30 June, 2019

Educating the Nurse of the Future (Secretariat)

02 6289 9137

nursingreview@health.gov.au

Dear Reviewers of Nursing Education,

Submission to Educating the Nurse of the Future: Independent Review of Nursing Education in Australia.

CHA welcomes an independent Review into Nursing Education in Australia, noting that this is the first significant review of education to be conducted in over a decade. CHA is a significant employer of the nursing workforce in Australia, with substantial contributions to nursing education and training. CHA is Australia's largest non-government grouping of health, community, and aged care services accounting for approximately 10% of hospital-based healthcare in Australia. Our members also provide around 30% of private hospital care, 5% of public hospital care, 12% of aged care facilities, and 20% of home care and support for the elderly.
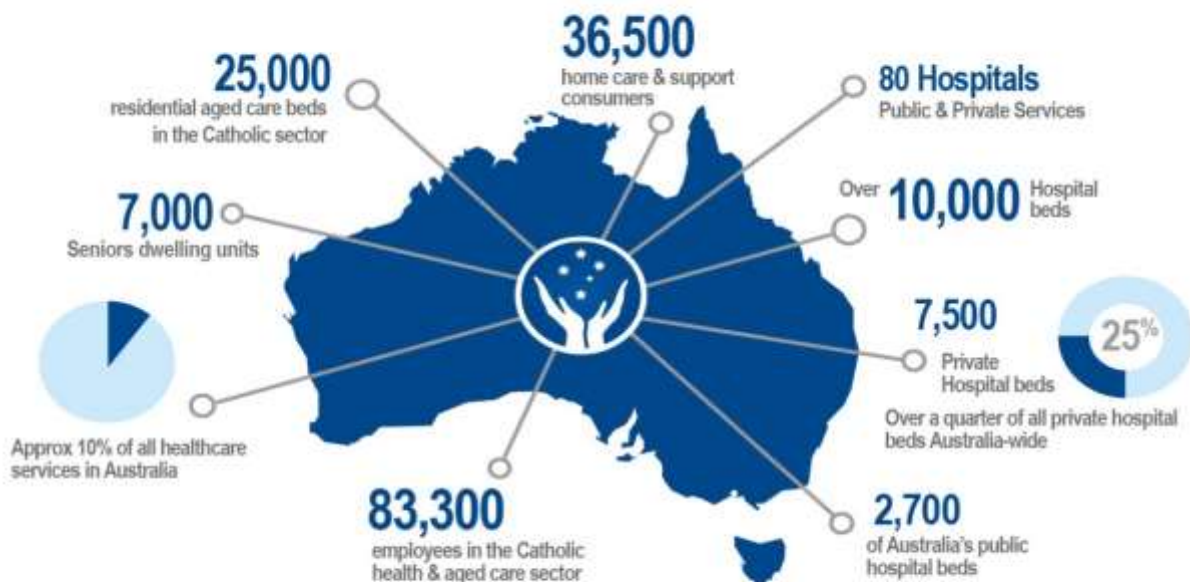
The nursing workforce is the single largest workforce in Australia, with over 378,325 nurses in 2019, three times as large as the medical practitioner workforce.[1] As such, CHA thus recognises that the impacts of a review are likely to be significant and grateful for the opportunity to participate.

CHA members report a large variation in work preparedness of newly graduated nurses. Improving this variation necessitates changes be made to enrolment and graduation requirements of nursing students. CHA and its members strongly recommend the introduction of standardisation in enrolment requirements for both domestic and international students entering nursing education.

Training and education of nurses extends beyond formal education institutions and relies heavily on the health care sector to develop skills and competencies of nurses through graduate and transition programs. CHA's members invest a significant amount of resources in this regard. However, there remains a disparity between nursing graduate numbers and the amount of graduate programs available to them. To improve this, further funding support for both the public and private hospital sector to undertake this training is needed.

Please find **attached** our submission, which focuses on areas of nursing education and training relevant to the CHA membership, including public hospitals, private hospitals and aged care. If CHA can be of any further assistance during this review process, please do not hesitate to contact us.

Yours sincerely,

Suzanne Greenwood EMBA LLM LLB FIML MAICD MCHSM
Chief Executive Officer
Catholic Health Australia
M: (02) 6203 2777
E: suzanneg@cha.org.au

---

[1] Nursing and Midwifery Board of Australia, 2019, Registrant Data, Table 1.1.Available at
https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx

Summary of CHA Recommendations

1. Work with the sector to gain consensus on the competencies required for work readiness and develop measures of minimum expectations following the completion of nursing education.
2. Introduce standardised enrolment requirements for nursing qualifications that ensure appropriate quality of students enter the profession, such as considering a minimum ATAR for university entry nationally.
3. Ensure that all nurses are receiving an education from a workforce that has current knowledge of nursing practice.
4. Fund and support health services and education providers to ensure all nursing students are accessing appropriate, relevant, and sufficient clinical placements that enable them to have the required skillset when entering the workforce.
5. Significantly increase funding in both the public and private sectors to enable health services to provide sufficient training to meet the future needs of the health workforce.
6. Develop nationally consistent nomenclature/titles, code of conduct, professional standards, scope of practice and educational requirements.
7. Introduce regulation of the unregulated healthcare workforce.
8. Continue to advocate to raise the status and profile of nursing through educational campaigns that promote the benefits of a career in nursing.
9. Explore opportunities that enable people from diverse backgrounds to access nursing educational pathways.
10. Investigate the consistency of competencies of international student graduates entering and exiting the Australian university system.
11. Review visa frameworks that prevent the ability of the health sector to hire some skilled migrants.
12. Review the consultation process, Terms of Reference for the review, and representation on the Advisory Board.

Effectiveness of current educational preparation

The nursing workforce is Australia's largest regulated workforce forming a critical component of Australia's overarching health system, which is set to face significant challenges in the coming years. Creating a suitable and prepared nursing workforce for these challenges includes consideration not only of recruitment and retention of nursing staff, but also ensuring that the education of nursing students drives the production of well-prepared and motivated nurses.

Australia's nursing education system creates significant variation in the preparedness of nurses for the workforce. In 2017, CHA and the Australian Private Hospitals Association (APHA) released a report on the workforce in the private hospital sector, which found that the variation in the work preparedness of nurses varied widely, particularly when it relates to practical skills.[2] In order to prepare students adequately for the workplace and to retain them in the workforce, education programs need to provide students with the skills for coping with their patient care role with complex patients and in difficult workplace environments.

The notion that a diploma or degree prepared graduate will create a nurse with practical experience required for the job is unrealistic, and many employers do not expect a recent graduate to be fully "work ready", which is why transition programs have been created. Different employers, in different regions and different service types are all likely to have variations on what is considered "work ready".

It is the belief of CHA members that there should be increased collaboration between education providers and the health sector to develop a common understanding of the term "work ready." This could be achieved through the development of mechanisms allowing for increased discussion, information sharing, and thorough consultation with the healthcare sector on issues such as the development of curriculums and other important policies, for example the Australian Qualifications Framework (AQF).[3] This would help to reduce misunderstandings, false expectations and enable healthcare services to better support new graduates entering their services. The inclusion of private providers in these dialogues is vital as they are currently an underutilised resource in the provision of nursing education. The time is right for cross sector discussions to establish a common national understanding on the level of knowledge and skills required for new graduates entering the workforce.

Better cross-sectional collaboration between the education and health sectors would also be enhanced through increased data sharing. Our members are experiencing workforce shortages in a number of speciality areas and there are not enough new or experienced nurses to meet needs in many rural and remote areas. CHA facilities currently have the ability to forecast their projected nursing workforce requirements three years in advance. CHA would support the development of a dedicated independent data repository, to which health services could contribute, which would

---

[2] Catholic Health Australia (CHA) and the Australian Private Hospitals Association (APHA). (2017). Education and Training in the Private Hospital Sector. Available at: https://www.cha.org.au/news/what-s-new/596-private-sector-steps-up-to-train-australia-s-health-workforce

[3] Australian Qualifications Framework Council, Australian Qualifications Framework Second Edition January 2013

enable Education Providers (both vocation and universities) to more accurately predict future workforce needs and allocate student places accordingly.

CHA members currently expect that nurses graduating with a nursing diploma or degree should initially be equipped to work as a semi-independent beginner practitioner. That is, graduate nurses should be able to, at minimum, recognise and assess what is normal and be able to escalate situations where abnormal assessment has been recorded. Transition programs assist nurses to progress beyond this including building confidence, managing shift work, prioritisation, and other developing skills and competencies.

Many nursing students receive a portion of their "work ready" training using high fidelity simulation. High fidelity simulation provides a safe environment to practice nursing skills and is a good complement to clinical placement. Simulations are effective in developing decision making and assessment skills, however, clinical placement is essential in order to gain an understanding of patient complexity, team work, shift work, hand overs, patient relationships, record writing appropriately and how to follow procedures. Simulation labs are also very expensive to run which can limit accessibility and quality of experience for many students.

CHA MEMBER CASE STUDY – MATER HEALTH SERVICES
'Building our Own' Enrolled Nursing Workforce

In 2010 Mater identified 'building our own workforce' was required to ensure ENs had contemporary knowledge, practical skills, lifelong learning attitudes and professional behaviours in the workforce to look after patients and their families. To address this, the Mater introduced a nationally accredited, hospital-based Mater Diploma of Nursing Program, which offers an opportunity to gain a Diploma of Nursing (Enrolled-Division 2 nursing).

Mater Education is a nationally accredited, independent, hospital-based Registered Training Organisation that meets a national set of standards that assure nationally consistent, high-quality training, assessment and outcomes for students and participants. Mater Education is accredited under the Vocational Education and Training (VET) Quality Framework (VQF), and can issue recognised Australian Qualification Framework (AQF) Qualifications and Statements of Attainment.

Uniquely, Mater Education has an integrated partnership with Mater Health, ensuring the curriculum is relevant and contemporary and provides the opportunity for students come to class alongside practising healthcare workers.

The success of the program highlights the opportunities that can be gained through funding unique organisations in industry to be an integral part of nursing education, to ensure a sustainable nursing workforce that is skilled, knowledgeable and compassionate.

Increasing the quality and amount of clinical placement time in a nursing degree may assist with the preparedness of nurses to some extent, however, a solid rationale should support any proposed changes. There are a number of compounding factors that should first be addressed, which include the role of demand-driven uncapped nursing places, and large variation in the entry ATAR requirements for universities across Australia, and the work readiness of bachelor prepared graduate students. Flooding the market with students reduces the capability of hospitals to have appropriate clinical placements and does not benefit the student or employer. It is important that we ensure consistency and equality of placements, allowing students equal exposure to specialities that enable

them to determine the areas where their skills and passion will empower them to build a long lasting and fulfilling career. The industry would benefit from a national minimum standardised clinical framework, as supported by Australian Nursing and Midwifery Accreditation Council (ANMAC), to enable increased consistency of knowledge and skill level within the sector, and equality of access to varied nursing practice experiences. It is vital that novice nursing practitioners have access to sufficient, appropriate and relevant clinical placements to ensure that they have the required skills to practice safely when entering the workforce.

Similarly, the principal role of university lecturers, many of whom have not held a clinical position in recent years, in nursing education should be complemented wherever possible by clinicians or academics who are currently practising. While there is a need to meet the future demand for nurses, created by the large proportion of retiring nurses, and increased population demand for nursing services, this must be met by sensible policy aimed at creating a nursing workforce suitably educated for the task. CHA believes it is important to ensure that all preceptors and facilitators are sufficiently qualified. This could include implementing a minimum experience level required for a nurse to take on this role, supporting nurses to undertake qualifications in education and training to build their teaching and assessment skills, and ensuing these qualifications are kept relevant with regular refresher trainings and assessments. CHA would also support the implementation of standardised regular clinical training for educators tasked with passing on best practice clinical knowledge and skills to students.

CHA MEMBER CASE STUDY – CABRINI HEALTH MODEL
Improving Nursing Education Through Partnerships

A model that has been successfully utilised in CHA member hospital Cabrini is to pay clinical nursing specialists, who have an interest in education, to remain by the bedside while also being upskilled with qualifications in education and training. As a result placements have become a really positive experience for all involved. The hospital has worked with their university partners to have their initial industry based training recognised as part of a Graduate Certificate in Clinical Education. Staff, who complete the initial training developed and run by Cabrini, are then supported to complete the remaining two units at the partner university to receive a full Graduate Certificate qualification. This model of preceptor training had many benefits. Not only does it improve clinical supervisor capabilities, and thus student experience, but it also strengthens the relationship between the hospital and partner university. Nurses undertaking units at the university, build important relationships with staff and students and develop a better understanding of university structures and systems.

The current education model also creates challenges for the generation of interest in some areas of training such as palliative care, mental health and aged care. Studies have shown that nurses entering these specialty areas are often motivated by previous professional or personal experience within these areas rather than the educational experience stimulating their interest.[4]

Mechanisms facilitating direct entry into these professions and utilising the ability of nurses to work in a broad scope of practice should be examined. Some of these areas are highly sought after in the private hospital sector and as a result, some private hospitals provide support for nurses undertaking further training, within the hospital itself or in partnership with universities.[5] For example, CHA's report on Palliative Care in the Catholic Sector identified a large shortfall of palliative care trained nurses, which required substantial investment from organisations to recruit "good" nurses and train them in-house in the palliative care speciality at a significant cost to the organisation.[6]

---

[4] Edward KL, Warelow P, Hemingway S, Hercelinskyj G, Welch A, McAndrew S, Stephenson J. (2015). Motivations of nursing students regarding their educational preparation for mental health nursing in Australia and the United Kingdom: a survey evaluation. BMC Nurs. 2015; 14: 29.

[5] Catholic Health Australia (CHA) and the Australian Private Hospitals Association (APHA). (2017). Education and Training in the Private Hospital Sector. Available at: https://www.cha.org.au/news/what-s-new/596-private-sector-steps-up-to-train-australia-s-health-workforce

[6] Catholic Health Australia (CHA) (2019). Palliative Care in the Catholic Sector. Available at: https://www.cha.org.au/news/what-s-new/716-palliative-care-in-the-catholic-sector

Recommendations

- Work with the sector to gain consensus on the competencies required for work readiness and develop measures of minimum expectations following the completion of nursing education.
- Introduce standardised enrolment requirements for nursing that ensure appropriate quality of students enter the profession, such as a minimum ATAR for university entry nationally, or an interview process for vocational qualifications.
- Ensure that all nurses are receiving an education from a workforce that has up to date knowledge of nursing practice.
- Fund and support health services and education providers to ensure all nursing students are accessing appropriate, relevant, and sufficient clinical placements that enable them to have the required skillset when entering the workforce.

Graduate and Transition Programs

CHA's members provide pre-registration, post-graduate training and transition to practice programs. Transition to practice programs occur once the formal educational process of nursing training is completed, whether it be through vocational training or university, and a nurse has completed their registration with the Nursing and Midwifery Board of Australia. This transition is often a stressful period for a nurse which in some cases is due to a lack of practice expertise and confidence in a new clinical environment.[7]

CHA members provide new graduates with support, mentoring and guidance to assist in this transition process at an enormous cost to the organisations. In 2017, the Australian Private Hospitals Association (APHA) and CHA published a report on training in the private sector, which estimated the private sector spent $16.5 million in formal training programs for nurse graduates, which translated into more than 1,400 graduate nursing positions.[8]

Australia produces many high-quality nursing students that are unable to secure a placement in graduate programs. The CHA/APHA report highlights that most graduate programs in the private sector are found in larger acute hospitals, with only a third of private acute group D hospitals, half of private acute psychiatric hospitals, and under two-thirds of private rehabilitation hospitals offering

---

[7] Duchscher J. (2008). Process of Becoming: The Stages of New Nursing Graduate Professional Role Transition. The Journal of Continuing Education in Nursing; 39(10).

[8] Catholic Health Australia (CHA) and the Australian Private Hospitals Association (APHA). (2017). Education and Training in the Private Hospital Sector. Available at: https://www.cha.org.au/news/what-s-new/596-private-sector-steps-up-to-train-australia-s-health-workforce

graduate programs.[9] There is scope and interest within the private hospital sector to expand formal training for nursing graduates, however development of training opportunities requires external funding and a review of accreditation requirements.

An effective model that has been implemented in CHA members' private hospitals is allowing the intake of graduates based on work-need throughout the year. This helps to avoid the safety issues surrounding a large intake of novice health practitioners at a single point in time. It also allows for more individualised support within the graduate program as there is continual education and training available year round. Those who require additional support are easily able to access it when required. Offering demand-led graduate programs however, is therefore liable to fluctuate significantly and some hospitals offer few or no places due to the inability to offer employment at the completion of the program.

Experience within CHA's membership also shows that graduate programs are more effective when new graduates are not continually moved through rotations within their first year of practice. CHA member hospital Cabrini has implemented a model where new graduates choose an area of practice within which they are then placed for the duration of their graduate program. This model has proven highly effective as it allows new graduates to gain greater confidence in their preferred area of practice and become engaged and respected members of the nursing teams. Literature shows that these elements protect new graduates against the experience of transition shock, characterised by feelings of disorientation, confusion, doubt and loss when entering the workforce that can lead to burnout and new nursers leaving the profession.[10] This model has also been of financial benefit to Cabrini reducing the significant resource and training costs of moving and retraining graduates in new areas every few months.

Current projections predict that, with Australia's increasingly elderly population and growing rates of chronic disease, the financial and resource costs of providing healthcare will grow significantly in coming years.[11] Nurses, who account for the largest proportion of the health workforce, will likely shoulder the greatest burden of these additional care needs. It is thus vital to establish adequate funding models that support health services to educate the future nursing workforce. As indicated CHA health services currently provide a significant portion of the cost of training nurse graduates. However, this will become unsustainable if future projections are realised. Increased funding across both the public and private sector will enable provision of adequate support and training to allow the nursing workforce to grow and upskill to meet future health needs. With increased resources, CHA hospitals can create more individualised, supportive graduate programs, upskill current nursing staff to develop clinical and leadership competencies, and facilitate the increased provision of diverse and appropriate clinical placements for students.

---

[9] Ibid
[10] Ibid
[11] Goss J. (2008). Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43.Canberra: AIHW.

Recommendations

- Significantly increase funding in both the public and private sectors to enable health services to provide sufficient training to meet the future needs of the health workforce.

Scope and Articulation of Nursing Roles

In Australia, nursing scope of practice and roles are informed by a number of standards and guidelines, such as practice standards and codes of professional conduct, including those published by the Nursing and Midwifery Board of Australia. Nursing limits of practice, previously defined by registering bodies, is now the responsibility of the profession and the individual nurse in recognition of the dynamic nature of nursing practice and to minimise role confusion.[12]

The scope of practice, describing a collection of functions a nurse performs, is a poorly understood concept in the Australian context, yet it is critical in order to understand the distinct and valuable role that all nurses, including enrolled nurses (ENs), registered nurses (RNs) and advance practice nurses (APs), play in the nursing workforce. Key issues in the scope of nursing work relate to difficulty in applying legislated frameworks to practice in the clinical setting rather than any overt or limiting local policy directive. This must be cognisant of the influence of local context, an individual's educational preparation, skills, knowledge and need for workforce flexibility to meet local contexts.[13]

However, it is not just ENs, RNs and APs whose roles require further definition. Recently, the Australian College of Nurses (ACN) released a White paper on Regulation of the Unregulated Health Care Workforce Across the Health System. This paper acknowledges the increasing trend in unregulated healthcare workers (URHWs) to deliver services that should be considered to be beyond an URHW's role and rather should be within the scope of a nursing role. While this may be financially advantageous for organisations in the short term, it creates an additional level of complexity and unpredictability in the supervision provided by RNs, and therefore overall patient safety and quality of care.[14] In addition, there remains no regulation of the educational requirements to undertake an URHW role as a result of a workforce comprised of numerous roles, titles and work settings.[15]

CHA supports the ACN recommendation that UHCWs must be regulated and nationally consistent nomenclature/titles, code of conduct, professional standards, scope of practice and educational requirements must be developed and implemented. The preliminary hearings in the Royal

---

[12] Birks M, Davis J, Smithson J, Cant R. Registered nurse scope of practice in Australia: an integrative review of the literature. Contemp Nurse. 2016 Oct;52(5):522-543.

[13] Castner J, Grinslade S, Guay J, Hettinger AZ, Seo JY, Boris L. (2013). Registered nurse scope of practice and ED complaint-specific protocols. J Emerg Nurs; 39(5), 467–473: D'Amour D, Dubois CA, Déry J, Clarke S, Tchouaket É., Blais R, Rivard M. (2012). Measuring actual scope of nursing practice: A new tool for nurse leaders. J Nursing Admin; 42(5), 248–255.

[14] Roche MA, Duffield CM, Friedman S, Dimitrelis S, Rowbotham S. (2016). Regulated and unregulated nurses in the acute hospital setting: Tasks performed, delayed or not completed. J Clin Nurs; 25, 153-162.

[15] Australian Skills Quality Authority. (2015). Training for Aged and Community Care in Australia, Canberra: ASQA. Accessed 18/8/2019 at: https://www.asqa.gov.au/sites/default/files/Strategic_Reviews_2013_Aged_Care_Report.pdf?v=1508135481

Commission into Safety and Quality in Aged Care highlights the urgency of regulation of this workforce, which CHA strongly recommends is also considered within the scope of this review.

<div style="background:#4472C4;color:#fff">

Recommendations

</div>

- Develop nationally consistent nomenclature/titles, code of conduct, professional standards, scope of practice and educational requirements.
- Introduce regulation of the unregulated healthcare workforce.

Factors that affect the choice of nursing as an occupation, including for men

According to the extensive joint workforce survey of CHA/APHA nurses, the main factors impacting on their choice to enter nursing as a profession is the rewarding nature of the career and work.[16] Our survey found that nursing is chosen because it is a rewarding career (71%), the ability to help people (69%), the opportunities for career development (36%) and professional development (33%) and the hours of work required (13%). These results were similar between male and female nurses.

Nursing is sometimes publically perceived as less prestigious and less respectable than other areas of the health profession such as medicine. This perception needs to change through education and advocacy highlighting the many benefits of a nursing career such as those identified in the CHA/APHA survey.

CHA recognises that the Commonwealth Government Office of the Chief Nursing and Midwifery Officer is currently advocating to change public perception through its support of the global Nursing Now campaign initiated by the World Health Organization and The International Council of Nursing. CHA fully supports the Nursing Now campaign and would support the expansion and further promotion of advocacy that endeavors to raise the status and profile of nurses throughout Australia.[17]

It is an ethical obligation of government to support Australia's growing diverse population to achieve great health outcomes. Results from the 2016 Australian Bureau of Statistics (ABS) census demonstrate that 49 per cent of Australians had been born overseas, or had a parent born overseas, and there were over 300 different languages spoken in Australian homes.[18] It is therefore important that measures are implemented that support and encourage diversity amongst the nursing workforce to reflect the diversity of the Australian population. Increasing diversity in the nursing workforce includes supporting students from diverse backgrounds in order to attract them to the nursing profession. The model of introducing vocational training courses for nursing as part of the high school

---

[16] Catholic Health Australia (CHA) and the Australian Private Hospitals Association (APHA). (2017). Education and Training in the Private Hospital Sector. Available at: https://www.cha.org.au/news/what-s-new/596-private-sector-steps-up-to-train-australia-s-health-workforce
[17] World Health Organization and The International Council of Nursing, *Nursing Now*, viewed 19 June https://www.nursingnow.org/
[18] Australian Bureau of Statistics, *2016 Census: Multicultural*. Available at https://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3

certificate curriculum, which could be targeted to areas with diverse population, warrants further investigation. The increased provision of nursing scholarships, financial supports, and revision of International English Language Testing System (IELTS) requirements for those wishing to study nursing from diverse backgrounds may also aid the development of a more diverse nursing workforce.

Recommendations

- Continue to advocate to raise the status and profile of nursing through educational campaigns that promote the substantial benefits of a career in nursing and value to the community.
- Explore opportunities that enable people from diverse backgrounds to access nursing educational pathways.

Australian Nursing in the International Context

Skilled migration and international students form a critical part of the Australian nursing workforce. When Australia introduced an un-capped market for international university students, international enrolments for university and vocational based nursing education increased dramatically. However, there have been concerns expressed regarding consistency in the preparedness of international students to undertake studies and increasing pressure upon assessors to ensure international students graduate.

Issues with skilled migration extend beyond international student intake. There are examples within the visa system that prevent hospitals from training or employing skilled migrants, including bureaucracy and timeframes, restrictions on consideration of experience in visa applications and English language requirements. Current skilled migration laws also make it difficult for employers to hire international nurses. Visa frameworks in this context should be reviewed.

Recommendations

- Investigate the consistency of competencies of international student graduates entering and exiting the Australian university system.
- Review visa frameworks that prevent the ability of the health sector to hire some skilled migrants.

Concerns Regarding the Review Process

CHA has concerns regarding the lack of context to the Terms of Reference (TOR) of the review, the lack of representation of students and consumers on the advisory board and the brevity of the

consultation process. As the nursing workforce is the single largest workforce in Australia, with over 378,325 nurses in 2019, and three times as large as the medical practitioner workforce, CHA believes it is important that this review process is thorough and transparent as any recommendations have the potential to greatly impact the Australian health system.[19]

The TOR of this review would benefit from of a briefing paper for stakeholders to understand what has prompted this review and data to this effect should be made available. Our services are interested to understand what the current problem is, and how it has developed, as this will assist them to provide appropriate and relevant feedback to the reviewer. It is necessary to create a platform for change, in order to identify if the change has been worthwhile.[20] This could be, for example, if a documented issue with the safety and quality of nursing education has arisen over the years, if attracting nursing students is becoming more difficult, or if there are concerns with current measures introduced to ensure the sustainability of nursing education in the future. CHA would also support the inclusion within the TOR of a description of indicators the Reviewers are interested in with regards to effectiveness or scope of health service delivery that will be considered (e.g. community care, primary care, aged care, acute and sub-acute tertiary care, etc.).

CHA would encourage the review process to ensure that the reviewers consult as widely as possible to ensure that they get an appropriate spectrum of opinions in order to develop effective recommendations for reform. CHA believes that consumers should be an integral part of the review process. The TOR of the review currently does not reference consumers which we find concerning as the National Safety and Quality Health Service (NSQHS) Standards, endorsed by health ministers in 2017, includes a standard focused on Partnering with Consumers. The standard highlights that partnering with consumers should be an integral part of any clinical governance and quality improvement measures, and that consumers should be involved in policy and planning of health systems at all levels.[21] The ANMAC standards also reinforce the importance of consumer involvement in decision making processes highlighting the need for consultative and collaborative approaches between key stakeholders including consumers, students and Aboriginal and Torres Strait Islander communities.[22] CHA would greatly support measures that would increase the variety and depth of consumer perspective within this review process.

CHA would like to thank you for the opportunity to be involved in this highly important review process that we believe could have important and long-lasting effects on Australia's health system. If you require further information please contact us at secretariat@cha.org.au.

---

[19] National Health Workforce Dataset (NHWDS). (2017). Health Workforce Australia. Available at: https://hwd.health.gov.au/summary.html#part-2: Nursing and Midwifery Board of Australia, 2019, Registrant Data, Table 1.1.Available at https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx

[20] Lewin K (1947a) Frontiers in group dynamics: Concept, method and reality in social science; equilibrium and social change. Human Relations 1(1): 5–41.: Prosci (2003) An Overview of Change Management. Available at: http://www.change-management.com/ change-management-overview.htm: Kotter, J.P. (1996), Leading Change, Harvard Business School Press, Boston, MA

[21] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

[22] Australian Nursing and Midwifery Accreditation Council (ANMAC) 2012, *Registered Nurse: Accreditation Standards 2012,* Available at https://www.anmac.org.au/standards-and-review/registered-nurse