



Australian
Nursing &
Midwifery
Federation

Submission to the Australian Primary Health Care Nurses Association for Consultation Paper 1: An education and career framework for nurses in general practice

January 2015

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

Our response represents the views of our membership of over 250,000 nurses, midwives and assistants in nursing, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

As the largest professional organisation for nurses and midwives in Australia, the ANMF, on behalf of our members, has had extensive and long standing involvement in issues affecting nurses and midwives working in primary health care and, in particular, general practice.

Most recently, with funding from the Australian Government Department of Health, the ANMF has completed the review of the ANF Competency Standards for nurses in general practice. The final draft of the new *National Practice Standards for nurses in general practice* were submitted to the Department in December 2014. We await the Government's response before they are finalised.

The ANMF welcomes the opportunity to provide submission to the consultation on the education and career framework for nurses in general practice.

Response to Consultation Paper Questions

1. In 10 years time, what do you want general practice in Australia to look like, and where do you see nurses fitting into this picture?

The current systems for health funding in Australia create serious barriers for effective health promotion, chronic disease management and illness prevention, and limits effectiveness in terms of equity, access and value for money. Major reform is needed to achieve models of care that are based on the best available evidence; are efficient and cost effective; and provide for positive patient outcomes and sustainable service delivery. Funding models should support sound health policy designed to meet population health needs.

The block funding model of the Practice Nurse Incentive Payment (PNIP), although a positive step for the profession, could be improved. Ideally, nurse funding would stand alone, not linked to the General Practitioner, and be tied to improved health outcomes rather than remuneration for completion of tasks. Medicare item numbers for nurses would be replaced with an increase in block funding, including incentive payments for quality care.

In April 2009, the ANMF published *Primary Health Care in Australia: a nursing and midwifery consensus view*. This paper outlines nurses and midwives vision for the development of a comprehensive primary health care strategy across Australia.¹

1. Nursing and Midwifery in Primary Health Care Working Group. *Primary health care in Australia: a nursing and midwifery consensus view*. Melbourne; Australian Nursing Federation, 2009.

It is the view of the ANMF that in order to meet the needs of the community it is necessary for there to be:

- A fundamental shift in the focus of health care, encouraging prevention, early intervention, and direct easy access to appropriately qualified and skilled nurses, midwives and other health care professionals, within primary health care services provided locally.
- Focus on the health care needs of a community, with new initiatives aimed at preventing ill health, delays in treatment and unnecessary hospitalisation, to deliver effective reform in the health system, with particular benefit for primary health care.
- Provision of better access for the community to primary health care services, with funding models in which the funding follows the person.
- Input from both community members and health professionals in the planning and implementation of their health care.
- Electronic health records that enable seamless and rapid transfer of information across public and private facilities, primary, secondary and tertiary health care; and a greater degree of transparency of a person's health records to all parties involved in that person's care.
- Consultation with nurses and midwives on the development and implementation of health informatics.
- Funding invested in research to: provide evidence on which to develop improved models of primary health care; support nurses, midwives and other health professionals to undertake clinical loads as well as a research load; provide for research education and on-going continuing professional development in research for nurses, midwives and other health care professionals; include the ability for primary health care centre health professionals to mentor novice researchers, particularly undergraduate nursing and midwifery students; and facilitate consumers of primary health care to participate in research.
- Primary health care computer capability which is fully integrated with other health services, to enable timely access to, for example, patient discharge records, tests/ treatments and secondary services to gain access to pathology or radiology results, and with local pharmacies for convenient prescribing.
- Prescribing rights for appropriately qualified nurses and midwives
- Clinical placements for undergraduate nurses, midwives and other health care professionals made available and funded across the full range of primary health care settings.
- Increased numbers of Australian Government funded scholarships made available for undergraduate and postgraduate nursing and midwifery students, and in particular, numbers of scholarships for nurse practitioners in primary health care settings.
- Incentives available to rural and remote health professionals which are equitable across the professions, in order to recruit and retain health care professionals.
- An increase in funding for designated positions for nurse practitioners in primary health settings and especially in small rural and remote communities.
- Primary health care content should be a substantial component of undergraduate curricula for both registered nurses and enrolled nurses.

The nursing and midwifery workforce is an underutilised resource in primary health care. This is due to the existing funding model, artificial restrictions on scope of practice unrelated to the actual competence and regulation of nurses and lack of recognition of the cost-effective health benefits available to the Australian community through greater recognition of the role and function of nurses and midwives. The ANMF considers that there needs to be much better utilisation of the nursing and midwifery workforce in order to ensure appropriate primary health care services for **all** geographical areas and population groups.

2. What do you think an education and career framework might deliver for the general practice nursing profession, for general practice, and for the community?

The education program for nurses and midwives is already established and regulated. Educational qualifications for the nurse practitioner, eligible midwife, registered nurse, midwife and enrolled nurse are mandated by the Nursing and Midwifery Board of Australia (NMBA). Therefore, any education undertaken in general practice is desirable but not a mandatory requirement.

An education and career framework could provide clarity and national consistency around the potential role of nurses and midwives in the general practice environment. It should serve to better articulate nursing and midwifery roles within general practice, thereby improving community awareness and understanding of the benefits and further potential.

Ultimately, it is the development of an industrial career structure that would truly assist with recruitment and retention of a suitable workforce, sustainable growth of the profession in this setting and strengthening of the general practice team in a structured way. This would map a clear career pathway for attraction, recruitment and retention purposes.

3. What might this framework look like? Can you describe how you see the key stages in the education and career of a nurse in general practice?

The education and career framework requires clear and consistent objectives. There should be seven components of the framework. These are:

Nurse practitioner

Eligible midwife

Nurse Practice Manager

Advanced registered nurse

Registered nurse

Midwife

Enrolled nurse

The framework should not detail pay points as this is the industrial remit and outside the scope of this project.

As stated above, educational qualifications for the nurse practitioner, eligible midwife, registered nurse, midwife and enrolled nurse are mandated by the NMBA. Nurse practitioners are required to be educated to Masters level, registered nurses and midwives to Bachelors level, and enrolled nurses to Diploma level. It is the position of the ANMF that advanced registered nurses should be prepared to postgraduate level (AQF 8). It is important to note that the NMBA supports the view that registered nurses practising at an advanced practice level are educationally prepared at Masters level.

With the exception of the entry to practice qualifications detailed above that are mandated by the NMBA, all other educational qualifications for nurses or midwives in general practice must be desirable, rather than essential for practice in this and any setting.

Education requirements for nurses and midwives in general practice should be guided by the new National Practice Standards and community need, not a generic education framework.

4. **What are the likely stumbling blocks (barriers and challenges) for developing and implementing an education and career framework for nurses in general practice?**

The challenge for developing the proposed education and career framework is for it to be broad enough to be applied to the wide range of general practice configurations.

Once established, the framework needs to be clear, user friendly, easily accessible, widely understood, well used and accepted by the nursing profession and the general practice team.

5. **What are the likely facilitators for developing and implementing an education and career framework for nurses in general practice?**

To ensure successful implementation, it is essential to engage with the nursing and midwifery professions, our colleagues in general practice and other relevant general practice stakeholders. The framework must be accepted by the professions and linked to an industrial career structure in order to be widely implemented in the workplace.

There needs to be an extensive communication and education strategy developed to accompany the framework, aimed at both the nursing and midwifery professions and the wider general practice team, to ensure consistent awareness, understanding and uptake.

6. **Can you describe how you would see a nurse moving on from one stage to another in such a framework?**

It is difficult to outline movement between stages without an understanding of the framework structure. Movement needs to be based firstly on the regulatory requirements of the NMBA. Registered nurses, midwives and enrolled nurses need to work within their scope of practice to ensure that they are educated, competent and authorised for practice. Movement for registered nurses in general practice should require that the standards for practice for the nursing roles articulated within the framework are met. These would be standards for practice for the registered nurse, advanced registered nurse or nurse practitioner.

7. **What are the key issues you see in relation to the assessment of nurses' capabilities, and how could these be addressed in the development of the education and career framework?**

Assessment by nurses for nurses should use the standards for practice required by the NMBA and the ANMF *National Practice Standards for nurses in general practice*. Advanced registered nurses working in general practice should use relevant standards for practice to self-assess competence and capability.

Assessment of the clinical work and capabilities of nurses in general practice must be guided by their individual scope of practice. This should take precedence over any notions about the role and function of nurses arising from broad based generic duty statements and poorly devised contracts of employment which do not recognise a nurses' accountability for practice under the national regulatory framework and the important relationship between patient safety and scope of practice.

Recently research has been undertaken, commissioned by the ANMF, that will formulate the basis for a framework for advanced practice. This framework will allow registered nurses to determine whether they are, in fact, working in advanced practice.

8. **How do you see the ideal role of nurse practitioners in general practice, and how could the framework facilitate the development of this role?**

Ideally, nurse practitioners work in a multidisciplinary team, alongside their nursing and other health professional colleagues in general practice. Nurse practitioners, as advanced practice nurses, provide high level clinically focussed nursing care. The nurse practitioner role should be the peak of the clinical pathway in the career framework. The educational requirement for endorsement of nurse practitioners in Australia is a Masters degree. The NMBA determine whether a registered nurse applicant has met the regulatory requirements for endorsement as a nurse practitioner.

9. **Do you have any views on the professional recognition of nursing in general practice, for example through a certification process?**

The ANMF does not support certification or credentialing by professional organisations as these processes are not recognised under the national regulatory framework. Professional recognition of nursing and midwifery occurs through registration and endorsement by the NMBA. Certification would only serve to create another layer of quasi-regulation and potentially a barrier to employment with no additional assurance of safety and quality. There is no demonstrable benefit for the nurse or midwife. Certification would be detrimental to the recruitment and retention of nurses and midwives in general practice.

Attached is the ANMF Position Statement: Credentialing for nurses and midwives for your information.

10. **Is there anything else that should be considered at this point?**

The ANMF consider that an education and career framework, although a commendable aspiration, will not bring about the desired change and will subsequently be of little value to nurses and midwives in general practice without the necessary associated industrial career structure. The ANMF have accepted the invitation to participate on the APNA Expert Advisory Group for this project to assist with a framework that could form the foundation for further work to be undertaken on an industrial career structure.



Credentiailling for nurses and midwives

Internationally, credentiailling has been promoted as “a means of assuring quality and protecting the public by confirming that individuals, programmes, institutions or products meet agreed standards”.¹ In the Australian context, this is achieved through statutory regulation in the form of registration.

Quality health care and the safety of the Australian public is assured through the National Registration and Accreditation Scheme, under the *Health Practitioner Regulation National Law Act 2009* (National Law). The statutory regulation of registered nurses, midwives and enrolled nurses begins with initial registration following successful completion of an accredited education program.² Entry to practice programs require graduates to meet minimum standards for practice as set down by the Nursing and Midwifery Board of Australia (NMBA). On registering, nurses and midwives are listed on the Australian Health Practitioner Regulation Agency (AHPRA) Public Register for health practitioners. The public and employers are thereby able to validate and satisfy themselves of the individual health practitioner’s registration status, and any associated conditions, notations or endorsements by accessing this Public Register.

Other types of accreditation/certification/authentication processes have been offered by professional organisations and/or are required by jurisdictions/employers. These procedures are often given the term ‘credentiailling’. Professional organisations promote this private process as a voluntary and self-regulatory undertaking offered to their individual members as a means of recognising that they have, at a point in time, met that particular organisation’s own requirements. Employers/jurisdictions use this process as an additional hurdle to employment or career promotion. Professional organisations use it as a means of generating income.

These private credentiailling arrangements by professional organisations are not recognised under the national regulatory framework, and do not provide the public with the same safeguards afforded by national registration. That is, statutory regulation provides the public with the mechanism by which they can be assured of the registration status and thus the right of an individual health practitioner to practice. Private credentiailling offers no assurance of safety and quality.

It is the position of the Australian Nursing and Midwifery Federation that:

1. The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law, is responsible for regulating validation of a nurse or midwife having achieved mandatory standards for practice. Professional organisation credentiailling offered as an additional validation process is not required for a nurse or midwife to maintain their registration to practice and is unnecessary.
2. Entry to practice for nurse practitioners, eligible midwives, registered nurses, midwives, and enrolled nurses is validated through national minimum standards of education set down by the NMBA.

¹ International Council of Nurses. 2009. *Nursing Matters Fact Sheet: Credentiailling*.
<http://www.icn.ch/publications/fact-sheets/>

² Australian Nursing and Midwifery Accreditation Council (ANMAC)



3. Accreditation of all nursing and midwifery education programs leading to initial registration, notations/endorsement are validated using the national accreditation standards of the Australian Nursing and Midwifery Accreditation Council (ANMAC).
4. The practice of nurse practitioners, eligible midwives, registered nurses, midwives, and enrolled nurses is validated through regulation as undertaken by the NMBA under the National Law.³ The National Law provides for regulation encompassing a Professional Practice Framework and protection of titles.
5. Statutory regulation of nurses and midwives provides the necessary mechanism for protecting the public and assuring quality by ensuring individuals, education programs and institutions meet agreed standards.
6. The NMBA regulatory requirements for continuing professional development by every registered nurse and midwife assures the public of commitment to lifelong learning for competence to practice.
7. There is a broad range of post graduate education programs, in general and specialty fields, offered to nurses and midwives. Completion of these education programs validates advanced practice learning.
8. Either notation or endorsement on the National Register held by AHPRA, of a nurse or midwife having achieved a post graduate qualification, is a fair and transparent validation mechanism for the professions, the public, other health professionals and employers.
9. Separate and often expensive processes of private credentialling provided by professional organisations should not be required or used as the validation mechanism for specific areas of advanced or specialist practice nor for post graduate qualifications.
10. There is no place in Australia for private credentialling by professional organisations that leads to restrictive employment practices.
11. Our communities should not be deprived of nursing and midwifery services whereby organisations/jurisdictions other than the NMBA propose employment arrangements which are open only to individual nurses or midwives who are privately credentialled by professional organisations.
12. Professional organisations offering credentialling services to members for an additional fee and employers who link promotional positions to the private credentialling process should carefully consider:
 - their ability to protect the public within a private credentialling program,

³ Health Practitioner Regulation National Law Bill 2009.

<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf>



ANMF Position Statement

- the undermining of the National Registration and Accreditation Scheme and associated validation mechanisms for public protection,
- whether they are holding out to the public that the nurse or midwife has specialist knowledge and skill, given specialist registration in nursing and midwifery, whilst available under the National Law, is not currently used by the NMBA,
- conflict of interest between the organisation offering the credential or certification and the ability to provide independent advocacy for the professions, given the financial benefit of private schemes,
- ethical organisational conduct,
- organisational reputation,
- whether they are engaging in anti-competitive behaviour, and
- legal and financial liability.

endorsed December 2014