Government of **Western Australia**
Department of **Health**
**Chief Nursing and Midwifery Office**

# Nursing and Midwifery in Western Australia: A Discussion Paper

health.wa.gov.au

# Contents

# Executive summary

This discussion paper provides a preliminary overview of the Western Australian (WA) nursing and midwifery professions. Central to this report is the finding that many nurses and midwives, across all professional levels, are not working to their full scope of practice and remain an underutilised workforce in this State.

Leadership, maximising and expanding scopes of practice and implementation of nursing and midwifery-led models of interprofessional care are strongly featured themes throughout this paper and have been identified as key reform opportunities.

With the easing of post COVID-19 restrictions, WA's health system has entered the reform and transform phase of recovery. Implementation of models of care (MoC) that utilise the diverse skills from all professional levels of nursing and midwifery, are essential to meet the reform agenda for the WA health system. Sustainable change will be dependent on doing things differently with the resources we have. This will be challenging for some; for many it will provide opportunity. Capitalising on the strengths of WA's largest and widely respected healthcare workforce requires genuine innovation in our thinking, planning and implementation. However, success relies on the systematic removal of organisational, regulatory and legislative barriers to enable this workforce to realise its potential.

The nursing and midwifery workforce have enormous potential to meet the strategies outlined in the Sustainable Health Review (SHR)[1]. Investment is required to actively promote the benefits of lifelong learning, research and ongoing career growth. Upskilling in digital health literacy and mental health competencies are priority areas for reform across the entire nursing and midwifery professions.

Positive patient-related outcomes are influenced by active partnerships, communication and healthy organisational environments. Co-design approaches underpinned by strong nursing and midwifery frameworks, with authentic, interprofessional and consumer collaboration, will drive cultural change within our healthcare system by cultivating a sense of empowerment, autonomy, and job satisfaction.

**Five key themes aligning to the objectives of the SHR and WA COVID-19 recovery plan are identified:**

### Theme 1: Maximising full and expanded scopes of practice

Nurses, from enrolled nurses to nurse practitioners, and midwives across all professional levels are not working to their full scope of practice in WA. Maximising and expanding existing scopes of practice will provide low-cost, high impact sustainable solutions.

### Theme 2: Leadership Enhancement and Development

Nurses and midwives must participate in the evolving healthcare environment. It is crucial that their significant contribution is not undervalued or hidden behind medically-led models. Nurses and midwives must be actively supported to strategically influence systemwide healthcare policy and operational decisions. Representation must be strategic and workforce-led. Collaboration and connection between the Chief Nursing and Midwifery Office (CNMO), public and private health service providers, primary healthcare sector and community organisations are essential.

## Theme 3: Nursing and midwifery-led, interprofessional models of care

Urgent investment to support the development of sustainable nursing and midwifery-led collaborative models of care must be actioned. An interprofessional, collaborative approach to areas of greatest need must be the priority. These include: mental health, Aboriginal health, chronic disease, aged care and end of life care. The nursing and midwifery workforce will be pivotal to ensuring COVID-19 surge readiness in vulnerable populations across all sectors. Emphasis must be given to address the disparities in healthcare outcomes and access to healthcare.

## Theme 4: Growth of the nurse practitioner workforce

WA is at critical risk of losing the nurse practitioner (NP) workforce. Effective use of NPs will meet many of the recommendations outlined in the SHR and support the COVID-19 recovery plan. The WA CNMO is leading a national, interjurisdictional strategic project to build, strengthen and advance the NP workforce where known challenges exist. Commitment, investment and support will be essential to progress this work.

## Theme 5: Building a statewide nursing and midwifery digital, research and innovation strategy

Low-level digital health literacy is a major risk in the nursing and midwifery workforce. Development of digital literacy skills, with leadership opportunities to influence transformational change within digital health, is necessary.

Patient-centred and evidenced-based healthcare is not possible without investment and a clear, supported strategy for nursing and midwifery research and innovation. Building capacity and capability across all domains and levels of practice is critical to embedding a culture of innovative thinking and engagement in high-quality research design.

# Definitions

| | |
|---|---|
| AIN | Assistant in Nursing |
| ANMAC | Australian Nursing and Midwifery Accreditation Council |
| APN | Advanced Practice Nurse |
| AQF | Australian Qualification Framework |
| CNMO | Chief Nursing and Midwifery Office |
| CNM | Chief Nursing and Midwifery Officer |
| CPD | Continuing Professional Development |
| ED | Emergency Department |
| EN | Enrolled Nurse |
| GREaT | Get Real Experience and Try |
| MBS | Medicare Benefits Schedule |
| MLCC | Midwifery Led Continuity of Care |
| MoCs | Models of Care |
| NMBA | Nursing and Midwifery Board of Australia |
| NP | Nurse Practitioner |
| NQM | Newly Qualified Midwife |
| NQRN | Newly Qualified Registered Nurse |
| PD | Professional Development |
| RN | Registered Nurse |
| SHR | Sustainable Health Review |
| WA | Western Australia |
| WAPHA | WA Primary Health Alliance |

* Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

# Introduction

In February 2020, the Western Australian (WA) Chief Nursing and Midwifery Officer, Dr Robina Redknap responded to a Ministerial request to provide an overview of nursing and midwifery in WA.

The commencement of the review and discussion paper coincided with the COVID-19 global pandemic and WA Health's preparation for the predicted public health emergency. While strongly aligned to the priorities articulated in the SHR, the following discussion paper examines the influence of COVID-19 on the 'new normal' in healthcare, and future implications for the nursing and midwifery professions.

Future opportunities have been identified to inform strategy development and necessary resource allocation to achieve sustainable healthcare reform in WA.

# Current situation

When the World Health Organisation designated 2020 as the International Year of the Nurse and Midwife, the COVID-19 pandemic could not have been foreseen. The global public health emergency has tested healthcare systems like never before. The public health preparation for COVID-19 in WA demonstrated the willingness of the nursing and midwifery workforce to be adaptable and flexible in response to anticipated clinical need.

It is imperative to take the learnings from the COVID-19 experience and recommendations of the SHR to reimagine and transform WA's healthcare future.

**Strengths to provide a platform for future growth identified during the COVID-19 pandemic:**

- Nurses and midwives are a highly regarded, valued and trusted group of healthcare professionals within our community. Public perception of the nursing and midwifery profession has been elevated further during the pandemic.
- COVID-19 has been contained in WA. Strategies implemented to isolate and protect our vulnerable populations (including the elderly, homeless, people living with chronic health conditions and Aboriginal people), have successfully prevented poor health outcomes. These strategies must be reviewed to assist in the design of new models to deliver healthcare in WA. Nurses and midwives must challenge the status quo to maximise and expand scopes of practice and implement new evidenced-based MoCs proven to benefit the patient and community.
- Digital and online learning platforms can be deployed and used quickly to educate and upskill the nursing and midwifery workforce. Strong uptake of the online high dependency and critical care rapid upskilling courses implemented by the Australian Government demonstrated this.
- Telehealth provides viable and achievable alternative MoCs, including use in aged care services. Nursing and midwifery digital health literacy is crucial for the future success of telehealth and other digital health technologies to assist the consumer in accessing and using these systems effectively.

- Record high influenza vaccination uptake in 2020, combined with physical distancing practices, have resulted in historically low influenza cases. Nurses and midwives have a vital role to develop and implement policy and communication strategies that address the complexities of influenza vaccine hesitancy. This will positively impact the future of winter viral illnesses in WA.
- Policy has been developed to enable rapid employment of undergraduate registered nurses (RN) in the healthcare system as an 'assistant in nursing workforce' in the event of heath crisis escalation. Whilst not implemented, the pathway should be explored for its potentially mutual benefits for both the nursing student and the healthcare system.

**Exposed gaps identified from the COVID-19 pandemic provide opportunity for future modelling and workforce planning:**

- Leadership, governance and high-level representation of the nursing and midwifery professions are critical to ensure the planning of streamlined workforce capability, capacity and scalability. Inadequate CNMO consultation prior to the implementation of workforce measures jeopardises the viability and sustainability of these projects.
- The WA nursing and midwifery professions remain a predominantly female and ageing workforce. This is more pronounced within our senior leadership and management positions. Many nurses and midwives were identified as being in the 'vulnerable' population during the pandemic. The risk of depleting the largest healthcare workforce in WA will be compounded if our female-strong senior workforce is not available. The system will lose invaluable clinical and managerial leadership, expertise, experience and skill if this were to occur.
- The ability to expand existing nurse-led MoCs through strong nursing leadership is fundamental for meaningful reform with the growing demand of the aged care sector.
- Our mental health system, already experiencing enormous pressure, is predicted to encounter significant post COVID-19 burden from the impact of social isolation and financial distress. It is critical that our entire existing, but underprepared, nursing and midwifery workforce, is rapidly upskilled and equipped with the evidence-based knowledge and skills required to deliver effective mental health services.
- Enrolled Nurses (EN) are legislatively permitted to administer Schedule 8 medications. Current medication policies across WA health do not facilitate this scope of practice. This will have major implications during a COVID-19 surge and must be addressed.
- New, temporary Medicare Benefit Schedule (MBS) telehealth items were implemented during the COVID-19 crisis allowing NPs to deliver essential bulk-billed healthcare services. MBS reform is the single biggest barrier curtailing expansion of NP-led MoCs. The inequities and barriers are currently under review by the MBS Review Taskforce. It is imperative that the Taskforce final recommendations to the Commonwealth Government support nurse practitioners working to their full scope of practice. There is no nursing, midwifery or allied health representation on the Taskforce.
- The international mobility of nurses and midwives post COVID-19 has changed. WA must be more reliant on local recruitment and retention strategies in the future.

# Overview of the nursing and midwifery workforce in Western Australia

Supply, distribution, size and composition are imperative for workforce sustainability. The focus must now move to less tangible challenges and domains for growth to shift behaviour and influence capability and capacity of the nursing and midwifery workforce in WA.

An overview of the WA nursing and midwifery professions, scopes of practice, reform opportunities and critical areas for healthcare transformation are detailed in this discussion paper.

The Australian Qualification Framework (AQF) levels are outlined in **Appendix 1**.

WA nursing and midwifery demographic, education and employment data is provided in **Appendix 2**.

# Enrolled nurses (EN)

- ‘Enrolled Nurse’ is a legally protected title under National Law.
- The EN qualification is a recognised pathway into a Bachelor of Nursing or Midwifery qualification.
- ENs work under the direct or indirect supervision of an RN, depending on the nature of the work delegated.
- ENs can work in a variety of speciality areas. Many have attained advanced practice skills such as intravenous medication administration, insertion of catheters or complex wound care.
- Role confusion creates significant barriers to working to full scope of practice, resulting in underutilisation of this valuable workforce.
- Forty ENs working for WA Health identify as Aboriginal.
- An Aboriginal cadetship is available for Aboriginal EN students whilst completing undergraduate study. This provides mentoring, employment and financial opportunities whilst completing undergraduate studies. In 2020, eight ENs were offered a graduate program place.
- Acute care clinical placements are a growing barrier for training providers. The aged care sector currently accepts a significant proportion of student placements.

## Enrolled nurses - reform opportunities

- There must be commitment to address EN workforce barriers to allow them to work to full scope of practice.
- ENs have a high retention rate; however, a steady decline in employment in WA Health needs to be addressed.
- Rebalancing of the EN/ RN workforce must be explored to afford ENs opportunities while ensuring safe, high-quality patient care.
- ENs are legislatively permitted to administer Schedule 8 medications. Current medication policies across WA health prohibit this and requires review.
- There are known challenges to attracting and retaining ENs in the mental health specialty, including insufficient mental health undergraduate training. As such, mental health is not promoted as an attractive career choice.
- Pathways and opportunities to recruit ENs into health sectors identified as areas of high need including Aboriginal health, mental health, aged care and chronic disease need exploration.
- Collaborative work must be undertaken to address the growing barriers to clinical placements for EN students.

# Registered nurses (RN)

## A) Newly qualified registered nurses (NQRN)

- For 2020 intake year, there were 1,783 graduate RN applications for 575 graduate RN positions through the GradConnect program.
- Twenty Aboriginal NQRNs were offered a place in a graduate program in 2020.
- Approximately 14% of nursing undergraduates are international students.
- Undergraduate RN education is aimed at producing generalist nurses.
- Culturally safe bridging courses, scholarships, cadetships and graduate nurse program pathways are designed to attract and recruit Aboriginal people into the nursing workforce.
- Cost is a barrier to undergraduate RNs gaining the full benefit of rural and regional placements.

## B) Registered nurses (RN)

- 'Registered Nurse' is a legally protected title under National Law.
- RNs account for approximately 80% of the nursing workforce.
- Sixty-eight RNs working for WA Health identify as Aboriginal.
- RNs are employed throughout the WA health system – public and private hospitals, aged care, rehabilitation, education, health promotion, health policy, research, management, community health, primary care and school systems.
- Aboriginal fellowships and scholarships are available to Aboriginal RNs wanting to progress their career through research or practice-improvement projects.

## C) Advanced-practice nurses (APN)

- APNs have the clinical experience, education and knowledge to practise autonomously to the full RN scope of practice. It is not a title, or a role – it is a leadership level of clinical practice. These roles include clinical nurse specialists, clinical nurse consultants, clinical nurse coordinators and nurse practitioners.
- There are significant barriers that prohibit APNs practising to their full scope, resulting in an underutilised workforce in WA.
- Credentialled mental health nurses are among the most highly skilled practitioners in managing mental health issues. They work autonomously, are highly skilled in developing mental health plans and undertaking health assessments, and appropriately referring to medical practitioners and community resources as required.

### Registered nurses - reform opportunities

- The Australian Nursing and Midwifery Accreditation Council (ANMAC) and Nursing and Midwifery Board of Australia (NMBA) support a review of the current approach to extend undergraduate nursing education. This is critical to preparing the nurse of the future given RNs are undertaking increased responsibility for complex care.
- Medical students, and other professions, on rural and regional placements have travel and accommodation costs covered, whereas RN students are expected to self-fund.

### Registered nurses - reform opportunities

- Traditional NQRN graduate/ transition programs require review to address the oversupply of graduate RNs and current workforce demand, while also preparing for the predicted future workforce. Supported transition programs into primary care and community care sectors, including aged care and mental health, should be explored.
- Further strategy development is required to recruit Aboriginal and non-Aboriginal males into the nursing profession.
- RN pathways and career opportunities require consideration as recruitment and retention strategies for high-need healthcare sectors including Aboriginal health, mental health, aged care and chronic disease.
- Scope of APN practice expansion areas must include RN prescribing, endoscopy and specified diagnostic imaging and pathology requests, particularly for populations where nursing practice models are most effective.
- Professional development (PD) leave and allowances for RNs with a scheduled medicines endorsement, must be commensurate with the additional continuing professional development (CPD) requirements by the NMBA.

# Nurse practitioners

- 'Nurse Practitioner' is a legally protected title under National Law.
- NP is an APN role, delineated by the additional legislative functions and regulatory requirements of NP endorsement.
- WA has one NP who identifies as Aboriginal.
- The NP workforce is underutilised with limited employment opportunities and significant barriers to practice which have no clear rationale or consistency across jurisdictions.
- WA NP data demonstrates a significant future workforce risk. An ageing NP workforce, 5-year declining growth in NP graduate numbers, poor growth in endorsements, minimal employment opportunities, and inadequate mentoring and succession planning strategies are clearly evident.
- A coordinated and collaborative approach to NP workforce modelling has huge potential to build capacity and sustainability of this workforce if the significant barriers to practice are removed.
- National and international evidence demonstrates NP MoCs consistently result in positive patient, organisational and healthcare system outcomes.

### Nurse practitioners - reform opportunities

- WA is at critical risk of losing the NP workforce.
- Multiple organisational, regulatory and legislative barriers prohibit the NP working to full scope of practice.
- The WA CNMO is leading a national strategic project to build, strengthen and advance the NP workforce. Commitment, resource and support is critical to progress this work.
- PD leave and allowances for NPs, must be commensurate with the additional CPD requirements of the NMBA.

**"The WA health system currently uses Nurse Practitioners however there is an opportunity for expanded use, particularly in areas of community health need. Nurse Practitioners can work across the full spectrum of health service delivery, including acute and community care, and bridge gaps between tertiary and community healthcare in cost-effective ways.**

**Nurse Practitioners can contribute to improved access to care, support primary care providers, reduce emergency department presentations and hospital admissions, and decrease length of stay"** (SHR p104)

# Midwives

## A) Newly qualified midwives (NQM)

- For 2020 intake year, there were 109 applications for 35 graduate midwife positions. Three Aboriginal applicants were offered a position.
- Although many midwives are RNs, midwifery is an independent profession.
- Culturally safe bridging courses, scholarships, cadetships and graduate midwifery program pathways are designed to attract and recruit Aboriginal people into the midwifery workforce.

## B) Midwives

- 'Midwife' is a legally protected title under the National Law.
- Eight midwives working for WA Health identify as Aboriginal.

## C) Endorsed midwives

- Endorsed midwives have a level of autonomy, with advanced qualifications and skills. These could be utilised in the public sector, especially in midwifery-led MoCs.
- Endorsed midwives can provide limited Medicare rebateable diagnostic and pathology services. They are authorised prescribers for pregnant, birthing and postnatal women. However, there remain barriers to practice for endorsed midwives in the public sector.
- Endorsed midwives employed in the public sector do not have access to an MBS provider number and are not able to access MBS item numbers.

### Midwives - reform opportunities

- The requirement of registered nursing qualification should not be the default for midwifery education pathways in WA.
- Midwifery-led Continuity of Care (MLCC) models are shown to reduce frequency of obstetric interventions without compromising neonatal outcomes.[2,3] A commitment to expand MLCC models is required. These models currently sit at less than 5% of birthing women in WA.
- Midwives play a vital role in sexual and reproductive health as well as pregnancy, labour and birth. Extended scope should include partners and fathers in the holistic assessment of 'maternity, child and family health'.
- PD leave and allowances for endorsed midwives need to be commensurate with the additional CPD requirements.
- Further pathways for Aboriginal women into the midwifery workforce should be created.
- Removal of barriers that prevent midwives and endorsed midwives from working to their full scope of practice in the public sector needs further exploration.

# Unregulated workforce

## Assistants in nursing (AIN)

- AINs are not nurses, and do not have a legally protected title. They are a category of unregulated healthcare workers. They work under the operational and clinical governance of nursing.
- Known serious safety and quality concerns exist with the use of this workforce. Substantial evidence demonstrates that AINs should not be used as a replacement workforce for registered nurses. Where this has occurred, significant patient harm has resulted.[4,5]
- AINs employed in the public sector work to a defined list of duties and are employed in the acute care, aged care and primary care environments.
- WA is the only State or Territory in Australia to require a level of mandatory training for AINs prior to employment.
- Minimal vocational training is required for this workforce and their understanding of the complexities and how to respond to people with a mental illness is extremely limited.
- An Aboriginal cadetship is available for undergraduate Aboriginal registered nurse students to apply for recognition of prior learning to gain the AIN qualification. This provides mentoring, experience and financial assistance while completing undergraduate studies.

### Assistants in nursing - reform opportunities

- Regulation of the AIN workforce may require consideration, pending the outcome from the Royal Commission in Aged Care Quality and Safety.
- The mutual health system benefits of employing undergraduate RN students into AIN roles during study requires exploration. Students receive an income, gain experience and confidence in basic components of patient care, while observing role modelling and acquiring health system exposure. This enhances employment preparedness and provides additional exposure to clinical practice for undergraduate RNs.

# Nursing and midwifery healthcare transformation

Nurses and midwives play an integral role and have untapped potential to transform our current healthcare environment. These professions can influence the development and success of equitable, high-quality and value-driven services. They practice to a strong nursing and midwifery framework and have unique insight into person-centred care. However, the current workforce is underutilised because many are not working to their full scope of practice.

## 1. Leadership

**Nurses and midwives must actively engage and contribute at all health leadership and policy levels in determining the way forward for the WA health system.**

### How do nurses and midwives deliver effective, innovative patient care and contribute meaningfully to healthcare reform if they are not actively involved in its architecture and development?

- The role of the CNMO is to provide high-level strategic and policy advice on matters involving the nursing and midwifery workforce. All advice is informed by evidence with a close connection to all stakeholders. Consultation with the CNMO is imperative to maximise success of initiatives/reform involving nursing and midwifery.
- Nurses and midwives must demonstrate and progress their independence as health professionals. They are not an adjunct to other professions and must promote inter-professional relationships to realise the potential of true interdisciplinary patient care.
- The contribution of APNs and midwives is often undervalued and concealed, predominantly behind medically-led models and teams.
- Nurses and midwives must be valued and involved especially at the strategic policy level. Governments must ensure that nurses and midwives are not used in a perfunctory manner and are maximally engaged. To achieve this, nurses and midwives need to be supported to increase their opportunity to contribute and influence systemwide decisions. This includes representation on organisational Boards, Commissions, Taskforces and other high-level working groups.
- The number of Aboriginal nurses and midwives in leadership roles must increase to ensure a culturally safe and diverse workforce.
- Nurses and midwives in the primary healthcare sector must have a clearer, more visible role in achieving meaningful reform. This must include high-level input towards WA's primary healthcare policy development and implementation strategies.
- Mental health nursing leadership must be recognised and valued. Gradual erosion of mental health nursing leadership in WA has diminished their voice and ability to influence optimal patient outcomes.
- Nursing leadership is vital in the aged care sector. Clinical leadership and management to address the steady growth, and the increasingly complex health issues experienced by this population will enhance care, health outcomes and sustainability.

- Midwifery leadership is critical to the WA health system, given the knowledge that investment in the first 1000 days will significantly impact future health and wellbeing of individuals.
- Nursing and midwifery leadership has a major role in the cross-professional response to aggression and violence.

### Alignment to Sustainable Health Review:

- Strategy 1, Recommendation 3, Priority 2: Employment of additional Aboriginal staff, including in leadership positions, to meet the WA health system target of 3.2 per cent of Aboriginal employees by 2026, with priority to increasing the proportion of Aboriginal nurses, allied health professionals and medical practitioners as part of multidisciplinary teams.
- Strategy 7, Recommendation 23, Priority 4: Systemwide framework and program developed and implemented for corporate and clinical leadership to support systems change, including supporting current leaders and identification and development of emerging leaders.
- Strategy 7, Recommendation 24, Priority 3: Investment in the development of skills and capability in systems thinking and change, cross-sector collaboration and facilitation, research and policy, as part of the systemwide framework for corporate and clinical leadership development.

**Source documents:**

- Australian College of Nursing. (2015). Nurse leadership: A white paper by ACN. Canberra, Australia.[6]
- Institute of Medicine. (2011). The future of nursing: Leading change, advancing health. Washington, USA.[7]
- The Mid Staffordshire NHS Foundation Trust. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. London, UK.[8]

## 2. Scope of practice and workforce

**It is imperative that nurses and midwives practise to their full and extended scope. Systematic identification and removal of existing barriers is required to enable this. Evidence demonstrates the value of nurse led models of care. This must be recognised if we are to achieve optimal outcomes and sustainability.**

### How does innovative health service planning demonstrate that for certain consumer groups nurse-led models are optimal, meet high levels of patient quality and safety, and are economically viable?

- Healthcare reform is not about which profession 'does it better'. The focus of healthcare reform must be on how we can do it differently, with cross professional collaboration.
- Models of care established from co-design principles and values embrace a consumer focused, respectful, collaborative and interprofessional approach. Improvements to patient-related outcomes, reduction in length of stay and readmissions, and economic savings are demonstrated with this process.
- Contemporisation of policies must occur, and regulatory and legislative barriers must be removed for EN and NP workforce reform to occur.

- Workforce monitoring and review at each professional level to understand and meet the demands of the changing healthcare environment is necessary.
- There is an international undersupply of nurses and midwives. Despite the oversupply of graduates, WA has a workforce maldistribution issue within the rural and remote, aged care and mental health sectors.
- Graduate nurses and midwives, if given local employment opportunities, will improve WA communities and strengthen the culture and social bonds of 'home'.
- The CNMO is committed to building the Aboriginal nursing and midwifery workforce. Initiatives include:
  - The appointment of the Principal Aboriginal Nursing and Midwifery Advisor to the CNMO
  - Utilisation of Section 51 of the Equal Opportunity Act 1984 to proactively recruit EN, RN and midwifery graduates
  - Prioritisation of Aboriginal undergraduate and post- graduate nursing and midwifery students for scholarships
  - An Aboriginal-specific stream in the Get Real Experience and Try (GREaT) year 10 nursing and midwifery work experience program.
- Nursing and midwifery must expand their focus on primary health care, prevention, wellness and self-management MoCs and policy. Leadership, vision and meaningful consumer partnerships are required to drive this change. This must include increased nursing and midwifery representation and engagement with the WA Primary Health Alliance (WAPHA) and future health policy development.
- Safe nursing numbers and skill-mix is a patient safety and quality issue. Evidence demonstrates increased incidence of adverse patient outcomes associated with understaffing and inadequate RN skill-mix[2,3]. Attrition is also linked to suboptimal nursing numbers through stress, burnout, and high staff turnover.
- Nursing and midwifery workload models continue to be explored to ensure a workload methodology that supports the principles of safe staffing and safe, high-quality care.

## Alignment to Sustainable Health Review:

- Strategy 7, Recommendation 25, Priority 1: Evaluation of workforce roles and scope based on community health needs and interdisciplinary models of care, rather than only profession-based approaches.
- Strategy 7, Recommendation 25, Priority 2: Progressive introduction, evaluation, or expansion of workforce models that support working to full scope of practice including Nurse Practitioners (including primary care and residential aged care), Enrolled Nurses (including sub-acute and community care sectors – aged care, rehabilitation and geriatric evaluation and management).
- Strategy 7, Recommendation 25, Priority 3: Progressive introduction, evaluation, or expansion of workforce models that support advanced skills including Advanced Scope Physiotherapists (including outpatients and emergency departments/fast track); Advanced Scope Community Pharmacists (including community interdisciplinary team models and immunisations); Advanced Scope Registered Nurse Endoscopists; Aboriginal Health Workers/Practitioners (including advanced scope immunisations).
- Strategy 7, Recommendation 27, Priority 4: Consistent support for employment and organisational arrangements that enable a culture and workforce to support new models of care.

**Source documents:**

- Australian College of Nursing. (2019). A new horizon for health service: Optimising advances practice nursing. Canberra, Australia.[9]
- Health Work Australia. (2012). Health workforce 2025: Doctors, nurses and midwives volume 1. Canberra, Australia.[10]
- Western Australian Department of Health. (2020). Systematic review on workload methodologies. Perth, Western Australia.[11]
- World Health Organisation. (2020). State of the World's Nursing Report 2020. Geneva, Switzerland.[12]

# 3. Education and training

**The nursing and midwifery professions must actively promote and support lifelong learning and ongoing career opportunities.**

### How do we strengthen pathways and career opportunities for nurses and midwives into critical reform sectors including mental health, aged care, chronic disease and Aboriginal health?

- ANMAC and the NMBA endorse the approach to extend undergraduate nursing and midwifery education to adapt to the contemporary health environment. This includes new learning components in digital health, aged care, mental health and managing chronic and complex conditions.
- Continuous learning of the assessment and understanding of complex chronic conditions must be ongoing, included at all professional levels, and across all sectors of nursing education.
- Attraction, retention and completion supports for Aboriginal and non-Aboriginal nurses and midwives to pursue higher education at postgraduate, masters and doctoral-degree levels needs to be actively pursued.

- WA education providers must adapt curriculum content to align with the evolving changes in health informatics and digital health technologies.
- Demand for clinical placements, further impacted by COVID-19 clinical placement restrictions, requires innovative solutions.
- A generalist approach to NP preparation and education which is aligned with contemporary health priorities is imperative.
- PD/ study leave and allowances for our autonomous APNs, NPs and midwives are inadequate. The inequity between medical and nursing/midwifery allowances is considerable. RNs and midwives with scheduled medicines endorsement, and NPs are required to complete a further ten CPD hours to meet the requirements of registration and endorsement. A review of current PD leave and allowances for this group of nurses and midwives requires consideration given these roles are autonomous and backfill is not provided. This is critically important for our rural and remote nurses and midwives, who practise in the most isolated and autonomous roles.

## Alignment to Sustainable Health Review:

- Strategy 7, Recommendation 26: Build capability in workforce planning and formally partner with universities, vocational training institutes and professional colleges to shape the skills and curriculum to develop the health and social care workforce of the future.
- Strategy 7, Recommendation 26, Priority 3: A 10-year health and social care workforce strategy developed by July 2021 with key stakeholders including joint planning of training needs and placements; ensure an interdisciplinary approach to care with training exposure in both acute and community settings, and equitable and adequate placements across professional groups with a focus on regional areas.
- Strategy 7, Recommendation 26, Priority 4: Encourage and advance health and social care educational curriculum to include a sound understanding of how health, mental health and social care systems are organised and operate, including training in the skills needed for a digitally literate workforce.

**Source documents:**


- Australian Department of Health. (2019). Educating the nurse of the future: Report of the independent review of nursing education. Canberra, Australia.[13]
- Australian Department of Education and Training. (2019). Transparency in higher education expenditure. Canberra, Australia.[14]
- Western Australian Industrial Relations Commission. (2019). WA health system: Australian nursing federation: Registered, nurses, midwives, enrolled (mental health) and enrolled (mothercraft) nurses: Industrial agreement 2018, Perth, Western Australia.[15]
- Western Australian Industrial Relations Commission. (2017). WA health system: AMA Industrial agreement 2016, Perth, Western Australia.[16]
- Currie, J., Carter, M.A., Lutze, M. & Edwards, L. (2020). Preparing Australia nurse practitioners to meet health care demand. The Journal for Nurse Practitioners. Retrieved: https://doi.org/10.1016/j.nurpra.2020.06.023.[17]

# 4. Digital and technological change

**Substantial knowledge gaps and resistant organisational and cultural barriers within the nursing and midwifery workforce must be addressed to achieve reform in digital health.**

### Nurses and midwives are not adequately represented at the decision-making level to ensure that implementation of digital health technologies meet the strategic goals of healthcare reform in WA. Why?

- The *WA Nursing and Midwifery Digital Health Strategy: Fit for a Digital Future, Every Nurse and Midwife's Business (2020)*, will address the digital health priorities to grow the digital capacity and capability of the workforce in WA when finalised. This strategy is imperative for reform in the digital health space.
- New avenues are opening for diagnosing and caring for patients. Consumers are now empowered to be proactive participants in their own healthcare decisions. New skills and different ways of doing things must be accepted, supported and extended across the nursing and midwifery professions.
- Many nurses and midwives have limited digital health literacy. Investment in this workforce is paramount to develop baseline to specialist digital skills.
- Investment in driving cultural change within the nursing and midwifery workforce is essential to promote the positive impact of digital health. This will increase confidence and decrease natural resistance to a rapidly changing healthcare environment.
- Opportunity for upward leadership from the technology proficient nursing and midwifery generation must be created.
- Nurses and midwives remain mostly absent from leadership roles in strategic digital health. Opportunity for academic qualifications is necessary for transformational change.
- The removal of MBS restrictions for the NP to further utilise telehealth services will improve access to care and health outcomes in the rural and remote communities.

## Alignment to Sustainable Health Review:

- Strategy 4, Recommendation 11b, Priority 3: Telehealth becomes the regular mode of outpatient service delivery for most appointments in both country and metropolitan areas across all disciplines by July 2029.
- Strategy 5, Recommendation 17, Priority 5: Pursuit of strategies to increase the uptake of telehealth and other digital solutions including with the Commonwealth.
- Strategy 6, Recommendation 22, Priority 2: Development and commitment to a long-term Digital Strategy for the health system including identification of the priority health outcomes to be supported through digital transformation, technology and investment requirements, and benefits capture of ICT investments.

**Source documents:**

- Australian Digital Health Agency. (2019). Australia's national digital health strategy: Safe, seamless and secure. Canberra, Australia.[18]
- Western Australian Department of Health. (2020). WA health digital strategy 2020-2030. Perth, Australia.[19]
- Western Australian Department of Health. (2020). The WA nursing and midwifery digital health strategy: Fit for a digital future, every nurse and midwife's business. Perth, Australia.[20]
- National Health Service. (2019). The Topol review: Preparing the healthcare workforce to deliver the digital future. London, UK.[21]

# 5. Research and innovation

**A clear, supported statewide vision and direction is essential for nursing and midwifery in WA. Strategies must be developed to build capacity and capability for sustainable research and innovation across all domains and levels of practice.**

**The WA Nursing and Midwifery Research and Innovation Strategy: Transforming Patient Care (2020) is in final draft. The strategy will drive health research and innovation in WA, building capacity and capability. How do we create roles and support the involvement of nurses and midwives to lead research and innovation programs?**

- Innovation exists within multiple organisations and agencies, highlighting how research can be embedded and supported in clinical practice.
- Full engagement of the workforce in clinical research is limited by resources and opportunity. Areas of opportunity include:
  - Pathways and opportunities to support dedicated time to conduct research.
  - Joint appointments between health service providers and universities to provide an avenue for mentorship and to align research and innovation with clinical practice through shared goals.
- Equitable access to opportunities must include the rural and remote workforce. Supporting communities with high healthcare needs, including Aboriginal and culturally and linguistically diverse people will improve health outcomes.
- A collaborative nursing and midwifery-led research and innovation culture must be developed and embedded. High-quality, credible research from novice and early-career researchers through to the application of highly sought competitive health research grants must be encouraged.
- Further investment and support for nursing and midwifery research must occur, including at the health policy level, and where activity is aligned with priorities of the SHR.

## Alignment to Sustainable Health Review:

- Strategy 8, Recommendation 29, Priority 2: Establish an enduring and ongoing sustainability research and development function in order to gather evidence-based research to guide health service economic, environmental and social sustainability.
- Strategy 8, Recommendation 29, Priority 3: Hardwire research and translation metrics into leadership performance agreements and system governance documents.
- Strategy 8, Recommendation 29, Priority 4: Development of a systemwide research strategy, with public reporting on health research and research translation activities.

**Source documents:**

- Western Australian Department of Health. (2020). The WA nursing and midwifery research and innovation strategy: Transforming patient care. Perth, Australia.[22]
- Australian Department of Health. (2019). Medical research future fund 10-year plan. Canberra, Australia.[23]

# 6. Aged care sector

**Reform in the aged care sector is critical in Australia. The SHR outlines recommendations to improve healthcare outcomes for older people in our community. Strong nursing leadership and models of care are fundamental for reform in this sector.**

**The Interim Report by the Royal Commission into Aged Care Quality and Safety found the aged care system *"fails to meet the needs of its older, vulnerable, citizens. It does not deliver uniformly safe and quality care, is unkind and uncaring towards older people and, in too many instances, it neglects them".* How do we meet our obligation to close the gap between best care and actual care for our older Western Australians now?**

- Our expanding aged care sector has the potential to paralyse the healthcare sector if future modelling doesn't change.
- Residential Aged Care Facilities are predominately staffed by an unregulated AIN and vocationally trained EN workforce. The Royal Commission's Interim Report identified this as a major contributor to substandard care and unsafe practice.
- WA is the only State or Territory in Australia to require mandatory training for AINs prior to employment.
- Workforce regulation, strong nursing management, leadership, expertise and career opportunity will attract nursing graduates and RNs into this sector.
- Existing NP-led team-based outreach models of aged care and palliative care can be upscaled immediately and expanded to support and augment other services. This will provide healthcare support to this sector, including rural and remote WA.
- These models are based on reduction of emergency department (ED) presentations, associated ambulance demand, hospital admissions and subsequent readmissions. Numerous models, externally evaluated by Deloitte Australia (2018) and KPMG (2018), demonstrate high patient safety and quality outcomes, and significant economic value to the healthcare system.

- Successful expansion of these models requires an understanding of the complex barriers to the NP practising to full scope.
- A comprehensive evaluation of expanded and new NP/APN MoC using an evidence-based framework must include economic evaluation.

### Alignment to Sustainable Health Review:

- Strategy 3, Recommendation 9, Priority 2: Use of 'realistic medicine' and 'compassionate communities' models with individuals, local communities, patients, carers and health professionals to promote and integrate social approaches to dying, death and bereavement in everyday lives.
- Strategy 3, Recommendation 9, Priority 3: Introduction, evaluation and spread of a model for community-based wrap-around services for supporting older people with complex chronic illness and cognitive impairment dementia involving GPs and multidisciplinary services.
- Strategy 3, Recommendation 9, Priority 4: Introduction, evaluation and spread of outreach models to improve linkages between hospital and residential aged care facilities in partnership with primary care based on models such as CARE-PACT in Queensland, building on the current Residential Care Line.
- Strategy 4, Recommendation 9, Priority 4: Introduction, evaluation and spread of a 'Home First' model to reduce delays to/from home and enhance support for early assessment and access to health and support services for people in their own home

**Source documents:**

- Australian Department of Health. (2018). A matter of care Australia's aged care workforce strategy: Aged care workforce strategy taskforce. Canberra, Australia.[24]
- Australia Commonwealth Government. (2019). Royal commission into aged care quality and safety: Interim reports. Canberra, Australia.[25]
- KPMG. (2018). Cost Benefit Analysis of Nurse Practitioner Models of Care: Report. Sydney, Australia.[26]
- Burkett, E. & Scott, I. (2015). CARE-PACT: A new paradigm of care for acutely unwell residents in aged care facilities. Focus, 44(4), 204-209. Retrieved: https://www.racgp.org.au/afp/2015/april/care-pact-a-new-paradigm-of-care-for-acutely-unwell-residents-%E2%80%A8in-aged-care-facilities.[27]

# 7. Mental health sector

**Mental health is an urgent national health priority. In WA, it is estimated one in five Western Australians live with mental ill health.**

### How do we ensure the knowledge and skills required to identify and manage mental ill health are adequate across all levels of nursing and midwifery?

- Increased funding has not adequately supported the mental health of WA's population. There are too few nurses and midwives specialising in mental health to meet Australia's current needs, with demand continuing to increase.
- Strategies are required to equip and sustain the existing nursing and midwifery workforce with additional mental health education resources, professional development and mentoring. This will increase capacity and capability for specialist mental health nurses to care for those patients with more complex mental health conditions.

- The nursing and midwifery undergraduate qualification must include a comprehensive and contemporary curriculum to reflect the mental health needs of the population. Curriculum review will ensure meaningful clinical placement experience opportunities.
- Credentialled mental health nurses, including those with post-graduate qualifications in psychotherapy, are not eligible for an MBS provider number, and are unable to provide an MBS rebateable service. This negatively impacts nursing models of mental health care and requires reform.
- Minimal mental health APN positions exist in WA. This is despite evidence demonstrating their impact on reducing the risk of violence, aggression and restrictive practices including seclusion, physical and chemical restraint.
- Further scholarship promotion will encourage completion of post-graduate study in mental health by nurses and midwives.
- NP-led outreach and transboundary models of mental health care must be implemented to optimise the physical and psychological well-being of our population. This will assist with hospital avoidance within the tertiary, primary healthcare and community sectors.
- It is imperative for mental health clinical nursing leaders to be involved in policy decision making.

## Alignment to Sustainable Health Review:

- Strategy 2, Recommendation 6, Priority 1: Determine and progress key investment priorities across the spectrum of mental health, alcohol and other drug services in line with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025
- Strategy 2, Recommendation 6c, Priority 2: Enhanced contractual arrangements and evaluation of both acute and community mental health services to assess and achieve better patient outcomes and value; and identification and spread of evidence-based models of care.
- Strategy 2, Recommendation 6c, Priority 3: Development and implementation of more integrated, connected and visible services commencing with vulnerable groups, including young people and people transitioning from acute to community settings, including hospital, forensic and correctional facilities
- Strategy 2, Recommendation 7, Priority 1: Introduction and evaluation of further early intervention response, assessment and treatment outreach models to provide immediate assistance to people experiencing a mental health crisis in the community, including through telehealth
- Strategy 2, Recommendation 7, Priority 3: Further development, evaluation and spread of models to allow people with mental health, alcohol and other drug presentations to move out of Emergency Departments and access the right care as early as possible; including greater use of interdisciplinary teams and Emergency Stabilisation Assessment and Referral Areas that expand on existing Mental Health Observation Areas.
- Strategy 7, Recommendation 23, Priority 5: Consistent systemwide implementation of mental health first aid models to support workforce mental health.

**Source documents:**

- The Australian College of Mental Health Nurses. (2016) Mental health nursing services in Australia: A how to guide for primary health networks. Canberra, Australia.[28]
- Western Australian Mental Health Commission. (2018). Western Australian mental health, alcohol and other drug services plan 2015–2025: Plan update 2018. Perth, Western Australia.[29]

# 8. Women and infants health sector: Maternity and child health

**Every WA woman must have timely access to a midwife when requiring antenatal, birthing and postnatal care.**

### There is limited opportunity for midwives to work within midwifery-led models of care. How can change be influenced?

- Women-centred care must be based on the woman's individual needs rather than the needs of institutions or professions. Choice and equity of access to affordable, evidence-based maternity care must be prioritised.
- Midwifery-led Continuity of Care (MLCC) models are shown to reduce frequency of obstetric interventions, chiefly induction of labour and epidural anaesthesia without compromising neonatal outcomes. MLCC models are further evidenced to increase the probability of spontaneous vaginal births, also without compromising neonatal outcomes.
- Expansion of MLCC models will enable women access to safe integrated healthcare. Evidence demonstrates improved clinical outcomes for women and newborns when maternity care is provided by a known midwife in partnership with GPs, obstetricians and other maternity care providers.
- The midwifery profession is well positioned to increase maternity care in the community setting.
- Midwives work within a risk management framework. Consultation and referrals are made for women with complex and high-risk obstetric needs, including early intervention for maternal mental health, family and domestic violence and substance misuse.
- Nursing and midwifery are separate professions – nursing workforce methodology does not fit midwifery MoCs. Current work undertaken by the CNMO highlights this. A commitment to evidence-based midwifery workforce methodologies is necessary.
- All Aboriginal families must have access to culturally secure antenatal, birthing and postnatal care, including child health assessments. It is essential to build on existing MoCs to facilitate access and promote the use of Aboriginal Health Workers.

## Alignment to Sustainable Health Review:

- Strategy 3, Recommendation 8, Priority 1: WA health system actively partner in the Early Years Initiative, Supporting Communities Forum, and Early Years Network.
- Strategy 3, Recommendation 8, Priority 4: System level targets set for healthy women and babies for example healthy pre-natal booking weight and breastfeeding.
- Strategy 3, Recommendation 8, Priority 5: A state-wide program to ensure that all Aboriginal families have access to culturally secure antenatal, birth and postnatal care including child health checks and immunisations.

## Source documents:

- Australian Department of Health. (2018). Australia's future health workforce report: Midwives. Canberra, Australia.[30]
- Homer, C.S. (2016), Models of maternity care: Evidence for midwifery continuity of care. Medical Journal of Australia. 205(8) 370-374.[2]
- Cochrane UK. (2019). Implementing midwife-led continuity models of care and what do we still need to find out? Oxford, United Kingdom.[3]

# Next Steps

This paper provides an exploratory overview of the nursing and midwifery professions in WA. It emphasises the most significant areas where the professions meet current healthcare reform objectives.

The WA CNMO has identified multiple opportunities for nursing and midwifery reform within the aged care, mental health, and rural and remote healthcare sectors, aligning strategies to population health trends, COVID-19 recovery targets and the reform objectives of the SHR.

Approaches to build capacity, capability and sustainability across all domains and levels of practice have been identified. Systemwide workforce challenges are outlined. Current educational requirements, digital health literacy skills, mental health competencies, and engagement in research requiring critical review and systematic leadership are cited.

Pursuit of strategies to address the regulatory and legislative inequities experienced by the nursing and midwifery professions at a Commonwealth level will require commitment, advocacy and support.

Workforce risk related to gender disparity, ageing demographic, maldistribution of workforce, underutilisation of ENs and potential loss of the highly valuable and skilled NP workforce have been highlighted. Further to this, the commitment to continue building the Aboriginal workforce, including at leadership levels, is demonstrated.

Substantial opportunity exists for a coordinated and collaborative approach to workforce model innovation. This will provide a critical platform for sustainability within the nursing and midwifery workforce and, more broadly, for the WA Health system. Commitment to the investment and allocation of resources to support nursing and midwifery reform at all levels, and across all sectors of the WA Health system is essential for these opportunities to be realised.

**Steps to progress key areas of reform are:**

1. Comprehensive nursing and midwifery stakeholder and workforce engagement.
2. An independent and comprehensive review of nursing and midwifery in WA. Consideration to include a review of the current nursing and midwifery career structure, should be given. The opportunity to contemporise current career pathways should focus on key areas of leadership, advanced clinical practice, research, education and digital health.
3. The piloting and thorough evaluation of nurse-led models of care, across two significant areas requiring reform. These areas have been selected based on the potential to impact health outcomes for two of our most vulnerable populations. Strong nursing leadership, frameworks, infrastructure and governance are critical for success in these sectors:
    a. The expansion of existing transboundary nurse-led models in the aged care sector.
    b. The development and implementation of a transboundary nurse-led model in the mental health sector.

These steps provide a clear pathway for the nursing and midwifery workforce to meet the priorities articulated in the SHR. Strong leadership, ongoing political commitment and the courage to innovate is essential to optimise patient outcomes and realise sustainable change.

Opportunities for reform cited in this discussion paper are examples of doing things differently within existing human and financial resources. This will culminate in significant benefit to the patient while ensuring economic sustainability for the health system in the future.

# References


1. Sustainable Health Review. (2019). Sustainable health review: Final report to the Western Australian Government. Department of Health, Australia.
2. Homer, C.S. (2016), Models of maternity care: Evidence for midwifery continuity of care. Medical Journal of Australia. 205(8) 370-374. doi:10.5694/mja16.00844
3. Cochrane UK. (2019). Implementing midwife-led continuity models of care and what do we still need to find out? Oxford, United Kingdom.
4. Duffield, C., Roche, M., Twigg, D., Williams, A., Rowbotham, S., & Clarke, S. (2018) Adding unregulated nursing support workers to ward staffing: Exploration of a natural experiment. Journal of Clinical Nursing. 27(19-20) 3768– 3779. https://doi.org/10.1111/jocn.14632
5. Aiken, L.H., Sloane, D., Griffiths, P., Rafferty, A.M., Bruyneel, L., McHugh, M., Maier, K.B., Moreno-Casbas, T., Ball, J.E., Ausserhofer, D., Sermeus, W., & RN4CAST Consortium. (2017). Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care. BMJ Quality & Safety, 26(7) 559-568. https://pubmed.ncbi.nlm.nih.gov/28626086/
6. Australian College of Nursing. (2015). Nurse leadership: A white paper by ACN. Canberra, Australia.
7. Institute of Medicine. (2011). The future of nursing: Leading change, advancing health. Washington, USA.
8. The Mid Staffordshire NHS Foundation Trust. (2013). Report of the Mid Staffordshire NHS foundation trust public enquiry. London, UK.
9. Australian College of Nursing. (2019). A new horizon for health service: Optimising advances practice nursing. Canberra, Australia.
10. Health Work Australia. (2012). Health workforce 2025: Doctors, nurses and midwives volume 1. Canberra, Australia.
11. Western Australian Department of Health. (2020). Systematic review on workload methodologies. Perth, Australia.
12. World Health Organisation. (2020). State of the world's nursing report 2020. Geneva, Switzerland.
13. Australian Department of Health. (2019). Educating the nurse of the future: Report of the independent review of nursing education. Canberra, Australia.
14. Australian Department of Education and Training. (2019). Transparency in higher education expenditure. Canberra, Australia.
15. Western Australian Industrial Relations Commission. (2019). WA health system: Australian nursing federation: Registered, nurses, midwives, enrolled (mental health) and enrolled (mothercraft) nurses: Industrial agreement 2018, Perth, Australia.
16. Western Australian Industrial Relations Commission. (2017). WA health system: AMA Industrial agreement 2016, Perth, Australia.

17. Currie, J., Carter, M.A., Lutze, M. & Edwards, L. (2020). Preparing Australia nurse practitioners to meet health care demand. The Journal for Nurse Practitioners, 1-5. https://doi.org/10.1016/j.nurpra.2020.06.023.

18. Australian Digital Health Agency. (2019). Australia's national digital health strategy: Safe, seamless and secure. Canberra, Australia.

19. Western Australian Department of Health. (2020). WA health digital strategy 2020-2030. Perth, Australia.

20. Western Australian Department of Health. (2020). The WA nursing and midwifery digital health strategy: Fit for a digital future, every nurse and midwife's business. Perth, Australia.

21. National Health Service. (2019). The Topol review: Preparing the healthcare workforce to deliver the digital future. London, UK.

22. Western Australian Department of Health. (2020). The WA nursing and midwifery research and innovation strategy: Transforming patient care. Perth, Australia.

23. Australian Department of Health. (2019). Medical research future fund 10-year plan. Canberra, Australia.

24. Australian Department of Health. (2018). A matter of care Australia's aged care workforce strategy: Aged care workforce strategy taskforce. Canberra, Australia.

25. Australia Commonwealth Government. (2019). Royal commission into aged care quality and safety: Interim reports. Canberra, Australia.

26. KPMG. (2018). Cost benefit analysis of nurse practitioner models of care: Report. Sydney, Australia.

27. Burkett, E. & Scott, I. (2015). CARE-PACT: A new paradigm of care for acutely unwell residents in aged care facilities. Focus, 44(4), 204-209. Retrieved: https://www.racgp.org.au/afp/2015/april/care-pact-a-new-paradigm-of-care-for-acutely-unwell-residents-%E2%80%A8in-aged-care-facilities.

28. The Australian College of Mental Health Nurses. (2016) Mental health nursing services in Australia: A how to guide for primary health networks. Canberra, Australia.

29. Western Australian Mental Health Commission. (2018). Western Australian mental health, alcohol and other drug services plan 2015–2025: Plan update 2018. Perth, Australia.

30. Australian Department of Health. (2018). Australia's future health workforce report: Midwives. Canberra, Australia.

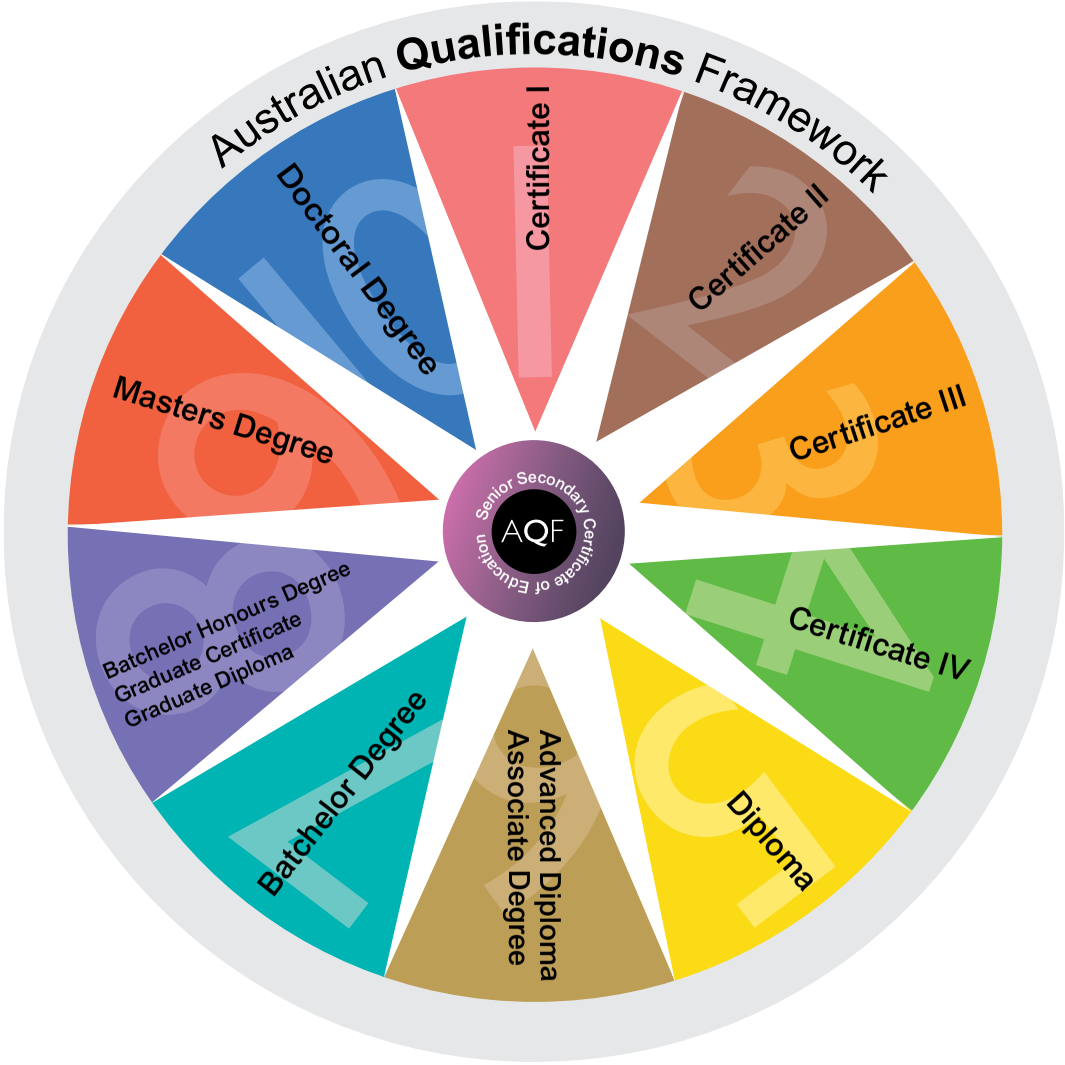
31. Australian Qualifications Framework Council. (2013). The Australian Qualifications Framework Second Edition. Canberra, Australia.

32. Nursing and Midwifery Board of Australia. (2019). Registration workforce data; December 2019. Canberra, Australia

# Appendix 1: Australian Qualifications Framework

Australian Qualifications Framework (AQF) levels are an indication of the relative complexity and/or depth of achievement and the autonomy required to demonstrate that achievement.[31]

| AQF level 1 has the lowest complexity and AQF level 10 has the highest complexity | |
|---|---|
| **AQF level 1** | Certificate I |
| **AQF level 2** | Certificate II |
| **AQF level 3** | Certificate III |
| **AQF level 4** | Certificate IV |
| **AQF level 5** | Diploma |
| **AQF level 6** | Advanced Diploma, Associate Degree |
| **AQF level 7** | Bachelor's Degree |
| **AQF level 8** | Bachelor Honours Degree, Graduate Certificate, Graduate Diploma |
| **AQF level 9** | Master's Degree |
| **AQF level 10** | Doctoral Degree |



# Appendix 2: Nursing and midwifery demographic, education and employment data in Western Australia

| Profession level | Minimum education and Australian Qualification Framework (AQF) | Average Age | Gender | Employment |
|---|---|---|---|---|
| **Nursing** | | | | |
| **Enrolled Nurse (EN)**<br>Legally protected title | ▪ Vocational Diploma of Nursing<br>▪ 18 months - 2 years (fulltime)<br>▪ **AQF 5** | 51 years | female (92%)<br>male (8%) | ▪ 5,620 employed in WA (public and private sector) |
| **Graduate Registered Nurse** | Undergraduate Degree<br>▪ Bachelor of Science (Nursing) or Bachelor of Nursing<br>▪ 3 - 3.5 years (fulltime)<br>▪ **AQF 7** | | | ▪ For 2020 intake year, there were 1,783 RN graduate applications for 575 graduate positions in WA Health |
| **Registered Nurse (RN)**<br>Legally protected title | ▪ **AQF 7** | 44.3 years | female (91%)<br>male (9%) | ▪ 30,558 RNs are employed in WA (public and private sector)<br>▪ An additional 762 have both an EN and RN registration |
| **Advanced Practice Nurse (APN)**<br>Not a title, nor a role | ▪ Specialisation is backed by post graduate education qualification and research<br>▪ **AQF 8 - 9 (dependant on qualification)** | | | ▪ Includes clinical nurse specialists, clinical nurse consultants, clinical nurse coordinators and nurse practitioners<br>▪ WA has 24 RNs with scheduled medicines endorsement |

| Profession level | Minimum education and Australian Qualification Framework (AQF) | Average Age | Gender | Employment |
|---|---|---|---|---|
| **Nursing** | | | | |
| **Nurse Practitioner (NP)**<br>Legally protected title | Master's degree<br>▪ Master of Nurse Practitioner or Master of Nursing (Nurse Practitioner)<br>▪ 1.5 - 3 years (fulltime)<br>▪ **AQF 9** | #49 years 79% aged over 45 years | #female (82%) male (18%) | ▪ 249 NPs employed in WA (public and private sector)<br>▪ In 2019 there were 4 NP graduates (5-year decline in NP graduate growth) |
| **Midwifery** | | | | |
| **Graduate Midwife** | Four pathways for midwifery entry to practice:<br>1. Direct entry 3-year undergraduate bachelor's degree (not offered by WA universities)<br>2. 4-year undergraduate dual bachelor's degree - Bachelor of Science (Nursing) & Bachelor of Science (Midwifery)<br>3. *Graduate Diploma in Midwifery (prerequisite: RN)<br>4. *Master of Midwifery (prerequisite: any undergraduate degree)<br>▪ **AQF 7 – 9 (dependant on pathway)**<br><br>* the most common entry pathways into midwifery in WA. | | | ▪ For 2020 intake year there were 109 midwifery graduate applications for 35 graduate positions in WA Health |

| Profession level | Minimum education and Australian Qualification Framework (AQF) | Average Age | Gender | Employment |
|---|---|---|---|---|
| **Midwifery** | | | | |
| **Midwife**<br>Legally protected title | • **AQF 7** | 48 years | female (99%)<br>male (1%) | • 2754 hold a nurse (RN & EN) and midwife registration in WA (public and private sector)<br>• A further WA 460 hold a midwifery only registration |
| **Endorsed Midwife** | • Post Graduate Certificate of Midwifery Diagnostics and Prescribing leading to endorsement for scheduled medicines<br>• (6 months – fulltime)<br>• **AQF 8** | | | • WA has 101 endorsed midwives |
| **Unregulated workforce** | | | | |
| **Assistant in Nursing (AIN)**<br>Unregulated workforce | • Vocational Certificate III in Health Services Assistance (Acute Care)<br>• A prerequisite for certain employers requires a dual qualification Certificate III in Individual Support (Ageing)<br>• (3 - 6 months fulltime)<br>• **AQF 3** | | | |
| Data sourced from Nursing and Midwifery Board of Australia Registration Workforce data; December 2019.[32]<br>#WA Health NP workforce data as provided by HR Data Warehouse: July 2020 | | | | |

This document can be made available in alternative formats on request for a person with disability.

Produced by the Nursing and Midwifery Office


health.wa.gov.au

NMO-013969 APR'21