

# RESPONSE TO THE DEPARTMENT OF HEALTH AND AGED CARE'S CONSULTATION DRAFT - INCREASING ACCESS TO HEALTH AND AGED CARE: A STRATEGIC PLAN FOR THE NURSE PRACTITIONER WORKFORCE

February 2023

Thank you for the opportunity to comment on the Department of Health and Aged Care's (DOHAC's) Consultation draft - *Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce*.

Universities Australia (UA) is the peak national body for Australia's thirty-nine comprehensive universities. Our universities educate and train virtually all of Australia's new-entry domestic health professionals, including nurses. They also provide ongoing education, upskilling and reskilling for existing health professionals - both domestic and international, as well as undertaking health research. We therefore take a keen interest in health and health workforce policy. UA is assisted in this work through regular consultation with our Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders across all jurisdictions and from the Councils of Deans of all health disciplines, including the Council of Deans of Nursing and Midwifery (CDNM).

## ***Nurse education in Australian universities***

Australian universities play a major role in delivering nurse education. Most member universities<sup>1</sup> offer approved courses leading to endorsement as a Registered Nurse (RN). Many also offer courses leading to Nurse Practitioner (NP) registration. Universities also provide other approved pre and post-registration nurse specialisation qualifications and some additionally offer Enrolled Nurse (EN) education courses. However, the major focus of nursing education in Australian universities is the provision of approved degree courses leading to RN and NP registration<sup>2</sup>.

## **Response to the Consultation**

This submission is from a whole of sector perspective and is limited to those elements of the consultation draft relevant to the sector overall. UA refers the Department to CDNM's separate submission for a more detailed response.

The consultation draft's proposed Outcomes and Themes for Action (see Appendix A) are broadly supported and are seen as key pillars for progress. However, we see two important areas for addition as outlined below.

### **1. Add an outcome regarding accessible and supported pathways for nurses/NPs across the career continuum**

We suggest that an outcome regarding accessible and supported pathways for nurses/NPs across the career continuum is added as a fifth outcome. Well-supported career pathways include, but are not limited to:

- accessible and culturally safe education;
- appropriate remuneration;

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<sup>1</sup> About 84% of Universities Australia's 39 members offer Bachelor of Nursing degrees leading to RN endorsement and about a third offer Masters Courses leading to NP registration. Source: higher Education Information Management System (HEIMS)

<sup>2</sup> In 2020, there were approximately 82,660 Bachelor of Nursing enrolments and 509 Masters in Nursing (Nurse Practitioner) enrolments in member universities. This compares to approximately 59,897 and 347 enrolments in these courses in 2015. About 2.3 percent and 1.3 percent of these enrolments respectively are Indigenous students. Source HEIMS 2015 to 2020.

- access to sufficient, suitable clinical experience
- mentorship; and
- professional recognition, both as independent practitioners and within multi-professional teams.

We recognise that the ability to modify these aspects involves multiple stakeholders and that achieving this outcome requires collaborative action. However, as highlighted in the consultation paper, the barriers to nurses becoming NPs are spread across different sectors / agencies and collective action is required to address them.

## **2. Include university education provider representation on the Nurse Practitioner Steering Committee**

We note that the Nurse Practitioner Steering Committee currently lacks university sector representation. We strongly recommend that:

- university experts in nursing education are represented on the Nurse Practitioner Steering Committee. The most appropriate voice in this regard is the Council of Deans of Nursing and Midwifery; and
- any further development of the Strategic plan for the Nurse Practitioner workforce includes this direct input, not just via liaison with the Nursing and Midwifery Strategic Reference Group (NMSRG).

### ***Rationale for inclusion of the university voice in this work – and in health workforce policy and planning more broadly***

Education to become an NP is undertaken in, and provided by, universities. As already highlighted, universities also make a significant contribution to the RN workforce – a pre-requisite qualification to become an NP. It is well established that the clinical and education experiences students have in universities influence their skills development and later career choices in the health system. In many ways, the health workforce pipeline begins in university. For this reason, we have long advocated for the university voice to be directly included in strategic and policy-related health workforce planning discussions.

CDNM are the experts in university-delivered nurse education. They:

- represent and reach the university staff that directly educate and develop our future nurses, including NPs; and
- bring knowledge of the university and health environments, particularly as they pertain to nursing.

They are well placed to provide input into - and potentially implement – education-related NP aims and actions outlined in the Consultation draft.

CDNM also have strong links with relevant professional, industry and regulatory stakeholders including:

- the Nursing and Midwifery Board of Australia (NMBA);
- the Australian Nursing and Midwifery Accreditation Council (ANMAC);
- the Australian College of Nursing (ACN); and
- the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

These connections have relevance to achieving many of the aims of the NP Strategy and can support the collaborative approach needed.

In addition, CDNM are linked into broader health and higher education policy through involvement with UA/HPESG. This is relevant to the NP workforce strategy in several ways.

Firstly, UA takes a strong interest in the provision of culturally safe education. All member universities have endorsed the revised [UA Indigenous Strategy 2022-25](#) which sets out the university sector's commitment in this regard. The Strategy is broad in application and while not specific to health, it has impact across all university faculties and campuses. Annual reports from universities regarding their institution's Indigenous Strategy implementation frequently cite positive examples within health. The Indigenous Strategy is aligned with and can help support various aims outlined in the NP consultation. This includes Outcome 4 and various themes for action applicable to supporting and growing First Nations NPs and the delivery of culturally safe care.

Secondly, UA/HPESG brings a multidisciplinary view to health professions education and workforce development. Health workforce change is dynamic. More NPs working through different models of care potentially bringing more specialised/different skills to health care services and teams. This has an impact on other disciplines and areas of health workforce development – with knock-on effects to education. The ability to link these changes in a timely way to health professions education in other disciplines is important. Links to HPESG offer a mechanisms to do this.

Thirdly, Higher Education is currently undergoing significant reform. A Universities Accord is in development into which the O'Kane Review of Higher Education will feed. The Accord and the review offer a strategic opportunity in an area that is directly applicable to - and has already been nominated as - one of the Consultation draft's major themes for action: Education. Links to UA/HEPSG offers a policy window to connect objectives in the Consultation draft to policy changes in higher education.

To achieve the aims of the consultation draft and best harness the concurrent reform opportunities occurring within higher education, it is vital that university expertise is included on the steering committee.

## **Appendix A: Outcomes and Themes for Action**

### **Outcomes**

**Outcome 1:** Consumers will have access to a range of services, including NP services, in all settings across the country.

**Outcome 2:** Consumers will be informed to choose appropriate NP services.

**Outcome 3:** The health and aged care system will enable NPs to work to their full scope of practice.

**Outcome 4:** The NP workforce will practice in a culturally safe way and reflect the diversity of the communities it serves.

### **Themes for action**

1. Education and lifelong learning
2. Recruitment and retention
3. Models of care
4. Health workforce planning

Further details about the proposed short, medium and longer term actions and aims under each theme are available in the [Nurse Practitioner Workforce Consultation Draft](#)