

Budget submission

2011-2012



**australian
nursing federation**



Background on the ANF

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

The ANF has over 200,000 members and they are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including nursing homes, hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

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

The ANF's budget funding proposal for Budget 2011 includes nursing and midwifery in primary healthcare, public health (in city and rural and remote settings) and the aged care industry.

The ANF has prepared a series of funding proposals considered essential to addressing long-term reform of the Australian health system.

Nurses, midwives and assistants in nursing are the backbone of service provision in health and aged care particularly given current government priorities: preventative health, ageing in place and quality of life for all Australians.

These recommendations are submitted for the consideration of federal government in the context of the federal budget. The ANF is available for further discussion if required.



Lee Thomas
Federal Secretary



Yvonne Chaperon
Assistant Federal Secretary

Aged Care

The ANF has for many years been lobbying for significant reform in the aged care sector and since 2009 have been campaigning formally with members through the national campaign, *Because We Care - Quality Care for Older Australians*.

The campaign objectives include:

- closing the wages gap in aged care for all care staff;
- introducing minimum mandated staffing levels and skills mix in residential care;
- establishing a transparent and accountable financing system; and
- licensing of assistants in nursing.

In successive federal budget submissions ANF has consistently raised these campaign objectives in terms of budget outcomes with little impact.

In 2010 the federal government locked all stakeholders in aged care into the findings of the Productivity Commission – *Caring for Older Australians* report. The final report is due in June 2011 and whilst disappointed that again a further federal budget will not address the overdue issues that have been raised in aged care, the ANF have taken the opportunity to focus attention on other issues for remedy in this federal budget.

This should not be read as acceptance by the ANF that aged care is no longer a priority area for significant funding injection and attention in the short and longer term. Rather, the ANF acknowledges that a process is in place for review until at least June 2011 after which ANF will again focus on aged care for a significant funding injection in Budget 2012.



Practice nurses employed in primary health care

Budget Proposal

Develop an appropriate career path for nurses working within primary health care.

Principles

To map the nursing workforce currently engaged in primary health care (PHC) settings. Mapping will include descriptions of roles, common clinical work types or competencies, availability and ease of access to professional development and presence or absence of career paths.

Mapping national and international research or evidence to develop a PHC career path which articulates with existing competency standards and other specialist practice standards.

To create a snapshot of PHC nursing in 2010 to act as a benchmark for measuring future development of the workforce.

To highlight particular issues of concern to nurses, and the factors that impede their ability to contribute fully to the primary health sector in Australia.

Budget Cost

\$200,000 over one year.

Budget Proposal

Commencement of a project to assist with recruitment and retention of practice nurses.

Principles

Development of principles for best practice employment of practice nurses.

Budget Cost

\$1.2 million over three years.

A national workforce plan for the future of all sectors

Budget Proposal

Develop a national nursing and midwifery workforce plan underpinned by a sound and consistent educational framework.

Principles

All sectors of health and aged care require a robust workforce plan to address current shortages and minimise problems for the future.

The plan should include examination of current graduation rates for registered and enrolled nurses.

A dedicated course and career path for assistants in nursing.

Budget Cost

\$300,000 over 18 months.

Budget Proposal

Develop best practice clinical governance procedures.

Principles

Development of guidelines for services on best practice teamwork and clinical governance which could be developed into online learning, resources and supported by training modules delivered at the division of general practice level.

Budget Cost

\$500,000 over two years

Budget Proposal

Funding to establish a national research resource centre.

Principles

The establishment of a national research resource centre with a focus on PHC and nursing expertise role for nurses in governance. The aim of the centre would be to support excellence in general practice/PHC nursing.

Budget Cost

\$3.6m over three years.

National best practice of needle stick injury prevention

Budget Proposal

A national initiative to introduce needle-less access devices in the public hospital sector be funded by the federal government.

Principles

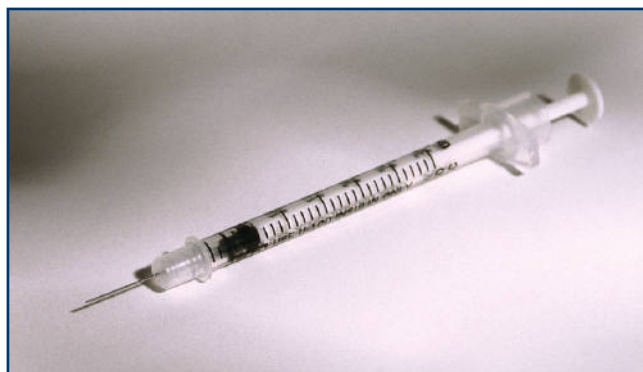
The majority of needle stick injuries are preventable. Some workplaces maintain high safety standards and have precautions in place in an attempt to avoid injury, but these procedures alone cannot stop needle stick injuries. The introduction of specially designed needle-less access devices would effectively eliminate injuries and save money and resources.

Health workers are the most at risk group for needle stick injuries with 18,000 injuries occurring nationally every year¹. This issue carries a significant cost for employers and employees and to the federal government. Those employees who sustain a needle stick injury are exposed to a high risk of infectious diseases and require physical and psychological care as a result.

The lack of surveillance data available in Australia for occupational exposure to blood borne pathogens caused problems for healthcare providers in accurately assessing the actual numbers of needle stick injuries that health care workers incur.

Budget Cost

The estimated cost of introducing needle-less access devices in the public sector is approximately \$50 million over three years including equipment supply and staff education.



¹ Murphy, C. 2008. Improved surveillance and mandated use of sharps with engineered sharp injury protections: a national call to action. *Healthcare Infection*, 13(2):33-37.

Investment in our rural and remote workforce

Budget Proposal

The creation of a financial incentive scheme for nurses, midwives and nurses practitioners to relocate to rural and remote settings.

Principles

Rural and remote communities benefit greatly from local nurses, midwives and nurse practitioners. Create more incentives for nurses, midwives and nurse practitioners to relocate to rural and remote locations, including in public and private acute settings, public and private aged care and community health services.

Better resourcing of the rural and remote nursing workforce, and more incentives, will assist the local communities and those health professionals interested in working in and relocating to those communities.

Budget Cost

\$10,000 relocation grant for any nurse, midwife or nurse practitioner to relocate to a rural or remote setting, and an isolation allowance of \$100 per week (\$2 million dollars capped).



Clinical placements and graduate nurse programs

Proposal

Fully funded clinical placements so every nursing student receives a fully supported clinical experience.

Principles

Fully funded graduate nurse programs in every area of the health sector. Every nurse that graduates from university (and TAFE sector for enrolled nurses) should be afforded and guaranteed a full first year experience. This is a priority to ensure the next generation of nurses and midwives are retained in the sector after leaving university and TAFE.

Australia is currently experiencing a nursing shortage, yet nursing graduates cannot find full time employment due to state budget constraints (Queensland and NSW).

Budget Cost

\$15,000 per graduate.



Enrolled nurse education funding

Budget Proposal

In addition to the current Aged Care Education and Training Incentive Program which is specifically for enrolled nurses and assistants in nursing working in aged care. The Federal Government fund training places, regardless of which area of health they work for:

- enrolled nurses to transition from a Certificate IV to Diploma; and
- assistants in nursing, especially those currently undertaking further training from a Certificate III to Certificate IV or Diploma.

Principles

The federal government currently funds up to \$5,000 for each enrolled nurse and assistant in nursing undertaking eligible Certificate courses to support aged care workers enhance their careers.

Budget Cost

Up to \$5,000 per enrolled nurse and assistant in nursing to undertake further study and training. Funding be made available for an additional 200 enrolled nurses and assistants in nursing to undertake further education to Diploma level.



Aged care nurse practitioners

Proposal

The federal government fund an additional 560 nurse practitioner places specifically in aged care. The number of nurse practitioners would equate to one for every five nursing homes nationally.

Principles

Nurse practitioners are increasing in number and therefore in their ability to make a difference in all sectors. However, there are very few nurse practitioners working in aged care and with the shortage of other health professionals in the sector nurse practitioners can be better utilised in aged care.

A trial of nurse practitioners in ten aged care facilities (two nurse practitioners).

Budget Costs

Salary per nurse practitioner would be paid for by federal government for the first four months then would be shared between the five nursing homes over which the nurse practitioner had coverage.

