



APNA submission to the:

*Independent Review of Nursing Education by
Emeritus Professor Steven Schwartz AM:*

Educating the Nurse of the Future

June 2019

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our Vision

A healthy Australia through best practice primary health care nursing.

Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

Contact us

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Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation regarding the *Independent Review of Nursing Education: Educating the Nurse of the Future (Educating the Nurse of the Future Review)*, being led by Emeritus Professor Steven Schwartz AM.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

About the review

APNA acknowledges the aim of the *Educating the Nurse of the Future Review*:

“The outcome from this review is to ensure that the preparation of nurses meets the service needs of the future health care system. The Review will be forward focussed and give consideration to the attraction into nursing, international competitiveness of Australia based education programs and articulation and career paths of the preparation programs for Enrolled, Registered Nurses and Nurse Practitioners.”

APNA notes the review’s Terms of Reference (TOR) and that the review’s final report is to be provided to the Minister for Regional Services, Decentralisation and Local Government.

Background information about primary health care nurses

Primary health care nurses are the largest group of healthcare professionals working in primary health care. In Australia, at least 78,000 nurses work outside of the hospital setting in primary health care (Department of Health 2019) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, boarding houses and outreach to homeless people

- custodial/detention settings
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

The key characteristic of primary health care is that it is the first level of contact with the health system for most individuals, families and communities. In Australia, this:

- Incorporates personal health care with health promotion, the prevention of illness and community development
- Includes the interconnecting principles of equity, access, empowerment, self-determination and inter-sectoral collaboration
- Encompasses an understanding of the social, economic, cultural and political determinants of health

The role for nurses within primary health care is clear. Grounded in the nursing scope of practice, nurses provide socially appropriate, universally accessible, scientifically sound, first level care, working independently and interdependently in teams to:

- Give priority to those most in need and address health inequalities
- Maximise community and individual self-reliance, participation and control
- Ensure collaboration and partnership with other sectors to promote public health

Nationally and internationally, nurses are now being seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader and more central role for nurses within a team-based, multi-disciplinary approach to care, enables health services to deliver essential holistic, person-centred management of chronic disease, and importantly it offers an opportunity to move from a disease focused approach to care to focusing on the prevention of illness and health promotion (ANF 2009; Crisp & Iro 2018; Nursing Now 2018).

APNA Submission

APNA's overarching view of the *Educating the Nurse of the Future Review*

Re-orienting nursing education to increase the emphasis on primary health care is central to ushering in a new era in healthcare.

The predominant focus of preparing nurses to work in the acute hospital-based setting, must shift toward equally preparing nurses to provide skilled, competent nursing care across the care continuum.

In the face of changed healthcare challenges at the population level, the health workforce must realign itself to deliver better access to the skilled and evidence-based chronic disease management that is now required by the community in the primary health care setting (Leggat 2014). Primary health care is well recognised nationally (PHCAG 2016), regionally and globally (World Health Organization 2008) as the foundation of a healthy population and it is the cornerstone of the Australian health care system as funded by the Medicare Benefits Schedule (MBS). Australian Government health policy clearly acknowledges the need for greater focus on primary health care and preventative health to address population health needs in a sustainable way (Commonwealth of Australia 2019). Further, future-focused health care planning models have a strong emphasis on hospital avoidance and changing models of care, in which nurse roles are evolving and emerging.

Nursing education must reflect this policy direction, so that nurses are well prepared to support the health and care needs of the population. This needs to go beyond inconsistent, passing mentions of primary health care. APNA believes primary health care nursing must be valued, visible and respected. If nursing education does not place enough value on primary health care nursing to consistently include it in nursing curricula, how can primary health care nurses themselves be valued? It is imperative that curricula at all levels of nursing education include theory, practice and placements relevant to contemporary primary health care environments. The themes of social determinants of health and health equity, health literacy, primary health care and health promotion, and the financial, structural and environmental challenges of health care, must be woven into the core of nursing undergraduate education, and given the same weight as advanced life support, procedures, acute care, etc.

Nurses: A Finite Resource

In addition to changing population health challenges, nursing education must be cognisant of the predicted nurse workforce shortages including primary health care nurses.

The now disbanded Health Workforce Australia (HWA) has provided the most recent health workforce modelling data back in 2014. While shortage projections were not able to be calculated for primary health care nurses specifically due to data limitations (demand factors were unclear), primary health care nursing was incorporated in the 'other' sector of the HWA projections. Shortages in this category were projected to be 38,000 nurses by 2030, the largest shortfall of nurses in any category. A contributing factor to this shortage is Australia's ageing nursing workforce. The average age of nurses in Australia is 44.1 years (Department of Health 2019), while according to APNA's annual

workforce survey, the average age of the primary health care nursing workforce is higher at 49 years (APNA 2018).

Primary health care nursing poorly served in undergraduate education

APNA believes that a factor contributing to low numbers of primary health care nurses and the predicted shortage of nurses in this sector, is the limited and inconsistent focus on primary health care in nursing education. This can mean that primary health care is somewhat invisible and unfamiliar, hidden from the broader health system, and not articulated or understood, even by nurses themselves. Nursing students are generally not exposed to mentors who can role model the diverse and fulfilling career that primary health care nursing can offer, and that it can be a first choice, viable, fulfilling career option. Compounding this, student and graduate placements in primary healthcare are largely non-existent.

There is a significant need and a limited amount of time to address these issues in order to meet the growing workforce need. The *Educating the Nurse of the Future Review* is an important opportunity to advance nursing education to meet current and future health needs of the population, and to develop the nursing workforce to be a central and bold contributor to the Australian health care system with respect to research and policy directions, and in particular for nurse capacity in primary health care to be made more valued, visible and respected.

APNA's response to the *Educating the Nurse of the Future* Review Terms of Reference

The effectiveness of current educational preparation of enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery

APNA would like to make the following points about educational preparation of enrolled and registered nurses and nurse practitioners to meet the needs of health service delivery.

- 1. Current nursing education preparation requires a re-set.** It does not reflect the complete needs of Australia in terms of the prevalent health issues at the population level, which include:
 - The issues of the ageing and chronic disease;
 - The requirement that health services move towards delivering value-based, outcomes-focused (AHHA 2017) health care in the community
 - The delivery of a sustainable health care system.
- 2. Nursing education must be set within the context of population health needs and public policy direction** – across enrolled and registered nursing education as well as that for nurse practitioners – so that nurses are well prepared to support the health and care needs of the population. Australian Government health policy clearly acknowledges the need for a greater focus on primary health care and preventative health and that this is essential to addressing population health needs in a sustainable way (Commonwealth of Australia 2019). Further to this, health care planning for the future includes a strong emphasis on hospital avoidance and changing models of care, within which there are new roles for nurses evolving and emerging.
- 3. Primary health care principles need to underpin and be embedded throughout nursing education programs**, in a consistent way, across Australia. This requirement must be mandated within nursing education quality accreditation standards, as administered by the Australian Nursing and Midwifery Accreditation Council (ANMAC).
- 4. Academic oversight of nursing education programs must move to include representation from nurses with substantial experience within primary health care nursing**, ideally with post graduate qualifications in this area of practice, but who also have firsthand knowledge and understanding of the importance of primary health care nursing to meet population health needs.
- 5. The design and ongoing management of the nursing education programs must move to have input from primary health care practice-based representatives** of the nursing profession and also utilise relevant peak bodies where applicable, who have deep knowledge of the contemporary challenges of the nurses they represent.
- 6. Along with specific clinical skills, the following concepts need to be incorporated into core nursing education**, to optimally prepare nurses to provide contemporary care in health services of the future, regardless of the setting:
 - The central role of primary health care to support the health and well-being of the population, including to address the social determinants of health and health equity and how

these affect an individual's health literacy and corresponding ability to respond to the advice and treatment recommendations of health care professionals;

- Given the fundamental role of nurses in care planning and patient education across all settings, nursing education must continue to teach these skills including recognition of the importance of taking a person-centred approach to care, how to go about facilitating care and decision making so that people are empowered to move towards being able to develop self-care skills and manage their own health needs in the community;
- Nurses need to develop understanding of a patient's total journey, not just the acute hospitalisation;
- Multi-disciplinary professional practice is essential for health care services to be able to deliver in the future, as it is indisputable that team-based, patient-centered care is required to address the complexities of chronic disease management, with such diseases being multifaceted in its causes and progression. Multidisciplinary care is an integrated team approach to health care in which medical, nursing and allied health care professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient. Multidisciplinary care involves all relevant health professionals discussing options and making joint decisions about treatment and supportive care plans, taking into account the personal preferences of the patient (Cancer Australia 2019). Therefore, nursing education must incorporate the teaching of this practice into its curriculum;
- How to implement care with culturally diverse groups within the population needs to be incorporated given Australia's cultural diversity, importantly including Aboriginal and Torres Strait Islanders;
- Nurses also need to understand the issue of sustainable use of health care including:
 - the structure of the Australian health care system and the challenges with continuity of care
 - how health care is funded across different sectors and states of Australia
 - assessment, triage and referral across different sectors of the health care system.

7. **Registered nurses and nurse practitioners must receive education and training in professional skills.**

The All Party Parliamentary Group on Global Health *Triple Impact* report (2016, p.30) refers to the *Lancet Commission on the Education of Health Professionals for the 21st Century* held back in 2010, which recommends all health professionals require professional skills “such as teamwork, ethical conduct, critical analysis, coping with uncertainty, scientific inquiry, anticipating and planning for the future, and most importantly leadership of effective health systems”. These skills are important in addition to clinical skills for today's health workforce, as it is important to understand not only clinical care, but also how to address systemic issues within the health care system and beyond.

8. There are a number of challenges that currently exist for nursing education to provide students with **quality clinical placements** to ensure a well-rounded experience for nursing students. These include the total number of hours spent on clinical placement across the duration of nursing courses, the duration of specific clinical placements often being too limited to develop and consolidate skills, the timing of placements with respect to the development of required

theoretical knowledge, difficulty locating sufficient placements for numbers of nursing students, and also the quality of facilitation whilst on clinical placement.

9. Whilst acknowledging these current challenges, APNA believes it is essential that **quality primary health care clinical placements form part of nursing education**, as a key part of re-orienting education to have equal focus on preparing nurses for this setting as well as the hospital setting. APNA acknowledges the further challenges to identifying quality primary health care clinical placements compared with those in more traditional settings, including availability of placements and the higher administrative costs (including the provision of funding for primary health care providers to be able to support student nurses). However these barriers must be addressed and a minimum number of hours for primary health care placements be set for clinical placements that reinforce the underpinning theory taught in courses.
10. In considering how to fund nursing student placements in general practice, the model used for funding medical students could be examined.
11. **Post-graduate education for nurses to further develop primary health care clinical skills is also required**, however the incentive for nurses to undertake this in the primary health care setting is low, as primary health care nurses are not reliably supported by enterprise agreements that provide for study leave or financial reward for additional training, in comparison to nurses employed under hospital based agreements.

Enrolments in primary health care post-graduate courses are at an historic low due to lack of demand. These courses are at a disadvantage when it comes to demand, due to the above reason and also given the lack of focus on primary health care nursing at the undergraduate level to motivate new nursing graduates to recognise primary health care as a dynamic and viable career option worth of further study. There are approximately twelve post-graduate nursing courses with a primary health care nursing focus, currently on the market. For such courses to remain viable, which is essential to provide avenues for the continual upskilling of nurses of the future to meet the needs of health service delivery in the community, this issue must be addressed.

Recommendations:

- Primary health care principles must underpin and be consistently embedded throughout nursing education programs, as a mandatory requirement via nursing education accreditation standards via ANMAC.
- Representation from a registered nurse who has substantial experience within primary health care is essential at the senior academic level of all nursing education courses, in order to ensure a systematic, high quality approach to the inclusion of primary health care across the nursing curriculum.
- The expertise to develop clinical skills and knowledge in undergraduates rests with the practice-based nurse (Birks et al 2017). Developing a partnership model with primary health care providers and practice-based nursing clinicians to facilitate clinical education in a range of metropolitan and regional clinical settings is imperative to ensure contemporary practice within the field of primary health care is being taught.

- Nursing education must consistently cover the core concepts described above, in order to prepare nurses to provide contemporary care in health services of the future.
- Quality primary health care clinical placements form part of nursing education, supported by ANMAC standards. It is important to expose undergraduates to primary health care nursing opportunities for their own development, and so as to develop a sustainable workforce for primary care settings.
- APNA is well placed to assist education institutions address the challenges of facilitating quality clinical placements with the disparate range of primary health care service providers, via its member database which reaches across multiple primary health care settings.
- APNA is also well placed to assist in the provision of clinical placement facilitators/educators, with its existing database of primary health care nursing mentors, in a nationally consistent way.
- Supply and demand factors for post-graduate nursing education should be examined, as the continued availability of this education is essential for interested nurses to be able to further develop primary health care clinical skills and knowledge, to optimise nurses being well-prepared to meet the needs of health service delivery.

Factors that affect the choice of nursing as an occupation

12. Nurses of the future needs an **strong and professional identity** to aspire to. However there is work to be done so that nursing is regarded as a profession, and not simply an adjunct role. This will require student nurses to be treated as professionals, throughout their course.
13. Further to this, **the image of primary health care nursing also needs developing**. Given the future needs of health services, we need nurses to aspire to work in primary health care, as they do to work in emergency departments and intensive care units for example. Currently, primary health care nursing is not always seen as a first-choice, viable, fulfilling career option. APNA would like to see improved awareness, exposure and understanding of primary health care nursing developed amongst student nurses, to recognise that primary health care offers a diverse, dynamic, fulfilling career with ongoing opportunities to evolve professionally and make a difference to people's lives, and to encourage more nurses to choose this as a first-line career option.

Recommendations:

- A strong, professional identity for nurses must be developed and embedded into nursing education, so that nurses see themselves as equal to other health care professionals.
- APNA can assist education institutions to access mentors for nurses to develop understanding of the diverse and fulfilling career that can be built working in primary health care.

The role and appropriateness of transition to practice programs however named, and the respective roles of the education and health sectors in the education of the nursing workforce

14. **Stronger connection between education institutions and health care services is required to develop a stronger pathway into the workplace.** It may be beneficial that this transition to practice year is regarded as the fourth year of registered nursing education e.g. an "internship" akin to the medical education model.

15. Regardless, **all registered nursing graduates must have access to a high quality transition to practice program** (however named). A fundamental issue however with graduate years and/or transition to practice programs for new nursing graduates, is the disconnect between the high number of graduates and the availability of places in quality transition to practice programs. A significant re-set would appear to be required to align workforce planners/modellers, education institutions and health services and Government in terms of funding of nursing education, to deliver improvement in this area. The need for this was documented by Health Workforce Australia in 2014 (HWA 2014). Action must be taken.
16. Whilst this is a large challenge, we know that **student nurses must be well-supported at transitions to retain them**, and that retaining nurses is essential in the face of workforce shortages.
17. Supporting the health workforce has also been examined by Bodenheimer and Sinsky (2014) in their quadruple aim model for optimising health system performance, where “the goal of improving the work life of health care providers, clinicians and staff” sits alongside those of “improving the health of the population”, “improving patient experience” and “reducing costs”. Hence, this is a key issue to address.
18. **Graduate nurses must be respected as “novice” nurses** and not simply as just more headcount. They require support to develop professional as well as clinical skills, including on issues such as understanding their individual scope of practice and how to further develop this. APNA suggests that professional skills could be taught in this year.
19. Importantly, as with nursing education and clinical placements, **transition to practice programs must re-orient towards including rotations through quality primary health care settings**, with workplace level mentoring/supervision from experienced primary health care nurses.

Recommendations:

- Stronger connection between education institutions and health care services is required, to develop a stronger pathway into the workplace with access to such a high quality transition to practice programs (however named) for **all** registered nursing graduates, to optimise retention of nursing students in the face of predicted workforce shortages.
- Transition to practice programs need to teach not only clinical skills but also professional skills.
- APNA has substantial experience with delivering a mentored transition to practice program for nurses new to primary health care, be they graduates or later career nurses who require support to move from the hospital setting to working in primary health care. APNA could assist education providers and health services in the delivery of the primary health care component of a broader transition to practice program for new graduates.

Concluding comments

APNA strongly believes that it is critically important that nursing education incorporates an explicit focus on preparing nurses to practice in primary health care settings, so they can be valued, visible and respected in this work, in the context of regional, national and global health priorities and reforms where primary health care features highly. This is in equal measure with education in skills required for the hospital setting.

In this submission, APNA has sought to highlight how this primary health care focus can be strengthened and how APNA can assist with connecting education institutions to primary health care services, to better prepare the nursing workforce for the roles they will need to fulfil into the coming years and to improve the health outcomes of Australians.

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