



australian
nursing federation

2009-2010 Australian Government Pre-Budget Submission

Providing a nursing and midwifery workforce for
Australians into the future

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The Australian Nursing Federation (ANF) is the national union for nurses and midwives with Branches in each state and territory in Australia. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and midwives in Australia.

The ANF's 170,000 members are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans' affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

The ANF has prepared a series of funding proposals that we consider essential to address long term reform of the Australian health and aged care sectors. Nurses and midwives are the backbone of service provision in health and aged care. Long term reform in the health and aged care sectors will not succeed without the provision of a vigorous, highly educated and skilled nursing and midwifery workforce.

These recommendations are put forward for the consideration of Government in the context of the federal budget. The ANF would be pleased to have further discussion or provide additional information if necessary.

Gerardine (Ged) Kearney
Federal Secretary

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1. The Nursing Workforce

1.1 Additional postgraduate mental health nursing scholarships:

Proposal

The number of postgraduate mental health nursing education scholarships is increased and the quantum of funds available for each scholarship is also increased to reflect the true costs to the student.

Cost Implications

Postgraduate diploma and Masters' courses for mental health nurses and midwives generally cost around \$15,000 per annum. An additional 50 scholarships provided in mental health nursing would cost \$750,000 dollars annually.

Rationale

Current scholarships do not reflect the true costs of postgraduate education which are prohibitive for nurses. The number of available scholarships is also inadequate, as current scholarship schemes are oversubscribed, with many more eligible applicants than available places.

Poor access to the funds necessary for nurses to undertake postgraduate education limits their opportunity to upgrade their skills, exacerbates workforce shortages, and ultimately threatens the quality and safety of care to the Australian community.

1.2 Scholarships for nurses and midwives to attain the level of nurse practitioners:

Proposal

A further 50 scholarships are made available by the federal government to assist nurses to undertake post graduate qualifications leading to endorsement as a nurse practitioner.

Cost Implications

To achieve nurse practitioner status, nurses must achieve at least a Masters at a cost of around \$15,000 per annum for an average of two years. The federal government should fully fund at a minimum a total of 70 scholarships (50 in addition to the current 20) offered to the value of \$15,000 per annum for two years with a total cost of \$2.1 million to assist nurses with their study and encourage them to pursue this vital role.

Rationale

Although the ANF welcomes the 2008 announcement of 20 nurse practitioner scholarships, to acknowledge and fully utilize the benefits nurse practitioners bring to Australia's health system and to encourage nurses to further their skills and qualifications to the level of the nurse practitioner, there should be an increase in the number of scholarships.

Nurse practitioners bring proven benefits to the productivity and efficacy of health care delivery by bringing people access to safe, competent, quality care across all health sectors and geographical areas. There are still many Australians who are unable to receive early and preventative health care - the need for more nurse practitioners is still critical.

Federally funded scholarships would reduce the financial burden facing nurses interested in becoming nurse practitioners, being a positive step in encouraging nurses to attain the Masters qualifications necessary for endorsement as a nurse practitioner.

1.3 Access to Pharmaceutical Benefits Scheme (PBS) and rebates for referrals and diagnostics for those patients under the care of nurse practitioners:

Proposal

That the federal government extend to endorsed nurse practitioners, prescriptions under the PBS and rebates to referrals and diagnostics, to enable access to comprehensive health care for all those receiving the care of a nurse practitioner.

The federal government should include in this a comprehensive community information and education campaign to ensure the Australian community and health professionals understand and can benefit from improvement in access to nurse practitioner led health care in a range of settings.

Cost Implications

Any cost implications of this process would be balanced by the benefits brought about by improved access to health care; including:

- quality chronic health management;
- timely treatment; and
- prevention of illness including serious conditions requiring hospitalisation.

Rationale

The role of nurse practitioner is vital to improve efficiency in all areas of health and alleviate some of the current pressure on public hospitals. The nurse practitioner role has been shown to improve community access to health care, particularly in areas of need like aged care, rural and remote health, palliative care and mental health.

Currently those people receiving care from a nurse practitioner cannot claim rebates on any pharmaceuticals, diagnostic tests or referrals ordered – despite the nurse practitioners' endorsement to do so. The cost incurred is a barrier to access and creates additional inconvenience for the community.

2. Aged Care

2.1 Achieving Wage Parity

Proposal

The federal government provide dedicated funding to close the wages gap between nurses working in residential aged care facilities and nurses working in other sectors, such as the public and private acute sectors and implement a mechanism to ensure that the dedicated funding is used solely to close the wages gap.

Cost Implications

\$409 million (see Attachment A).

Rationale

The Australian Nursing Federation (ANF) supports the principle objective of establishing and implementing a national wages benchmark in residential aged care that provides comparative wage rates between nursing and care staff working in residential aged care and nursing and care staff working in the public and private acute care sectorⁱ.

The levels of remuneration and conditions of employment of qualified nurses and care staff in residential aged care are fundamental to the ability of employers in the sector to recruit and retain qualified nursing and care staff. To attract and retain appropriate levels of qualified nursing and care staff in the sector, the wages and employment conditions must be comparable to other sectors competing for staff.

Accountability mechanisms must be developed to prevent the diversion of funding away from closing the wages gap. The accountability mechanisms must be sufficient to ensure that staffing and skills mix levels in residential aged care facilities are maintained at a minimum standard that is not compromised by payment of public and private acute care sector benchmark wages.

Access to the salary supplementary funding must require the employer to enter into collective wage agreements which establishes and maintains public and private acute care sector benchmark wages and which commits the parties to achieving best practice in accreditation and quality of care outcomes.

2.2 Developing an Effective Aged Care Staffing Tool

Proposal

The federal government provide dedicated funding to enable the ANF to develop an effective aged care staffing tool based on the Aged Care Funding Instrument (ACFI) tool already utilised.

Cost Implications

The ANF is currently working with other parties and firm costings will be available shortly however, it is estimated the costs will be in the vicinity of \$300,000.

Rationale

To maintain a healthy older population in Australia the ANF recognises that the sector must be adequately staffed.

Fortunately, older Australians are able to stay at home for longer. As a result, 70% of those people admitted to nursing homes require high level careⁱⁱ. Given the high level of care needs, it is concerning that Australia does not yet have an adequate staffing tool available in community or residential aged care.

It is imperative that mechanisms are developed to ensure appropriate staffing levels and skills mix required to meet nursing care needs in this sector. Those mechanisms must be sufficient to make certain that staffing and skills mix in nursing homes are maintained at a minimum standard guaranteeing that safe, quality nursing care is delivered to all older Australians.

3. Occupational Health and Safety

National Health Workforce Violence Study

Proposal

A national scoping study be funded from which strategies be developed to reduce the incidence of violence and aggression toward nurses in the workplace.

Cost Implications

The cost will be \$300,000 over two years, which includes the employment of a research assistant (0.4 FTE).

Rationale

There is significant evidence that nurses experience a high level of violence in their workplacesⁱⁱⁱ. Two thirds of nurses in a Tasmanian study reported having experienced workplace violence and more than 30,000 nurses surveyed in Queensland reported workplace violence had increased in all public, private and aged care sectors^{iv}.

Nurses have repeatedly been identified as the occupational group most at risk of violence in the workplace in Australia^v. Recent Australian research shows large numbers of nurses are regularly exposed to verbal and physical violence.

This can adversely impact on the quality of care provided to patients and result in nurses leaving the profession, compounding existing nursing workforce shortages. However, despite the extensive evidence that violence is a significant problem for nurses there has been no national study on the nature and extent of violence experienced by nurses in the workplace. This hampers the development of effective national policies to reduce the level of violence experienced by nurses and make the workplace a safer environment for nurses, other health care workers and patients.

The ANF proposes a national scoping study on violence in the health sector. This study would provide a comprehensive picture of the level and type of violence and aggression experienced by nurses in the workplace and inform the development of policies and strategies to reduce violence and aggression toward nurses and other health workers in the workplace. It would also provide baseline data against which future trends in this area could be measured.

4. Indigenous health equality

Indigenous undergraduate nursing support programs

Proposal

The federal government supports and fully funds the housing and information technology requirements of 20 Indigenous undergraduate nursing students, equivalent to that which is available to Indigenous Doctors.

These scholarships should be in addition to the existing Puggy Hunter Memorial scholarships.

Cost Implications

\$400,000 annually.

Rationale

The aim of the Scheme is to assist in increasing the number of Aboriginal and Torres Strait Islander people with professional nursing qualifications.

With Indigenous health now rightly gaining the national attention it deserves, it is timely to promote nursing as a career amongst Indigenous people.

The ANF is aware one of the barriers to Indigenous health workers extending their education to the level of Registered Nurse is the requirement they attend a university remote to their own community.

The thought of leaving their community to go to a distant university without any support is daunting and often a big enough disincentive to prevent them pursuing the potential benefits that a formal qualification in nursing would bring.

If these Indigenous health workers had access to a professional mentor and supported housing while at university, this would go some way to prevent the isolation associated with being at university and away from family and community. Support throughout transition to university life and the rigors of the university education system could also be addressed by such a program.

ⁱ Australian Institute of Health and Welfare 2007 Residential Aged Care in Australia

ⁱⁱ Nursing staff are defined as registered nurses, enrolled nurses and those employed to assist in the provision of nursing care or nursing services, such as assistants in nursing and personal care assistants

ⁱⁱⁱ Farrell, G.A., Bobrowski, C. and Bobrowski, P., 2006. *Scoping workplace aggression in nursing: findings from an Australian study*. *Journal of Advanced Nursing*, 55(6):778-787

^{iv} Hegney, D., Eley, R., Plank, A., Buikstra, E. and Parker, V., 2006, *Workplace violence in Queensland, Australia: the results of a comparative study*. *International Journal of Nursing Practice*, 612(4):220-231

^v Lyneham, J., 2000, *Violence in NSW emergency departments*, *Australian Journal of Advanced Nursing*, 18:2



**Estimates of the cost of addressing current wage differentials
for nursing staff employed in residential aged care as at January 2009**

Attachment A

State		Public Sector	Private Aged Care	\$ Difference	\$ x EFT	\$ x 52
NSW	3,850 EFT RN	1,280.70	1,137.34	143.36	551,936.00	28,700,672.00
	2,865 EFT EN	857.40	777.86	79.54	227,882.10	11,849,869.20
	14,690 EFT AN/PC	697.50	652.08	45.42	667,219.80	34,695,429.60
VIC	3,463 EFT RN	1,163.60	1,068.85	94.75	328,119.25	17,062,201.00
	2,577 EFT EN	815.60	758.99	56.61	145,883.97	7,585,966.44
	13,212 EFT AN/PC	699.30	689.36	9.94	131,327.28	6,829,018.56
QLD	2,107 EFT RN	1,236.05	1,037.58	198.47	418,176.29	21,745,167.08
	1,568 EFT EN	863.60	798.42	65.18	102,202.24	5,314,516.48
	8,038 EFT AN/PC	823.80	693.21	130.59	1,049,682.42	54,583,485.84
SA	1,199 EFT RN	1,202.15	999.78	202.37	242,641.63	12,617,364.76
	892 EFT EN	818.45	729.22	89.23	79,593.16	4,138,844.32
	4,573 EFT AN/PC	740.20	650.18	90.02	411,661.46	21,406,395.92
WA	969 EFT ERN	1,197.00	1,022.27	174.73	169,313.37	8,804,295.24
	721 EFT EN	861.42	768.19	93.23	67,218.83	3,495,379.16
	3,696 EFT AN/PC	740.20	678.22	61.98	229,078.08	11,912,060.16
TAS	363 EFT RN	1,189.84	1,116.45	73.39	26,640.57	1,385,309.64
	270 EFT EN	906.54	809.85	96.69	26,106.30	1,357,527.60
	1,386 EFT AN/PC	740.20	678.22	61.98	85,904.28	4,467,022.56
NT	48 EFT RN	1,214.20	1,072.65	141.55	6,794.40	353,308.80
	36 EFT EN	898.37	748.60	149.77	5,391.72	280,369.44
	185 EFT AN/PC	740.20	678.22	61.98	11,466.30	596,247.60
ACT	109 EFT RN	1,235.64	1,126.60	109.04	11,885.36	618,038.72
	81 EFT EN	869.98	754.41	115.57	9,361.17	486,780.84
	416 EFT AN/PC	740.20	678.22	61.98	25,783.68	1,340,751.36
TOTAL						261,626,022.32
Total plus Award/Agreement Benefits						340,113,829.02
Total plus Award/Agreement Benefits plus staff on costs to close gap as at January 2009						408,136,594.82

Further annual adjustment assuming 4% increase in the public sector and 2% increase in private aged care (for subsequent year 2010)

TOTAL annual adjustment	58,344,482.77
TOTAL plus Award/Agreement benefits	75,847,827.60
TOTAL plus Award/Agreement benefits plus staff on costs	91,017,393.12