



**Legislative Assembly for the
Australian Capital Territory**

Standing Committee on Health and
Community Wellbeing

Report of the Inquiry into a recovery plan for nursing and midwifery workers

Legislative Assembly for the Australian Capital Territory
Standing Committee on Health and Community Wellbeing

Approved for publication

Report 11
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About the committee

Establishing resolution

The Assembly established the Standing Committee on Health and Community Wellbeing on 2 December 2020. The committee is responsible for the following areas:

- Health and health system
- Justice health
- Mental health
- Homelessness and housing services
- Prevention of domestic and family violence
- Families
- Community Services.

You can read the full establishing resolution [on our website](#).

Committee members

Ms Jo Clay MLA, Chair (from 5 December 2023)

Mr James Milligan MLA, Deputy Chair

Mr Michael Pettersson MLA

Mr Johnathan Davis MLA, Chair (to 12 November 2023)

Secretariat

Ms Katie Langham, Committee Secretary (from 6 November 2023)

Dr Adele Chynoweth OAM, Committee Secretary (to 29 September 2023)

Ms Anna Hough, Assistant Committee Secretary

Ms Joanne Cullen, Assistant Secretary (10 October to 2 November 2023)

Mr Peter Materne, Assistant Secretary (to 1 September 2023)

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About this inquiry

Petition 19-22 (the petition) concerning a recovery plan for nursing and midwifery workers was presented to the Assembly on 3 August 2022. It was then referred to the Standing Committee on Health and Community Wellbeing (the committee) for consideration under standing order 99A. This is because the petition has at least 500 signatures.

The committee decided to inquire into the petition on 9 August 2022 and report on the following terms of reference:

1. nurse and midwifery workplace planning;
2. staffing issues, including:
 - a. staff to patient ratios;
 - b. work hours;
3. skills and training, including:
 - a. required skills;
 - b. access to training; and
 - c. skill mix in workplaces;
4. workplace culture and safety, including workers' wellbeing initiatives;
5. impacts on patients; and
6. any other related matters.

The committee informed the Assembly of its intention to conduct this inquiry on 21 September 2022.

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Acronyms & Abbreviations

Acronym	Long form
ACN	Australian College of Nursing
ACTHD	ACT Health Directorate
AIHW	Australian Institute of Health and Welfare
AIN	Assistants in Nursing
ANMF	Australian Nursing and Midwifery Federation
ANZSCO	Australian and New Zealand Standard Classification of Occupations
APN	Advanced-Practice Nurse
CHS	Canberra Health Services
CNE	Clinical Nurse Educator
COVID-19	Coronavirus Disease 2019, caused by the novel coronavirus SARS-CoV-2
CPD	Continuing Professional Development
CPHB	Calvary Public Hospital Bruce
ED	emergency department
EM	Endorsed Midwife
EN	Enrolled Nurse
FTE	full time equivalent
GP	General Practitioner
HCCA	Health Care Consumers' Association
MaCCS	Maternity Care Classification System
MoU	memorandum of understanding
NMBA	Nursing and Midwifery Board of Australia
NP	Nurse Practitioner
NSC	National Skills Commission
QEII	Tresillian Queen Elizabeth II
QNMU	Queensland Nurses and Midwives' Union
RN	Registered Nurse
SARAH	South Asian Research and Advocacy Hub (The Australian National University)
TCH	The Canberra Hospital
UC	University of Canberra
WHO	World Health Organization

Recommendations

Recommendation 1

The committee recommends that the ACT Government negotiate salaries for nurses and midwives in the next enterprise bargaining agreement that recognise their comparatively high skill levels and will remain competitive with remuneration offered by other states and territories in Australia and considers how to remain competitive with other high-employment sectors in the ACT.

Recommendation 2

The committee recommends that the ACT Government, in partnership with a broad range of stakeholders, identify and centralise, from current national and local health workforce strategies, goals and driving actions that are relevant to nurses and midwives to develop a single workforce plan.

Recommendation 3

The committee recommends that the ACT Government collect robust data to inform workforce planning.

Recommendation 4

The committee recommends that the ACT Government provide measures and timelines for actions identified in any future published workforce plans.

Recommendation 5

The committee recommends that the ACT Government prioritise nurses and midwives through the Territory's Skilled Migration Program.

Recommendation 6

The committee recommends that the ACT Government collaboratively and constructively engage with the ACT Branch of the Australian and Midwifery Federation in order to develop and implement, through the ACT Public Sector Nursing and Midwifery Enterprise Agreement, an agreed set of positive practice environment standards for nursing and midwifery in the ACT.

Recommendation 7

The committee recommends that the ACT Government implement a trial of fixed-day rosters for nurses that assigns work for the same hours and days each week and considers what rostering changes can assist midwives that is consistent with midwife-led continuity of care.

Recommendation 8

The committee recommends that the ACT Government use baseline workforce data to enable the introduction of midwife-to-patient ratios for midwifery specific wards as soon as possible and ensure effective oversight of ratio compliance across the health system through the publication of compliance statistics.

Recommendation 9

The committee recommends that the ACT Government expand the continuity of midwifery care model, including building a freestanding birth centre, employment opportunities for midwives of all levels of experience and review the available options for out of hospital birth services.

Recommendation 10

The committee recommends that the ACT Government conduct another anonymous workplace survey within 12 months of the transition of Calvary Public Hospital Bruce to Canberra Health Services, to gauge the satisfaction of the workforce, and publicly release a summary of the results.

Recommendation 11

The committee recommends that the ACT Government expand support programs for nurses and midwives to include compulsory clinical supervision and specialised grief and trauma counselling for healthcare workers.

Recommendation 12

The committee recommends that the ACT Government supports and enables all nurses and midwives who have undertaken, or wish to undertake, endorsement with the Nursing and Midwifery Board of Australia, to complete endorsement, work to full scope of practice, and are in the appropriate employment positions to do so.

Recommendation 13

The committee recommends that the ACT Government remove barriers to nurse and midwifery full scope of practice by recognising skills obtained through prior knowledge and learning in the workplace.

Recommendation 14

The committee recommends that the ACT Government support the Nursing and Midwifery Board of Australia's ongoing work in allowing registered nurses who meet endorsement standards to be able to prescribe.

Recommendation 15

The committee recommends that the ACT Government review the Medicines, Poisons and Therapeutic Goods Regulation 2008 to expand the scope of what ACT nurses and midwives may prescribe so that it aligns with the full extent of nursing and midwifery care.

Recommendation 16

The committee recommends that the ACT Government safeguard senior clinical midwifery roles (level 2, team leading clinical roles) with a mandatory minimum amount of clinical experience to protect patient care and midwives.

Recommendation 17

The committee recommends that the ACT Government protect education roles from being re-allocated to patient-care loading, including Clinical Development Midwives and other midwifery educators, to ensure that these supports/teaching roles are constantly safe-guarded.

Recommendation 18

The committee recommends that the ACT Government investigate and implement policies that help ease the financial burden of study for nursing and midwifery students and provide financial incentives for them to work in the ACT public health sector.

Recommendation 19

The committee recommends that the ACT Government introduce X-ray and other imaging in all ACT walk-in centres.

Recommendation 20

The committee recommends that the ACT Government continue to monitor levels of employment of nurses and midwives at North Canberra Hospital and include this data in their annual reports.

1. Conduct of the inquiry

Referral and decision to inquire

1.1. On 3 August 2022, Petition 19-22 was tabled in the Assembly, sponsored by Mr Johnathan Davis MLA, and signed by 2,696 signatories.¹

1.2. The full terms of Petition 19-22 were:

The following residents of the ACT draw to the attention of the Assembly that nursing and midwifery workers continue to be on the frontline of the ongoing COVID-19 pandemic.

They have, and continue to be, confronted with increased workload and additional pressures across the ACT healthcare system. Year on year, demand on the health care system and the nursing and midwifery workforce grows.

Further, significant workplace issues which pre-date the pandemic have only worsened.

These include:

- lack of proper workforce planning;
- chronic staff shortages, skill-mix issues and excess overtime;
- burnout, stress, fatigue and poor psychosocial well-being; and
- worsening workplace culture, including poor morale.

Your petitioners, therefore, request the Assembly to call upon the Government to urgently develop, invest in and facilitate a clear and sustained recovery plan for Nursing and Midwifery workers, with a focus on their health and wellbeing, which includes:

- substantial and beneficial workforce planning;
- improvements to workplace safety including ensuring safe staffing and meeting Mandated Minimum Nurse/Midwife-to-Patient Ratios;
- practical and effective well-being initiatives; and
- real and constructive improvement to workplace culture.

1.3. The petition was referred to the Standing Committee on Health and Community Wellbeing under standing order 99A.² On 9 August 2022, the committee resolved to inquire into and report on Petition 19-22. The committee advised the Assembly of this decision through a 246A statement in the Assembly on 21 September 2022.³

¹ ACT Legislative Assembly, *Minutes of Proceedings*, No 55, 3 August 2022, p 756.

² ACT Legislative Assembly, *The standing orders and continuing resolutions of the Assembly*, as at 9 October 2023, standing order 99A, available at: https://www.parliament.act.gov.au/parliamentary-business/in-the-chamber/standingorders/standing_orders

³ ACT Legislative Assembly, *Minutes of Proceedings*, No 59, 21 September 2022, p 808.

Conduct of inquiry

- 1.4. On 13 September 2022, the committee published a media release announcing the inquiry and inviting public submissions by 9 December 2022.⁴
- 1.5. On 6 December 2022 the committee agreed to extend the closing date for submissions to 27 January 2023.⁵ The committee received 15 submissions which were published on the inquiry webpage and are listed at Appendix A.
- 1.6. The committee also issued a media release on 13 June 2023 with information about the public hearing.⁶ Public and private (in-camera) hearings were held on 14 and 20 June 2023 when the committee heard evidence from 19 witnesses listed in Appendix B. The transcript and video recording of the public hearing are available on the Assembly website.
- 1.7. Eight questions were taken on notice during the hearing as listed in Appendix C.

Handling of confidential evidence

- 1.8. During the inquiry, the committee received submissions and took evidence from vulnerable individuals. To protect and support these participants, the committee has not published these materials. Their messages and experiences are, however, consistent with published research and the views of peak bodies. Where the committee has drawn on this confidential material, it has corroborated it by also referring to publicly available sources. The committee recognises the courage of these participants and acknowledges their significant contribution to this report.

⁴ Standing Committee on Health and Community Wellbeing, 'NEW INQUIRY—Recovery Plan for Nursing & Midwifery Workers', *Media Release*, 13 September 2022.

⁵ Standing Committee on Health and Community Wellbeing, 'Inquiry into a Recovery Plan for Nursing and Midwifery Workers', *Media Release*, 6 December 2022.

⁶ Standing Committee on Health and Community Wellbeing, 'Public hearing into recovery plan for nursing and midwifery workers', *Media Release*, 13 June 2023.

2. ACT Health Services

2.1. Health services in the ACT provide health care to the ACT community and surrounding NSW residents. Public health services in the ACT are governed and delivered by:

- ACT Health Directorate (ACTHD);
- Canberra Health Services (CHS), including:
 - The Canberra Hospital (TCH);
 - University of Canberra Hospital;
 - six community Health Centres;
 - five Walk-in-Centres; and
 - community-based services;
- Calvary Public Hospital Bruce (CPHB) [now North Canberra Hospital];
- Clare Holland House; and
- Tresillian Queen Elizabeth II (QEII).⁷

Nursing and midwifery workforce

- 2.2. Nurses and midwives are essential health professionals who care for people in all ACT health and aged care settings, and they possess the qualifications, knowledge and skills to provide high quality care where and when it is needed.⁸
- 2.3. MacDonald and Stayner (2022) state that the Australian Nursing and Midwifery Federation (ANMF) has highlighted a severe shortage of nurses, however they are unable to provide a figure for the actual shortfall as the most recent national modelling was done by Health Workforce Australia in 2014, shortly before it was decommissioned.⁹ The 2014 modelling predicted that:

Australia's demand for nurses would significantly exceed supply, with a projected shortfall of 85,000 nurses by 2025 or 123,000 by 2030.¹⁰

⁷ ACT Government, *Submission 12*, p 5.

⁸ Australian Government, Department of Health and Aged Care, *About nurses and midwives*, <https://www.health.gov.au/topics/nurses-and-midwives/about> (accessed 11 October 2023).

⁹ Lucy MacDonald and Guy Stayner, 'Australia facing nursing shortage as more than two years of COVID takes its toll', *ABC News*, 22 July 2022 (updated 13 August 2022), <https://www.abc.net.au/news/2022-07-22/nursing-shortage-on-the-cards-due-to-pandemic/101253058> (accessed 12 October 2023).

¹⁰ Lucy MacDonald and Guy Stayner, 'Australia facing nursing shortage as more than two years of COVID takes its toll', *ABC News*, 22 July 2022 (updated 13 August 2022), <https://www.abc.net.au/news/2022-07-22/nursing-shortage-on-the-cards-due-to-pandemic/101253058> (accessed 12 October 2023).

- 2.4. The National Skills Commission (NSC) stated in its 2022 report that there was a shortage of staff across all Registered Nurse (RN) occupations (ANZSCO¹¹). It also noted that:

... demand for Health Professionals has strengthened considerably in recent years. The number of advertised vacancies for these workers has increased significantly since early 2020, more than doubling to be at an historic peak in July 2022. Furthermore, Health Professional occupations are predicted to experience moderate to high demand over the next five years.¹²

- 2.5. In Australia in 2022, there were 372,759 nurses and midwives, which was a 11.6 percent increase from 333,970 in 2018.¹³ The average age of nurses and midwives in Australia in 2022 was 42.6 years,¹⁴ down on the 2021 average of 43.1 years,¹⁵ and average total hours worked per week was 34.6 hours,¹⁶ up on the 2021 average of 33.9 hours.¹⁷
- 2.6. For the period 1 April to 30 June 2023, the Nursing and Midwifery Board of Australia (NMBA) reported there were 7,910 nurses and midwives holding general registration in the ACT,¹⁸ down from 7,971 for the same period in 2022¹⁹ (Table 1). The ACT Government noted in its submission that ‘what these figures do not indicate is if they are currently employed, or where they are employed (i.e., in public or private health services).’²⁰

Table 1: ACT totals for practitioners with general registration as Nurse and/or Midwife

Division	1 April to 30 June 2022 ²¹	1 October to 31 December 2022 ²²	1 April to 30 June 2023 ²³
Enrolled Nurse (EN)	976	826	858
Registered Nurse (RN)	6,124	6,157	6,165
EN & RN	172	227	234

¹¹ Australian and New Zealand Standard Classification of Occupations, 2544 Registered Nurses.

¹² Australian Government, National Skills Commission, *2022 Skills Priority List: Key Findings Report*, https://www.nationalskillscommission.gov.au/sites/default/files/2022-10/2022%20SPL%20Key%20Findings%20Report%20-%206%20October%202022_0.pdf (accessed 12 October 2023).

¹³ Australian Government, Department of Health and Aged Care, *Summary Statistics, Nursing and Midwifery Professions*, <https://hwd.health.gov.au/resources/data/summary-nrmw.html> (accessed 11 October 2023).

¹⁴ Australian Government, Department of Health and Aged Care, *Summary Statistics, Nursing and Midwifery Professions*, <https://hwd.health.gov.au/resources/data/summary-nrmw.html> (accessed 11 October 2023).

¹⁵ ACT Government, *Submission 12*, p 8.

¹⁶ Australian Government, Department of Health and Aged Care, *Summary Statistics, Nursing and Midwifery Professions*, <https://hwd.health.gov.au/resources/data/summary-nrmw.html> (accessed 11 October 2023).

¹⁷ ACT Government, *Submission 12*, p 8.

¹⁸ Nursing and Midwifery Board of Australia, Nurse and Midwife - Registration Data Table - June 2023, <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx> (accessed 11 October 2023).

¹⁹ Nursing and Midwifery Board of Australia, Nurse and Midwife - Registration Data Table - June 2022, <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx> (accessed 11 October 2023).

²⁰ ACT Government, *Submission 12*, p 8.

²¹ Nursing and Midwifery Board of Australia, Nurse and Midwife - Registration Data Table - June 2022, <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx> (accessed 11 October 2023).

²² Nursing and Midwifery Board of Australia, Nurse and Midwife - Registration Data Table - December 2022, <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx> (accessed 30 October 2023).

²³ Nursing and Midwifery Board of Australia, Nurse and Midwife - Registration Data Table - June 2023, <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx> (accessed 11 October 2023).

Division	1 April to 30 June 2022 ²¹	1 October to 31 December 2022 ²²	1 April to 30 June 2023 ²³
Midwife	237	237	242
Nurse (EN & RN) and Midwife	462	416	411
Total	7,971	7863	7,910

- 2.7. The ACT Government submission stated that, as at 26 October 2022, the nursing and midwifery headcount at CHS was 3,832, this equated to 3,223 paid full time equivalent (FTE) positions. The CPHB nursing and midwifery headcount was 1,250, equating to 987 paid FTE positions.²⁴ Using the NMBA statistics for the same period encompassing October 2022, this means that CHS and CPHB employed 61 percent of RNs in the ACT.
- 2.8. In 2020-21, the Productivity Commission reported there were an average 8.3 FTE nurses per 1,000 population in ACT public hospitals (including psychiatric hospitals), while the national average was 6.8 FTE nurses per 1,000 population.²⁵
- 2.9. The ACT Government noted in its submission that this is 'well above the national average and the second highest FTE nurses to 1000 population in Australia. This may reflect in part the ACT's role as a regional provider with a catchment that significantly exceeds the Territory population.'²⁶

Nurse salaries

- 2.10. The Australian Institute of Health and Welfare (AIHW) reported an average salary for ACT nurses in 2021–22 as \$118,958, this was the third highest salary in Australia for the period (Table 2).

Table 2: Average salaries, FTE staff,²⁷ public hospital services, states and territories, 2021–22²⁸

Nurses ²⁹	Average salary (\$)
NSW	109,936
Vic	123,650
Qld	120,448
WA	105,813

²⁴ ACT Government, *Submission 12*, p 9.

²⁵ Productivity Commission, *Report on Government Services 2023, Public Hospitals*, <https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/public-hospitals> (accessed 12 October 2023).

²⁶ ACT Government, *Submission 12*, p 8.

²⁷ Where average FTE staff numbers were not available, staff numbers at 30 June at the end of the reporting period were used. Staff contracted to provide products (rather than labour) are not included. FTE counts of less than 100 are not published.

²⁸ Australian Institute of Health and Welfare, *Admitted patients*, <https://www.aihw.gov.au/reportsdata/myhospitals/sectors/admitted-patients> (accessed 12 October 2023).

²⁹ Total includes Registered Nurses, Enrolled Nurses, student nurses and trainee nurses.

SA	108,194
Tas	116,277
ACT	118,958
NT	n/a
Total	115,567

- 2.11. Talent.com reports that the average annual nurse's salary in Australia is currently \$87,829, entry-level positions start at \$76,622, while experienced nurses can earn up to \$121,997.³⁰
- 2.12. Nursing and midwifery classifications and rates of pay for the ACT are set out in the *ACT Public Service Nursing and Midwifery Enterprise Agreement 2020-2022*. The starting wage, as at 9 June 2022, for a first year EN is \$65,934, a RN is \$72,698, a midwife is \$72,698, an Assistant in Nursing (AIN) is \$55,927 and a student nurse is \$59,679.³¹
- 2.13. Ms Rachel Stephen-Smith MLA, Minister for Health, told the committee that the ACT Government is committed to high pay for nurses and midwives, and 'our understanding is that they are about the second best paid nurses in the country, after Queensland.'³² The government is aware that it needs to continue providing high levels of pay through the enterprise bargaining agreement process to attract and retain nursing staff.³³
- 2.14. The issue of nurse salaries was highlighted in the ANMF submission Annexure A—which provided responses to a member survey conducted in December 2022—a sample of individual member responses stated in relation to wages:

How can we expect to attract new nurses and midwives when they can earn more in the public service, working Monday to Friday (and doing that from the comfort of their homes with their flexible, hybrid schedules)?³⁴

As a new graduate nurse, my pay is abysmal. No wonder most new grads only last 5 years in the nursing workforce.³⁵

Pay us properly. It's that simple. My husband who doesn't have a degree earns a lot more than I do.³⁶

I get paid to work 8 hour days but in reality work 12 hour days, the executive team are aware of this and accept this.³⁷

³⁰ Talent.com, *Nurse average salary in Australia, 2023*, <https://au.talent.com/salary?job=nurse#:~:text=Find%20out%20what%20the%20average%20Nurse%20salary%20is&text=The%20average%20nurse%20salary%20in,up%20to%20%24121%2C997%20per%20year>, (accessed 12 October 2023).

³¹ ACT Government, *ACT Public Service Nursing and Midwifery Enterprise Agreement 2020-2022*, pp 154–157.

³² Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 47.

³³ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 47.

³⁴ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [21].

³⁵ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [24].

³⁶ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [27].

³⁷ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [29].

- 2.15. This view was supported by Victoria Chard who noted in her submission that:

I have friends in the public service with absolutely no tertiary education, who work from home in their pyjamas, who don't pay for parking or petrol, who get holidays when they want, who don't have the burden of someone else's life on their hands...who earn six figures!³⁸

- 2.16. The committee noted that the ACT Government is currently negotiating the next Enterprise Bargaining Agreement with the ACT branch of the ANMF.³⁹

Committee comment

- 2.17. The committee acknowledges the skill and dedication of nurses and midwives working in the ACT, and notes that the ACT is competing with other Australian states and territories from a finite pool of health professionals. To fill current vacancies for nurses and midwives in the ACT, the committee believes that the ACT Government needs to set remuneration targets that are informed by wage levels of other competing sectors in Canberra.

Recommendation 1

The committee recommends that the ACT Government negotiate salaries for nurses and midwives in the next enterprise bargaining agreement that recognise their comparatively high skill levels and will remain competitive with remuneration offered by other states and territories in Australia and considers how to remain competitive with other high-employment sectors in the ACT.

³⁸ Victoria Chard, *Submission 5*, p [1].

³⁹ ACT Government, *Submission 12*, p 28.

3. Workforce planning

- 3.1. In 2020 nurses and midwives were the largest group of registered health professionals in Australia, with around 350,000 registered, which was 54 percent of all registered health professionals.⁴⁰ As noted in paragraph 2.5, in Australia in 2022 there were 372,759 Registered Nurses (RNs) and midwives.⁴¹
- 3.2. There are several trends being experienced across Australia that are directly affecting an already strained nursing workforce and creating continued demand for new health workers, including:
- an aging population;
 - changes in nursing roles;
 - a need for more advanced skills;
 - medical innovation and new technologies;
 - the retirement of experienced nurses;
 - an increased workload and COVID-19 burnout; and
 - inadequate pay and conditions.⁴²
- 3.3. Katelyn Mannix (2021) noted the complexity of nursing workforce planning that is dependent on the ‘interrelationship between state and federal governments, universities, regulators and private sector or not-for profit organisations’, to determine the required levels of funding, regulation, training and employment of nurses.⁴³
- 3.4. Further, the Australian Nursing and Midwifery Federation (ANMF) noted in its submission the significant concerns facing the nursing and midwifery workforce across the ACT:
- current and projected workforce shortfalls across the nursing and midwifery professions, exacerbated by high separation rates;
 - the lack of comprehensive workforce planning specific to the nursing and midwifery professions, including an absence of appropriate demographic data; and
 - chronic staffing issues, including staff shortages and a widespread lack of compliance with nurse-to-patient ratios.⁴⁴

⁴⁰ Australian Institute of Health and Welfare, *Health workforce*, <https://www.aihw.gov.au/reports/workforce/health-workforce> (accessed 13 October 2023).

⁴¹ Australian Government, Department of Health and Aged Care, *Summary Statistics, Nursing and Midwifery Professions*, <https://hwd.health.gov.au/resources/data/summary-nrmw.html> (accessed 11 October 2023).

⁴² James Cook University (JCU), *Demand for Nurses in Australia in 2023*, 28 September 2023, JCU blog <https://online.jcu.edu.au/blog/demand-for-nurses-in-australia> (accessed 13 October 2023).

⁴³ Katelyn Mannix, University of Melbourne, *The future of Australia’s nursing workforce: COVID-19 and burnout among nurses*, December 2021, p 9. https://www.unimelb.edu.au/_data/assets/pdf_file/0004/4085194/katelyn_mannix_report.pdf (accessed 13 October 2023).

⁴⁴ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, pp [3–4].

- 3.5. The committee noted that both the Australian and ACT governments have recognised the need for workforce planning across the health sector.

Government strategies and plans

- 3.6. The Australian Government has commenced development of a *National Nursing Workforce Strategy* to 'address workforce challenges and support the nursing profession to deliver person-centred, evidence-based, compassionate care to Australian communities across all sectors now and into the future.'⁴⁵ The strategy will provide future-focussed national guidance and direction for the profession and the health system with aims to:

- maintain and deliver quality, evidence-based, patient-centred care;
- build and sustain an experienced workforce;
- encourage the uptake of positions in regional, rural and remote areas; and
- support the mental health and wellbeing of the workforce.⁴⁶

- 3.7. This strategy will cover RNs, Enrolled Nurses (Ens), Nurse Practitioners (NPs), Assistants in Nursing (AINs) and students of nursing. The strategy stated that midwives are a separate profession that is considered out of scope, however it also noted that '[m]any midwives have dual registration so their perspective on nursing issues and the impact of the Strategy on them will be considered.'⁴⁷ Work on this strategy is still in the early stages, with no date for completion announced.

- 3.8. In relation to the *National Nursing Workforce Strategy*, the ACT Government submission stated that it is supporting the work of all jurisdictions to develop this framework through participation in national health workforce strategic planning committees and forums.⁴⁸ The submission also noted that:

Health workforce planning has been acknowledged as a national priority for the recovery of the health system and the ACT continues to be represented at the Health Chief Executives Forum and the specialist working group regarding the health practitioner workforce.⁴⁹

- 3.9. In its submission the ACT Government outlined the work of the ACT Health Directorate (ACTHD), in partnership with consumers, carers, peak and advocacy groups, primary health and clinical services, to launch *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030* (the framework).⁵⁰ The framework:

⁴⁵ Australian Government, Department of Health and Aged Care, *National Nursing Workforce Strategy*, <https://www.health.gov.au/our-work/national-nursing-workforce-strategy> (accessed 13 October 2023).

⁴⁶ Australian Government, Department of Health and Aged Care, *National Nursing Workforce Strategy*, <https://www.health.gov.au/our-work/national-nursing-workforce-strategy> (accessed 13 October 2023).

⁴⁷ Australian Government, Department of Health and Aged Care, *National Nursing Workforce Strategy*, <https://www.health.gov.au/our-work/national-nursing-workforce-strategy> (accessed 13 October 2023).

⁴⁸ ACT Government, *Submission 12*, p 10.

⁴⁹ ACT Government, *Submission 12*, p 10.

⁵⁰ ACT Government, *Submission 12*, p 6.

... is focused on integrating services across three areas of health—preventive health, community based services and care in hospital. The Government is working to ensure our public health system is innovative, effective and sustainable now and into the future.⁵¹

- 3.10. Underneath this framework the government has developed its *ACT Health Services Plan 2022-2030* which states that:

The ACT's health workforce delivers safe and effective patient care every day of the year – our people are affected by and will enable this plan.⁵²

- 3.11. The ACT Government has also released its 10-year *ACT Health Workforce Strategy 2022–2032* which is aimed at 'building and retaining a sustainable health workforce for the ACT and surrounding regions. The Strategy will be accompanied by Action Plans to support its implementation.'⁵³

- 3.12. The committee was also advised by Ms Rebecca Cross, Director-General, ACTHD that underneath the 10-year workforce strategy, a more detailed workforce plan covering the period 2024–26 will be developed and that this work is currently underway.⁵⁴

- 3.13. The workforce strategy identifies eight key priorities to deliver the government's vision:

- a focus on Aboriginal and Torres Strait Islander workforce and a culturally safe environment;
- investing in workforce planning and intelligence;
- promoting a collaborative health system;
- embracing diversity and a culture of respect to deliver a safe and welcoming workplace;
- delivering excellence;
- rewarding careers;
- stepping into the future; and
- advocating for reform.⁵⁵

- 3.14. Ms Kellie Lang, Executive Director, Nursing, Midwifery and Patient Support Services, Canberra Health Services (CHS), advised the committee that the *Nursing and Midwifery*

⁵¹ ACT Government, *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030*, https://www.health.act.gov.au/sites/default/files/2020-07/Strategic%20Framework_Feb%202020_FINAL%20MIN%20ENDORSED.pdf (accessed 16 October 2023).

⁵² ACT Government, *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*, p 4, https://www.health.act.gov.au/sites/default/files/2022-09/ACT%20Health%20Services%20Plan_2022%20to%202030.pdf (accessed 16 October 2023).

⁵³ ACT Government, ACT Health Directorate, *ACT Health Workforce Strategy 2022-2032*, p 6, <https://www.health.act.gov.au/sites/default/files/2023-05/Workforce%20Strategy%202023%2020230501.pdf> (accessed 13 October 2023).

⁵⁴ Ms Rebecca Cross, Director-General, ACT Health Directorate, *Committee Hansard*, 14 June 2023, p 50.

⁵⁵ ACT Government, ACT Health Directorate, *ACT Health Workforce Strategy 2022–2032*, pp 15–16, <https://www.health.act.gov.au/sites/default/files/2023-05/Workforce%20Strategy%202023%2020230501.pdf> (accessed 13 October 2023).

Workforce Plan 2022–23, which aligns with the ACT Government’s *ACT Health Workforce Strategy 2022–2032*, was introduced in May 2022. She noted ongoing work to implement this plan, including:

- identification of specifications of required baseline nursing (including the necessary skill mix) for inpatient wards;
 - identification of workforce gaps;
 - establishment of a central nursing and midwifery workforce unit; and
 - increasing the capability of nurse leaders, including the development of a community of practice.⁵⁶
- 3.15. The committee acknowledged the work of the government in developing the various strategies and plans to support the workforce delivering health services to ACT residents.

A workforce plan

- 3.16. The committee received evidence both through submissions to the inquiry and during the public hearings on the need for a workforce plan for ACT nurses and midwives.
- 3.17. The Australian College of Nursing (ACN) noted in its submission that ‘improved workforce planning is essential in all areas of the health workforce but particularly in relation to nursing, as the largest single health profession and one facing particularly acute shortages.’⁵⁷
- 3.18. The ACN submission also highlighted the complexity of workforce planning due to the many variables such as the diverse nature of staffing activities, staff turnover and a range of different health issues of patients. They also believe that without standardised terminology, it will be very difficult to quantify nursing care, which is a requirement for effective workforce planning.⁵⁸ It noted that there is currently no national dataset for nurses and nurse care; instead it is fragmented across jurisdictions, hindering the ability of governments to deliver health care to meet changing care needs.⁵⁹
- 3.19. This view was reinforced by Ms Linda Davidson, National Director, Professional Practice, ACN, who told the committee that:

Improved workforce planning is essential in all areas of the health workforce, particularly given the global shortage of healthcare workers. Having a workforce that meets the needs of the patient and the community is essential, and the knowledge of and skills to develop an appropriate workforce is vital.⁶⁰

⁵⁶ Ms Kellie Lang, Executive Director, Nursing, Midwifery and Patient Support Services, Canberra Health Services, *Committee Hansard*, 14 June 2023, pp. 48–49.

⁵⁷ Australian College of Nursing, *Submission 3*, p [7].

⁵⁸ Australian College of Nursing, *Submission 3*, p [2].

⁵⁹ Australian College of Nursing, *Submission 3*, p [2].

⁶⁰ Ms Linda Davidson, National Director, Professional Practice, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 13.

- 3.20. In its submission the ANMF also advocated for a comprehensive nursing and midwifery specific workforce plan, which should include consideration of strategies to attract and retain staff.⁶¹ To meet the health needs of a growing city, robust workforce planning was needed to ensure that nurses and midwives are supported across every stage of their career pathway.⁶²
- 3.21. In addition, in its response to a question taken on notice at the public hearing for the inquiry, the ANMF cited excerpts from its submission in 2019 to the 2020–21 ACT Budget consultation process, in which the ANMF identified the need for the ACT Government to:
- ‘develop a comprehensive and strategic workforce development program that improves the public healthcare system’s capacity, [in particular] to address current and future demand for midwifery services’, and that this work would include ‘the development of a 3-year workforce development strategy that drives the tertiary sector to educate the right number of highly skilled Nurse/Midwives and Midwives for now and into the future’.⁶³
- 3.22. The ANMF also informed the committee that it had made public comments as recently as May 2022 that ‘one of the union’s main concerns was around workforce planning’.⁶⁴ In its view workforce planning is limited, and where it does occur it is ‘broad high-level, principle-based documents’ which do not deliver practical active reform measures or address profession specific concerns.⁶⁵

Committee comment

- 3.23. The committee noted that the evidence provided through the inquiry process identified workforce planning as a necessary element to improving the delivery of a safe and effective health care system. The committee acknowledged that the ACT Government has commenced work in this area and suggests that it formalise a single workforce plan in consultation with nursing and midwifery workers to ensure the wellbeing of this workforce and patients.

Recommendation 2

The committee recommends that the ACT Government, in partnership with a broad range of stakeholders, identify and centralise, from current national and local health workforce strategies, goals and driving actions that are relevant to nurses and midwives to develop a single workforce plan.

- 3.24. In order to support this recommendation, the committee, informed by the evidence sourced during its inquiry, has identified that the workforce plan needs to be supported by robust data and include measures with timelines to enable scrutiny of the plan’s progress.

⁶¹ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [1].

⁶² Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [1].

⁶³ Australian Nursing and Midwifery Federation (ACT Branch), *answer to QTON 3*, received 3 July 2023.

⁶⁴ Australian Nursing and Midwifery Federation (ACT Branch), *answer to QTON 3*, received 3 July 2023.

⁶⁵ Australian Nursing and Midwifery Federation (ACT Branch), *answer to QTON 3*, received 3 July 2023.

Workforce shortages

- 3.25. Nursing and midwifery workforce shortages were identified as an issue in paragraph 2.3 of this report. The ANMF submission expanded on this issue, noting that:

Five-year national projections published by the NSC [National Skills Commission] identified Registered Nurses to be among the occupations with the highest employment growth by 2026, at a projected increase of 40,400 RNs. However, the occupation was similarly projected to be among those with the highest number of job openings, with available positions expected to be at 167,500. This suggests that the rate of growth projected under current policies is insufficient to balance the projected level of demand.⁶⁶

- 3.26. The ANMF submission also noted that data shows there are an increasing number of students commencing nursing courses, therefore it believes that current workplace shortages are not due to a lack of interest, rather they are the result of people leaving the profession.⁶⁷
- 3.27. The shortage of nursing and midwifery workers was intensified by the COVID-19 pandemic⁶⁸ which caused pressures on the nursing and midwifery workforce such as 'increased burnout, inadequate working conditions, and restrictions on overseas-trained nurses wanting to work in Australia'.⁶⁹ A report by the International Council of Nurses (2021) notes that 'more than two thirds of the nurses surveyed reported fatigue or burnout'.⁷⁰ Locally, the bushfires in the surrounding regions of the ACT further affected the workforce.⁷¹
- 3.28. The ACN submission also noted the impact of COVID-19 on the training of the next generation of nurse and midwives. Domestic nursing students 'struggle to find secure undergraduate placements, which means they are unable to meet the requirements to graduate, and therefore to be registered and work as a registered nurse'.⁷²
- 3.29. The committee noted the industry's concern at the shortage of healthcare workers in the ACT. In its submission to the inquiry the ANMF cites the finding of the Australian Government NSC 2021 that '...[a]mong the states and territories, the ACT attracted the lowest average number of suitable applicants per vacancy for health professionals'.⁷³

⁶⁶ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [5].

⁶⁷ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [5].

⁶⁸ ACT Government, *Submission 12*, p 10.

⁶⁹ Australian College of Nursing, *Submission 3*, p [1].

⁷⁰ Australian College of Nursing, *Submission 3*, p [2].

⁷¹ Australian College of Nursing, *Submission 3*, p [2].

⁷² Australian College of Nursing, *Submission 3*, p [3].

⁷³ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [5].

Workforce retention

3.30. The ANMF expressed concern at the exodus of experienced nurses from the workforce:

...the rates of resignation in the ACT were highest among staff with more than 20 years' service, raising concerns over the deterioration of the territory's most senior nursing workforce and subsequent loss of knowledge, both professional and corporate.⁷⁴

3.31. Adjunct Professor Kylie Ward, Chief Executive Officer, ACN, also highlighted the importance of the retention of experienced nurses during the public hearing, stating:

To retain anybody at any stage in their career is important. The way that people are valued and invested in is absolutely important—not only if they choose to stay in Canberra but also other states and territories are getting very competitive.⁷⁵

3.32. Concerning to the committee were the statistics provided in the ANMF submission that in the ACT:

- 700 experienced nurses left the system in 2021–2022 (this is almost 1 in 5);
- a 2022 survey indicated 74 percent of staff had considered leaving their job in the last 12 months and 49 percent had considered leaving the profession;
- the reported separation rate for CHS and Calvary Public Hospital Bruce (CPHB) [now North Canberra Hospital] staff is 11 percent, compared to 8.2 percent for the ACT Public Service; and
- resignation rates were highest amongst staff with more than 20 years' experience.⁷⁶

3.33. Midwife shortages are also an issue. Academics from the Discipline of Midwifery at the University of Canberra (UC) cited in their submission research that identified the reasons why midwives leave the profession in Australia:

- bullying;
- poorly supported by management;
- overmedicalisation of childbirth;
- unmanageable workloads;
- fragmented system (woman unknown to midwife);
- lack of midwifery autonomy in decision-making;
- fear of litigation; and
- inflexible or poor rostering.⁷⁷

⁷⁴ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [6].

⁷⁵ Adjunct Professor Kylie Ward, Chief Executive Officer, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 14.

⁷⁶ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [6].

⁷⁷ Discipline of Midwifery, University of Canberra, *Submission 15*, p [1].

- 3.34. The ACN noted the challenge in retaining nurses in the workforce after graduation. This predicament is caused by:
- barriers that prevent nurses from working to their full capacity of training and experience;
 - workplace culture; and
 - lack of tangible support to thrive in their role (for example, mentoring and continual professional development).⁷⁸

Accountability—Measures and timelines

- 3.35. The committee noted that the strategic priorities and early actions for workplace planning are outlined in the *ACT Health Workforce Strategy 2022–2032*⁷⁹ however there is no indication of who is responsible for each action and the timeline for completion.⁸⁰
- 3.36. The Minister for Health provided the committee with a table detailing who is responsible for delivering each of the *ACT Health Workforce Strategy 2022–2032* strategic priorities and early actions, including a progress update and the estimated timeline to completion. As at 27 July 2023, of the 23 early actions identified in the strategy, one had been completed, 13 had commenced and nine had not yet commenced.⁸¹ Of the 22 early actions still to be completed, two were expected be completed by the end of 2023, nine by the end of 2024, one by 2025, one by 2027 and nine are ongoing.⁸²
- 3.37. The committee noted that the ANMF had been asking the ACT Government to develop a workforce strategy for a number of years, and asked if the recently released strategy met the workforce planning needs for ACT nurses and midwives.⁸³
- 3.38. Mr Matthew Daniel, Branch Secretary, ANMF ACT Branch, stated that accountabilities need to be obvious, including how and who they will be delivered by. He stated that ‘[u]nless the workforce plans incorporate those elements, they will just sit on a shelf’.⁸⁴ He further noted that services are delivered in the wards, therefore accountability needs to be down to the ward level. To understand and plan for the workforce you need to know who is working in each ward, numbers of staff, skill levels, and staff demographics including retirement plans to help identify the gaps. He further stated that ‘[u]nless you have those

⁷⁸ Australian College of Nursing, *Submission 3*, p 4.

⁷⁹ ACT Government, ACT Health Directorate, *ACT Health Workforce Strategy 2022–2032*, pp 15–16, <https://www.health.act.gov.au/sites/default/files/2023-05/Workforce%20Strategy%202023%2020230501.pdf> (accessed 16 October 2023).

⁸⁰ Mr Johnathan Davis MLA, Chair of the Standing Committee on Health and Community Wellbeing, *Committee Hansard*, 14 June 2023, p 49.

⁸¹ Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTONS 4 and 5*, received 28 July 2023.

⁸² Ms Rachel Stephen-Smith MLA, Minister for Health, *answer to QTONS 4 and 5*, received 28 July 2023.

⁸³ Mr Michael Petterson MLA, Standing Committee on Health and Wellbeing, *Committee Hansard*, 14 June 2023, p 38.

⁸⁴ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT Branch, *Committee Hansard*, p 38.

fundamentals, you will not understand what the opportunities and the threats are at that clinical service delivery level’ and he thinks that data collection is currently ‘patchy’.⁸⁵

Workforce data

3.39. The committee also heard from the government that the workforce data collected for the public sector now provides a better picture on the systems, staff and skills mix.⁸⁶ However there are areas of insufficient or incomplete data collection impacting workforce planning for the private sector health workforce, particularly in the unregulated professions.⁸⁷

3.40. Mr Dave Pepper, Chief Executive Officer, CHS advised the committee that:

We have still got some way to go, particularly in our community settings. But, in our inpatient wards and settings, we now have quite good data that we can pull and report on.⁸⁸

3.41. Mr Pepper also highlighted the work of CHS in the last 12 months to increase the pool of relief nursing staff, noting that these have increased from 44 to 74 RNs and 10 to 26 ENs, which is a major help in managing staff shortfalls on a daily basis.⁸⁹ Other statistics highlighted by Mr Pepper were that casual hours worked per month by the nursing workforce were at 7,000, down from 10,000 in May 2022, and acute overtime shifts have decreased from 792 in May 2022, to 391 in May 2023.⁹⁰ The government accepts there are still issues, but things have improved in the past 12 months and the government is working to ensure improvements continue to be made.⁹¹

Committee comment

3.42. The committee recognises that in order to remedy nursing and midwifery workforce shortages, the ACT Government needs to ensure detailed data on the workforce is available to inform the ACT workforce plan. This includes data on education and graduates, recruitment and retention (including why nurses are leaving the profession), staff demographics (including retirement/leave, e.g. maternity plans) and patient/population demographics (to gauge service demand).

Recommendation 3

The committee recommends that the ACT Government collect robust data to inform workforce planning.

⁸⁵ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT Branch, *Committee Hansard*, pp 38–39.

⁸⁶ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 51.

⁸⁷ Ms Rebecca Cross, Director-General, ACT Health Directorate, *Committee Hansard*, 14 June 2023, p 51.

⁸⁸ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 52.

⁸⁹ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 57.

⁹⁰ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 62.

⁹¹ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 62.

Recommendation 4

The committee recommends that the ACT Government provide measures and timelines for actions identified in any future published workforce plans.

Attracting and supporting an international workforce

- 3.43. The Australian Government's Department of Home Affairs (Home Affairs) administers the skilled migration program, which allows the ACT Government to nominate applicants for two types of skilled migration visas: Skilled Work Regional Visa (subclass 491 – provisional), and Skilled Nominated Visa (subclass 190 – permanent). While the ACT Government administers the skilled worker nominations, applicants must meet the requirements of the visa program that is administered by Home Affairs before they can be accepted as a skilled migrant to work in the ACT.⁹²
- 3.44. The 2021 Australian Census data 'shows over 40 per cent of RNs and Aged and Disabled Carers were born overseas, with almost 40,000 arriving since 2016.' It also found that the number of RNs grew by 19 percent between 2016 and 2021.⁹³
- 3.45. MacDonald and Stayner (2022) noted that the number of registered, but non-practicing, nurses and midwives has increased by 63 percent in the five years to 2021. They also noted that nearly 30 percent of the current workforce comes from a culturally and linguistically diverse background.⁹⁴
- 3.46. The ACN, in its submission, noted that to help fill nurse shortages 'the Australian Government has committed to prioritising almost 60,000 permanent visa applications'. They further noted that competition for nursing staff between state and territory governments is fierce, with Victoria, New South Wales, Queensland and Western Australia offering various relocation and financial incentives. In this highly competitive market policy options for attracting internationally qualified nurses to live and work in ACT will need to be considered by the government.⁹⁵
- 3.47. The South Asian Research and Advocacy Hub (SARAH), Australian National University, noted in its submission that relocation allowances are a short-term solution because the race to poach staff from each other will not ultimately improve the overall levels of staff in the system.⁹⁶ The committee was told that the demand for nurses was not being met domestically and that:

⁹² ACT Government, *Skilled Migrants—ACT Nomination*, <https://www.act.gov.au/migration/skilled-migrants/act-government-process> (accessed 16 October 2023).

⁹³ Australian Bureau of Statistics, 'A caring nation – 15 per cent of Australia's workforce in Health Care and Social Assistance industry', *Media Release*, 12 October 2022.

⁹⁴ Lucy MacDonald and Guy Stayner, 'Australia facing nursing shortage as more than two years of COVID takes its toll', *ABC News*, 22 July 2022 (updated 13 August 2022), <https://www.abc.net.au/news/2022-07-22/nursing-shortage-on-the-cards-due-to-pandemic/101253058> (accessed 12 October 2023).

⁹⁵ Australian College of Nursing (ACN), *Submission 3*, p 5.

⁹⁶ South Asian Research and Advocacy Hub (SARAH), *Submission 14*, p [4].

Immigration can help plug the gap, but only if the environment is conducive to supporting migrant nurses and helping them stay in the profession.⁹⁷

3.48. Mr Rojan Joshi, Undergraduate Researcher, SARAH noted that South Asian nurses are a prominent part of the nursing workforce. He also advised the committee that of the 40 percent of RNs in Australia that were born overseas, India and Nepal alone make up 20 percent of this number.⁹⁸

3.49. In its submission, SARAH noted that a barrier to attracting nurses and midwives from overseas is the complexity of immigration procedures and the lengthy time taken for granting visas in Australia:

The procedure for granting visas in Australia acts as a disincentive. The wait times for visa and permanent residence applications are far longer than its competitors. In Canada, it takes between 106 to 365 days. Meanwhile, it takes Australia at least 182.5 days to process Skilled Working Visas and there are cases of people waiting up to 730 days. ... Consequently, skilled immigrants have a choice of country, and those options are now faster and more accessible. For many, Australia's wonderful opportunities are not enough to justify the wait for a visa when a similar lifestyle can be achieved elsewhere for a fraction of the time.⁹⁹

3.50. SARAH's observations were also echoed by the ANMF:

Culturally and linguistically diverse employees comprise 36 per cent of CHS staff, though data is not available specifically in relation to those in nursing and midwifery positions and to the proportion on temporary visas. ACT Health workforce planning appears to have limited focus on cultural diversity, and measures such as temporary skilled migration are perceived as a response to workforce shortages rather than a strategy to develop a more diverse and sustainable permanent workforce.¹⁰⁰

3.51. The ACT Government maintains a critical skills list for the ACT. This is published annually, prior to a new financial year, to identify occupations in demand and 'to make sure that the ACT Migration Program adapts and responds to the evolving critical skills needs of the ACT economy.'¹⁰¹ The overall number of nursing and midwifery positions available for skilled workers in the ACT is currently capped at 50 people as outlined in Table 3.

Table 3: ACT Critical Skills List—April 2023¹⁰²

⁹⁷ Mr Rojan Joshi, Undergraduate Researcher, South Asian Research and Advocacy Hub (SARAH), Australian National University, *Committee Hansard*, 14 June 2023, p 2.

⁹⁸ Mr Rojan Joshi, Undergraduate Researcher, South Asian Research and Advocacy Hub (SARAH), Australian National University, *Committee Hansard*, 14 June 2023, pp 2–3.

⁹⁹ South Asian Research and Advocacy Hub (SARAH), *Submission 14*, p [5].

¹⁰⁰ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [15].

¹⁰¹ ACT Government, Skilled Migrants—ACT Critical Skills List, <https://www.act.gov.au/migration/skilled-migrants/act-critical-skills-list> (accessed 16 October 2023).

¹⁰² ACT Government, Skilled Migrants—ACT Critical Skills List, <https://www.act.gov.au/migration/skilled-migrants/act-critical-skills-list> (accessed 16 October 2023).

ANZSCO Unit group	Unit group	Occupation cap
Midwives	2541	10 or less
Nurse Educators and Researchers	2542	5 or less
Nurse Manager	2543	5 or less
Registered Nurses	2544	30 or less
Total		50

- 3.52. During the public hearing, the committee heard evidence from Mr Alexander Titus, Undergraduate Researcher, SARAH, who suggested the ACT Government critically evaluate its quota of nominated places for skilled migration visas, and modify if necessary, to reflect the current and future demand for nurses and midwives.¹⁰³
- 3.53. SARAH suggested in its submission that if another skilled profession on the *ACT Critical Skills List* does not find workers for its allocation of visas, the ACT Government consider reallocating those unfilled visas to support more skilled migrants for nursing or other health professions that save lives.¹⁰⁴

Committee comment

- 3.54. The committee understands the importance of immigrant nurses and midwives to reduce the workforce shortage and therefore recommends that the ACT Government successfully support the international nursing and midwifery workforce.

Recommendation 5

The committee recommends that the ACT Government prioritise nurses and midwives through the Territory's Skilled Migration Program.

¹⁰³ Mr Alexander Titus, Undergraduate Researcher, South Asian Research and Advocacy Hub (SARAH), Australian National University, *Committee Hansard*, 14 June 2023, p 6.

¹⁰⁴ South Asian Research and Advocacy Hub (SARAH), *Submission 14*, p [4].

4. Positive Practice Environment Standards

- 4.1. To support the government's various strategies and plans, evidence presented to the committee identified Positive Practice Environment Standards as an important tool to help improve the working conditions for nurses and midwives in the ACT health system.
- 4.2. Julianne Bryce (2023) identified that heavy workloads and the lack of a positive practice environment contribute to nurses' and midwives' stress, burnout and fatigue. Positive practice environments promote excellence in the workplace to 'ensure the health, safety and personal wellbeing of staff, support safe, quality person-centred care and improve the motivation, productivity and performance of individuals and organisations.'¹⁰⁵
- 4.3. The World Health Professions Alliance noted that health workplaces around the world are often poor quality and that a good health workplace is good for patients:

Such environments weaken an employer's ability to meet the organisation's performance targets and make it more difficult to attract, motivate and retain staff. Unrealistic workloads, poorly equipped facilities, unsafe working conditions and unfair compensation feature among the many factors affecting the work life and performance of today's health care professionals and health care workers.

There are key elements in the workplace that strengthen and support the workforce and in turn have a positive impact on patient outcomes and organisational cost effectiveness. These factors, when in place and supported by appropriate resources (both financial and human), go a long way in ensuring the establishment and maintenance of effective health care professional workforce and ultimately the overall quality of health systems.¹⁰⁶

- 4.4. In Australia Positive Practice Environment Standards have been developed in Queensland by the Queensland Nurses and Midwives' Union (QNMU).¹⁰⁷ These positive practice environment standards were included in the latest *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* and identified the following elements for creating a positive practice environment:
 - nurses and midwives must have safe workloads;
 - nurses and midwives must practice in a physically, psychologically and culturally safe environment;
 - nurses and midwives must work in an environment that promotes autonomous and collaborative practice;

¹⁰⁵ Julianne Bryce, 'The perfect place to work', *Australian Nursing & Midwifery Journal*, 18 January 2023, <https://anmj.org.au/the-perfect-place-to-work/> (accessed 16 October 2023).

¹⁰⁶ World Health Professions Alliance, *Key Characteristics of Positive Practice Environments for Health Care Professionals*, p 1, https://www.whpa.org/sites/default/files/2018-11/WHPA-positive_practice_environments-key_characteristics-EN.pdf (accessed 16 October 2023).

¹⁰⁷ Queensland Nurses and Midwives' Union, (2020), *Positive Practice Environment Standards for Nursing and Midwifery*, p 4, <https://www.qnmnu.org.au/Web/Campaigns/PPE-Standards.aspx> (accessed 17 October 2023).

- nurse and midwives must be actively included in organisational governance and decision making;
 - nurses and midwives must lead and/or participate in research and innovation; and
 - nursing and midwifery leadership must be recognised at all levels.¹⁰⁸
- 4.5. The Australian Nursing and Midwifery Federation (ANMF) submission pointed to Positive Practice Environment Standards as being a key initiative needed for any recovery plan for nurses and midwives.¹⁰⁹ Mr Daniel told the committee during hearings that the QNMU Positive Practice Environment Standards implemented through the Queensland enterprise agreement ‘...were very successful in improving culture, ratios, safety, leadership—all sorts of areas.’¹¹⁰ He also stated that he believed that the implementation of enforceable positive practice standards in the ACT health system will positively influence workplace culture.¹¹¹
- 4.6. The committee learned through its public hearing that the ACT Government is keen to collaborate with unions and professional organisations to support the challenges in improving the health workforce. In reference to a potential collaborative process with the ANMF concerning positive practice environment standards, the Minister for Health told the committee:
- Our enterprise agreement negotiations, in addition to pay and conditions, have been very much focused on phase 2 of ratios, but this does seem like something that could potentially be taken forward, as part of the Towards a Safer Culture considerations into the future. I am speaking completely out of turn here, but that is a collaborative process with the ANMF, so I would certainly say that if they want to raise that through that process, or through enterprise agreement negotiations, we would be very willing to have that conversation.¹¹²
- 4.7. It is the committee’s view that the Positive Practice Environment Standards developed by the QNMU and the subsequent implementation of these standards through the *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* are a sound model to support the realisation of a recovery plan for nursing and midwifery workers in the ACT. Therefore, the committee recommends that a consolidated set of positive practice environment standards for nursing and midwifery in the ACT be developed to support the ACT Government’s current strategies and programs.

¹⁰⁸ Queensland Industrial Relations Commission, *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022*, 2022 [Matter No. CB/2022/133] (as at 7 December 2022), p 6, https://www.qirc.qld.gov.au/sites/default/files/2022-12/2022_cb133.pdf (accessed 17 October 2023).

¹⁰⁹ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [1].

¹¹⁰ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 32.

¹¹¹ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 29.

¹¹² Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 69.

Recommendation 6

The committee recommends that the ACT Government collaboratively and constructively engage with the ACT Branch of the Australian and Midwifery Federation in order to develop and implement, through the ACT Public Sector Nursing and Midwifery Enterprise Agreement, an agreed set of positive practice environment standards for nursing and midwifery in the ACT.

- 4.8. In order to support this recommendation, the committee, informed by the evidence sourced during its inquiry, has identified components that would support the development of Positive Practice Environment Standards for the nurses and midwives working in the ACT health system.

Staffing levels and workloads

- 4.9. The committee outlined in chapter 3 the staffing shortages being experienced in health systems across all Australian states and territories. The recruitment and retention of nurses and midwives is a critical component for maintaining a positive work environment through safe staffing levels and workloads.

- 4.10. The Health Care Consumers' Association (HCCA) submission expressed its concern at the effect of a workforce in crisis on the standard of health care, with burnout being a serious issue.¹¹³ The HCCA cites the World Health Organization's definition of 'burnout' as:

the ineffective management of workplace stressors which culminates in emotional exhaustion, depersonalisation and feelings of reduced professional accomplishment.¹¹⁴

- 4.11. The HCCA submission noted burnout in the health workforce contributed to staff turnover, illness, psychological distress and compassion fatigue. This in turn creates risks to healthcare consumers through a decreased capacity of the nursing and/or midwifery workforce to deliver effective, safe and high-quality care.¹¹⁵ Its submission further noted that the erosion of quality health care can contribute to preventable deaths.¹¹⁶

¹¹³ Health Care Consumers' Association, *Submission 9*, p 3.

¹¹⁴ Health Care Consumers' Association, *Submission 9*, p 3.

¹¹⁵ Health Care Consumers' Association, *Submission 9*, p 3.

¹¹⁶ Health Care Consumers' Association, *Submission 9*, p 3.

- 4.12. During the public hearing, Australian College of Nursing (ACN) advocated for a baseline of staffing that demonstrated recognition, in addition to adequate numbers of nursing staff, to allow:

...clinical judgment, expert decision-making; the need for therapeutic relationships, our assessment and our observation, particularly if there is a deteriorating patient or ... supporting somebody to have a dignified death. That may take all...[one's] resources that shift.¹¹⁷

- 4.13. The committee understands that the notion of baseline in relation to workforce planning refers to the minimum number of nursing or midwifery staff that is required on a specified ward during a shift. Ms Lang advised the committee that Canberra Health Services (CHS) has done work to ascertain the workforce skill mix through the collection of baseline data for nurses per ward, stating:

We have done a lot of work on looking at exactly what our skill mix is—our R[egistered] N[urses], E[nrolled] N[urses] and years of experience et cetera—for every single ward that we have at the hospital. ... We can work closely now, and it is all stored centrally so that all the managers, the directors of nursing—everybody—can see that information and it is updated live each time the manager changes anything within their roster or their staffing establishment. So it is really their establishment report, baseline. We can see where there are gaps in their workforce, such as whether they are identifying people who are working towards going on maternity leave—planning in relation to that. This enables us to help the managers then fill their workforce shortfalls.¹¹⁸

- 4.14. The ACT Government noted in its submission that it is recruiting additional health professionals, stating that it:

... has been focused on improving workloads across public health services to bring greater job satisfaction and support wellbeing. Funding appropriated through ACT budgets since the 2020 election will see delivery of the commitment to employ 400 additional health professionals through this term of the Assembly by the end of this financial year.¹¹⁹

- 4.15. The committee noted that workloads can be reduced through the collection of accurate workforce data to inform the planning of work rosters and to meet targets for nurse/midwife-to-patient ratios.

¹¹⁷ Adjunct Professor Kylie Ward, Chief Executive Officer, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 17.

¹¹⁸ Ms Kellie Lang, Executive Director, Nursing, Midwifery and Patient Support Services, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 48.

¹¹⁹ ACT Government, *Submission 12*, p 13.

Nursing Rosters

- 4.16. Adjunct Professor Ward noted that hospitals have 24-hour rosters, which establish the staff required to meet core service delivery requirements. However, planning also needs to take into consideration vacant positions and annual, sick and potential maternity leave, as these staff absences will need to be covered by other staff.¹²⁰
- 4.17. In its submission, the ACN noted that flexible workloads are needed to attract, amidst a nursing shortage, nurses who have left the profession to return providing, for example, 'the opportunity to work shorter hours, part-time and in less physically demanding areas'.¹²¹
- 4.18. The ANMF noted in its submission, a prevalence of 'fatiguing rostering patterns' characterised by 'late-early shifts, double shifts, 18-hour shifts, and being rostered 6/7 consecutive days'. Fatigue is the result of the sleep deprivation that results from these roster patterns and which 'may contribute to poor decision-making and has negative ramifications for safety and quality. It is also a driver for worker dissatisfaction and psychosocial distress'.¹²² It also highlighted the 'limited availability of flexible working arrangements' and a 'poor skill mix resulting in a reliance on less qualified and unregulated staff'.¹²³
- 4.19. Mr Daniel told the committee during hearings that nurses and midwives are a predominantly female workforce with caring responsibilities. Constantly changing staff rosters that are characterised by inconsistent working hours compromises nurses' and midwives' ability to fulfil child and parental care responsibilities in their personal lives.¹²⁴ This view was supported by another submitter, who stated that:
- 87% of the nursing workforce in Australia is female. Yet our access to flexible workplace arrangements post having children is poor. Childcare services and out of hours after school care only offer provision of care to children between the hours of 0700 and 1800. (Occasionally a rare day care opens at 0630).¹²⁵
- 4.20. The submission from ANMF informed the committee about the current rostering project between the ANMF (Vic Branch) with Safer Care Victoria, the Department of Health and three Victorian health services, which is investigating ways to support 'employee-centred' rostering, through its 'nursing and midwifery rostering project'. The project is informed by the branch's workforce retention survey of its members who are employed in the public sector:

¹²⁰ Adjunct Professor Kylie Ward, Chief Executive Officer, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 18.

¹²¹ Discipline of Midwifery, University of Canberra, *Submission 15*, p [2].

¹²² Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [9].

¹²³ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [4].

¹²⁴ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 37.

¹²⁵ Name withheld, *Submission 10*, p [1].

Underpinning the project is a focus on best-practice fatigue management principles, better use of rostering technology, more flexible work arrangements including fractional loads, protecting CPD [continued professional development] time, minimising multiple handovers and protecting continuity of care.¹²⁶

- 4.21. The ACT Government noted in its submission that the Office of the Chief Nursing and Midwifery Officer has commenced work to review staffing profiles, rostering best practice and Models of Care.¹²⁷ It further noted that to build functions that support contemporary workforce practices, the 2022–23 ACT Budget included \$2.4 million for the first phase of delivering a modern rostering system at CHS.¹²⁸
- 4.22. Mr Daniel told the committee that rosters comprising set days, which are also finalised and provided to staff well in advance, enable nurses and midwives to plan their caring responsibilities outside the workplace.¹²⁹ He noted that employment rosters and contracts of employment that have consistently set days do not only benefit nurses and midwives.

There are all the flow-on benefits if you do not have the overhead costs of nurse managers sitting in rooms, trying to juggle rosters, trying to adjust to the needs of nurses and midwives.¹³⁰

- 4.23. The committee noted that the ACT Health (Budget Paper C) for 2022–23 lists as one of its priorities an ‘improved rostering solution for patient demand’.¹³¹ The ACT Health (Budget Paper C) for 2023–24 included funds for the ‘implementation and integration of a modern rostering system’.¹³²

Committee comment

- 4.24. The committee believes that positively addressing the concerns about rostering is an important factor in supporting safe working conditions for staff and will help with retention of existing nurses and midwives in the workplace. It also noted that to assist nurses’ retention, rostering systems that include the option of a fixed-day roster—where nurses are assigned to work the same hours and days each week—would provide more certainty for nurses juggling work and caring responsibilities.

¹²⁶ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [10].

¹²⁷ ACT Government, *Submission 12*, p 13.

¹²⁸ ACT Government, *Submission 12*, p 13.

¹²⁹ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 37.

¹³⁰ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 37.

¹³¹ Chief Minister, Treasury and Economic Development Directorate, Budget Papers—Budget Statements C, p 54 <https://www.treasury.act.gov.au/budget/budget-2022-23/home> (accessed 17 October 2023).

¹³² Chief Minister, Treasury and Economic Development Directorate, Budget Papers—Budget Statements C, p 55 <https://www.treasury.act.gov.au/budget/budget-2023-24/budget-2023-24> (accessed 17 October 2023).

Recommendation 7

The committee recommends that the ACT Government implement a trial of fixed-day rosters for nurses that assigns work for the same hours and days each week and considers what rostering changes can assist midwives that is consistent with midwife-led continuity of care.

Workforce ratios

- 4.25. Nurse-to-patient ratios are an important component in workforce plans and positive practice environment standards. Research indicates they have both practical and symbolic significance:

For nurses all over the world, ratios have both a concrete and symbolic significance. In very practical terms, many nurses believe that mandated ratios are the only way to exert professional control over workloads that can otherwise jeopardize the health and recovery of patients, as well as the health of nurses who care for them. On a more symbolic level, for many bedside nurses, ratios mean that society takes nurses and nursing seriously. Ratios are a way of addressing the paradox of a society that increasingly frets about recruiting new candidates to nursing while failing to improve working conditions that drive them away from the bedside.¹³³

- 4.26. In Victoria, this significance was demonstrated by the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*, which took effect from 23 December 2015. This followed the introduction of nurse and midwife to patient ratios in 2000, based on the rationale that these ratios support the safety of patients.¹³⁴
- 4.27. Similarly, the ACT Government demonstrated its support for nurse/midwife-to-patient ratios through the memorandum of understanding (MoU) signed in 2018 by the Director-General, ACT Health Directorate (ACTHD) and the Secretary of the ANMF (ACT Branch). The purpose of the MoU is the development of a ratio framework to inform mandated nurse/midwife-to-patient ratios throughout ACT public health services.¹³⁵
- 4.28. The ACT Government submission advised that the *ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework*, developed to implement the mandated ratios, provides a 'rounding up model', where should the number of patients increase above the staffing ratio by one, an additional nurse is required to be deployed prior to the bed being occupied. This enhances workplace safety for staff and the ACT is the first jurisdiction to adopt this approach.¹³⁶

¹³³ Suzanne Gordon, John Buchanan and Tanya Bretherton (2008), *Safety in Numbers: Nurse-to-Patient Ratios and the Future of Health Care*, ILR Press: New York and London, p 4.

¹³⁴ Victoria State Government, *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*, 28 October 2022, <https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015>, (accessed 27 September 2023).

¹³⁵ ACT Government, *Submission 12*, p 11.

¹³⁶ ACT Government, *Submission 12*, pp 11–12.

- 4.29. Further, the *ACT Public Sector Nursing and Midwifery Enterprise Agreement 2020-2022* includes the minimum nurse/midwife-to-patient requirements (Schedule 10).¹³⁷ The mandated ratios in the agreement are:
- general medical/general surgical/acute aged care units:
 - minimum ratio is one nurse for every four patients during a morning or an evening shift;
 - during the night shift the minimum ratio is one nurse for every six patients;
 - there is also a supernumerary Nursing Team Leader on the morning and evening shift; and
 - adult mental health units:
 - during morning/evening/night shift, the minimum ratio is one nurse for every two patients in a high-dependency unit/area;
 - in a morning or evening shift, the minimum ratio is one nurse for every four patients in a lower-dependency unit/area;
 - during a night shift, the minimum ratio is one nurse for every six patients; and.
 - there is also a supernumerary Nursing Team Leader on the morning and evening shift.¹³⁸
- 4.30. While the ACT enterprise agreement mentions midwives in the mandated ratios schedule, ratios are only set for ‘General Medical/General Surgical/Acute Aged Care’ and ‘Adult Mental Health Unit’¹³⁹, and midwifery-specific ward ratios are absent in the Phase One implementation.¹⁴⁰
- 4.31. The enterprise agreement also necessitates monthly reporting of the ratios by the Ratios Implementation Oversight Group.¹⁴¹
- 4.32. However, the ANMF noted in its submission that members report that the mandated ratios are not being achieved.¹⁴² It stated that the Ratios Implementation Oversight Group under-reports the lack of compliance with the mandated ratios because its methodology denotes point-in-time measures within a shift, instead of a record of ratio compliance across an entire shift.¹⁴³ The committee noted the ANMF’s explanation of the implications for ratios not being met.

¹³⁷ ACT Government, *Submission 12*, p 12.

¹³⁸ ACT Government, ACT Health Directorate, Nurse/Midwife-to-patient ratios, <https://www.health.act.gov.au/health-professionals/nursing-and-midwifery-office/nurse/midwife-patient-ratios> (accessed 17 October 2023).

¹³⁹ ACT Government, *ACT Public Service Nursing and Midwifery Enterprise Agreement 2020–2022*, https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0007/1891447/ACTPS-Nursing-and-Midwifery-Enterprise-Agreement-2020-2022-FINAL.pdf, pp 189–190 (accessed 12 October 2023).

¹⁴⁰ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [8].

¹⁴¹ ACT Government, *ACT Public Service Nursing and Midwifery Enterprise Agreement 2020–2022*, https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0007/1891447/ACTPS-Nursing-and-Midwifery-Enterprise-Agreement-2020-2022-FINAL.pdf, p 191 (accessed 12 October 2023).

¹⁴² Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [8].

¹⁴³ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [8].

The lack of compliance with staff-patient ratios endangers both patient safety and staff morale and wellbeing, with the relationship between ratios, patient safety and staff wellbeing being well-documented in the literature and confirmed by ANMF member experiences at the bedside. Members report safety for patients and staff as being ‘jeopardised’ and note working short-staffed with a poor skill mix on a significant number of shifts, compromising patient safety and contributing to staff fatigue.¹⁴⁴

- 4.33. The committee also heard evidence that supported the ANMF view on a lack of compliance with mandated ratios from academic staff from the Discipline of Midwifery, UC. They stated that the ‘roll-out of ratios was promised in the 2021-22 Financial Year but has not yet materialised. Action on this is urgently needed’.¹⁴⁵
- 4.34. The ACT Government provided data on compliance reporting for CHS and Calvary Public Hospital Bruce (CPHB) [now North Canberra Hospital] in its submission, showing compliance ranged from as low as 31 percent (CPHB July 2022) to 83 percent (CHS September 2022) (Table 4).¹⁴⁶

Table 4. Compliance reporting data 2022 from CHS and CPHB

Month 2022	CHS	CPHB
July	4 July – 31 July 73%	1 July – 31 July 31%
August	1 August – 28 August 79%	1 August – 31 August 40%
September	29 August – 25 September 83%	1 September – 30 September 54%
October	26 September – 23 October 81%	1 October – 31 October 57%
November	24 October – 20 November 82%	Not available

- 4.35. The Minister for Health acknowledged that there is more work to do on compliance reporting as it is currently point-in-time.¹⁴⁷
- 4.36. The committee understands that at the date of its submission, the ACT Government noted that workforce ratios are a work-in-progress at Canberra Public Hospital Bruce (now North Canberra Hospital):

...continues to work collaboratively with ACTHD and CHS to progress the implementation of nursing and midwifery ratios. CPHB is working in partnership with the University of Canberra to progress initiatives and workforce planning for ongoing student and graduate support in various clinical specialties with particular emphasis on midwifery, supporting progression of Assistants in Nursing and

¹⁴⁴ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [8].

¹⁴⁵ Discipline of Midwifery, University of Canberra, *Submission 15*, p [2], citing ACT Government Nurse/Midwife-to-Patient Ratios, 3 July 2023, [Nurse/Midwife-to-Patient Ratios | Health \(act.gov.au\)](https://www.health.act.gov.au/Nurse/Midwife-to-Patient-Ratios)

¹⁴⁶ ACT Government, *Submission 12*, p 12.

¹⁴⁷ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 47.

Assistant in Midwifery in practical placement and career progression with ongoing employment post qualifications.¹⁴⁸

- 4.37. It is the committee's view that, following the transition of CPHB to CHS on 3 July 2023, the ACT Government should continue to progress the implementation of nursing and midwifery ratios at the site.
- 4.38. The committee noted that the ACT Government has commenced planning for Phase Two ratios, which will include maternity.¹⁴⁹ It recommends that the ACT Government continue with its policy of mandating nursing and midwifery-patient ratios with the added assurance that it will ensure that ACT public health services comply with and expand this policy.

Recommendation 8

The committee recommends that the ACT Government use baseline workforce data to enable the introduction of midwife-to-patient ratios for midwifery specific wards as soon as possible and ensure effective oversight of ratio compliance across the health system through the publication of compliance statistics.

Midwifery workforce

- 4.39. The Maternity Care Classification System (MaCCS) can be used to identify, describe, and report on the range of maternity models of care available to women in Australia. The Australian Institute of Health and Welfare (AIHW) collects data for 11 different models of care within MaCCS, which describe different ways for 'how a group of women are cared for during pregnancy, birth and the postnatal period.'¹⁵⁰ The AIHW report on models of care shows the ACT provides almost all care through public hospitals, midwifery group practices and private obstetricians, with other care models being very low or having no care offered (Table 5).

Table 5: Proportion of models of care, by major model category, Australia and the ACT, 2023¹⁵¹

Model of care	Australia	ACT
Public hospital maternity care	40.9%	45.5%
Shared care	15.0%	9.1%
Midwifery group practice caseload care	14.0%	18.2%
Private obstetrician specialist care	10.6%	18.2%

¹⁴⁸ ACT Government, *Submission 12*, p 14.

¹⁴⁹ ACT Government, *Submission 12*, p 12.

¹⁵⁰ Australian Institute of Health and Welfare, *Maternity models of care in Australia*, 2023, <https://www.aihw.gov.au/reports/mothers-babies/maternity-models-of-care/contents/what-do-maternity-models-of-care-look-like/major-model-category> (accessed 18 October 2023).

¹⁵¹ Australian Institute of Health and Welfare, *Maternity models of care in Australia*, 2023, <https://www.aihw.gov.au/reports/mothers-babies/maternity-models-of-care/contents/what-do-maternity-models-of-care-look-like/major-model-category> (accessed 18 October 2023).

Model of care	Australia	ACT
Public hospital high risk maternity care	5.3%	4.5%
Remote area maternity care	3.9%	0%
General practitioner obstetrician care	3.9%	0%
Combined care	2.8%	4.5%
Private midwifery care	1.9%	0%
Team midwifery care	1.6%	0%
Private obstetrician and privately practising midwife joint care	0.2%	0%

- 4.40. The NSW Ministry of Health's *Continuity of Care Models: a midwifery toolkit* stated that maternity continuity of care models enable midwives to invest in the relationship with each woman they are providing care to, while also allowing the women giving birth to make informed decisions with support from a trusted care provider in an individualised way.¹⁵² The toolkit further noted that high rates of caesarean births are not correlated with patient outcomes:

Australia has a high obstetric intervention rate. There has been an international rise in caesarean section rates between 2000 and 2017 with Australia's caesarean section rate higher than the OECD average. In Australia, 37% of women in 2020 gave birth by caesarean section, compared to 32% in 2010. The World Health Organization (WHO) concludes that caesarean sections are effective in saving maternal and infant lives, but that caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates at the population level.¹⁵³

- 4.41. The committee noted that '[w]idespread evidence concludes women experience better outcomes when midwives are the primary maternity care providers and work collaboratively with other providers to coordinate maternity care.'¹⁵⁴
- 4.42. The committee also heard about the benefits of giving birth outside of hospital, including 'lower rates of unnecessary intervention for low-risk women without any compromise on safety to mother and baby.'¹⁵⁵ The committee noted research which found that 'there was

¹⁵² NSW Ministry of Health, *Continuity of Care Models: a midwifery toolkit*, p 13, <https://www.health.nsw.gov.au/nursing/practice/Publications/midwifery-cont-carer-tk.pdf> (accessed 18 October 2023).

¹⁵³ NSW Ministry of Health, *Continuity of Care Models: a midwifery toolkit*, p 7, <https://www.health.nsw.gov.au/nursing/practice/Publications/midwifery-cont-carer-tk.pdf> (accessed 18 October 2023).

¹⁵⁴ Robert Fedele, 'How Midwifery Group Practice is improving outcomes for women and babies', *Australian Nursing & Midwifery Journal*, 1 July 2023, <https://anmj.org.au/call-on-me-how-midwifery-continuity-of-care-is-improving-outcomes-for-women-and-babies/>

¹⁵⁵ Discipline of Midwifery, University of Canberra, *Submission 15*, p [5].

no difference in major neonatal adverse outcomes between women planning to birth in a hospital, a birth centre or at home.’¹⁵⁶

- 4.43. The submission by academic staff from the Discipline of Midwifery, UC, highlighted research undertaken in 2016 which identified 15 studies involving 17,674 mothers and babies and including women with low-risk and increased-risk pregnancies (but not women with existing serious pregnancy or health complications), and professionally qualified midwives. The researchers, through the analysis of seven key birth outcomes, found:

The main benefits were that women who received midwife-led continuity of care were less likely to have an epidural. In addition, fewer women had episiotomies or instrumental births. Women’s chances of a spontaneous vaginal birth were also increased and there was no difference in the number of caesarean births. Women were less likely to experience preterm birth, and they were also at a lower risk of losing their babies. In addition, women were more likely to be cared for in labour by midwives they already knew. The review identified no adverse effects compared with other models.¹⁵⁷

- 4.44. The academic staff from the Discipline of Midwifery, UC submission also noted that ‘[r]ostered Team Midwifery is currently being implemented at Calvary Bruce [now North Canberra Hospital] and [is] planned for Centenary Hospital.’¹⁵⁸ Team midwifery provides for continuity of care and is defined by the AIHW as:

Antenatal, intrapartum and postnatal care is provided by a small team of rostered midwives in collaboration with doctors in the event of identified risk factors.¹⁵⁹

- 4.45. An ACT midwife in a submission to the inquiry wrote that increased complexity in care does not help patients:

Midwifery is broken at a systemic level. We have such an over medicalised birth culture now that the resources needed to manage are so high, which continues to exacerbate the problem. More complexity, more inductions, more caesareans, all need more staff and longer hospital stays.

An alternative model of care for people that do not need this complexity should be available for the families of Canberra. More midwife-led continuity of care spots would result in less inductions, shorter hospital stays and greater satisfaction from families and midwives themselves.¹⁶⁰

¹⁵⁶ Discipline of Midwifery, University of Canberra, *Submission 15*, p [5].

¹⁵⁷ Jane Sandall et. al (2016), ‘Midwife-led continuity models versus other models of care for childbearing women’, *Cochrane Database of Systematic Reviews*, Issue 4. This article was included in Name Withheld, *Submission 4*.

¹⁵⁸ Discipline of Midwifery, University of Canberra, *Submission 15*, p [2].

¹⁵⁹ Australian Institute of Health and Welfare, *Major model category definitions*, <https://www.aihw.gov.au/reports/mothers-babies/maternity-models-of-care/contents/glossary/maccs-major-model-category> (accessed 30 October 2023).

¹⁶⁰ Name withheld, *Submission 4*, p [1].

- 4.46. This same submission also called for the ACT Government to build a free-standing birth centre to allow for birthing options outside of the hospital setting.¹⁶¹
- 4.47. This view is echoed by academics from the Discipline of Midwifery, UC who advocated for a reduction in unnecessary medical intervention through midwifery-led continuity of care in conjunction with increasing birth options outside of hospital. The submission noted that this would result in reduced workloads and stress for existing staff, stating that normal vaginal births are cheaper, require less staff, time, documentation and resources than caesarean sections.¹⁶² It further noted that midwives in the ACT generally work in a fragmented system with no continuity of care with women giving birth, but acknowledged that ACTHD had made improvements:

... by increasing the number of midwifery positions for Continuity of Midwifery Care Services. Rostered Team Midwifery is currently being implemented at Calvary Bruce [now North Canberra Hospital] and planned for Centenary Hospital. These initiatives should increase the opportunities for women to know their caregivers and thus increase midwifery satisfaction and retention.¹⁶³

- 4.48. The academics for the Discipline of Midwifery, UC, submission also suggested consideration be given to a freestanding birth centre in the ACT, developed in collaboration with the UC as a combined teaching and care facility. This would in turn make Canberra a destination of choice for studying midwifery therefore 'promoting growth and excellence in the future of the midwifery workforce.'¹⁶⁴ Anecdotally it is noted that graduates are choosing to work in other jurisdictions due to the limited care models and employment options currently available in the ACT.¹⁶⁵
- 4.49. Individual member survey responses provided by the ANMF submission in relation to the midwifery practice in the ACT include:

Continuity of care is considered to be the best form of practice for women and usually has the highest form of job satisfaction in the midwifery profession, however continuity at [employer] has lost a significant number of staff over the last two years. Workplace culture, higher workloads and lack of support are all ongoing problems that are fatiguing staff and leading to further workplace shortages.¹⁶⁶

Midwives want to be able to be midwives. Ratios will protect our time with women and protect their care and increase our job satisfaction. We want the value of our work to be recognised, not just for women and families, but the impact it has on society when families are supported properly. This means supporting better conditions, and better pay. Make it worth our while to stay.¹⁶⁷

¹⁶¹ Name withheld, *Submission 4*, p [1].

¹⁶² Discipline of Midwifery, University of Canberra, *Submission 15*, p [6].

¹⁶³ Discipline of Midwifery, University of Canberra, *Submission 15*, p [1].

¹⁶⁴ Discipline of Midwifery, University of Canberra, *Submission 15*, p [4].

¹⁶⁵ Discipline of Midwifery, University of Canberra, *Submission 15*, p [5].

¹⁶⁶ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [23].

¹⁶⁷ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [23].

- 4.50. The ACT Government submission stated that as part of the 2022–23 ACT Budget \$12.1 million for ‘better public maternity services’ midwifery workforce planning was a priority.¹⁶⁸
- 4.51. The committee noted that ‘midwifery-led continuity of care is associated with superior outcomes for women and babies, relative to other models of care.’¹⁶⁹ The academics for the Discipline of Midwifery, UC, submission pointed to a survey of graduate midwives in Australia where 90 percent were looking for a position that provided opportunities to work with a continuity of care model.¹⁷⁰

Recommendation 9

The committee recommends that the ACT Government expand the continuity of midwifery care model, including building a freestanding birth centre, employment opportunities for midwives of all levels of experience and review the available options for out of hospital birth services.

Workforce culture

- 4.52. The committee acknowledged the ACT Government’s initiatives to support the nursing and midwifery workforce and their workplace culture. This includes the *Towards a Safer Culture Strategy* ‘developed in partnership with the ANMF’,¹⁷¹ as well as its independent review of the workplace culture of the ACT public health system. The Minister for Health informed the committee that work to develop a positive culture is ongoing in the health services and that the union have been important partners in assisting with this work over many years.¹⁷²
- 4.53. In 2018, an independent review of workplace culture of the ACT public health system (Culture Review) was undertaken. The *Final Report: independent review into the workplace culture within ACT Public Health Services*, which included 20 recommendations, was tabled in the ACT Legislative Assembly in 2019. The subsequent Culture Review Implementation team identified 92 actions to enable the realisation of the recommendations.

These included initiatives to improve Human Resources (HR) functions and processes, measure workforce effectiveness, improve collaboration and coordination, both across the health system and with partners, and targeted training programs to improve the capability of managers and leaders. These system-wide initiatives were designed to build a positive culture that supports the health workforce and enable the delivery of a high standard of healthcare that responds to community needs.¹⁷³

¹⁶⁸ ACT Government, *Submission 12*, p. 10.

¹⁶⁹ Leonie Hewitt, Hannah G. Dahlen, Donna L. Hartz, Ann Dadich, ‘Leadership and management in midwifery-led continuity of care models: A thematic and lexical analysis of a scoping review’, *Midwifery*, July 2021: 98, <https://www.sciencedirect.com/science/article/abs/pii/S0266613821000656> (accessed 30 October 2023).

¹⁷⁰ Discipline of Midwifery, University of Canberra, *Submission 15*, p [5].

¹⁷¹ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, pp 46–47.

¹⁷² Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 46.

¹⁷³ ACT Government, *Submission 12*, p 16.

- 4.54. Niki Burnside (2019) reported that the independent reviewers found a ‘worrying’ and ‘poor’ culture existed within ACTHD, where two-thirds of staff reported witnessing bullying and harassment of colleagues and over 60 percent of staff who experienced bullying, harassment, or unacceptable behaviour did not report it.¹⁷⁴
- 4.55. The ANMF noted that psychosocial wellbeing surveys participated in by members in 2021 indicated that bullying in the previous six months was experienced by one in four members. This increased to nearly two in three members in the equivalent 2022 survey.¹⁷⁵ The ANMF acknowledged the ACT Government’s attention to improving health workplace culture, however they stated that:
- ...there is limited evidence of improvement in hospital culture, with workplace culture being described by some ANMF members as ‘toxic’. They report a prevalence of bullying and a culture of blame. Staff are reluctant to report staffing and other issues for fear of retribution, and occupational violence remains high.¹⁷⁶
- 4.56. The ANMF submission highlighted the following workplace culture issues currently being faced by nurses and midwives in the ACT:
- a toxic workplace culture, including high levels of bullying and occupational violence;
 - high levels of psychological distress experienced by nurses and midwives in the ACT;
 - the potential for dangerous patient outcomes; and
 - the limited focus on cultural safety and diversity.¹⁷⁷
- 4.57. During the public hearing as part of its inquiry Ms Alison Wong, Professional Officer, ANMF stated that:
- Our culture is very well known across Australia, and I do not think people quite understand that down here. When you talk to nurses and midwives across Australia—and even internationally, from my experience—they understand that the ACT is not the place to work because the culture is so bad and has not improved.¹⁷⁸
- 4.58. The ACN submission noted the impact of poor work culture on patient outcomes. A poor workplace culture has contributed to increased staff shortages through nurses leaving the system. Examples of reduced clinical outcomes for patients due to staff shortages include receiving medication late, missed medication, delayed or unanswered calls for assistance and an increased risk of falls and pressure injuries.¹⁷⁹

¹⁷⁴ Burnside, N. (2019) ‘Workplace bullying among Canberra health staff ‘worst’ nurses have seen, report reveals’, *ABC News [online]*, 1 February 2019, <https://www.abc.net.au/news/2019-02-01/act-health-toxic-bullying-culture-report-reveals/10770022> (accessed 20 October 2023).

¹⁷⁵ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [3].

¹⁷⁶ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [12].

¹⁷⁷ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [4].

¹⁷⁸ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 34–35.

¹⁷⁹ Australian College of Nursing, *Submission 3*, p [11].

Workforce culture survey

4.59. In 2021, the ACT Government, through CHS and the ACTHD, surveyed its health workforce. Then, in December 2022, CHS' Workplace Culture Pulse Survey received 'nearly 3000 responses'. The responses were submitted by 'frontline health workers', including '860 nurses and midwives'.¹⁸⁰

4.60. However, the committee learned from the ANMF that its members were reluctant to participate in the recent survey of CHS staff:

Our workplace delegates, our counsellors and our leaders tell us that people could not be bothered because they thought there was no point... We asked them how they feel about nursing and midwifery at the moment. It is not a happy place.¹⁸¹

4.61. The ANMF conducted its own psychosocial wellbeing surveys in 2021 and 2022. Results found that:

More than 75 per cent of all respondents reported experiencing moderate to very high levels of psychological distress, with almost half experiencing high to very high levels, and 20 per cent experiencing very high levels of distress.¹⁸²

4.62. Individual member responses to the surveys provided in the ANMF submission state that the culture of bullying has not changed:

Intimidation and bullying is the go to tactic when someone wants to change something. What happened to professional and courteous conversations.¹⁸³

Our internal culture of bullying, blame and the stigma associated with saying I am not ok is so ingrained that I predict it would take a 10 year continuous effort to make it match current industry standards and fulfill current legal safe workplace obligations. I am doubtful that the time, effort and resources will be spent on this.¹⁸⁴

There are unacceptable levels of bullying and cronyism within [area] which has not improved despite numerous culture reviews. Perpetrators and poorly performing staff are protected by ineffective HR support for managers. Lack of effective action against unacceptable workplace behaviours leads to poor morale and poor culture.¹⁸⁵

4.63. The committee therefore suggests, given the issues raised with workplace culture, that another survey be conducted, especially given the recent transition of CPHB to the ACT Government.

¹⁸⁰ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 58.

¹⁸¹ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, pp 35–36.

¹⁸² Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [13].

¹⁸³ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [23].

¹⁸⁴ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [23].

¹⁸⁵ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [24].

Recommendation 10

The committee recommends that the ACT Government conduct another anonymous workplace survey within 12 months of the transition of Calvary Public Hospital Bruce to Canberra Health Services, to gauge the satisfaction of the workforce, and publicly release a summary of the results.

Addressing grief and trauma

- 4.64. The committee learned of distressing accounts of traumatic events experienced by nurses and midwives throughout the course of their work. As mentioned at paragraph 1.8 in the introduction to this report, the profound grief shared with the committee by in-camera witnesses will not be published here. Suffice it to say, the committee understands, because of these confidential testimonies, the importance of on-site clinical supervision to support nurses and midwives experiencing work-related grief and trauma.
- 4.65. One published submission emphasised the need for both compulsory clinical supervision and debriefing sessions after critical incidents.¹⁸⁶ Another submission noted that nurses and midwives are traumatised and they are leaving the profession.¹⁸⁷
- 4.66. Research indicates the importance of on-site clinical supervision in supporting nurses and midwives who have experience traumatic events, noting that this mode of support is different from line-management supervision:

Clinical Supervision is different from ... operational reporting where you meet with your manager regularly. While this is also an important professional support, it is not Clinical Supervision or a substitute for Clinical Supervision. To be truly effective, the supervisor must be someone who does not have organisational responsibility for the supervisee's performance. Their organisational independence promotes honesty and prevents a conflict of interest.¹⁸⁸

Clinical Supervision creates a space to process the emotional impact and ethical challenges of day-to-day nursing practice. It is about developing the skill of reflecting on practice after the event and away from the point of care environment. By regularly engaging in this form of structured reflection on practice, we become more skilled at reflecting in practice and before practice. Improving reflective skills increases our ability to respond effectively in the moment and reduces the risk of impulsive reactions that we may regret later. This results in the increased possibility of a helpful or productive intervention with patients, carers and colleagues, less emotional drain on the individual, and an increased ability to practise with awareness.¹⁸⁹

¹⁸⁶ Leanne Ehrlich, *Submission 7*, p [1].

¹⁸⁷ Hana Sayers, *Submission 11*, p [1].

¹⁸⁸ Julie Sharrock, *Clinical Supervision: What is it about?* Nurse & Midwife Support, <https://www.nmsupport.org.au/students-and-graduates/students/clinical-supervision-whats-it-about>

¹⁸⁹ Julie Sharrock, *Clinical Supervision: What is it about?* Nurse & Midwife Support, <https://www.nmsupport.org.au/students-and-graduates/students/clinical-supervision-whats-it-about>

- 4.67. The ACT Government advised the committee that ACTHD had developed a *Clinical Supervision Framework for ACT Nurses and Midwives* to enable the implementation and sustainability of effective clinical supervision.¹⁹⁰ The vision of this framework is for ‘All ACT nurses and midwives to have access to effective Clinical Supervision as a core component of professional practice and development.’¹⁹¹ The submission also stated that under the framework an education program was established which had trained 119 Clinical Supervisors with additional training committed to in 2023.¹⁹²
- 4.68. The ACT Government also advised that it has allocated \$8.75 million for the establishment of the Wellbeing and Recovery Fund to support the ACT public health workforce over the next four years. The first year of this fund is aimed at delivering immediate practical supports to the health workforce. The three initial wellbeing actions include:
- a physical restorative wellness space—physically separate from regular workspaces to allow a restorative area for self-care and reflection by staff;
 - a formal peer support program; and
 - access to the Mayo Clinic Well-Being Index application—which provides a mechanism to measure wellbeing through de-identified data to highlight for executives areas requiring additional support and also to monitor improvements.¹⁹³
- 4.69. CHS advised the committee that programs run by the Wellbeing and Recovery Fund, while government funded, were concepts that the workforce initiated.¹⁹⁴ Mr Pepper noted that:
- I have had a number of midwives and team members from our Women, Youth and Children division talk to me about these sorts of programs. They recognise that a traumatic birth is a very challenging situation for everyone who is in that room and everyone who has come into contact with that family—and even those who then support the workforce who have been a part of that. So it is about having the capability within the team to immediately respond and say, I know what to do in this situation. I am equipped, and I can make sure that we look after people.’¹⁹⁵
- 4.70. The committee noted the experiences of work-specific grief and trauma may not be best served by generalised, external counselling and therefore nurses and midwives require access to expedient, on-site responses. The committee also heard of the impact of vicarious trauma on nurses and midwives and thus recommends that specialised grief and trauma counselling be readily accessible to all healthcare workers.

¹⁹⁰ ACT Government, *Submission 12*, p 24.

¹⁹¹ ACT Government, ACT Health Directorate, Office of the Chief Nursing and Midwifery Officer (2022), *Clinical Supervision Framework for ACT Nurses and Midwives*, <https://health.act.gov.au/sites/default/files/2023-08/Clinical%20Supervision%20Framework%20for%20ACT%20Nurses%20and%20Midwives.pdf> (accessed 18 October 2023).

¹⁹² ACT Government, *Submission 12*, p 24.

¹⁹³ ACT Government, *Submission 12*, p 26.

¹⁹⁴ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 65.

¹⁹⁵ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 65.

Recommendation 11

The committee recommends that the ACT Government expand support programs for nurses and midwives to include compulsory clinical supervision and specialised grief and trauma counselling for healthcare workers.

Autonomous and collaborative practice

Scope of practice

4.71. The Registered nurse standards for practice definition for scope of practice is:

... that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider.¹⁹⁶

4.72. The two elements to scope of practice are:

- professional practice which is set by legislation—professional standards such as standards for practice, codes of ethics and codes of professional conduct; and
- individual nurse practice—an individual who is educated, authorised, competent and confident to perform.¹⁹⁷

4.73. Mr Daniel further explained to the committee the elements that pertain to the notion of scope of practice and emphasised that these factors fall within the control of the ACT Government:

- what is lawful;
- what a nurse or midwife is educationally prepared to undertake; and,
- what policies and procedures exist in an organisation to support the scope of practice.¹⁹⁸

4.74. The committee learned of the importance of ensuring that nurses and midwives work according to their full scope of practice, not only in the interests of their morale, but also, in-turn, their recruitment and retention in the workforce. The committee also understands that nurses and midwives who work according to their full scope of practice in our public health services also bring about effective patient care:

¹⁹⁶ Nursing and Midwifery Board of Australia, *Registered nurse standards for practice*, 1 June 2016, p 6, <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx> (accessed 19 October 2023).

¹⁹⁷ Australian Primary Health Care Association (APNA), *Improving patient outcomes – Primary health care nurses working to the breadth of their scope of practice*, <https://www.apna.asn.au/hub/news/improving-patient-outcomes---primary-health-care-nurses-working-to-the-breadth-of-their-scope-of-practice> (accessed 19 October 2023).

¹⁹⁸ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 42.

Enabling highly experienced R[egistered] N[urses] and N[urse] P[ractitioners] to work at their full scope of practice as part of an interdisciplinary team will deliver better value and more integrated and accessible care to patients. When working to their full scope of practice, nurses can undertake a broad range of roles currently performed routinely by general practitioners or other medical professionals. These include health assessments, triage and referral, management, self-management support/education, health promotion and health system navigation/coordination of care.¹⁹⁹

- 4.75. In its submission the ACN identified that a barrier to the retention of nurses in the workforce is the inability to work according to their full competence:

Nurses are highly educated, knowledgeable health professionals yet the opportunities for them to work to the full scope of practice, using their skills and knowledge, are limited, which may be due to a lack of understanding of the nurse's full capabilities. Importantly, this inability to use skills and knowledge can lead to nurses leaving their jobs.²⁰⁰

- 4.76. This view was reinforced by Ms Davidson during the public hearing who told the committee that:

...[S]upporting nurses to work to their top of scope is essential to facilitate access for patients in the community. Enabling highly experienced registered nurses and nurse practitioners to work at their full scope of practice as part of a team to deliver care is very important. Most importantly, nurses need to feel valued, as they have invested their time and money in attaining the skills and knowledge to work autonomously.²⁰¹

- 4.77. The HCCA also supported a workforce plan that facilitates 'staff to work to their full scope of practice' and provides 'opportunities for developing/expanding scope of practice.'²⁰²

- 4.78. A strategy for increased autonomous practice suggested by one submitter was nurse led discharges. To improve flow of patients by discharging patients in a supported and time effective way, nurse led discharges, that are collaboratively designed with medical officers, allows the development of independent nursing practice.²⁰³

- 4.79. The ANMF told the committee that they do not believe enough is being done to enable ACT nurses and midwives to work to their full scope of practice:

I think down here in the ACT nurses and midwives are very much not respected as a profession. We are not even seen sometimes as a profession. We are a number on the floor. That has led to a poor culture. Again, the scope of practice always comes to the fore. We are not given the opportunities to work to our full scope of

¹⁹⁹ Australian College of Nursing, *Submission 3*, p 7.

²⁰⁰ Australian College of Nursing, *Submission 3*, p 13.

²⁰¹ Ms Linda Davidson, National Director, Professional Practice, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 13.

²⁰² Health Care Consumers' Association, *Submission 9*, p 4.

²⁰³ Name withheld, *Submission 10*, p [1].

practice, unless something dire happens like the pandemic, and then it is nurses and midwives to the rescue. Then, after something like that happens, you go back to doing your normal job.²⁰⁴

- 4.80. One example provided to the committee in relation to nurses' scope of practice being restricted through skills not being recognised was for nurses working in the newly opened COVID-19 clinic, who had come from the emergency department (ED), being forced to re-accredit themselves to insert a cannula, despite the fact that they cannulated daily in their previous position.²⁰⁵

- 4.81. The committee heard that the ACT Government is committed to addressing scope of practice for nurses and midwives. The Minister for Health told the committee:

All of my colleagues around the table at health ministers' meetings are now saying that everyone needs to be working to their full scope of practice.²⁰⁶

- 4.82. The committee also heard about the ACT Government's pilot program to implement more nurse-led care in the ED of The Canberra Hospital (TCH):

Part of the benefit of the trial has been the upskilling that some of our nurse practitioners and advanced practice nurses have provided to emergency department colleagues when they have stepped in.²⁰⁷

- 4.83. The committee noted the need for the ACT Government to acknowledge the breadth of existing skills of nurses and midwives and ensure that this recognition is formalised in its recruitment of nurses and midwives and reflected in associated organisational structures throughout CHS.

Recommendation 12

The committee recommends that the ACT Government supports and enables all nurses and midwives who have undertaken, or wish to undertake, endorsement with the Nursing and Midwifery Board of Australia, to complete endorsement, work to full scope of practice, and are in the appropriate employment positions to do so.

Recommendation 13

The committee recommends that the ACT Government remove barriers to nurse and midwifery full scope of practice by recognising skills obtained through prior knowledge and learning in the workplace.

²⁰⁴ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 34.

²⁰⁵ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 42.

²⁰⁶ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, pp 66–67.

²⁰⁷ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 66.

Prescribing rights

- 4.84. It is the view of the committee that there is an opportunity for the ACT Government to positively realise the scope of practice for nurses and midwives through prescribing rights.
- 4.85. In Australia in 2000, the role of the Nurse Practitioner (NP) was established, enabling NPs to autonomously prescribe medications. In 2010, this approval to prescribe autonomously was extended to Endorsed Midwives (EM) as a result of the National Registration and Accreditation Scheme (the scheme) established by the Health Practitioner Regulation National Law (the National Law).²⁰⁸
- 4.86. NPs and EMs may prescribe in accordance with the legislation of their jurisdiction. In the ACT, the relevant legislation is the *Medicines, Poisons and Therapeutic Goods Regulation 2008*.
- 4.87. In February 2022, the ACT Government noted in a paper concerning EMs, the provisions made in 2010 that enable registered midwives endorsed by the Nursing and Midwifery Board of Australia (NMBA) to prescribe scheduled medicines. However, the ACT Government also acknowledges:

...[t]he use of this endorsement in the ACT has been restricted to midwives working exclusively in private practice.²⁰⁹

- 4.88. The committee also understands that the legislative scope in the ACT of prescribing rights for midwives, is restricted in comparison with other jurisdictions. In the ACT, these rights are restricted to drugs on the Pharmaceutical Benefits Scheme for midwives.²¹⁰ In contrast 'New South Wales, South Australia and the Northern Territory have placed no limitations on midwifery prescribing and provide full access to all the drugs used within the scope of midwifery care.'²¹¹
- 4.89. CRANaplus, the peak body for the remote and isolated health workforce in Australia, advocates for a national alignment of nursing and prescribing rights. Geri Malone, the Director of Professional Services at CRANaplus stated:

We support moves that allow nurses and midwives to work to their full scope of practice within guidelines that ensure safe access. It has to be a national approach that makes it easier for a very mobile remote workforce. We have nurses and midwives doing the same work across state and territory borders with different

²⁰⁸ Australian Health Practitioner Regulation Agency & National Boards, [Accreditation in the National Registration and Accreditation Scheme \(NRAS\) - A snapshot 2020-21 \(hpacf.org.au\)](https://www.hpacf.org.au/accr-2020-21) (accessed 27 September 2023).

²⁰⁹ ACT Government (ACT Health Directorate), Governance Framework: Endorsed midwives prescribing across the ACT public health system, 9 February 2022, <https://health.act.gov.au/sites/default/files/2022-02/Endorsed%20Midwives%20in%20the%20ACT%20Public%20Sector.pdf>

²¹⁰ Kirsten Small, Mary Sidebotham, Jennifer Fenwick, Jennifer Gamble (2016), 'Midwifery prescribing in Australia', *Australian Prescriber*, 39: 6, December:215–218, p 216.

²¹¹ Kirsten Small, Mary Sidebotham, Jennifer Fenwick, Jennifer Gamble (2016), 'Midwifery prescribing in Australia', *Australian Prescriber*, 39: 6, December:215–218, p 216.

drugs and poisons Acts. These barriers have to be removed by harmonising the laws.²¹²

- 4.90. Ms Samantha Frost, Member, ANMF told the committee that enabling EMs to prescribe medications would help ease the workload of frontline health workers:

Midwives can currently do a one-semester course and you become an endorsed midwife and you can prescribe, within your scope of practice, as a midwife. ... With our current staffing issues, having a solid midwifery-led service, I think, would take a lot of the pressure off.²¹³

- 4.91. The committee believes that a recovery plan for nursing and midwifery workers in the ACT should enable their full scope of practice including prescribing rights.

Recommendation 14

The committee recommends that the ACT Government support the Nursing and Midwifery Board of Australia's ongoing work in allowing registered nurses who meet endorsement standards to be able to prescribe.

Recommendation 15

The committee recommends that the ACT Government review the Medicines, Poisons and Therapeutic Goods Regulation 2008 to expand the scope of what ACT nurses and midwives may prescribe so that it aligns with the full extent of nursing and midwifery care.

Leadership, skills and training

Professional Development

- 4.92. The ACT Government's *ACT Health Workforce Strategy 2022–2032* aims to develop a 'culture of learning and training through leadership, collaborative partnerships, infrastructure and research empower staff to access ongoing learning opportunities at all levels.'²¹⁴

²¹² Catherine Beadnell (2018), 'The Way Forward: Expanded Prescribing Roles for Nurses and Midwives', *Australian Nursing & Midwifery Journal*, 25 (8), March, p 19.

²¹³ Ms Samantha Frost, Member, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 36.

²¹⁴ ACT Government, ACT Health Directorate, *ACT Health Workforce Strategy 2022–2032*, p 27, <https://www.health.act.gov.au/sites/default/files/2023-05/Workforce%20Strategy%202023%2020230501.pdf> (accessed 19 October 2023).

- 4.93. The committee noted that the *ACT Public Sector Nursing and Midwifery Enterprise Agreement 2020–2022* states that ‘staff development, education and training needs, including mandatory training requirements and professional development needs, should be considered by managers in the development of rosters.’²¹⁵
- 4.94. The ACN highlighted the ‘need for clinical supervision, mentoring, and paid study leave to undertake continuing professional development, particularly for those in management and leadership roles.’²¹⁶
- 4.95. The ANMF noted that Continuing Professional Development (CPD) across the ACT health system is variable, despite it being essential to providing high quality care, and helps in staff recruitment and retention.²¹⁷ During the public hearing Ms Wong told the committee that:

Our medical and allied health colleagues have the privilege of having allocated money and funds and days to go and do that ongoing education. We, as the biggest profession in health, also want to expand our knowledge, to ensure that we have safe care for our patients. But we are constantly fighting. We fund our ways to education. We fund our own ways to conferences. We take annual leave to go to conferences to increase our educational needs, to then provide safe and effective care to our patients.²¹⁸

- 4.96. This was echoed by another submission advocating the need for guaranteed roster release for professional learning opportunities so that staff cannot be recalled if the clinical staff are short on that day.²¹⁹
- 4.97. Adjunct Professor Ward told the committee that nurses self-fund because they do not have any provision for clinical professional development.²²⁰ She also emphasised to the committee the importance of the retention of experienced nurses to enable effective mentoring of junior staff, stating:

The real concern for the nursing profession in delivering care to all Canberrans is the expertise, with the years of knowledge and experience, walking out the door or taking part-time options over full-time. If we do not have that capacity then we do not have the mentoring in place.²²¹

²¹⁵ ACT Government, *ACT Public Service Nursing and Midwifery Enterprise Agreement 2020–2022*, https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0007/1891447/ACTPS-Nursing-and-Midwifery-Enterprise-Agreement-2020-2022-FINAL.pdf, p 182.

²¹⁶ Australian College of Nursing, *Submission 3*, p [3].

²¹⁷ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, pp [11]–[12].

²¹⁸ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, pp 34–35.

²¹⁹ Name withheld, *Submission 10*, p [2].

²²⁰ Adjunct Professor Kylie Ward, Chief Executive Officer, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 19.

²²¹ Adjunct Professor Kylie Ward, Chief Executive Officer, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 14.

- 4.98. The HCCA submission also supported the need to retain experienced staff considering retirement though providing alternative work options such as mentoring.²²² Another submission called for development of a professional mentoring program.²²³
- 4.99. The ACN submission noted that mentoring and clinical supervision for newly graduated nurses is vital for building their professional confidence. This requires time, hands-on experience and support, without which they may not have the confidence in their clinical skills to perform the work effectively.²²⁴
- 4.100. In relation to the specific roles for nurse educators, the ACN submission highlighted the importance of ensuring they are protected and not diverted to direct care to meet staff shortages. The submission recounted the experience of one Nursing Unit Manager who:

... recounted her experience of regularly removing nurse educators from the digital staff scheduling system to ensure they cannot be called into direct care during her shift. On several occasions, this member would later find out they had been added back in as soon as she finished her shift. The clinical nurse educator (CNE) role is frequently drawn on to backfill sick calls and provide direct clinical care. This can be to the detriment not only of the new graduate nurses and new direct care clinical nurses who require guidance and mentoring from the CNE to build their competence and confidence in a clinical situation but for all levels of nursing to raise the consciousness of nursing practice.²²⁵

- 4.101. One midwife's submission also advocated for more investment in nurse educator roles to support new midwifery graduates in their first year.²²⁶
- 4.102. To safe-guard nursing and midwifery clinical education roles, specific wording should be included in future enterprise bargaining agreements. For example, the *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* states:

65.1 The parties recognise the essential role of nursing and midwifery clinical education services (nurse and midwife educators, facilitators and coaches) in leading and supporting nursing and midwifery professional practice through workforce capability development.

65.2 In recognition of the integral role that learning has to the provision of quality health care, each Hospital and Health Service must undertake appropriate planning to ensure that there are sufficient nurse and midwife clinical education resources to support both professions educational demands each financial year and/or where changes to nursing and midwifery service delivery occurs.

²²² Health Care Consumers' Association, *Submission 9*, p 4.

²²³ Name withheld, *Submission 10*, p [2].

²²⁴ Australian College of Nursing, *Submission 3*, p [7].

²²⁵ Australian College of Nursing, *Submission 3*, p [7].

²²⁶ Name withheld, *Submission 4*, p [1].

65.3 Nursing and midwifery clinical educators, facilitators and coaches must not be used to fill roster vacancies or leave, except in exceptional circumstances.²²⁷

- 4.103. In addition to the evidence provided publicly, the committee heard compelling in-camera evidence to support the need to safeguard senior clinical midwifery roles.
- 4.104. The committee is concerned that senior nurses and midwives who provide educational supervision in hospitals may, amidst a workforce shortage, be called on to provide patient care and therefore recommends that these positions be protected.

Recommendation 16

The committee recommends that the ACT Government safeguard senior clinical midwifery roles (level 2, team leading clinical roles) with a mandatory minimum amount of clinical experience to protect patient care and midwives.

Recommendation 17

The committee recommends that the ACT Government protect education roles from being re-allocated to patient-care loading, including Clinical Development Midwives and other midwifery educators, to ensure that these supports/teaching roles are constantly safe-guarded.

Qualifications and financial burden of study

- 4.105. The committee learned about the financial demands on nursing and midwifery students who undertake intense periods of placement-based learning, which may include irregular and unanticipated shifts. These course demands may present a challenge for nursing and midwifery students in fulfilling additional, external part-time work to finance their studies. The committee is concerned about this as a factor in the attrition of nursing and midwifery students amidst a serious workforce shortage.
- 4.106. There are a range of qualifications available for people to enable them to work as a nurse in Australia:
- Enrolled Nurse—Two year Diploma of nursing through vocational education providers;
 - Registered Nurse—Three year **Bachelor of Nursing through a university;**
 - **Midwife—complete an approved undergraduate or postgraduate course in midwifery through a university;**
 - **Nurse Practitioner—complete a master degree through university and have a minimum of 5,000 hours of experience at the advanced clinical nursing practice level in the past six years; and**

²²⁷ State of Queensland (Queensland Health and Department of Education) and Queensland Nurses and Midwives' Union of Employees, *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022*, p 42.

- Endorsed Midwife—complete an NMBA-approved program of study and complete the equivalent of three years full-time clinical practice (5,000 hours) in the past six years.²²⁸
- 4.107. The ANMF submission advised the committee of the need to support student nurses and midwives in their education:
- We need to bring back paid employment for nurses and midwives whilst in placements. We expect nurses and midwives to pay for their university degree which is thousands of dollars, then work for no money for hours and hours whilst on placements while most of them have children and are needing to work elsewhere.²²⁹
- 4.108. The continuity-of-care model, which enables a midwife to work with a patient through all the stages of maternity care, is applied to midwifery courses at UC:
- The unique nature of the midwifery course is characterised by a year-round continuity of care program that deviates from the traditional rostered practice. This deviation is justified by the fact that human pregnancy and birth do not adhere to a university semester pattern. Additionally, midwifery students are required to complete a higher number of practical hours compared to other healthcare courses. They also have specific requirements such as attending at least three normal births during their course.²³⁰
- 4.109. The committee heard that this financial stress may impact the attrition rate for the course, with students withdrawing from their studies or going part-time, therefore prolonging their entry to the workforce for more than five years.²³¹
- 4.110. Victoria Chard stated in her submission that after eight and a half years of undergraduate and postgraduate tertiary study, she has accrued a Higher Education Contribution Scheme debt of more than \$70,000 and is already burnt out after only working for nine months as a graduate midwife.²³²
- 4.111. The academics from the Discipline of Midwifery, UC submission also highlighted the financial burden of studying for student midwives due to placements demands and the uncertain nature of the on call work they must attend in first and third years of their degree, making regular employment difficult. It noted that ‘nursing students in ACT need 880 placement hours while midwifery students need 1310 hours over [a] 3-year degree’.²³³

²²⁸ Australian Government, Department of Health and Aged Care, *About nurses and midwives*, <https://www.health.gov.au/topics/nurses-and-midwives/about> (accessed 19 October 2023).

²²⁹ Australian Nursing and Midwifery Federation (ACT Branch), *Submission 13*, p [22].

²³⁰ Dr Maryam Bazargan, Senior Lecturer, Midwifery, University of Canberra, *Committee Hansard*, 14 June 2023, p 21.

²³¹ Dr Maryam Bazargan, Senior Lecturer, Midwifery, University of Canberra, *Committee Hansard*, 14 June 2023, p 21.

²³² Victoria Chard, *Submission 5*, p [1].

²³³ Discipline of Midwifery, University of Canberra, *Submission 15*, p [8].

- 4.112. The financial burden of placement-based work-integrated learning is not confined to midwifery students. A survey of 2,359 nursing students from nine Australian universities found that 73 percent ‘found their placement stressful due to financial strain.’²³⁴ The committee understands that this financial strain is quantifiably different from generic student-cost pressures because there are specific costs that are related to nursing placements, for example:
- ... travel, parking, and accommodation, or indirectly related, such as child-care and/or family expenses. Many nursing students are mature age so are likely to have greater existing financial commitments in addition to placement costs.²³⁵
- 4.113. In its submission the ACN stated that their members reported years of study and professional development undertaken on personal leave and paid for with their own money. It further noted ‘dedicated study time as an important step in rewarding the service of nurses and ensuring they feel valued, both key elements in workforce retention.’²³⁶
- 4.114. The ACN submission called for the provision of scholarships and designated study hours/days to support nurses undertaking professional development. This would encourage nurses returning to the workforce to refresh their skills and enable current staff to stay up to date with best practice, with the additional benefit of providing opportunities for networking and collaboration.²³⁷
- 4.115. An ACT midwife advocated in a submission for midwifery students to receive payment during the intense university training period when you are on call for births and completing practical placements, while still trying to work and study.²³⁸
- 4.116. The committee noted the recent initiative announced in August 2022 by the Victorian Government, with the aim of increasing the number of healthcare workers and reducing the financial burden of study for nurses, that:

More than 10,000 students will have the cost of their nursing or midwifery undergraduate studies paid for, while scholarships will be available for thousands more who complete postgraduate studies in areas of need including intensive care, cancer care, paediatrics and nurse practitioner specialities.

All new domestic students enrolling in a professional-entry nursing or midwifery course in 2023 and 2024 will receive a scholarship of up to \$16,500 to cover course costs.

²³⁴ Kim Usher et al (2022) ‘The financial challenges for Australian nursing students attending placement-based work-integrated learning’, *Collegian*: 154–160: p 154.

²³⁵ Kim Usher et al (2022) ‘The financial challenges for Australian nursing students attending placement-based work-integrated learning’, *Collegian*: 154–160: p 158.

²³⁶ Australian College of Nursing, *Submission 3*, p [7].

²³⁷ Australian College of Nursing, *Submission 3*, p [3].

²³⁸ Name withheld, *Submission 4*, p [1].

Students will receive \$9,000 while they study and the remaining \$7,500 if they work in Victorian public health services for two years.²³⁹

- 4.117. The committee believes the ACT Government should explore options for helping nurses and midwives with the financial burdens associated with their study, including the option of incentives to stay or relocate to the ACT to work in the public health system.

Recommendation 18

The committee recommends that the ACT Government investigate and implement policies that help ease the financial burden of study for nursing and midwifery students and provide financial incentives for them to work in the ACT public health sector.

²³⁹ The Hon Dan Andrews MP, 'Making it Free to Study Nursing and Midwifery', *Media Release*, 28 August 2022.

5. Specific ACT Health workplaces

Nurse led walk-in centres

- 5.1. Nurse-led walk-in centres exemplify one of the ways that nursing roles may be extended to address ‘workforce shortages and subsequent diminished access to health care. Evidence has established that nurses can provide primary health care of a quality equal to that of doctors in terms of cost, use of resources and health outcomes.’²⁴⁰
- 5.2. Canberra’s first nurse-led walk-in centre opened in 2010, providing free consultations without the need for an appointment.²⁴¹ There are currently five walk-in centres operating throughout the ACT.²⁴² In its submission to the committee’s inquiry, the Australian College of Nursing (ACN) noted that throughout 2019–20, ‘66,502 people accessed the nurse-led walk-in centres across the Territory.’²⁴³ Ms Davidson also noted the government commitment to opening five more walk-in centres and supported ‘any opportunity to expand the role of nurses in delivering primary care.’²⁴⁴
- 5.3. The committee noted that one of the ACT Government’s aims for walk-in centres is the reduction of the demand on hospital emergency departments (EDs).²⁴⁵ The Australian Nursing and Midwifery Federation (ANMF) acknowledged however the importance, in some circumstances, of referring walk-in-centre patients to an ED:
- Because of the nature of the walk-in centres, people walk-in who just do not know where they need to go. There are some things that we should not deal with or cannot deal with at the walk-in centres that really do need to go to a GP or do need to go to emergency. So, I do not think that redirection rate will ever hit zero, nor should it, because we expect some people to come in with things that we just cannot treat.²⁴⁶
- 5.4. Nevertheless, the committee heard that nurses could reduce the redirection rate of walk-in centre patients to hospitals if their scope of practice was not restricted. For example, the committee learned that Nurse Practitioners (NPs) at walk-in centres cannot provide X-rays:

²⁴⁰Jane Desborough, Rhian Parker and Laura Forrest (2013), ‘Nurse satisfaction with working in a nurse led primary care walk-in centre: an Australian experience’, *Australian Journal of Advanced Nursing* 31 (1), 11–19: p 12.

²⁴¹ The Australian National University, National Centre for Epidemiology and Population Health, ‘Independent evaluation of the ACT Health nurse-led walk-in centre’, <https://nceph.anu.edu.au/research/projects/independent-evaluation-act-health-nurse-led-walk-centre#:~:text=The%20ACT%20Health%20Walk%20in,on%20an%20appointment%2Dfree%20basis.>

²⁴² ACT Government, *Submission 12*, p 5.

²⁴³ Australian College of Nursing, *Submission 3*, p [6].

²⁴⁴ Ms Linda Davidson, National Director, Professional Practice, Australian College of Nursing, *Committee Hansard*, 14 June 2023, p 13.

²⁴⁵ Mr Johnathan Davis MLA, Chair of the Standing Committee on Health and Community Wellbeing, *Committee Hansard*, 14 June 2023, p 41.

²⁴⁶ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 41.

We do not have the ability to X-ray. That needs to go to either ED or a GP, when the X-ray results come back within two days. So, it is a long wait. With things like simple finger dislocations, it is the same thing: we usually nominate for X-ray before we relocate. It is a really simple procedure that a nurse practitioner could do. Currently, they cannot do that—not within their scope—so it goes to ED instead. These are things that we could potentially do.²⁴⁷

- 5.5. The ANMF also spoke to the importance of policy-leaders understanding the capability of NPs. This is particularly relevant in the provision of nurse-led care and the ANMF's advocacy for the expansion of the scope of care provided at Canberra's walk-in centres:

I do not think the concept of nurse practitioners is well known, and what nurse practitioners can do is not truly understood by a lot of other professions and by a lot of other people. Realistically, a nurse practitioner could do anything. A nurse practitioner has the ability to formulate, to get competencies in all sorts of things and to deliver that care, the same as a GP, to someone in the public.

It is the same with an APN [Advanced-Practice Nurse]. As APNs, we are highly skilled, highly knowledgeable, and we have been practising for many, many years. We do have that ability, if given the chance, to expand our scope of practice to deliver that care. We have got nurses working with chronic illness patients in the community. We currently do not do that at the walk-in centres. Given that opportunity, we could do that. Bringing in other health professionals could potentially threaten the nurse-led component and the idea of a nurse-led centre and that holistic nature that nurses bring to health care. It could see nurses leaving the system.²⁴⁸

- 5.6. Mr Daniel noted that the nurse-led walk-in centres do not have enough NPs, the centres rely heavily on 'the advanced practice nurses, who are an excellent addition to the walk-in centres but they do not replace NPs.'²⁴⁹
- 5.7. The ACT Government informed the committee of the newly opened imaging service at Weston Creek community service which is adjacent to the Weston Creek walk-in centre.²⁵⁰
- 5.8. The committee believes that imaging services are an important facility for walk-in centres and recommends that the ACT Government replicate the Weston Creek arrangement in other walk-in centres.
- 5.9. The committee also questioned the Minister for Health about the commonwealth funded urgent care clinics which would be General Practitioner (GP) led.
- 5.10. The Minister for Health advised the ACT Government is working with the commonwealth on a model to enable integration of the current nurse-led walk-in centres with the

²⁴⁷ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 42.

²⁴⁸ Ms Alison Wong, Professional Officer, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, pp 40–41.

²⁴⁹ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 31.

²⁵⁰ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 66.

proposed GP urgent care clinics—each with a slightly different scope of practice. The Minister stated that the government wants to create integration, ‘but we have very clearly heard the message from nurses and NPs about retaining nurse-led clinics.’²⁵¹

- 5.11. The ACT Health Directorate (ACTHD) further expanded on this noting that the commonwealth recognises the unique situation in the ACT and the government is working on reaching a funding agreement with them this financial year.²⁵²
- 5.12. On 18 October 2023, the Chief Minister, Mr Andrew Barr MLA, announced that the ACT’s ‘nurse-led Walk-in Centres will join the national network of Medicare Urgent Care Clinics.’²⁵³ He noted that the funding allowed for the employment of three more NPs and Advanced-Practice Nurses (APNs), more allied health professionals in the Weston Creek centre, including a physiotherapist, and a radiographer and sonographer to extend the provision of afterhours imaging.²⁵⁴

Recommendation 19

The committee recommends that the ACT Government introduce X-ray and other imaging in all ACT walk-in centres.

North Canberra Hospital

- 5.13. The committee notes that since the inquiry had commenced, the ACT Government had made the decision to acquire Calvary Public Hospital Bruce (CPHB) [now North Canberra Hospital], and the transition came into effect on 3 July 2023. During the public hearings, the committee questioned witnesses about the pressures being faced by the nurses and midwives in this facility because of the government’s decision.
- 5.14. At the time of the public hearing on 14 June 2023, Mr Daniel advised the committee that the ANMF had conducted two face-to-face sessions with members at CPHB. While members were of course concerned about their employment and conditions for the move, one of the biggest issues raised was what the standards of practice would be as they noted the policy differences between CPHB and Canberra Health Services for standards of care.²⁵⁵

²⁵¹ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 68.

²⁵² Ms Rebecca Cross, Director-General, ACT Health Directorate, *Committee Hansard*, 14 June 2023, p 69.

²⁵³ Mr Andrew Barr MLA, Chief Minister, ‘More services at Canberra’s Walk-in Centres’, *Media Release*, 18 October 2023.

²⁵⁴ Mr Andrew Barr MLA, Chief Minister, ‘More services at Canberra’s Walk-in Centres’, *Media Release*, 18 October 2023.

²⁵⁵ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 30.

- 5.15. Mr Daniel further noted that staffing levels ‘are so thin that even the loss of one nurse or midwife has real implications for a ward or clinical unit. That will increase the pressure on already existing short-staffing levels.’²⁵⁶ He also expressed a view that the ANMF would not like to see the poor culture at Canberra Health Services (CHS) imported into the CPHB site.²⁵⁷
- 5.16. The Minister for Health advised the committee that the government wanted all the nurses and midwives employed in CPHB who were eligible to transition to CHS to do so. The Minister stated however that it would still be a safe transition if for example, only 85 percent of staff transitioned across.²⁵⁸ The Minister also noted that CPHB is a smaller public hospital with a 250-bed capacity, with a smaller staff, compared to The Canberra Hospital (TCH) which is a 670-bed hospital.²⁵⁹
- 5.17. CHS expanded on this by advising in that if there are shortages due to staff not transitioning, CHS has the ability to provide a safety net for individually impacted services in the system so that they can still be delivered safely.²⁶⁰
- 5.18. The committee has kept a watching brief on this issue, receiving regular briefings from the Minister for Health and officials since the transition was announced. The Chair of the committee made a 246A statement in the Legislative Assembly on 29 August 2023 and 28 November 2023 regarding the transition of CPHB to CHS and tabled two communiques in relation to the briefings.²⁶¹ The committee wants to ensure that ACTHD and CHS have the appropriate contingency plans in place should staff numbers at the new North Canberra Hospital fall to critical levels in any areas of the hospital.

Recommendation 20

The committee recommends that the ACT Government continue to monitor levels of employment of nurses and midwives at North Canberra Hospital and include this data in their annual reports.

²⁵⁶ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 31.

²⁵⁷ Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation, ACT Branch, *Committee Hansard*, 14 June 2023, p 32.

²⁵⁸ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 55.

²⁵⁹ Ms Rachel Stephen-Smith MLA, Minister for Health, *Committee Hansard*, 14 June 2023, p 56.

²⁶⁰ Mr Dave Pepper, Chief Executive Officer, Canberra Health Services, *Committee Hansard*, 14 June 2023, p 55.

²⁶¹ ACT Legislative Assembly, *Minutes of Proceedings*, No 92, 29 August 2023, p 1348; *Minutes of Proceedings*, No 107, 28 November 2023, p 1608.

6. Conclusion

- 6.1. The petition that informed the inquiry requested a recovery plan for nurses and midwives in the ACT. The committee sourced evidence, called for submissions and conducted both private and public hearings, in order to determine, in more detail, the necessary components of a recovery plan for nursing and midwifery workers.
- 6.2. The committee thanks all who participated in this inquiry and understands the emotional and industrial challenges for those nurses and midwives who through distress, courage and firm resolve explained to the committee how a recovery plan should be realised.
- 6.3. The committee has made 20 recommendations.

Ms Jo Clay MLA

Chair, Standing Committee on Health and Community Wellbeing

February 2024

Appendix A: Submissions

No.	Submission by	Received	Published
1	Confidential	14/09/2022	15/11/2022
2	Kirsten Madsen	02/12/2022	15/02/2023
3	Australian College of Nursing (ACN)	07/12/2022	01/03/2023
4	Name Withheld	07/12/2022	15/02/2023
5	Victoria Chard	07/12/2022	21/02/2023
6	Name withheld	09/12/2022	21/02/2023
7	Leanne Ehrlich	20/12/2022	09/03/2023
8	Confidential	06/01/2023	15/02/2023
9	Health Care Consumers' Association (HCCA)	25/01/2023	21/02/2023
10	Name Withheld	26/01/2023	15/02/2023
11	Hana Sayers	27/01/2023	15/02/2023
12	ACT government	27/01/2023	15/02/2023
13	Australian Nursing and Midwifery Federation ACT Branch	27/01/2023	21/02/2023
14	South Asian Research and Advocacy Hub (SARAH)	27/01/2023	15/02/2023
15	University of Canberra Discipline of Midwifery Team	27/01/2023	01/03/2023

Appendix B: Witnesses

Wednesday, 14 June 2023

- **Ms Victoria Chard**, Individual

South-East Asian Research and Recovery Hub (SARAH) ANU

- **Ms Sashini Liyanage**, Undergraduate Researcher
- **Mr Rojan Joshi**, Undergraduate Researcher
- **Mr Alexander Titus**, Undergraduate Researcher

Australian College of Nursing (ACN)

- **Adjunct Professor Kylie Ward**, Chief Executive Officer
- **Ms Linda Davidson**, National Director of Professional Practice

University of Canberra (UC)

- **Dr Maryam Bazargan**, Senior Lecturer- Midwifery

Australian Nursing and Midwifery Federation (ANMF) ACT Branch

- **Mr Matthew Daniel**, Branch Secretary
- **Ms Carlyn Fidow**, Lead Organiser
- **Ms Alison Wong**, Professional Officer
- **Mr Thomas Cullen**, Legal Counsel
- **Ms Samantha Frost**, ANMF ACT Member

ACT Government

- **Ms Rachel Stephen-Smith MLA**, Minister for Health
- **Ms Rebecca Cross**, Director-General, ACT Health Directorate
- **Ms Robyn Hudson**, Deputy Director-General, ACT Health Directorate
- **Mr Anthony Dombkins**, ACT Chief Nursing and Midwifery Officer
- **Mr Dave Pepper**, Chief Executive Officer, Canberra Health Services
- **Ms Janette Coulton**, Executive Branch Manager, People and Culture
- **Ms Kellie Lang**, Executive Director, Nursing and Midwifery and Patient Support Services

Appendix C: Questions Taken on Notice

Questions Taken on Notice

No.	Date	Asked of	Subject	Response received
1	14/6/2023	South-East Asian Research and Recovery Hub (SARAH) ANU	Data on Nursing midwifery bridging courses for international students in ACT compared to other States	27/06/2023
2	14/6/2023	University of Canberra	Data on numbers of students in UC nursing/midwifery courses	30/06/2023
3	14/6/2023	Australian Nursing and Midwifery Federation (ANMF)	ACT Health Workforce Strategy - Workforce planning data	03/07/2023
4	14/6/2023	Minister for Health	Strategic Priorities and workforce data and timelines	28/07/2023
5	14/6/2023	Minister for Health	Number of field staff	28/07/2023
6	14/6/2023	Minister for Health	Positions Offered and Accepted	01/08/2023
7	14/6/2023	Minister for Health	Cost of new wellness initiatives	10/07/2023
8	14/6/2023	Minister for Health	Data on Leave for Professional Development	10/07/2023