

23 May 2011

Ms Jill Irvine  
Inquiry into Caring for Older Australians  
Productivity Commission  
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CANBERRA CITY ACT 2601

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Dear Ms Irvine

### ***Caring for Older Australians Inquiry***

At the public consultations in Canberra on 5 April, Commissioner Robert Fitzgerald and Associate Commissioner Sue Macri asked the Royal College of Nursing, Australia (RCNA) to provide more information on a number of topics. Below is our response to the questions.

### **Professional development**

**Point 1:** What is the extent of the responsibility that Approved Providers (AP) have in supporting RNs to access education for professional development?

RCNA believes employers who employ on the basis of a professional qualification have a responsibility to provide opportunities to allow professionals to maintain and further develop their skills. This should apply to all employers not just those in aged care. The risk for RNs in aged care is that their roles are constrained to a narrow band of tasks such as medication administration and clinical leadership or oversight of care staff rather than having opportunities to practice their full range of clinical skills. Consequently, over time they can become de-skilled because of the position proscribed by their employer.

RCNA recommends the professional development and up-skilling of RNs in aged care needs focus and investment, including funding for education.

**Point 2:** Should RNs who progress into a management stream be supported financially by the AP to develop their skills? The focus being on access rather than uptake of education programmes which support the professional development of these RNs.

Access to mentoring and support to develop strong leadership skills as nurses transition from a clinical role to a management role is essential. APs who move nurses into management roles have a responsibility to ensure that they are able to perform well in the new field and that information, training and opportunities to network with other managers are provided.

Investment to enable nurses to access leadership development programs will contribute not only to the evolution of the nursing profession, but also to the entire health system into the future.

**Point 3:** Should the Commission recommend that APs should support the development of management skills and knowledge of their own RN workforce? And if so, how could this be supported?

Yes. This has been an area of staff development that APs have neglected, particularly in smaller facilities because of the staffing issues, such as staff shortages that have become normalised rather than resolved. Providers could be asked to report on the practice development investment and coverage of the nursing workforce as part of their performance measures.

**Point 4:** How should it be operationalised? For example, through funding grants to employers that are directly linked to the development of management skills and knowledge.

RCNA recommends that a training levy be reintroduced to enable APs even in smaller facilities to be able to set up and fund opportunities for RNs to fulfil their full professional roles and not become deskilled through lack of practice. However, in recommending this process, we acknowledge that there would need to be close monitoring to ensure the expenditure is appropriate and directed to the professional development of nurses.

### **Aged care workforce**

**Point 1:** Are Clinical Nurse Specialists (CNS) and Clinical Nurse Consultants (CNC) the bridge between the RN and the nurse practitioner in relation to clinical career development?

The clinical career pathway for nurses in aged care is quite poor in comparison with the opportunities in all other clinical roles. In aged care nurses generally have only a management pathway if they want to advance their careers. Therefore considerable work is needed to encourage the development of CNS and CNC roles so that their clinical seniority and expertise can contribute to quality care outcomes and the development of new clinically-effective models of care.



**Point 2:** Under the 'building block' premise, do the CNCs and CNSs provide the specialised care such as wound care, dementia care and palliative care?

These categories of advanced nurses can provide specialist care such as palliation, wound care, rehabilitation, public health and infection control issues, psychogeriatric nursing etc. Advanced clinical nursing roles provide for early detection of deteriorating conditions. They also provide clinical professional development, clinical leadership and the translation of research into practice.

**Point 3:** What should be the framework for clinical career development in aged care and how could this be supported and operationalised?

Nurses in aged care should be supported through their clinical career development to move from Enrolled Nurse/Registered Nurse to Clinical Nurse Specialist, Clinical Nurse Consultant and Nurse Practitioner. It would be important to ensure that this clinical career pathway is supported and encouraged through ongoing professional development and nurse education.

### **General comments**

It is important that the Productivity Commission not take the view that all education and practice development programs need to be delivered via universities and lead to an academic qualification. Resources need to be allocated to the provider of the mentorship program and then an arrangement with employers and participants to co-contribute to the cost of the program. Further, opportunities to work in the acute, ACAT or other related sectors that transition in and out of residential aged care would be highly valued.

In relation to the Productivity Commission's concern that RCNA was critiquing the PC by suggesting that 'teaching nursing homes' was terminology from the 20th Century, please be advised that our comment was not intended as a critique of the PC but rather drawing attention to the inconsistencies between using this terminology when the term 'nursing home' has been removed from the lexicon related to Australian aged care facilities.

An alternative would be 'learning organisation' to reflect that it is about learning rather than teaching.

Additionally, in relation to a framework for unlicensed care workers, the 2010-11 Budget, allocated \$3.5million over five years through the Department of Health and Ageing to develop a national scope of practice for personal care workers and assistants in nursing. RCNA strongly supports this funding allocation, and believes that there will be a number of opportunities to provide input to the Department. It is our view that a nationally endorsed practice framework for unlicensed care workers should incorporate codes of ethics, codes of conduct and competency standards to assist and guide unlicensed care workers and the nurses to whom they report in the delivery of competent and safe care.

RCNA is the peak professional organisation for nurses in Australia. RCNA represents nurses across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by speaking out on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

If I can be of further assistance, or you would like more information, please do not hesitate to contact me.

Yours sincerely

Debra Y Cerasa FRCNA FCN  
Chief Executive