Submission to the development of the

National Nursing Workforce Strategy

November 2023

Central Australian Aboriginal Congress
Aboriginal Corporation
ABN 76 210 591 710 | ICN 7823
PO Box 1604, Alice Springs NT 0871
(08) 8951 4400 | www.caac.org.au

Recommendations

Recommendation 1: *That the Australian Government resource the establishment of Graduate nursing programs for primary health care in Aboriginal community controlled health services, based on the successful Central Australian Aboriginal Congress model, that:*

- *are two year programs, with the option to undertake speciality pathways in the second year which may include women's health, men's health, chronic disease management, child health or remote health;*
- *are delivered in partnership with universities;*
- *take a similar approach to graduate GP (GP registrar) programs; and*
- *ensure Graduate Nurse positions are supernumerary.*

Recommendation 2: *that the Australian Government adopt a national focus on strengthening and increasing entry-level and undergraduate nursing programs, particularly for rural / remote / regional areas of high need, including recognition of importance of Enrolled Nursing as a pathway into nursing degrees; and paid clinical placements.*

Recommendation 3: *That the Australian Government support the recruitment and retention of the nursing workforce in remote (MM6 and MM7) areas by matching successful measures applied to GPs as well as others:*

- *introducing retention payments payable on completion of 12 months service*
- *funding relocation and training grants and payments*
- *establishing scholarships or other financial supports and incentives for nurses who wish to re-train as primary health care nurses*
- *incentives for free nursing degrees and other workforce pathways as offered in Victoria be rolled out nationally.*

Recommendation 4: *That the Australian Government recognises that in relation to Aboriginal health, Nurse Practitioners are useful members of the multidisciplinary primary health care team, but that they are not a substitute workforce for General Practitioners. Consequently, their role within the primary health care system should be defined first in cities, rather than in areas of workforce shortage.*

Recommendation 5: *International graduate nurses should preferentially be directed to areas of greatest need, specifically Aboriginal and Torres Strait Islander health and/or remote/rural health.*

Recommendation 6: *Implementation of a category of nursing registration to allow for endorsement to work as a remote area nurse and/or primary health care nurse, through competency-based assessments with requirements to maintain competencies on a periodic basis.*

Recommendation 7: *That the Australian and State/Territory Government review the business practices of private nursing locum agencies with the aim of establishing appropriate regulation to ensure that the delivery of safe and effective care to Aboriginal communities is not compromised by the pursuit of private profit.*

Recommendation 8: *That the Australian Government commit to* increasing investment in health infrastructure *for the ACCHS sector, to ensure that all clinics and staff housing are fit for purpose and support the recruitment, retention and safety of the nursing workforce, especially in the context of increasing temperatures and more extreme weather stemming from the accelerating climate emergency.*

Central Australian Aboriginal Congress

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Mparntwe (Alice Springs). Established 50 years ago, Congress is one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people.

2. Congress delivers services to more than 17,000 Aboriginal[1] people living in Mparntwe and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu, Amoonguna, Imanpa, Kaltukatjara (Docker River), and Yulara.

3. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

    - Multidisciplinary clinical care;
    - Health promotion and disease prevention programs; and
    - Action on the social, cultural, economic and political determinants of health and wellbeing.

The role and history of nurses at Congress

4. Congress employs more than 500 staff (headcount) across its five divisions. At September 2023, Congress employed more than 120 nurses (headcount) or about 75 FTE nurses, comprising almost a fifth of our total workforce. Around six per cent of nurses employed at Congress are Aboriginal.

5. Congress employs nurses across a range of program and service areas, including:

    - Town-based clinical services
    - Remote clinics (Remote Area Nurses)
    - Youth detention
    - Public health (immunisation, sexual health)
    - Continuous quality improvement (CQI)
    - Child health
    - Women's health
    - Male health
    - Chronic disease coordination
    - Diabetes education
    - Frail, aged and disabled service
    - Research
    - Senior management.

6. Nurses at Congress work as part of multidisciplinary teams underpinned by strong clinical governance structures and processes. As set out in *Core Functions of Primary Health Care: A framework for the Northern Territory*, the complementary roles of nurses, Aboriginal health practitioners and general practitioners, supported by

specialists and allied health professionals, are critical to address the complex needs of many Aboriginal clients.[2]

About Aboriginal Community Controlled Health Services

7. Aboriginal community controlled health services were first established by Aboriginal communities in the 1970s. ACCHSs embody a comprehensive model of primary health care, including culturally responsive practice and a multi-disciplinary team approach. These factors make them the best-practice service platforms for delivering comprehensive primary health care to Aboriginal and Torres Strait Islander communities.

8. A number of evidence and literature reviews have attempted to assess the effectiveness of ACCHSs in comparison to mainstream primary health care.[3] [4] In doing so, they have been hampered by the fact that ACCHSs' service population has significantly more complex health needs compared to the general population, and are more likely to live in rural, remote or outer-suburban areas where private practice business models struggle and service access is a particular challenge.

9. In addition, ACCHSs provide a comprehensive model of care that goes beyond the treatment of individual clients for discrete medical conditions to include:
   - A focus on cultural responsiveness
   - Assistance with access to health care (e.g. patient transport to the ACHS and support and advocacy to access care elsewhere in the care system)
   - Population health programs including health promotion and disease prevention
   - Public health advocacy and intersectoral collaboration for health gain
   - Participation in local, regional and system-wide health planning processes
   - Use of data and research to build the evidence base for what works
   - Structures for community empowerment, engagement and control, and
   - Significant employment of Aboriginal and Torres Strait Islander people.

10. Despite the difficulties of comparing different models of primary health care delivery, the evidence is clear that ACCHS are the most effective primary health care service model for Aboriginal and Torres Strait Islander health, with:

    … some studies showing that ACCHS are improving outcomes for Aboriginal people, and some showing that they achieve outcomes comparable to those of mainstream services, but with a more complex caseload.[5]

11. This is backed up by findings that the ACCHS model of care is very cost effective, with a major study concluding that:

    up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services[6].

12. ACCHSs have contributed significantly to reductions in communicable disease, improved detection and management of chronic disease, and better child and maternal health outcomes including reductions in preterm births and increases in birth weight.[7]

13. Currently, the Menzies School of Health Research is conducting a study of turnover of nursing staff in Aboriginal primary health care in the Northern Territory. While we understand this data is yet to be published, we understand that it indicates that annual turnover rates for remote RNs at community controlled health services are significantly better than for the NT Department of Health clinics.

Recommendations for the National Nursing Workforce Strategy

14. Congress' 50-year history is grounded in being a voice for the Aboriginal community of Alice Springs and Central Australia. Increasingly over recent months, this includes advocacy on urgent action required to address the primary health care workforce crisis, which has impacted access to health care and will risk the health gains made in Central Australia since the 1990s.[8]

15. Congress therefore provides the following recommendations to address key areas identified in the Developing the National Nursing Workforce Strategy Consultation Paper.

Career pathways

Graduate nurse programs in primary health care

16. The shortage of nurses in Australia and internationally is well recognised. Turnover of staff in remote communities is extremely high (up to 50% every 3 months). Hospital training does not equip nurses sufficiently to work effectively in primary care. To address both of these issues Congress, established a two-year graduate program to prepare nurses to work in remote Aboriginal communities.

17. With the support of the Australian College of Nursing, Alice Springs Hospital leadership and other nurse leaders in the region, a curriculum was developed with remote health staff. A two-year program was designed with Flinders University, comprising 6-month hospital rotations and supported remote placements. The NTPHN provided financial support to appoint an experienced remote area nurse as the key educator.

18. Over 140 graduate nurses applied at the beginning of 2021 for four pilot placements. Congress took on a further seven graduates by October 2022. At that time, Congress had eight graduate nurses working in our town or near town clinics, one in our most remote clinic, and two in hospital. Without this pathway, it is unlikely these nurses would be working in primary care or Central Australia.

19. A curriculum and support structure is now in place with a dedicated nurse educator overseeing the program. The first year is spent in Congress town-based clinics, learning the skills and knowledge required. Six months of either the first or second year is spent undergoing a placement at Alice Springs Hospital. There are options for graduate nurses to choose a specialty pathway, including remote area nursing at a Congress clinic, women's health, men's health, chronic disease management or child health pathways.

20. Earlier attempts to establish similar pathways – in government health settings, relying on very remote placements – have not been successful. This program has a graduated pathway leading to remote practice over 2-3 years, all the while supporting an understaffed environment. Establishing an innovative career pathway for remote nurses requires cooperation and collaboration. There is an opportunity to formalise support for such a pathway with Australian Government support.

21. For graduate nurse programs to be effective and successful, Congress recommends that they need to be properly funded through larger ACCHS, taking a similar approach to graduate GP programs. Positions need to be supernumerary to ensure knowledge is translated into practice. Programs need to be two years to allow for formal training and education alongside day-to-day experience working in the clinic.

Recommendation 1: *That the Australian Government resource the establishment of Graduate nursing programs for primary health care in Aboriginal community controlled health services, based on the successful Central Australian Aboriginal Congress model, that:*

- *are two year programs, with the option to undertake speciality pathways in the second year which may include women's health, men's health, chronic disease management, child health or remote health;*
- *are delivered in partnership with universities;*
- *take a similar approach to graduate GP (GP registrar) programs; and*
- *ensure Graduate Nurse positions are supernumerary.*

Undergraduate nursing programs

22. There is a need to strengthen and increase entry-level and undergraduate nursing programs, particularly for rural/remote/regional areas of high need. These should be delivered face-to-face, with University Departments of Rural Health playing a key role. Enrolled Nursing needs to be recognised as an important entry level pathway into nursing degrees.

23. This should include paid clinical placements to ensure that all students, including mature age students, students with family or caring responsibilities, independent young students and all students without a financial safety net can complete clinical placements. This should also apply to Enrolled Nurses seeking to upgrade to become a Registered Nurse.

Recommendation 2: *that the Australian Government adopt a national focus on strengthening and increasing entry-level and undergraduate nursing programs, particularly for rural / remote / regional areas of high need, including recognition of importance of Enrolled Nursing as a pathway into nursing degrees; and paid clinical placements.*

Recruitment and retention

24. A financial incentive scheme for nurses in remote (MM6 and MM7) areas is critical to building and supporting the nursing workforce both immediately in these areas of high need, and into the future. Retention incentives for MM6 and MM7 nurses should be introduced, with payments made following completion of 12 months service just as there is for doctors. It is suggested that these payments start from $30,000 per year to start, then increasing on a scale for completed years of service.

25. Likewise, relocation and training grants and payments should be provided for remote area nurses to encourage and equip the remote nursing workforce.

26. Congress advocates for scholarships or other financial supports and incentives for nurses who wish to re-train as primary health care nurses. This can also apply to nurses whose registration has lapsed.

27. It is also recommended that the incentives for free nursing degrees and other workforce pathways offered in Victoria be rolled out nationally to address the national issue of workforce shortages.

Recommendation 3: *That the Australian Government support the recruitment and retention of the nursing workforce in remote (MM6 and MM7) areas by matching successful measures applied to GPs as well as others:*

- *introducing retention payments payable on completion of 12 months service*
- *funding relocation and training grants and payments*
- *establishing scholarships or other financial supports and incentives for nurses who wish to re-train as primary health care nurses*
- *incentives for free nursing degrees and other workforce pathways as offered in Victoria be rolled out nationally.*

Rural, regional and remote nursing workforce

Nurse Practitioners

28. We understand that the Federal Budget includes $46.8 million over four years to recognise the role of nurse practitioners in the delivery of health care services and that some see this as an avenue to addressing shortages of GPs in our sector. Congress supports the role of the nurse practitioner as a useful part of the multidisciplinary primary health care team model. However, we do not support the use of Nurse Practitioners as substitutes for General Practitioners because:

    - their level of training and hence scope of practice is understandably much narrower than that of GPs and in particular is not as suitable for clients with a complex comorbid burden of acute and chronic conditions,
    - they are a scarce workforce in themselves and are in fact less likely to be available than GPs, and
    - remote and very remote Aboriginal communities demand access to the same standard and range of health care as people in the urban areas especially as there is an increased prevalence of the very complex chronic disease which require access to GPs to provide the level of care needed.

29. Therefore, while we believe that nurse practitioners can make a contribution to the broader primary health care team in our services, we do not support their use as a substitute workforce for GPs. There is still a need for GPs and Congress' view is that the minimum GP to population ratio is that there should be one GP for populations of 400 people.

30. Whilst the role of Nurse Practitioners within the health system needs to be defined, Congress' view is that this should start in cities and not in areas of workforce shortage.

Recommendation 4: *That the Australian Government recognises that in relation to Aboriginal health, Nurse Practitioners are useful members of the multidisciplinary primary health care team, but that they are not a substitute workforce for General Practitioners. Consequently, their role within the primary health care system should be defined first in cities, rather than in areas of workforce shortage.*

International graduate nurses

31. To bolster the nursing workforce, Congress supports policies that would see international graduate nurses being preferentially directed to areas of need.

32. There would need to be a commitment to support international graduate nurses with housing initially.

33. If upskilling of international graduates is required, they could potentially join graduate nurse programs.

34. International graduate nurses should be treated similarly to international medical graduates whereby they spend 10 years working in RRMA 6 and RRMA 7 zones as a requirement for citizenship before being able to move to metropolitan (RRMA 1 and 2) and rural (RRMA 3 to 5) zones.

Recommendation 5: *International graduate nurses should preferentially be directed to areas of greatest need, specifically Aboriginal and Torres Strait Islander health and/or remote/rural health.*

Primary health care endorsement for remote area nurses

35. Congress recommends the implementation of a category of nursing registration to allow for endorsement to work as a remote area nurse and/or primary health care nurse. It is not acceptable the a nurse at any level of qualification or experience can accept a position as a "Remote Area Nurse" as this does not provide sufficient protection for the clinical safety of the sickest and most marginalised people in the country. We also do not want to overly limit access to nurses as we pursue greater protections for marginalised consumers from inexperienced and underqualified nurses making life and death decisions about Aboriginal people. There needs to be system in place to properly support nurses to be able to do this work and to be able to rapidly assess their potential competence. This could be established through competency-based assessments with requirements to maintain competencies on a periodic basis.

36. This category of endorsement could include training such as Remote Emergency Care (REC), Maternity Emergency Care (MEC), Advanced Life Support (ALS), immunisations, dispensing/medicines management etc.

Recommendation 6: *Implementation of a category of nursing registration to allow for endorsement to work as a remote area nurse and/or primary health care nurse, through competency-based assessments with requirements to maintain competencies on a periodic basis.*

Regulation of private nursing locum agencies

37. Many Aboriginal health services, especially in remote and rural areas, are highly dependent on private nursing locum agencies to fill gaps in staffing. However, the unregulated business practices of some of these agencies is eroding and undermining the permanent nursing workforce, for example through the significantly higher remuneration they can offer to nurse, and the charging of significant fees to service providers should a locum nurse wish to join a service on a permanent basis.

38. Such practices undermine continuity of care and the development of a caring and culturally safe relationship between nurses and Aboriginal people in remote communities, potentially putting them at higher risk.

39. While there is a place for government-supported locum agencies to provide short-term locum placements to support the permanent remote nursing workforce, business practices that put maximising private profit over the delivery of safe and effective care to Aboriginal communities is unacceptable.

***Recommendation 7:** That the Australian and State/Territory Government review the business practices of private nursing locum agencies with the aim of establishing appropriate regulation to ensure that the delivery of safe and effective care to Aboriginal communities is not compromised by the pursuit of private profit.*

Infrastructure and housing

40. The National Aboriginal Community Controlled Health Organisation (NACCHO) has estimated that over $900 million is required to meet the infrastructure needs of the ACCHS sector. Recent commitment of $120 million from the Australian Government are welcome, but fall a long way short of meeting the need for safe, contemporary infrastructure for Aboriginal health, including clinics, administration and staff housing.

41. Staff housing in remote areas has a very significant effect on the recruitment and retention of a nursing workforce to address health needs of Aboriginal communities. There is a need to ensure the nursing workforce, especially those in remote and very remote areas, is supported by housing that is adequate, appropriate and safe. It needs to suit the contemporary nursing workforce profile, recognising that this may be different now to times past.

42. There is also a need to ensure investment in remote clinic infrastructure that is modern, well maintained and provides a safe working environment for staff and clients.

43. The accelerating effects of the climate emergency add to this need, to ensure that clinic buildings and staff housing are appropriately insulated, cooled, and constructed to a standard that ensures that they will continue to be able to provide their vital services to Aboriginal communities, particularly those in remote and regional Australia.

***Recommendation 8:** That the Australian Government commit to increasing investment in health infrastructure for the ACCHS sector, to ensure that all clinics and staff housing are fit for purpose and support the recruitment, retention and safety of the nursing workforce, especially in the context of increasing temperatures and more extreme weather stemming from the accelerating climate emergency.*

References

[1] In this document we use the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

[2] Tilton E and Thomas D (2011) *Core functions of primary health care: A framework for the Northern Territory*. Northern Territory Aboriginal Health Forum: Darwin. Retrieved from: http://www.amsant.org.au/wp-content/uploads/2014/10/111001-NTAHF-ET-External-Core_PHC_Functions_Framework_FINAL.pdf

[3] Thompson S, et al., (2013) *Effective primary health care for Aboriginal Australians*. University of Western Australia: Perth.

[4] Mackey P, Boxall M, and Partel K, (2014) *The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service,* in Deeble Institute Evidence Brief. Deeble Institute for Health Policy Research; Australian Healthcare and Hospitals Association.

[5] Ibid.

[6] Vos T, et al., *Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report*. 2010, ACE–Prevention Team: University of Queensland, Brisbane and Deakin University: Melbourne

[7] Dwyer J, Silburn K, and Wilson G, (2004) *National Strategies for Improving Indigenous Health and Health Care*. Commonwealth of Australia: Canberra.

[8] Central Australian Aboriginal Congress (2023) *Health workforce crisis threatens life expectancy gains in the NT*. Retrieved from: https://www.caac.org.au/news/health-workforce-crisis-threatens-life-expectancy-gains-in-the-nt/