Joint submission on National Nursing Workforce Strategy

19th December 2023

Minister for Health and Aged Care, the Hon Mark Butler MP
Lead Reviewer
Australian Department of Health

To whom this may concern,

Thank you for the opportunity to submit a combined response from a number of the Peak Nursing Organisations in Australia, highlighting shared issues and advice, and providing a sense of how these key nursing organisations wish to see the work move forward. The organisations represented in this combined submission are as follows:

- The Australian College of Nursing (ACN)
- The Australian College of Nurse Practitioners (ACNP)
- The Australian Primary Health Nurses Association (APNA)
- The Council of Deans of Nursing and Midwifery (Australia and New Zealand)
- The Gerontological Alliance of Nurses Australia (GANA)
- The Council of Remote Area Nurses of Australia (CRANAplus)

Each group has provided an individual response to this consultation, but this combined submission seeks to identify those areas that are of key concern for all nursing organisations, so will not address any individual organisation's specific concerns in relation to its membership, unless the concern addresses one of the consultations key topic areas. The concerns have been condensed into a table below

The above grouping represents nurses and midwives working in the public and private health sectors and across education, management, research and policy as well as clinical care in across the lifespan, including aged care and disability care, across a wide variety of urban, rural and remote locations. It includes those working in nursing support and enrolled nurse roles, right through to nurses working in highly specialised clinical roles such as NPs. In addition, it represents all those providing tertiary education to nurses and midwives in Australia.

Background

Some general background comments from specific organisations are provided below that widely reflect the views of most of those in this submission. There is also a table representing more detailed views of the various organisations against most of the topics where comments were sought. For the Scope of Practice topic, we have reattached the combined response developed in relation to the previous call for comments on Scope of Practice.

APNA ageing response

The Australian population is ageing with '1 in 6 Australians now aged 65 and over'. This is 16% of the total population and this percentage is expected to rise to between 21 and 23% by 2066 (Australian Institute of Health and Welfare - AIHW 2023). This will impact the nursing workforce through increasing demand for services (clinical and social care) and creating a need for strategies to address workforce shortages.

There is also a long-term trend and ongoing shift in the Australian labour market showing an increase in the share of older workers. The proportion of total employment accounted for by mature age persons (55 years and over) has increased significantly, from 10.5% in February 1980 to 19.4% in February 2020 (National Skills Commission 2020). Ageing in the primary health care (PHC) nursing workforce is evident from APNA workforce data that shows the predominantly female workforce has a median age of 51years with 21 years of nursing experience (11years hospital/10years in primary health care). Furthermore, 32% of this workforce are studying for, or hold post-grad qualifications which means retirement of these knowledge and skills assets will profoundly impact primary care delivery in the future. For example, places like general practice are replete with nurses with extensive (often multi-decade) nursing experience, but as this workforce nears retirement age, a shortage of skilled professionals will occur. This requires recruitment and training programs that not only attract younger nurses into primary health care but prepares them with the skills to support ageing in the home as it becomes more prevalent. Although the ageing nursing workforce overall appears to be slowing down somewhat with the Department of health reporting the mean age of 43.9 years in 2018 down to 42.7 years in 2022 (Australian Government,

DoHA 2023, Health Workforce Data), continued national effort to recruit nurses, particularly in primary health care will be essential to address the health and social needs of an ageing Australian population.

ACN ageing response

Consideration also needs be given to the aging nursing workforce. There are currently 154,002 nurses aged 50 years and over, registered with the Australian Nursing and Midwifery Board; representing 35% of all general practicing nurses.[1] The Australian Government predicts a shortage of 85,000 nurses by 2025 and 123,000 nurses in Australia by 2030. Given Australia's ageing population, and subsequent rise in chronic disease prevalence, it is critical that nurses be empowered to work to meet the healthcare needs of the nation.[2] An aging nursing workforce imposes challenges for the nursing workforce including:

> **Physical difficulties:** older nurses may experience mobility impairment, or health issues that affect their ability to perform manual tasks such as lifting patients, moving equipment, or standing for long periods.
> **Tiredness and fatigue:** older nurses may feel fatigued when managing heavier and more complex patient loads, long shifts, or night work. This may impair concentration, decision-making, or safety.
> **Treatment difference:** older nurses may face discrimination, stereotyping, or marginalisation from their younger colleagues, managers, or employers. They may be perceived as less competent, less adaptable, or less willing to learn new skills or technologies.
> **Lack of respect and opportunities:** older nurses may feel undervalued, unappreciated, or overlooked for recognition, promotion, or education opportunities. They may also lack support, feedback, or mentoring from their peers or leaders.
> **Workforce shortage:** older nurses may retire earlier than expected due to these challenges. This may create a gap in the supply of skilled and experienced workers in the aged care sector, which is already facing a growing demand due to the aging population.[3][4][5]

Solutions to these challenges include effective strategies from individuals, organisational, and policy levels to support older nurses to continue working to their full potential and contribute to the health care system. Some of the strategies are:

> **Physical adjustments:** Providing ergonomic equipment, flexible work arrangements, reduced workloads, or modified duties for older nurses to accommodate their physical needs and preferences.
> **Wellness programs:** Offering wellness programs, health checks, counselling services, or stress management interventions for older nurses to enhance their physical and mental well-being.
> **Diversity and inclusion:** Promoting a culture of diversity and inclusion in the workplace that respects and values the contributions of older nurses. Providing training, A , or awareness campaigns to address ageism and discrimination among staff and managers.
> **Recognition and reward**: Recognising and rewarding older nurses for their expertise, experience, and loyalty. Providing career development opportunities, leadership roles, or mentoring programs for older nurses and midwives to enhance their skills and confidence.
> **Retention and recruitment**: Encouraging older nurses to stay in the workforce longer by offering incentives, benefits, or support. Attracting younger people to the profession by improving the image, conditions, and prospects of nursing. [6][7]

GANA comments on aged care generally

Recognition and promotion of GENERALIST gerontological skills for the general nursing workforce (students, new grads, early-mid careers nurses) is essential to ensure that the needs of the largest growing population with the highest

[1] Nursing and Midwifery Board of Australia - Statistics (nursingmidwiferyboard.gov.au)

[2] https://www.apna.asn.au/about/media/aged-care-nurses-underutilised-despite-workforce-shortage---survey

[3] Denton, J., Evans, D., & Xu, Q. (2021). Being an older nurse or midwife in the healthcare workplace–A qualitative descriptive study. Journal of Advanced Nursing, 77(11), 4500-4510.

[4] Matters, E. (2019). Healthy ageing in the nursing workforce. *The Hive* https://www.acn.edu.au/the-hive-2019/healthy-ageing-nursing-workforce

[5] Denton, J., Evans, D., & Xu, Q. (2021). Being an older nurse or midwife in the healthcare workplace–A qualitative descriptive study. Journal of Advanced Nursing, 77(11), 4500-4510.

[6] Denton, J., Evans, D., & Xu, Q. (2021). Older nurses and midwives in the workplace: A scoping review. *Collegian*, *28*(2), 222-229.

[7] Pagone, G., & Briggs, L. (2021). Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect. Canberra, Australia: Commonwealth of Australia

needs (older people), is met by the largest and closest health workforce (nurses). Educators with gerontological qualifications (eg Masters) are crucial for the teaching of generalist knowledge= Recognition and promotion of SPECIALIST gerontological skills (clinical nurse consultants, clinical nurse specialists, advanced practice nurses, managers, directors of nursing, nurse educators, patient safety consultants, residential service provision consultants, NPs, Honours, Masters, PhD, postdoctoral nurses) is essential to provide the leadership, innovation, mentorship, translational practice changes, initiate scholarly inquiry, develop and implement evidence, develop the science of gerontological nursing, design system change including digital health information systems, that will be required for the next decade of nursing and health practice in Australia.

Rx3 workforce

CRANA+
In commencing feedback to the National Nursing Workforce Strategy consultation, CRANAplus highlights that nursing workforce challenges in rural, remote and isolated geographic settings in Australia and its territories are long-standing. CRANAplus has advocated for improvements in the most challenging areas of working as a nurse in rural and remote areas, including safety and security, appropriate accommodation, purposeful professional transition programs and preparation for increased practice autonomy, the nursing workforce pipeline and preparation for providing Culturally Safe care. While there has been movement in some working and living conditions for remote area nurses in some locations, future workforce interventions and strategies must reflect the value to the health of remote communities that skilled nursing care contributes.

The challenges presented by COVID-19 have exacerbated workforce sustainability, diversity, planning, career development and progression in an already precarious nursing workforce. In rural and remote communities, the impact has been extreme. Managing health care services, delivering nursing care, and practising as a nurse outside of metropolitan areas and larger regional centers is by virtue of isolation challenging in ways only occasionally fully acknowledged, even within the nursing profession. The Framework clearly articulates the context; however, current service delivery strategies, funding models, and recruitment approaches undermine efforts to provide appropriately staffed services with appropriately skilled and experienced nurses to deliver Culturally Safe, quality health care.

Inadequate workforce data

While pockets of localised data explore workforce gaps, comprehensive and longitudinal data is needed to give quantitative insight into the dynamic changes of the rural and remote nursing workforce Australia-wide. Such data is urgently required to understand the rural and remote nursing workforce fully, how nurses are employed and prepared, and the skill mix in place. The RAN workforce is highly mobile nationally and anecdotally, has become increasingly so in the last few years. Data based on jurisdiction, service or sector cannot provide the holistic perspective required to understand workforce areas of need, plan for appropriate skill mix or monitor and manage what has, from reports, become an increasingly dysfunctional workforce market. Current data collection strategies lead to local interventions, including financial and other incentives that drive competition for nursing staff and inadvertently compound broad workforce sustainability challenges. The scarcity mindset regarding staffing, funding and resource availability is driving short-term, unsustainable responses and is limiting innovation.

Comprehensive, nationwide data on nurses' experiences in rural and remote areas additionally requires attention. Data on safety and security incidents (frequency, nature and WHS management), access to appropriate accommodation, management quality, preparation for Culturally Safe practice, professional development support, and leave access are needed to help address these and other factors contributing to workforce disruption in rural and remote areas. While these are not new concerns, they have worsened and remain relatively invisible when planning and managing workforce recruitment and retention. Data at a national level would assist in driving strategies to improve staff support in remote areas.

I thank you for the opportunity to submit this combined response and trust you find it valuable.
Yours sincerely

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Organisation	Aged care	R, R & R*[8]	First nations	CS and IPCC[9]	Careers specialisation	Health and wellbeing	Recruitment retention	Person centred care	Scope of practice	Technology and research
General comments	Support findings of royal commission	Support National Rural and Remote Nursing Generalist Framework 2023-2027	Support for CATSINaM (2022) 'gettin em n keepin em n growin em' (GENKE II) - Strategies for Aboriginal and Torres Strait Islander Nursing and Midwifery Education Reform	NB Importance of intra-professional cultural competence, as well as nurse to patient cultural competence			It is suggested everything recommended so far will assist with recruitment and retention	Complete support for person centred care	See attached submission on scope of practice, prepared for previous SoP review	General agreement on the need to be conversant with the introduction of new technologies (discussed under various headings)
APNA	Increased need for nurses in PHC Increased need for mature workers	Support for skills in digital and virtual health	The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) advocates to embed cultural safety across Australian nursing and midwifery. Their existing resource, Aboriginal and/or Torres Strait Islander Cadetship and	Cultural safety and sensitivity must be embedded and afforded to *all* nurses in Australia through continued education of nurses and all health staff, fostering diversity in recruitment and implementing inclusive policies.	The nursing curriculum in universities must be reviewed nationally to ensure the scale, scope and opportunities for roles outside of hospital settings is clearly articulated. This means inclusion of prevention,	It is evident that continued promotion and embedding of health and well-being support is important for maintaining a healthy workplace culture. Initiatives such as the 'Nurse and Midwife Support' telephone and online health support service should continue to be front and	Funded support to recruit students back on graduation or to encourage new nurses to work in primary health care settings is essential and ongoing educational and mentorship will help grow and support the next generation of nurses, particularly in areas of	ensuring ongoing access to education/CPD around person-centred care will support culturally appropriate holistic care delivery. As educators, nurses are also excellent vehicles by which to share these skills and knowledge with other health colleagues which		Educational and vocational support to use digital technologies effectively will be important for the nursing workforce as nurses often drive information sharing and improve connectivity between health and other sector providers to

[8] Regional Rural and Remote

[9] Cultural safety, Intra and inter professional cultural competence

| | | | Transition to Professional Practice Programs: Guiding Principles and a Framework for Implementation can be used to guide preparation, implementation, and participation of First Nations nurses in the nursing workforce, but also to inform non-Indigenous nurses about best practice support. | Inclusive leadership that values input from diverse voices should be encouraged and embedded support networks for staff and regular feedback mechanisms all contribute to fostering an environment that respects and celebrates cultural differences among nurses. Regular evaluations also help organisations continually refine their approaches to enhance cultural sensitivity in healthcare delivery and should be embedded in | health coaching, chronic disease management and social prescribing in curriculum and clinical opportunities to practice these skills in primary health care contexts so that students understand the career options in nursing available to them | foremost to support the nursing workforce. But continued barriers to overcoming a healthy and effective workplace need to be addressed. For example, funding models should not dictate the scope of practice or the value of nurses – including the remuneration of the nursing workforce. The current MBS descriptors bear no relation to the work that nurses can do nor the legislative framework that governs nurses. The MBS descriptors describe doctor billing requirements when using the services of nurses and has perversely been interpreted by | workforce shortage that rely so heavily on nursing expertise. Education and mentorship supports and expediates clinical proficiency and can be facilitated through workforce programs such as those provided by APNA's student nurse programs and transition to practice programs. Support to recruit and retain nurses in the primary health care sector is increasingly important when graduate nurses continue to be encouraged to enter hospital graduate programs which are often incentivised and | in turn will support patient-centred wrap-around care. However, patient-centred care becomes constrained in the real world by the lack of adequately funded models of care, particularly in general practice environments that fund episodic care, reducing care to activities that are aligned to billing arrangements and archaic perceptions of how nurses work. Nursing roles are also seen as task orientated which often occurs due to workplace pressures, excessive workloads and workforce shortages that make nurse prioritise tasks over | | ensure patient get the right care. Investment in nurse digital champions or 'Nurse Transformers' as they have been coined in APNA's digital health program funded by the Australian Digital Health Agency will be essential and must be scaled to meet the needs of Australian nurses and the needs of the Australian community. Again, nurses will be integral in leading and supporting the implementation of technology in health, which should be clearly articulated in undergraduate and post-graduate curriculum, |

				policy and procedure. Language support services and cultural awareness and safety programs should continue to be a priority for undergraduate nurses so that cultural sensitivity and care is embedded in nursing practice.		doctors, admin managers and some nurses as defining scope of practice for nurses in some areas of primary health care, such as general practice, rather than requirements for a doctor's pay point.	thus attract greater numbers of nurses. No equivalent incentives exist to encourage nurses into the primary health care sector which leaves the sector deplete of a much-needed nursing workforce. Educational, clinical, and mentored aids in recruiting and keeping nurses, as well as providing early career opportunities for progression that can be retained over the nurses' lifetime. Also working to full scope.	relationships and health interventions that take time but contribute to positive health outcomes.		workforce programs and CPD for nurses. Nurses will use digital technologies to improve and support coordinated systems of care that align with the Quintuple aim for safe, equitable, and effective care at lower cost (when patients don't need to travel in for face-to-face appointments). But they can really only do so if they are supported with training, time, funding and mentorship with vocationally based digital champions so that they can upskill, gain confidence, share their learnings and continue to

										teach the next generation of nurses and other health professionals.
CDNM	Aged care transition to practice programs Aged care education-enhancing clinical placements in aged care (Funded in budget)	NP led services MDT[10] education Funded clinical placements in R, R &R	The proportion of First Nations students enrolled in nursing degrees is still below population parity (3.8 per cent in June 2021)[11]. Universities continue to work to make campuses culturally safe including through a range of interventions but more targeted work is needed to increase the number of First Nations academics. Developing First Nations nurses and midwives as	All UG programs now have Indigenous health and cultural safety as part of the curricula, however, universities have little influence over clinical placement cultures. Cultural safety for First Nations students and students from culturally and linguistically diverse backgrounds is a priority with reports of racism on clinical placements	Nurses will require more adaptable educational and career pathways, influenced by the evolving demographics of nursing students and imminent changes in education policies. Over 1/3 of university nursing students commence their studies at 26 years old or older, with many having family and significant financial obligations. Additionally, a significant 20 percent of	No comment	No other comments in addition to career progression comments	Please note that Professor Brendan McCormack , Dean of Nursing University of Sydney is the world leading expert in person centred care		Nursing research led by Australian Universities is world-leading[1]. This is a global success despite a lack of priority research funding[2]. Building nursing research capability needs a dedicated focus to deliver at scale. The development of a clinical academic pathway to build research capability and capacity, starting with supported honours programs through

[10] Multidisciplinary team

			leaders in the profession to provide culturally appropriate care and provide role models for the younger generation is needed. Investment in leadership and career development programs specific for First Nations Nurses is needed, and this includes in academia. Universities need to acknowledge cultural leadership in academic workloads to allow this to be valued in the career progression of	being all too frequent[12].	students pursue their studies on a part-time basis. Furthermore, nursing programs tend to attract a higher proportion of students from diverse backgrounds compared to other health disciplines. Expanding participation in nursing will necessitate more flexible study options, considering the already substantial representation of equity-group students. This demographic is likely to expand further				doctoral preparation and clinical chairs is urgently needed to be built into the award structure with formal partnerships between universities and health care providers. Again, this is well established in medicine[13]. Several models exist in Australia[14] and the UK[15,16] but these are at the behest of leadership who are willing to invest. Barriers that prevent nurses from pursuing PhDs likely stem from the fact

[12] Koch J, Everett B, Phillips J, Davidson PM (2014) Diversity characteristics and the experiences of nursing students during clinical placements: A qualitative study of student, faculty and supervisors' views, Contemporary Nurse, 49:1, 15-26 DOI:10.1080/10376178.2014.11081949. Mitchell C, Del Fabbra L, Shaw J (2017) The acculturation, language and learning experiences of international students: Implications for nursing education. Nurse Educ Today. 56: 16-22 https://doi.org/10.1016/j.nedt.2017.05.019

			First Nations academics.		with broader participation					that nursing programs enroll more "first in family" and equity group students compared to many other fields. PhDs in nursing are often perceived as academically rigorous but financially unrewarding, which may deter nurses from pursuing them. CDNBM advocates for tailored stipends for nursing PhD students who maintain clinical careers. Unlike younger individuals transitioning directly from an honors program to a PhD, nursing PhD candidates are usually older, have familial

									responsibilities, and have had higher earning positions. Consequently, transitioning to full-time study becomes challenging due to these established commitments and financial expectations.
GANA	Whole submission about aged care but basically need to upgrade impressions of knowledge and skills required for aged care	Include gerontology/aged care NPs on consultation committees, and ensure NPs developments are suitable to NPs work in gerontology, aged care, acute aged care and transitional roles including emergency departments and rural, regional and remote area.	No comment	No comment	Generalist and specialist gerontological nursing skills, knowledge and attitudes be fundamental in the ongoing development the nursing workforce due to the ageing population, the prevalence of gerontological conditions such as dementia, and the higher nursing needs of older people with complex comorbidities.	There is a current trend of international nurses using work in residential aged care to 'Get my visa and get out', which does not sustain these skills of migrants within the aged care sector. Additionally, international nurses may have a range of different support needs that would be better served by a close mentor who can provide personalised	International nurse recruitment organisations should have a responsibility to support gerontological nurse transition into practice. They could use the GNC program.	No comment		Research on 'dose effectiveness' of nurse staffing levels and environmental factors can inform policy. Better workforce data is needed for better research. Therefore we recommend a comprehensive workforce data capture (of staffing levels, retention, qualifications length of

						learning strategies and some external professional accountability and clinical supervision which is much needed.				service, with granularity of data at service level), by industry, rather than nurses themselves.
ACN	Recruitment and retention strategies required for aged care Specialist education Mature workforce too	Funded clinical placements for students in rural and remote Training and education frameworks must support health professionals to work to their full scope	There needs to be accessible and appropriate bridging programs to create suitable pathways into nursing, which may be non-traditional, flexible and adaptive pre-registration education. There also needs to be a greater presence of First Nations peoples educating our nursing students and qualified nurses. Schools strategy, scholarships at	Nursing schools should provide more opportunities for cultural competence development, including international standards for culturally competent care.[13] Teaching standards should be adapted to local cultural diversity, promoting cultural sensitivity, adaptability, and motivation. This ensures nurses have a proper cultural	Career pathways should outline potential progressions and promote personal and professional growth. Pathways should provide a structured roadmap for nurses to visualise long-term career goals, identify necessary steps for progression, and make informed decisions about their professional development. This helps empower nurses to	A study conducted by Thapa et al (2022), found that inconsistency between a nurse's workload and the time allocated to complete work is a critical factor in reducing compassionate care in nurses. The study identified key barriers to a positive workplace culture: a.organisational neglect of nurse needs b.lack of compassionate role models c.focus on routines over patients	Implementing a nationwide, nationally consistent transition to practice program for new graduates would be extremely valuable. A transition to practice program would include mentorship through nurses' early experience and introduce nurses to the wealth of opportunities available to them throughout their careers. As detailed in Question 19, a nationally consistent education and	Attributes that support person-centred care include professional competence, interpersonal skills, self-awareness, commitment to patient care, and strong professional values. Nursing practices that support person-centred care include acknowledging cultural and spiritual beliefs, empowering informed decisions, and providing holistic care. A supportive care environment includes an		Healthcare organisations should encourage nurses to pursue postgraduate study and higher research degrees to gain knowledge and experience for conducting research. This can be achieved through a culture of support and study leave. To support new graduates and early career nurses in pursuing honours or postgraduate

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[13] World Health Organization (2021) Refugee and migrant health: Global Competency Standards for health workers

			all educational levels	context for effective care.[14] Increased overseas immigration, with more accessible and permanent visas, and better acceptance of foreign degrees. Accessible conversion programs are needed. The Australian immigration system is difficult to navigate, with multiple visa categories assigned to skilled migration pathways, with extended associated	reach their full potential and adapt to the evolving healthcare landscape. Healthcare organisations should invest in career pathways for nurses, as it directly correlates with staff retention and employee satisfaction. This commitment to growth fosters talent development.[16]	d.personal and professional attitude of lack of holistic approach to providing care Positive peer relationships and teamwork were credited with enhancing work enjoyment and boosting retention among employees.[17]	training framework to support skill and knowledge acquisition for the whole of a nurse's work life is essential. Introducing the framework in the transition to practice program would be invaluable. ACN members suggest the nursing profession faces challenges with staffing, culture, and management, which can lead to burnout and under appreciation. To retain nurses, strategies should be developed to stabilise the current	appropriate staff skill mix, transformational leadership, and a supportive workplace culture. The main barrier to providing effective patient-centered care is competing time pressures. There needs to be sufficient time committed to address all the elements of patient-centred care. The health sector needs to foster teamwork and collaboration, which includes consumers in all decisions that affect them. Nurses are fundamental to this as they spend the most		degrees, agreements should be developed between healthcare settings and tertiary institutions. Clinical settings should foster a research culture, providing opportunities for clinicians to participate in research teams, mentoring, and supervision. Recognising postgraduate studies as required for positions is crucial, as senior nurses who have not engaged in research may

[14] Červený, M., Kratochvílová, I., Hellerová, V., & Tóthová, V. (2022). Methods of increasing cultural competence in nurses working in clinical practice: A scoping review of literature 2011–2021. *Frontiers in Psychology*, *13*, 936181.

[16] Nashwan, A. J. (2023). The Vital Role of Career Pathways in Nursing: A Key to Growth and Retention. *Cureus*, *15*(5).

[17] Waltz, L. A., Munoz, L., Weber Johnson, H., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of nursing management*, *28*(3), 673-681.

			wait times. The cost of securing a permanent visa is significant and comes in addition to the cost of registration, which currently includes approved bridging courses or the outcomes assessment pathway. [15]			workforce, including increased pay, incentives, and collaboration with universities. Establishing an improved social policy in equity and diversity within hospitals can help improve patient ratios and work culture.	time with patients and their interactions tend to be relational rather than transactional. They are best placed to successfully plan care that meets the needs of the person. There is a growing need for skilled leaders and confident nurses who measure nurse sensitive patient outcomes.		not be the best advocates for those who wish to. Incentives should be in place to support nurses in roles with set research time, ensuring they do not lose pay while working shifts. Nurse researchers should be employed to teach staff how to develop their capabilities, recognising that funding is needed for front-line staff to attend training.
CRANA+	Not discussed specifically	Need for improvements in safety and security, appropriate accommodation, purposeful professional transition programs and	In rural and remote communities, the impact of COVID has been extreme. Managing health care services, delivering	Quality, evidence-based, patient-centred care, would benefit from the Framework, particularly	Expand and develop strategies to provide in-place professional support and development for new to remote and	Supportive mental health intervention and personal skills to manage wellbeing are valuable, but ultimately, improvements	There has not been a corresponding adjustment in funding for or delivery of planned, supported, and sustained transition to	Maintaining and delivering quality, evidence-based, patient-centred care, particularly in rural and remote areas, would benefit		No specific comments

[15] Nursing and Midwifery Board Ahpra, (2022). Internationally qualified nurses and midwives

		preparation for increased practice autonomy, the nursing workforce pipeline and preparation for providing Culturally Safe care.	nursing care, and practising as a nurse outside of metropolitan areas and larger regional centers is by virtue of isolation challenging in ways only occasionally fully acknowledged, even within the nursing profession	Cultural Safety and an orientation towards community, primary health care and health outcomes.	experienced nurses through the following a.Upskilling of experienced in-place staff to provide mentoring and clinical education. b.Implement early career preparation for leadership and management profession-wide, recognising nurses transitioning to remote practice must contribute effective leadership and management early in their developing role regardless of years of experience. c.Increase and mandate minimum access to professional development leave for rural	in the mental health and wellbeing status of the rural and remote nursing workforce requires the addressing of unique aspects of the living and working experiences, pressures and challenges experienced by nurses in rural and remote practice. Many of the contributing factors are systemic and have long concerned CRANAplus members. Interim results from the CRANAplus Member Survey 2023 indicate members prioritise supportive management, safety and security, positive	remote nursing programs such as the Remote Area Nursing Pathway Program (RANPP) piloted by CRANAplus in 2022/23 or financial support for undergraduate nursing students to undertake placements in rural and remote areas. Support for undergraduate nursing students from rural and remote areas to undertake metropolitan placements and university intensives remains essentially non-existent. Enquiries to CRANAplus from those seeking	from incorporating the domains and priorities articulated in the Framework, particularly Cultural Safety and an orientation towards community, primary health care and health outcomes. Achieving this aim depends on a stable workforce comprising appropriately prepared and supported nurses, recognising the trajectory of experience and a balance of skill mix. Developing such a workforce should not be considered aspirational for rural and		

					and remote area nurses. d.Provide appropriate support to established and experienced rural and remote nurses to access professional development in areas of need in the sector (leadership and management, work health and safety leadership, primary health care, chronic disease management and clinical governance), including additional support to undertake Nurse Practitioner pathways. These development opportunities should	workplace relationships, appropriate staffing and skill mix, and fit-for-purpose accommodation and workplace facilities when working in rural, remote, and isolated settings.	access to the RANPP and applications for financial support for student placements are increasing while funding from all sources has decreased or ceased.	remote communities entitled to equitable and sustained access to quality, safe, evidence-based healthcare and outcomes. The rural and remote area nursing workforce requires a comprehensive and resourced strategy to prepare, transition, support and develop remote area nurses personally and professionally.		

					privilege delivery in-place, where possible.					
ACNP	Need to use technology to address aged care nursing support by NPs	Health policy must become about the patient, rather than the health professional, as we shift towards optimising scope of practice in order to meet health care needs. Multidisciplinary teams can no longer exclusively be medico-centric, and gatekeeper approaches to health care are not efficient or effective, and they continue to present barriers to accessing health care and increase costs. A true multidisciplinary approach is required, and funding and policy must shift to fully recognise the current and	No comment	No comment	It is essential that as we educate nurses, we also address career pathways, and scope of practice. Undergraduate nursing programs should include early education on different career pathways and roles, and give future registered nurses the knowledge and understanding of their scope of practice, how to continue to develop it, and understand other nursing roles within the Australian health systems.	To enhance workplace culture for nurses and NPs, it is important to address both the barriers and enablers that shape the professional environment. One significant barrier lies in the realm of political arguments emanating from key doctor groups, which, at times, manifest as a challenge for the integration of NPs. These groups, perceiving a potential threat from NPs engage in political discourse that impedes collaboration and the establishment of a harmonious workplace culture.	No specific comment, although a case study from WA is presented	No specific comments		To bolster the capacity and numbers of nurse researchers across Australian healthcare, strategic actions and changes are needed. A key initiative involves reshaping the career pathway through the strengthening of a pathway which includes clinical doctoral or PhD qualifications for nurses. By enhancing the academic and research components of the career trajectory, we not only elevate the status of nurse researchers but also create

		potential nursing roles within Australia.				Mitigating the impact of political arguments from key doctor groups requires a Federal-level strategic approach. By fostering a culture of respect and appreciation for the unique contributions of NPs, we can create an environment that improves our Australian workplace culture, and allow junior nurses to consider developing career pathways without fear of these barriers.				a more compelling incentive for registered nurses to pursue advanced qualifications. Strengthening clinical doctoral or PhD qualifications signals a commitment to excellence in both clinical practice and research. This, in turn, contributes to the development of a culture that values and promotes nursing research as an integral part of healthcare. It would create a robust pool of nurse practitioners with a solid research foundation, contributing to evidence-based practice

									and innovations in healthcare delivery.
									In essence, reshaping the career pathway by augmenting clinical doctoral or PhD qualifications serves as a catalyst for building the capacity and numbers of nurse researchers while concurrently deepening the pathway for early career registered nurses.