or I am stupid here. Point 3 is allegedly recruitment, retention, education, knowledge and training of nurses with an aged care focus, but then it talks about a literature review for midwifery.

Dr McDonald—There are four literature reviews around key focus areas, which include issues of retention, et cetera. They include the three terms of reference from the review. One of them is around midwifery, others are aged care, rural—

Senator CHRIS EVANS—Could you look at point 3 of the document you handed up. It talks about aged care, and the explanation underneath it is about midwifery.

Dr Karmel—I take your point, Senator. There has been a typo there.

Dr McDonald—Yes, it is. It is just a typo.

Senator CHRIS EVANS—Should I take it that really the inquiry into aged care is the same, in the sense that it is a literature review?

Dr McDonald—That is exactly right.

Senator CHRIS EVANS—And it looks at models of education, the skill mix and recruitment and retention, but it is purely a literature review?

Dr McDonald—That is right.

Senator CHRIS EVANS—You might like to give us an amended document, just to make sure we have got that right. When I look at the research project, one of the things that strike me as missing—this is a bugbear of mine and it does not seem to be addressed or I have not picked it up—is the economics of study. People always raise the debate that nursing has gone to higher education and therefore that is part of the problem, and so on. But it always strikes me that it is more about the economics of study. As I understood it, nursing used to provide people with wages while they studied. Now we say, ‘You can go without wages for three, four, five years and you can get yourself a HECS debt at the same time.’ In enrolled nursing you got paid wages while you studied on the job; now you can go off and get a TAFE course, support yourself for 18 months and pay TAFE fees or HECS debts, depending on the system. For me, that is not an argument against higher standards of qualifications but it is an argument for understanding what the economics are for students—predominantly, it seems to me, young women—about how they finance their involvement in study, their capacity to finance that and the loss of wages versus future returns when they qualify. It does not seem to me that there is anything picking up what impact those factors are having on training and education issues. Is that fair, or is there something you are doing to have a look at what impacts those things have on them?

Dr Karmel—It is certainly the case that none of these studies look at that particular issue. We have done some general work on returns to education. You are quite right: the method of financing does have an impact on the return. The main cost for any sort of education is the opportunity cost. To take yourself out of the work force for three, four, five or six years, depending on what area you are doing, is the major cost for an individual. It is not something that we are looking at specifically here. We are to some extent taking history as history—that is, that there has been a change in that mechanism.

Senator CHRIS EVANS—I accept that, but if we are saying that we have problems and we are examining what those problems might be, I would say that on face value one of the problems might be that opportunity cost and the method of financing. I may be wrong; I am not asserting it necessarily. But one of the things people have raised with me and one of the things that struck me about the change, particularly when I was involved in some debate about the enrolled nurse change in Western Australia, is that the economics from the person’s point of view would have changed quite dramatically, from getting a job from day one with wages and learning on the job—the old apprenticeship model, if you like, but with a better pay structure in terms of the apprenticeship—to being told, ‘Go off and get yourself a TAFE qualification and there may be a job.’ If we are saying we have got a nursing shortage and asking how we address that and what solutions we need to put in place, I think that is one of the areas we need to understand. I take your point, Dr Karmel, about not redebating whether it was a good thing. But, if we are finding we cannot get enough people, isn’t their personal economics an issue we ought to understand?

Dr McDonald—Senator, that is perhaps true, but interestingly some of the research that has happened in the states about the attitudes of young people in schools to nursing would suggest that there are other issues that lie a long way in front, and that their attitudes to nursing are that it is a mother's sort of work, that it is dirty work, that it does not pay well and that you are not going to develop a career fast. Certainly, the general perception by young people of nursing as a profession is one of the issues that have surfaced out of their research with school students as the prime reason that they are not even considering nursing.

Senator CHRIS EVANS—I accept that. That is why I said to you that I was interested in the broader context, because I think that is important. A lot of the solutions to this stuff are long term, not short term. Equally, it seems to me that, if we are saying that we are looking to attract not only students but more mature age people to nursing and the various levels of nursing—particularly, dealing with the aged care issues—the economics of how they get in and get qualified is part of the barrier. If, quite frankly, you have a couple of kids and a mortgage and you need to make ends meet, whether or not you get paid for the next 18 months or three years, and whether or not you are going to have a HECS debt, are pretty big issues. A number of people have been saying to me that it would make a difference if they did not have to have HECS debts. It is the same with postgraduate qualifications, because we are talking about a largely part-time work force, largely women who are not in full-time work. I just think the economics is worth exploring, and I wondered whether any work was being done—whether the department viewed that as being an important consideration.

Dr Karmel—It is an important consideration, one that we will need to look at in the review. The situation is always very complex because there is not one model of getting trained. For example, the economics for a school leaver are different from those for a mature person who may be studying part time, in which case the opportunity cost is not necessarily dollars forgone; it might be time forgone. It is obviously a fairly complex area.

Senator CHRIS EVANS—Surely a better understanding of it would help us to find solutions. That is really what I am asking.

Dr Karmel—I agree. It is an area that we need to understand better.

CHAIR—How are we going?

Senator CHRIS EVANS—I think I am not making much progress, but I made more progress than I did with Health.

CHAIR—Would you provide for us, on notice if you like, any evidence about what the HECS debt is for a typical postgraduate nurse at the end of their training. On current nurse salaries, how long would it take to repay that debt? Also, would you provide for us any information you have got about any HECS scholarship schemes in this area.

Mr Gallagher—Do you mean HECS scholarships internal to the institutions?

CHAIR—Yes.

Senator LEES—There are some institutions which are actually hyping this.

Dr Karmel—Yes, and some employers, some states, would be providing HECS scholarships too.

Senator LEES—It would be good if we could have a breakdown of that.

CHAIR—If you have any data on that, that would be useful. Could you give us again the answer to Senator Lees's question. I was a bit surprised. I thought the question was: if a person already had a tertiary qualification and then applies to do a nursing course, would they then enjoy a HECS liability? And you said no, they would not.

Senator LEES—No, there is liability but it does not have to be upfront fees. The problem is upfront fees for many who are planning to do the midwifery course.

Dr Karmel—I made the point that having one undergraduate degree does not affect your chances or the method of payment for another undergraduate degree. If you had a Bachelor of Arts, for example, and you decided you wanted to do nursing, as quite a few people do, you do not have to pay up-front fees for your nursing degree.

Senator CHRIS EVANS—But you do incur a HECS debt?

Dr Karmel—Yes, you do incur a HECS debt.

CHAIR—That is interesting and it is certainly not the message that is on the streets out there. It is certainly not the case for a lot of people who say, 'I simply cannot do a second degree because I am going to have to pay up-front fees.' Is it possible that institutions would be advising their students differently from what you have just told us?

Dr Karmel—That is unlikely, but certainly it is the case that, if you have an undergraduate degree and then want to do a postgraduate award, there are some HECS places available, but they are limited. It is the case that it is possible to pay fees for those postgraduate awards. If you cannot get a HECS place for a postgraduate award then the university might offer you a fee-paying place.

CHAIR—I certainly know of examples of people who finish their maths undergraduate degree, who decide then to do an arts undergraduate degree. The only option is to pay up front.

Senator LEES—Or education if they want to move on and teach.

CHAIR—You are saying this is not the case? Can I tell you, Dr Karmel, that it is the case. It may be something that you need to look for—ferret around out there. Some of the institutions are making that the case. You are saying it is not supposed to be.

Dr McDonald—We have statistics for non-overseas students. The fee status for 2000 has 18,259 as HECS liable and only 10 in bachelor courses as fee paying.

Mr Gallagher—I thought that the question Senator Lees was asking when we were discussing midwifery and the import of Dr Karmel's answer was to say that, so long as

midwifery is designated postgraduate, then it is eligible for fee paying. If it were to be classified undergraduate—if you did a Bachelor in Midwifery—it could be provided on a HECS liable basis. It does not matter how many undergraduate degrees you have done beforehand, there is no limit on the number of undergraduate degrees you can do on HECS.

CHAIR—That will be a very exciting answer that I can give to some people. Some institutions might be told, ‘Well, that is not what the education department people said to us.’ It being the hour it is, I thank you very much for your contribution and for your offer to provide us with further information on notice. There are some questions which you have agreed to provide some further data on. We thank you very much for your attendance here tonight.

Committee adjourned at 7.03 p.m.