Submission by the Australian Nursing and Midwifery Federation

HumanAbility Stakeholder Satisfaction Feedback

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Australian Nursing & Midwifery Federation

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.

2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

5. The ANMF thanks the Department of Employment and Workplace Relations (DEWR) for the opportunity to provide feedback as a key HumanAbility stakeholder. We note feedback on the Jobs and Skills Councils (JSCs) is usually requested via an online survey and thank the Department for accepting this format which is in line with ANMF procedure. For ease of review, we have attempted to align the language and structure used in this submission to that of the survey.

Overview

6. The ANMF values its relationship with HumanAbility and provides this feedback in the spirit of strengthening that relationship. The ANMF has found HumanAbility staff to be accessible, approachable and well-intentioned. The ANMF recognises the significant work HumanAbility has undertaken.

Summary of Recommendations

7. The ANMF recommends that HumanAbility and DEWR consider the following improvements:

    - **Legislate and embed tripartism across Jobs and Skills Councils (JSCs).** JSCs are intended to bring employers, unions and governments together in a tripartite arrangement to find solutions to skills and workforce challenges. This should be legislated and reflected at every level of JSC governance and operation, including boards, advisory structures, technical committees, consultation design and meeting participation. Unions are central to skills system reform because they represent the organised voice of workers and help ensure workforce needs, job quality and training outcomes are considered in an impactful way. HumanAbility should give practical effect to tripartism by actively managing consultation settings, including the allocation of places in meetings, so employers, education providers, unions, government and other stakeholders are appropriately balanced. Where places are limited, HumanAbility should allocate them across stakeholder categories to ensure balanced participation and prevent any one group type from dominating the discussion.

    - **Genuine accountability to social partners.** The ANMF appreciates the willingness of HumanAbility staff to meet, listen and engage. However, the effectiveness of consultation has varied. The ANMF has experienced fragmented consultation processes that were rushed, unclear in purpose, or delivered an outcome that is not reflective of the consultation's discussions. This has diminished the ANMF's confidence that its input has been appropriately considered and reflected and,

therefore, that the voices of the ANMF's members have genuinely been heard.

- **Stronger focus on worker perspectives, job quality and training outcomes.** The ANMF represents a broad range of members across the health, disability and care sectors, including registered professionals. However, too often the ANMF has been unsure whether feedback relating to the specific concerns of all our members, including clinical safety, patient implications, professional regulations and our members' obligations underpinned by National Health Law has been genuinely considered by HumanAbility. In addition, there appears to be too great a focus on jobs that employers are creating to fill perceived shortages, or on occasion to undermine regulatory requirements, rather than the quality of those jobs and its impact on filling workforce needs.

- **Strengthen structured decision-making in advisory forums.** HumanAbility should use clearer processes to test, record and report stakeholder views in advisory forums, particularly where there are contested issues or divergent positions. This would help ensure outcomes are informed by the full range of views. For example, technical committee members are carefully recruited to ensure diverse views, but this diversity is not always reflected in meeting records. Documented acknowledgement of group member support, partial support or lack of support for inclusions in training products would better capture the views of members and make unresolved concerns more visible.

- **Improve transparency about how feedback is used**. HumanAbility should provide clearer feedback processes explaining what was heard, what changed, what did not change, and why a position has been adopted when committee consensus was not reached. This is particularly important where the ANMF has provided detailed feedback regarding registered practitioners' scope of practice, appropriate delegation, clinical supervision, worker impact or public safety.

- **Provide realistic timeframes and better consultation materials**. Training package documents should be provided in advance, with tracked changes and clear version control. The ANMF recommends meeting papers be provided at least one week prior to meetings, including units for review, and written consultation periods following meetings to allow adequate time for stakeholders to undertake genuine consultation. For example, during the Christmas and New Year period, multiple meetings of several hours were scheduled with approximately one week's notice. While the ANMF appreciates that project timelines can be restricted, this made it challenging to engage in consultation with national branches to obtain fulsome and meaningful feedback at short notice.
- **Strengthen workforce planning and industry stewardship beyond VET product development.** HumanAbility's work to date is strongest in training product review. Stronger attention to workforce planning, implementation, monitoring and industry stewardship across health, aged care, disability and human services is required to better reflect the intended scope of the JSCs.
- **Treat healthcare as a safety-critical and highly regulated sector**. All industries have complexity, but healthcare has specific legal, regulatory, professional, clinical and safety requirements. Measures should not be generalised across disparate industries. For example, apprentice-style models that may suit sports and recreation are not appropriate for the nursing and midwifery workforce.
- **Clarify DEWR's role in reforming broader VET system complexity**. Some of the issues encountered by the ANMF during our work with HumanAbility sits outside its scope. VET quality improvement systems are often complex, highly technical and difficult to navigate. Document templates and assurance processes can become so detailed and unclear that they undermine, rather than strengthen, governance. DEWR should be more accessible where problems arising are likely to affect multiple JSCs and their stakeholders, such as the unclear use of the Application of Skills and Knowledge template for knowledge-based units.

Overall satisfaction and trust

8. HumanAbility has made genuine efforts to consult and maintain relationships. The ANMF appreciates the willingness of HumanAbility staff to meet, listen and engage. However, the effectiveness of consultation has varied. The ANMF has experienced fragmented consultation processes that were rushed, unclear in purpose, or delivered an outcome that is not reflective of the consultation's discussions. This has diminished the ANMF's confidence that its input has been appropriately considered and reflected and, therefore, that the voices of the ANMF's members have genuinely been heard. As stated above, where ANMF feedback has not been incorporated, the rationale lacks sufficient detail on how a determination is made. As the ANMF represents a broad range of members across the health, disability and care sectors, including registered professionals, to be unsure whether feedback relating to clinical safety, patient implications, professional regulations and our members' obligations underpinned by National Health Law is genuinely considered by HumanAbility is a significant concern for the ANMF.

Reflection of ANMF input in decisions and outcomes

9. Concerningly, input and feedback provided is not consistently reflected in HumanAbility outcomes. There have been processes where ANMF feedback has been extensive, specific and consistently provided over a long period. While HumanAbility has acknowledged the ANMF's feedback, the final products or decisions have not reflected the substance of the feedback or the direction of consultation discussions.

10. A specific example is the maternity-related content in the Health Services Assistance qualification review. The ANMF consistently raised that there is no occupational outcome for assistants in nursing in maternity services and that validating such a role risked the safety and quality of maternity care, would not improve midwifery workforce shortages and would compromise access to midwifery care through dilution of midwifery staffing and role substitution. A compromise was reached to approach the elective as a knowledge-based unit, aimed at promoting interest in maternity care, not preparing learners to work in maternity

settings. However, the DEWR Application of Skills and Knowledge (ASK) template did not appropriately reflect this distinction or clearly demarcate a knowledge-based unit from a standard unit of competency, creating a risk that learners, RTOs, employers or the public could misunderstand the unit as conferring competency to undertake maternity-related work.

HumanAbility's influence in shaping positive outcomes

11. HumanAbility has an influential and important role in shaping positive outcomes in the skills and training system. It convenes important stakeholders and sits across sectors central to health, care and community wellbeing.

12. At present, it appears that HumanAbility is more visible in consultation and training product development than in broader policy leadership. HumanAbility often appears cautious when there are competing views between stakeholders. While this is understandable as these sectors involve many varied interests and safety critical decisions, it reemphasises the critical need for stronger and deeper tripartite engagement at all levels.

13. HumanAbility needs greater organisational capability and support to manage complex stakeholder environments. This includes strengthened capacity to facilitate psychologically safe consultations, clearer governance, and better conflict management to make considered, evidence-informed recommendations Where a proposal may conflate professional boundaries and regulatory requirements, and increase reliance on unregulated roles, or shift responsibility onto workers without proper support, HumanAbility should be equipped to identify that risk clearly.

Workforce planning function

14. The ANMF would like to see stronger workforce planning from HumanAbility.

15. Workforce planning should not be limited to identifying demand through desktop reviews to inform development of training products. Across health, aged care and disability, workforce planning must consider the whole system in which care is delivered. This includes

professional regulation, safe staffing, scopes of practice, supervision requirements, industrial conditions and the safety and preferences of people receiving care.

16. Employer and provider views are important, but they do not always represent the full needs of industry or the workforce. What is described as workforce need may sometimes reflect emergency tactics on how a service is coping with shortages, rather than what is safe, sustainable or in the best interests of workers and people receiving care. The ANMF considers that workforce planning by a Job and Skills Council must distinguish between work that is occurring in practice and work that is safe, appropriate and properly governed. Evidence drawn from job advertisements, desktop reviews or provider consultations may show how employers are currently responding to perceived workforce shortages. This evidence should not, without further testing, be treated as evidence that employer created roles or functions are appropriate for the care sectors not that they should be expanded, formalised or embedded in a training product. This distinction is particularly important in aged care, disability, home and community care, where workforce shortages can lead to task substitution, blurred professional boundaries and increased reliance on workers who may not have the training, authority or support required to deliver best practice, safe care. The public has a right to know that those delivering their care are suitably qualified to do so.

17. Workforce planning must look beyond education as a solution. Increasing education places does not, by itself, build the future workforce if there are not funded quality jobs, structured transition supports and employment pathways. HumanAbility's workforce planning and industry stewardship functions should be able to support identification of such system gaps and provide advice that reaches beyond VET settings.

Training product development function

18. The ANMF recognises that HumanAbility has undertaken a large volume of training product development work. Many training packages were overdue for review, and it is understandable that HumanAbility has had to prioritise this work.

19. The ANMF has valued the opportunity to contribute to significant reviews. However, participation in these reviews has been onerous with the evidence supporting final determinations and decisions unclear, particularly where papers are late, documents are difficult to compare, there is an expectation consensus will be achieved in meetings on contentious issues and/or meetings require immediate feedback on material not allowing for internal review.

20. HumanAbility cannot remedy this in isolation. The broader VET system is known to be difficult to navigate. Training product templates and assurance processes are often highly detailed and technical. At times, the level of complexity appears to create less effective governance, not more. It becomes harder for stakeholders and education providers to see what has changed, what has been agreed, and what the practical implications will be.

21. The ANMF is concerned that descriptive workforce analysis can acquire normative force when it is used to inform qualifications and training products. A report that maps current tasks may be methodologically useful as workforce intelligence. However, if that mapping is then used to design units of competency, it can unintentionally legitimise work practices that have not been tested against professional regulation, clinical governance, delegation requirements, supervision capacity, public safety or worker impact. HumanAbility should therefore ensure that any functional analysis used to inform training product development includes a clear safety and scope-of-practice filter before observed practice is translated into formal training outcomes.

22. The ANMF recommends HumanAbility improve training product review processes by ensuring draft materials are circulated in advance, changes are clearly identified, and version control is observed and circulated clearly. Where committees are advisory, there should still be a structured way to record the level of support for key inclusions, exclusions and unresolved concerns.

Implementation, promotion and monitoring function

23. The ANMF has seen less evidence of HumanAbility's work in implementation, promotion and monitoring than in training product development. This function is important. In health and care settings, implementation is where risk often becomes visible. A training product or model may appear workable in a consultation process but create problems in practice, such as unclear professional boundaries and delegation, increased workload, or pressure on workers to perform duties beyond their role.

24. HumanAbility should build implementation and monitoring into projects from the start. Worker impact should be considered early, not left as an issue for employers, RTOs, the broader health workforce or services to manage later.

25. The ANMF has particular concerns where project design risks shifting responsibility onto individual workers. For example, in setting industry currency expectations, HumanAbility and other JSCs should be clear about the responsibilities of industry employers, RTOs and individual teachers, trainers, assessors or workers. In health, aged care and disability settings, implementation monitoring must specifically examine whether training products are contributing to scope creep or unsafe role substitution. This is particularly important where draft material refers to medication assistance, high-intensity support, dementia care, palliative care, behaviour support, rehabilitation, wound care, catheter care, bowel care, enteral feeding, dysphagia, epilepsy support or other clinical-adjacent tasks. These areas require clear definitions of supervision, delegation, accountability and escalation. General phrases such as "appropriate supervision" or "assisting with medication" are not sufficient in settings where workers often operate with limited real-time access to nurses or other regulated health professionals.

Industry stewardship function

26. The ANMF would welcome stronger industry stewardship from HumanAbility. DEWR describes industry stewardship as JSCs acting as a source of intelligence on workforce issues affecting their industries and providing advice on national training system policies. For

HumanAbility, this requires a broader view than VET-informed capability which JSCs may have greater literacy in.

27. Health and care are delivered through multidisciplinary systems. Many of these workforces are not trained primarily through VET. To facilitate genuine workforce planning and industry stewardship, the broader operating model of the industries it covers needs to be recognised, including the intersection of VET-trained and non-VET-trained workforce interactions.

28. HumanAbility should also take care when applying ideas across different industries due to sector diversity. A successful model that may be appropriate in one area, such as sport or recreation, may not be appropriate in nursing or midwifery and vice versa. Apprenticeship-style approaches may have value in some industries; however, this is not an appropriate model of entry into the registered nursing and midwifery workforce. Industry stewardship must be specific enough to recognise different regulatory, professional and safety settings.

Governance

29. The ANMF considers that HumanAbility's governance processes need to be applied more consistently in practice.

30. Conflict of interest processes are one example. Conflicts should be actively requested at the start of relevant meetings and recorded so interests are visible and managed. This is particularly important where stakeholders may have commercial, provider or education interests in a project outcome.

31. Meeting conduct is also important. There have been occasions during meetings, where difficult issues were poorly managed, resulting in disrespectful conduct. Positive and respectful conduct and meeting culture has the potential to foster relationships between stakeholders and to build ongoing collaborative relationships across the sector.

32. To enhance the strength of the tripartite approach, balanced participation also needs to be incorporated into meetings., With consideration of attendees from each organisation type in consultations reflecting RTOs, employers, unions, professional bodies, government and other

participants each bring important perspectives.

DEWR oversight and support

33. Some issues identified by the ANMF require action beyond the remit of individual JSCs. Stronger DEWR oversight and support would improve consistency across the JSC system, reduce duplication, strengthen tripartism and help ensure workforce perspectives, job quality and training outcomes are properly embedded in JSC work.

34. The ANMF recognises that HumanAbility operates within a broader system that is complex, highly technical and often difficult for stakeholders to navigate. Many of the challenges experienced by the ANMF may reflect broader system settings, rather than being matters HumanAbility can resolve in isolation.

35. The ANMF considers DEWR has an important role in providing stronger oversight, support and coordination across the JSC network. JSCs appear to vary in their approach to consultation and governance. It is likely that different JSCs are encountering similar issues across sectors. DEWR should support greater sharing of practice learning and de-duplication of effort across JSCs than is currently visible.

36. This is particularly important in relation to tripartism. Unions must be meaningfully involved in governance, decision-making and priority setting, not only consulted after priorities or project settings are already substantially formed. DEWR should provide clearer expectations for how JSCs are to embed tripartism in practical ways, including committee composition, consultation design, feedback processes and reporting against stakeholder engagement.

37. The VET system also needs clearer mechanisms for dealing with systemic issues that sit above a single JSC or project. The Application of Skills and Knowledge (ASK) template is one example. The ANMF understands the intent of knowledge-based units, but the template is not clearly demarcated from a usual unit of competency. This creates confusion about whether a unit is intended to provide foundational knowledge or prepare a learner for workplace performance. HumanAbility cannot amend this template in isolation, but the issue

has significant implications for safety, learner expectations and public understanding in health-related qualifications.

38. Similarly, projects undertaken by HumanAbility on Enrolments & Completions and defining industry currency for VET faculty were detailed and industry specific when themes are likely to have been consistent across sectors and effort de-duplicated. The ANMF's experience has been that consultation could not always be purposeful if HumanAbility were conducting a consultation but had limited ability to amend policy settings (such as the definition of 'industry currency').

39. Furthermore, models or policy settings that may work in one industry should not be assumed to apply across all industries. Apprenticeship-style models may be appropriate in some sectors, but they cannot be generalised to the nursing and midwifery workforce, where entry to practice is governed by professional regulation, accreditation standards, clinical placement requirements and public safety obligations. DEWR has a role in ensuring system-wide templates, models and expectations are tested against the realities of different industries, including healthcare.

40. The ANMF would welcome clearer and more accessible pathways for unions and other stakeholders to raise system-level concerns with DEWR where an issue relates to assurance processes, national templates, consultation standards or cross-JSC consistency.

Conclusion

41. The ANMF values the relationship with HumanAbility and remains committed to working with HumanAbility to support a skills and training system that respects worker voice, strengthens the nursing, midwifery and care workforce, and supports safe, high-quality care across the health, disability and aged care sectors.