Enrolled Nursing

Industry Reference Committee

Draft 2018 Industry Skills Forecast for Public Consultation

Skills Forecast

Name of IRC: Enrolled Nursing

Name of SSO: SkillsIQ Limited

Sector Overview

Health Sector Overview

The health services sector in Australia includes a range of health services and facilities. Australia's age profile and private health insurance coverage are expected to continue rising over the next five years, which should strengthen demand for most health services. Health services revenue is expected to grow at an annualised 2.8% over the five years through 2017-18, supported by rapidly increasing patient volumes. This result includes forecast growth of 2.0% in the current year, to total $124.5 billion[1]. Total government health expenditure ($114.6 billion) - about two-thirds (67.3%) of all health expenditure - grew by 4.1% in real terms in 2015–16[2]. Funding from all levels of government, including private health insurance premium rebates paid out by the federal government, accounts for a large proportion of subdivision revenue.

The key driver of the demand for health services is demographic change. Australia, like most developed nations, is experiencing a long-term ageing of its population. The government's Intergenerational Report (IGR) shows that both the number and proportion of Australians aged 65-84 and 85 years and over is projected to grow substantially. In 2015, approximately 3 million people, or 13% of the population were aged 65–84, and 500,000 people, or 2.0% of the population, were aged 85 years and over[3]. By 2054–55, the 65–84 year old population cohort is projected to be around 7 million people, or just under 18% of the population, and the 85 years and over cohort is projected to be around two million people, or 5% of the population[4]. With these changing demographics comes an increasing demand for, and use of, health services. With this will come a need to increase the Australian health workforce and to ensure it has the necessary and required skills to cope with future demand for services. The high influx of migrants coming to Australia each year, of whom 80% are of working age, will help counteract Australia's ageing workforce and contribute to cultural diversity.

Enrolled Nursing Overview

Occupations within the nursing sector include two levels of nurse. The registered nurse (RN) and the Enrolled Nurse (EN). In addition there is another professional occupation, group – registered midwife (RM), who may also be a registered or enrolled nurse. Nurse practitioners (NP) are RN's with specialist qualifications and advanced practice with endorsement from the Nursing and Midwifery Board of Australia to practice as a nurse practitioner. The Enrolled Nurse provides nursing support and assistance to the RN or RM under their supervision in different workplace settings. Overall, the

[1] IBIS World 2017, Q8400 *Health Services in Australia Report*
[2] Australian Government, Australian Institute of Health and Welfare, *Health expenditure Australia 2015-16*
[3] Australian Government, Department of Treasury 2015, *Intergenerational report*
[4] Australian Government, Department of Treasury 2015, *Intergenerational report*

general occupations are classified within the health care and social assistance industry, representing over 1.5 million workers in 2017. This is equivalent to 13% of the workforce, making it the largest employing industry in Australia.

As mentioned above, in Australia there are two categories of nurse regulated to practice: the Registered Nurse and the Enrolled Nurse. To become a RN, an individual must complete the minimum tertiary qualification (a three-year bachelor degree) and seek registration with the Nursing and Midwifery Board of Australia (NMBA). An Enrolled Nurse is a person with appropriate educational preparation and compliance for practice who has acquired the requisite qualification to be an Enrolled Nurse and is registered with the Nursing and Midwifery Board of Australia (NMBA). The Enrolled Nurse provides nursing care, working under the supervision and delegation of the Registered Nurse but remains at all times, responsible for his/her actions and remains accountable for their own practice in providing delegated nursing care. Entry to practice education for Enrolled Nurses is at the Diploma level. The scope of practice for Enrolled Nurses may be determined by the legislation in the state or territory in which the Enrolled Nurse practices, in accordance with drugs and poisons legislation[5].

An Enrolled Nurse is educationally prepared to work across a range of clinical specialties and may also work in non-clinical practice areas including management, administration, education, quality, research, policy development and analysis, professional advice, advocacy and regulation.[6]

Both public and private sector organisations are involved in the employment of individuals who have become qualified via the Enrolled Nursing training package products within the Health training package. These nurses work in a range of settings, such as:

- Hospitals
- Community or residential health care facilities
- General practitioners' (GPs) practices (public and private)
- Defence forces
- Residential mental health care services
- Hospices
- Correctional services
- Schools/Education providers.

In 2016, nearly half (47%) of all employed enrolled nurses were working in hospital settings, and a further 29% worked in residential health care facilities. There was no difference in the division between public and private sector enterprises for the employment of enrolled nurses, with each capturing 47% of employment. Only a minority (2%) were involved in work that took place in both public and private settings. The public sector work setting was a slightly more popular environment for registered nurses and midwives (compared to enrolled nurses), who represented 68% of employment compared to 19% who worked only in private enterprises. Hospitals represented the

[5] Australian Nursing and Midwifery Federation Policy – Nursing education: Enrolled Nurse May 2016
[6] Australian Nursing and Midwifery Federation 2012 Facet Sheet 2: A snapshot of nursing in Australia

principal work setting (70%) followed to a much lesser extent by community health care services (10%).[7]

Enrolled Nursing Qualifications - Current at March 2018

The VET qualifications that cater to this sector are:

- HLT54115 - Diploma of Nursing
- HLT64115 - Advanced Diploma of Nursing

Registered Training Organisation Scope of Registration

Table 1 below outlines the number of Registered Training Organisations (RTOs) with Enrolled Nursing qualifications on scope. This data is current as at March 2018 as listed on the National Register of VET (www.training.gov.au).

Table 1: Number of RTOs by nationally recognised qualifications on scope – Enrolled Nursing training package products

Code	Qualification title	No. of RTOs with qualification on scope
HLT54115	Diploma of Nursing	85
HLT51612	Diploma of Nursing (Enrolled - Division 2 nursing) *(Superseded)*	68
HLT64115	Advanced Diploma of Nursing	20
HLT61107	Advanced Diploma of Nursing (Enrolled - Division 2) *(Superseded)*	28

Source: *Training.gov.au. RTOs approved to deliver this qualification. Accessed March 2018*
Note: *There may be RTOs that are delivering the superseded qualification while having the current one on scope, and some RTOs may therefore be double-counted in the table. This may be due to the timing of the transitioning of the Diploma and Advanced Diploma of Enrolled Nursing having been extended to 30 June 2018. See the link which follows for further details:* https://www.asqa.gov.au/vet-registration/meet-requirements-ongoing-registration/maintain-current-scope-registration.

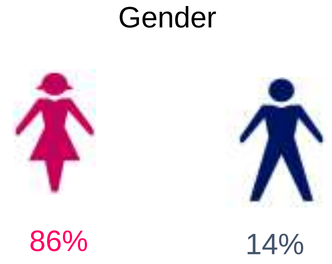
[7] Australian Government Department of Health, *Enrolled Nurses NHWDS 2016 Fact Sheet, 2016 Workforce.*

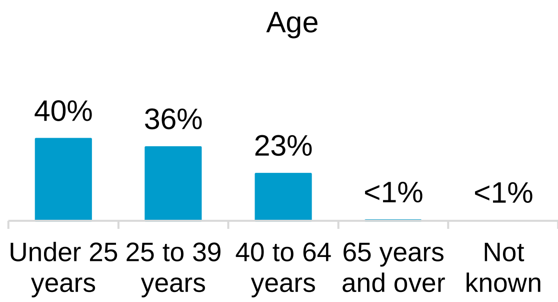
Qualification Enrolments and Completions

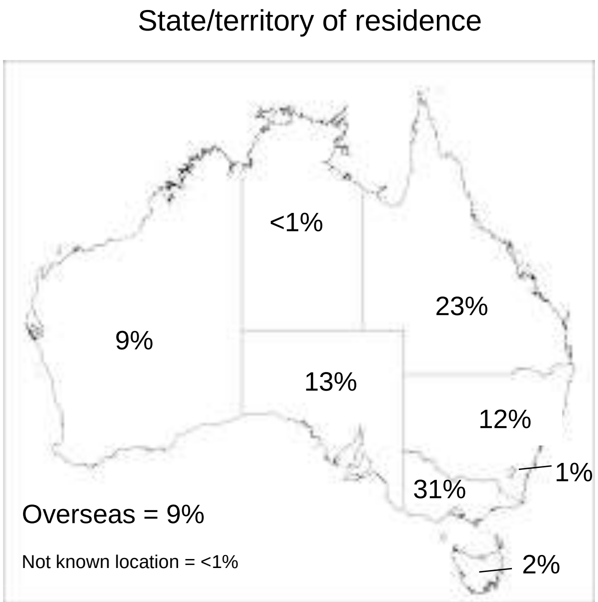
In 2016, there were just over 27,300 enrolments across all VET qualifications which constitute the Enrolled Nursing training package product. The most popular qualification in 2016 was the Diploma of Nursing, representing 98% of all Enrolled Nursing training package qualifications (26,947 enrolments).

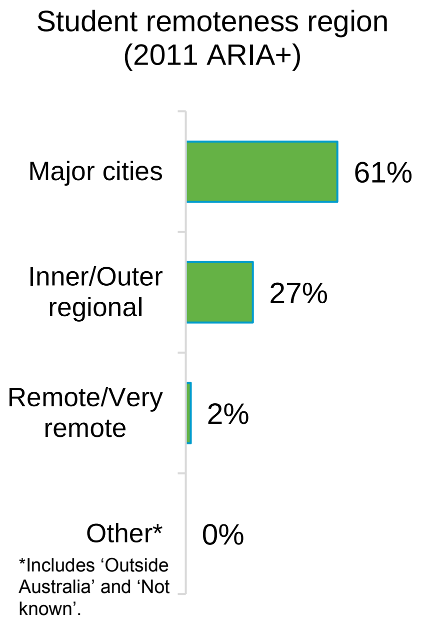
An overview of the key demographics regarding the Enrolled Nursing training package product enrolments for 2016 is provided below, followed by a breakdown of enrolments and completions for individual qualifications.

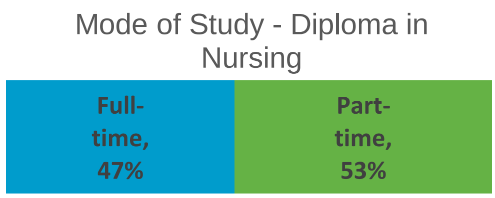
2016 ENROLMENT SNAPSHOT
ENROLLED NURSING TRAINING PACKAGE PRODUCT

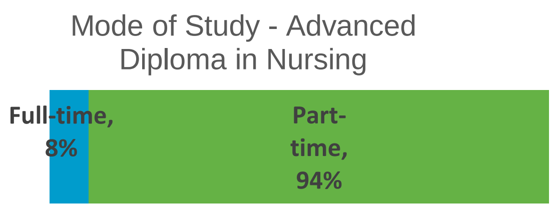












***Source:** NCVER VOCSTATS (Program enrolments 2016 by various breakdowns)*
Base count n=27,371
***Note:** Please refer to **Table 1** for a list of qualifications that are included in the enrolment summary.*

General notes on statistics:

1. Enrolment and completion data is sourced from NCVER VOCSTATS (Program enrolments and completions 2014 – 2016), accessed October 2017.
2. It is important to note that not all training providers are currently required to submit enrolment and completion data, and some figures presented may therefore underrepresent the true count of enrolments and completions for a qualification. From 2018, **all** training providers will be required to submit data, and current discrepancies noted between the national NCVER figures and actual attendance should therefore be minimal in future releases. The data presented in this report is shown for indicative purposes.
3. Figures reflect public and private RTO data.
4. 'E' represents Enrolment.
5. 'C' represents Completion.
6. The '-' symbol indicates the qualification was not listed in NCVER data at time of reporting.
7. Completion data for 2016 represents preliminary outcomes (i.e. not a full year).
8. Superseded qualifications, and their respective enrolment and completion data, are not tabled, unless otherwise indicated.

Total VET Activity (TVA) - all student enrolments and completions

Table 2a: Total number of enrolments (Total Vet Activity [TVA]) and completions for the **Diploma of Nursing** – Enrolled Nursing training package products (2014–2016)

Qualifications*	E/C	2014	2015	2016
HLT54115 - Diploma of Nursing	E	0	0	634
	C	-	-	-
HLT51612 - Diploma of Nursing (Enrolled - Division 2) (Superseded)	E	21,087	24,420	26,313
	C	5,453	5,837	6,259

2014–2016
Total enrolments in Diploma = 72,455
Increase of 28%
over three years

Note: *Due to extended implementation and transition periods for qualifications, enrolment and completion data may be registered under superseded qualification codes.

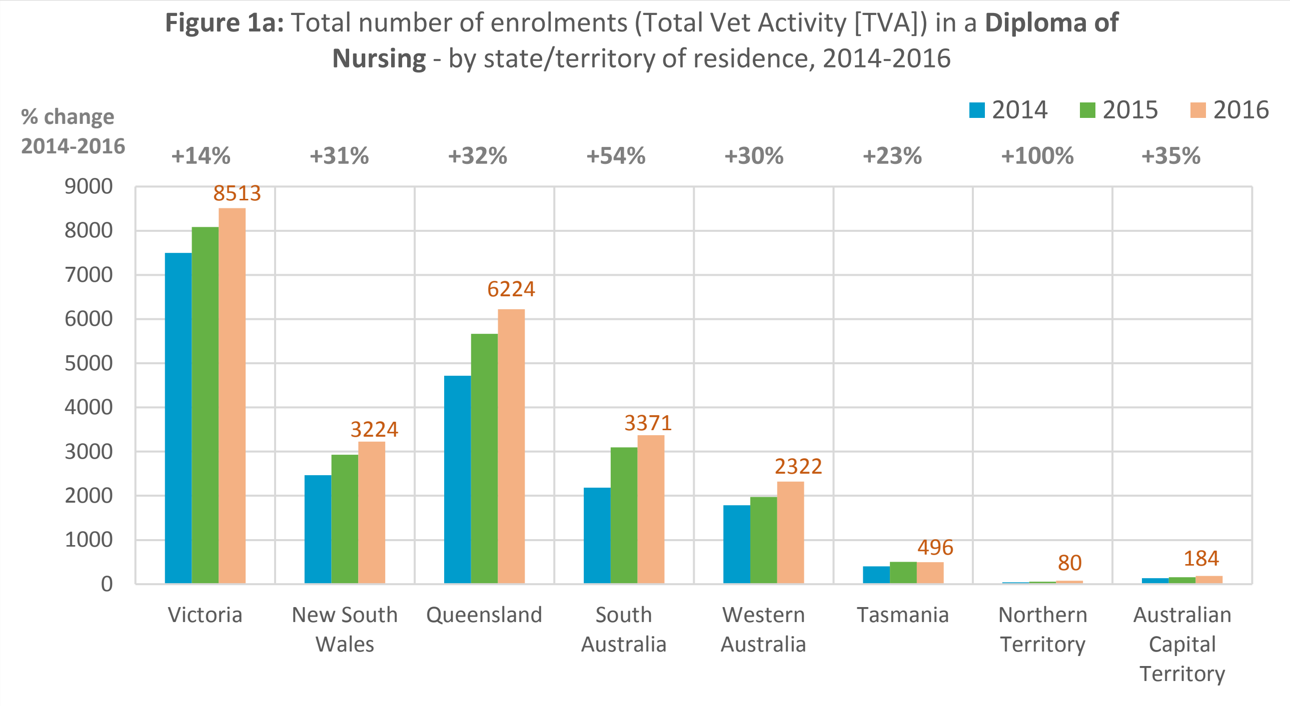
Table 2b: Total number of enrolments (Total Vet Activity [TVA]) and completions for the **Advanced Diploma of Nursing** – Enrolled Nursing training package products (2014–2016)

Qualifications*	E/C	2014	2015	2016
HLT61107 - Advanced Diploma of Nursing (Enrolled - Division 2) (Superseded)	E	601	552	429
	C	182	204	142

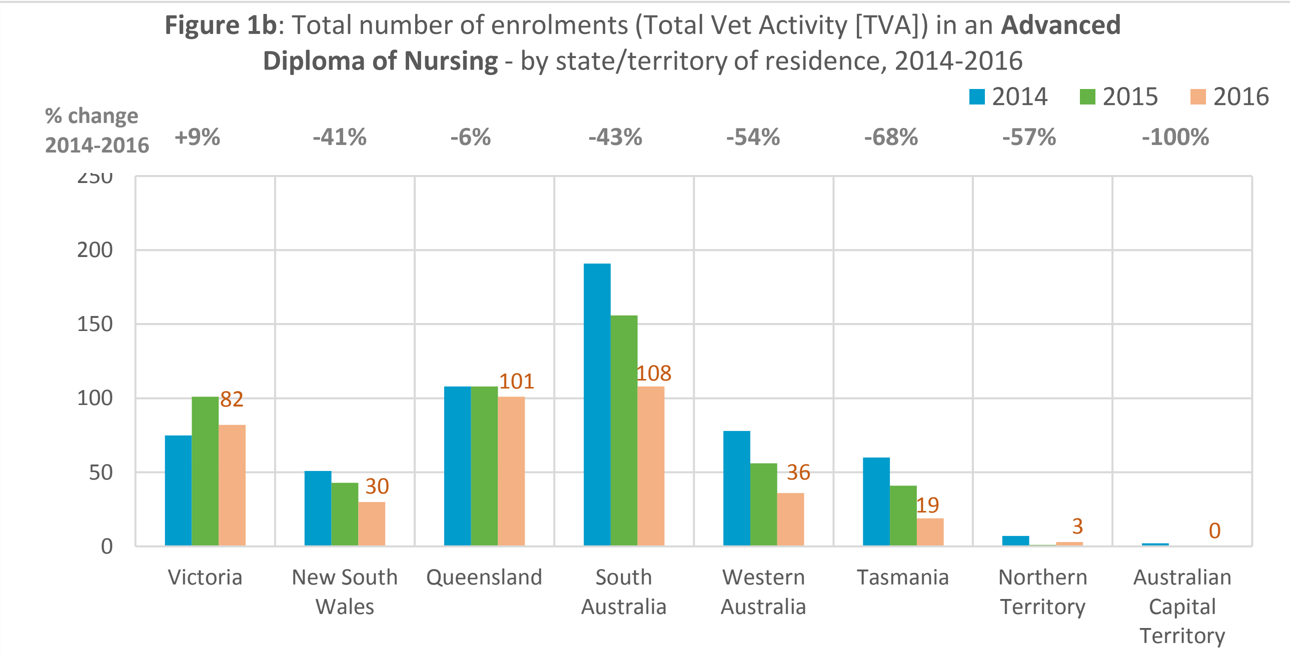
2014–2016
Total enrolments in Advanced Diploma = 1,580
Decrease of 29%
over three years

Note: *Due to extended implementation and transition periods for qualifications, data for the current qualification HLT64115 - Advanced Diploma of Nursing is not listed in the NCVER data. All data is currently registered under the superseded code as tabled above.

All states and territories have experienced similar trends to that reported nationally. All noted, to different extents, an increase in enrolments for the Diploma of Nursing (see **Figure 1a**), and a general fall or minimal change in the Advanced Diploma (see **Figure 1b**).



Note: Enrolments represent in aggregate *HLT54115 - Diploma of Nursing* and *HLT51612 - Diploma of Nursing* (Enrolled - Division 2) (Superseded)



Note: Enrolments represent HLT61107 - *Advanced Diploma of Nursing* (Enrolled - Division 2) (Superseded)

Domestic and international program enrolments

Table 3a: Total number of enrolments (Total Vet Activity [TVA]) in a **Diploma of Nursing** by domestic and international program enrolments – Enrolled Nursing training package products (2014–2016)

	Qualifications*	2014	2015	2016
Domestic	HLT54115 - Diploma of Nursing	-	-	615
	HLT51612 - Diploma of Nursing (Enrolled - Division 2) (Superseded)	19,450	22,680	23,925
International	HLT54115 - Diploma of Nursing	-	-	20
	HLT51612 - Diploma of Nursing (Enrolled - Division 2) (Superseded)	1,635	1,740	2,385

2014-2016
Total domestic = 66,670
Increase of 26% over three years

Total international = 5,780
Increase of 47% over three years

Note: *Due to extended implementation and transition periods for qualifications, enrolment and completion data may be registered under superseded qualification codes.

Table 3b: Total number of enrolments (Total Vet Activity [TVA]) in an **Advanced Diploma of Nursing** by domestic and international program enrolments – Enrolled Nursing training package products (2014 – 2016)

	Qualifications*	2014	2015	2016	Total	% change (2014-2016)
Domestic	HLT61107 - Advanced Diploma of Nursing (Enrolled/Division 2 nursing)	580	510	385	1,475	-34%
International	HLT61107 - Advanced Diploma of Nursing (Enrolled/Division 2 nursing)	20	40	50	110	+150%

Note: *Due to extended implementation and transition periods for qualifications, data for the current qualification HLT64115 - Advanced Diploma of Nursing is not listed in the NCVER data. All data is currently registered under the superseded code as tabled above.

Government-funded program enrolments

Table 4a: Total number of government-funded enrolments and completions for the **Diploma of Nursing** – Enrolled Nursing training package products (2014–2016)

Qualifications*	E/C	2014	2015	2016
HLT54115 - Diploma of Nursing	E	0	0	341
	C	-	-	-
HLT51612 - Diploma of Nursing (Enrolled - Division 2) (Superseded)	E	13,588	15,125	15,604
	C	3,686	3,819	4,120

2014-2016
Total enrolments in Diploma = 44,658
Increase of 17% over three years

Note: *Due to extended implementation and transition periods for qualifications, enrolment and completion data may be registered under superseded qualification codes.

Table 4b: Total number of government-funded enrolments and completions for the **Advanced Diploma of Nursing** – Enrolled Nursing training package products (2014–2016)

Qualifications*	E/C	2014	2015	2016
HLT61107 - Advanced Diploma of Nursing (Enrolled - Division 2) (Superseded)	E	355	272	111
	C	103	140	79

2014-2016
Total enrolments in Advanced Diploma = 738
Decrease of 69% over three years

Note: *Due to extended implementation and transition periods for qualifications, data for the current qualification HLT64115 - Advanced Diploma of Nursing is not listed in the NCVER data. All data is currently registered under the superseded code as tabled above.

Apprentices and trainees

Table 5: Total number of apprentices and trainees by nationally recognised qualifications on scope – Enrolled Nursing training package products (2014–2017)**

Qualifications*	Jan-Dec 2014	Jan-Dec 2015	Jan-Dec 2016	Jan-Jun 2017
HLT54115 - Diploma of Nursing	0	0	6	12
HLT51612 - Diploma of Nursing (Enrolled - Division 2) (Superseded)	1,105	911	648	176

Jan 2014 - Jun 2017 Total Apprentices & Trainees in Diploma = 2,859

Note: *Due to extended implementation and transition periods for qualifications, enrolment and completion data may be registered under superseded qualification codes.

**Number represents an estimate of apprentice and trainee activity. An apprentice or trainee is a person undertaking vocational training through a contracted training arrangement.

VET in Schools

Table 6: Total number of VET in School enrolments by nationally recognised qualifications on scope – Enrolled Nursing training package products (2014–2016)

Qualifications*	E/C	2014	2015	2016
HLT54115 - Diploma of Nursing	E	0	0	21
	C	-	-	-
HLT51612 - Diploma of Nursing (Enrolled - Division 2) (Superseded)	E	168	129	116
	C	0	0	0

2014-2016 Total enrolments in Diploma = 431 Decrease of 18% over three years

Note: *Due to extended implementation and transition periods for qualifications, enrolment and completion data may be registered under superseded qualification codes.

Stakeholders

National peak bodies and key industry players

The list below represents a range of organisations that perform a variety of key roles in this sector. These organisations and their networks are well placed to offer insights, and industry engagement will include a broad and inclusive range of stakeholders beyond those included in this list, as relevant to the nature of training package product review.

- **Government departments and agencies**
    - All state and territory Health Departments
    - Australian Nursing and Midwifery Accreditation Council
    - Nursing and Midwifery Board of Australia
- **Peak and industry associations**
    - Australian College of Nursing
    - Australian Private Hospitals Association
    - Aged and Community Services Australia
    - Leading Aged Services Australia
    - Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
    - Australian Healthcare and Hospitals Association
- **Employee associations**
    - Australian Nursing and Midwifery Federation
    - Regulators
    - Health Services Union
- **Large and small employers across metropolitan, regional, rural and remote areas**
- **Registered training organisations both public and private.**

Workforce Challenges and Opportunities

Work Placement

Work placements, also referred to as unpaid work experience placements, vocational placements, clinical placements or student placements, are recognised nationally (and internationally) as valuable to learners in the context of personal and professional development, as well as to educational institutions and employers. Some of the key benefits to the parties involved in quality work placement arrangements include:[8]

- Improved technical and 'soft' skills and knowledge relevant to the industry *(for learners)*
- Increased understanding and awareness of real-work environments which support the enhancement of personal maturity (especially for younger learners) *(for learners)*
- Improved employment prospects as learners gain on-the-job skills experience as well as expanding their professional connections and networks *(for learners)*
- Enhanced organisational profile *(for education providers)*
- Increased network and engagement with business community *(for education providers)*
- An additional channel for recruitment *(for employers).*

Within the Australian health care sector, work placements (which are often referred to as clinical placements) in particular play a critical role in providing learners with opportunities to be assessed against their curriculum requirements and to practise their skill acquisition and progress in real-time clinical care settings. Work placements can also provide an opportunity for exposure to a range of patients and other health care practitioners in the work environment which facilitates the interdisciplinary approach which prevails in the Australian health care sector. Despite the many proven mutual benefits of work placements, there are increasing concerns across the sector regarding the arranging, the attending and the hosting of clinical placements.

Registered Training Organisations (RTOs) also face competition from larger institutions such as universities that have the ability to fund work placements, which can lead to RTOs having difficulties in sourcing quality placements for their students and result in issues with undergraduate preparation. It can also be an issue for the qualified nurses who are asked to "buddy" the undergraduate student, as they need to be able to do their job as well as supervise work placement students. The Enrolled Nursing IRC has identified these concerns as constituting a significant issue currently facing the sector.

The quality of a work placement is dependent on many factors, some of which include:

- The preceptorship/facilitation model used
- The culture of learning in the work placement organisation for staff as well as students
- The students' ability to be accountable for their own learning and motivation
- The work placement organisation's acceptable level of risk related to inexperienced/training staff.

[8] National Centre for Universities and Business, *Quality Placements Online Report – What are the benefits of a quality placement?* (http://www.ncub.co.uk/placements-report/the-benefits-of-a-high-quality-placement.html Accessed 1 February 2018)

Current models for work placement supervision involve, in general, two models: a preceptor model and a facilitator model.

In a **preceptor** model (also referred to as clinical support and supervision), students are "buddied" with a Registered Nurse who will also have a patient load. The students work alongside the RN or preceptor who will supervise and teach them during the shift. In some instances this preceptor may also be qualified as a third-party assessor and may also assess the student. The **facilitator** model involves having a dedicated "facilitator" who is responsible for overseeing students on placement, and will also supervise and assess students. They usually do not have a patient load and are supernumerary. The facilitator will also have other students to facilitate and in general this is done at a ratio of 1:8, so for every eight students there will be one facilitator which equates to one hour of facilitation per student on an eight-hour shift. When students are not with their facilitator they are then buddied up with their preceptor.

In both models, a preceptor or "buddy" is always required. The role of the preceptor is therefore essential for any student on placement and in order to equip the preceptor with the skills to perform this role he or she should have completed some formal training such as a preceptor workshop. A preceptor is an experienced clinical nurse who teaches, instructs, supervises and serves as a role model for a student nurse, for a set period of time in a formalised program. Preceptoring is time-intensive and requires clinical teaching skills that not all health care professionals possess.

Ageing Population

Australia, like most developed nations, is experiencing a long-term ageing of its population. The Australian Government's Intergenerational Report (IGR) shows that both the number and proportion of Australians aged 65–84 and 85 years and over are projected to grow substantially over the next 40 years. In 2015, approximately 3 million people, or 13% of the population, were aged 65–84, and 500,000 people, or 2% of the population, were aged 85 years and over[9]. By 2054–55, the 65–84 cohort is projected to be around 7 million people, or just under 18% of the population. The population 85 years and over is projected to be around two million people, or 5% of the population[10]. Such substantial changes in the age of the population will certainly put increasing pressures on health services as the prevalence of chronic pain conditions rises. The nursing sector is among the many health sectors which are expected to significantly increase in size due to the growing ageing population and the related trends for senior Australians to continue living independently in their own homes.[11]

An ageing population entails an increased understanding, and treatment, of the social, health and cognitive issues of older Australians (and the overall ageing process). For example, individuals aged over 65 years are more likely to suffer from a chronic condition than their younger counterparts, with 60% having two or more chronic conditions. [12] Chronic pain management is just one area that Enrolled Nurses are regularly required to support, whether it be in an Aged Care centre, hospital, or other

[9] Australian Government, Department of Treasury 2015, *Intergenerational report*
[10] Australian Government, Department of Treasury 2015, *Intergenerational report*
[11] IBISWorld Industry Report Q8591 Ambulance Services in Australia (May 2017)
[12] Australian Institute of Health and Welfare 2016. *Australia's health 2016*. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

health care facility. Other conditions and health care and lifestyle needs prevalent across an ageing population which are shaping the skills needs of the health care workforce include the rise in dementia, the increased need for palliation, the need to understand the pathophysiology of ageing, and the ability to work well in aged care facilities and settings. Gerontology is one scope of practice for which Enrolled Nurses can obtain skills training via the Advanced Diploma of Nursing with its units regarding the application of skills in aged care settings. However, as aged care facilities become more common work places, the requirements for clinical leadership and management skills will grow. Over time, Enrolled Nurses will be expected (and in some cases are already expected) to have the ability to lead a health care team and manage the priorities of the care shift under the supervision of a Registered Nurse within Aged Care centres either directly or indirectly.

As the growing epidemiology of the ageing population continues to shape the health care system, the needs and scope of skills required in the workplace will change rapidly, making it critical to continue monitoring skills needs with respect to gerontology in the Enrolled Nursing workforce.

Service reform and changes in demand for health services

Consumer-directed funding models aim to drive improvements in efficiency and quality for clients. These improvements are driven by giving clients the control, as consumers of services, to select their desired provider of care and services as well as promote competition between NDIS providers, whether they are new to or existing within the sector. Commonwealth and state/territory policy is driving transformational reform within two major sectors of the health and community services industries. These are the aged care and disability sectors. However, the effects of the reforms will be felt more broadly. These changes to Commonwealth and state/territory policy present both challenges and opportunities for the health and community services sectors.

My Aged Care came into effect in February 2017 providing access to fully portable home care packages, meaning that ageing Australians for the first time are now able to choose the type and mix of home-based aged care services they wish to receive, and have been given the freedom to choose the service providers they favour[13]. Home care packages, now called *Consumer-Directed Care* (CDC) packages, are designed to provide access to more intensive care and support for people with basic to high-level needs. The *National Disability Insurance Scheme* (NDIS) is currently being rolled out across Australia. At full scheme, about 475,000 people with disabilities will receive individualised support[14]. The NDIS is based on the premise that individuals' support needs are different, and that scheme participants should be able to exercise choice and control over the services and support they receive.

Consumers will have the right to change provider if they think they will be better served by doing so. This raises issues for workers, including the potential casualisation of the aged care disability workforce and is leading to consequent job insecurity for these workers. It is anticipated that these reforms will be extended more broadly to those in residential care.

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[13] Australian Government, Department of Health, Ageing and Aged Care, https://agedcare.health.gov.au/ageing-and-aged-care-aged-care-reform/why-is-aged-care-changing, viewed 02/03/2018

[14] Australian Government, Productivity Commission 2017, National Disability Insurance Scheme (NDIS) Costs, *Productivity Commission Study Report Overview*

The new agenda is fundamentally changing traditional models of support, with the pace of change accelerating. Consumer-directed funding will have a vast impact across the health and community services sectors, influencing the way in which services are delivered, which, in turn, has an effect on workforce requirements. Organisations will require a high level of leadership, management and brokering skills to ensure that industry successfully makes the transition to the new policy and funding parameters.

A considerable difference of a consumer-driven model is that a whole new industry is being geared to respond to participants' needs with the work following the client. A need for a customer service culture will have broad impact as the people themselves become "customers" of organisations as opposed to the traditional "patient" relationship. This will require industry to build workforce capacity and the skills of both workers and organisations, as frontline workers in particular will need to provide support via a person-centred approach in an increasingly price-sensitive competitive marketplace, and contribute to the process by being the face of the organisation. Organisations will require a high level of leadership, management and brokering skills to ensure that industry successfully makes the transition to the new policy and funding parameters.

As industries transition to consumer-directed and more contestable funding models, it is anticipated that large numbers of providers will enter and leave the market. It is important that this transition be effectively managed to ensure consumers are protected and to prevent market failure. It is also imperative that the workforce has the ability to meet the demands of consumers as these changes are rolled out.

Implications of the these policy changes on the enrolled nursing workforce are yet to be fully understood as service delivery to the elderly and people with disability, are predominantly undertaken by support workers. These workers are usually educated to perform work with the AQF Certificate III and Certificate IV level. However the potential casualisation of the aged care disability workforce is leading to consequent job insecurity for these workers and could result in enrolled nurses being forced to move to other work areas or leaving the sector altogether.

Chronic Conditions

As mentioned earlier, an ageing population will mean that the prevalence of chronic conditions across the country will grow, and subsequently put additional pressures on health care services. The latest self-reported statistics (2014-15) indicate that one in every two Australians (50%) suffer from at least one chronic condition. 60% of the population aged over 65 years have two or more chronic conditions. Chronic conditions can include:[15]

- Arthritis
- Asthma
- Back pain
- Cancer
- Cardiovascular disease

[15] Australian Institute of Health and Welfare 2016. *Australia's health 2016*. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

- Chronic obstructive pulmonary disease
- Diabetes
- Mental health conditions.

The Commonwealth Government's Department of Health has developed a *National Strategic Framework for Chronic Conditions* (2017) to provide guidance for the development and implementation of policies, strategies, actions and services to reduce the impact of chronic conditions in Australia. The Framework acknowledges that conditions may be triggered by common underlying factors and therefore focusses on prevention as well as the management of conditions. As health service providers review this Framework and work to develop suitable strategies and programs to address chronic conditions in their communities, nursing staff may require specific training to ensure they can support prevention and treatment services. Advanced Diploma nurses have higher level skills to deal with some chronic conditions such as diabetes and cardiovascular disease.

Enrolled Nursing Workforce Challenges

Not only is Australia's ageing population an industry challenge, but there is also an acknowledgement of the imminent retirement of older nurses, and the direct impact this will have on the workforce[16]. The current average age of the EN workforce is 46.1 years.[17]
With nursing being the largest profession in the health workforce, population health trends, combined with an ageing nursing workforce and poor retention rates, will lead to an imminent and acute nursing shortfall. This will impact on the community's ability to access the health services they need, when they need them[18].

In addition to the ageing workforce, the vast majority of nurses have been, and continue to be, women. Female workforce participation is increasing across a range of professions. Strategies suggested to help ease supply issues have included increasing immigration, changing the skill mix and increasing the number of males working in the profession[19].

As previously mentioned, retention of staff within the nursing sector is a fundamental and key challenge within this proportion of the workforce. Nursing turnover is a serious issue that if not promptly addressed by employers and policymakers can compromise patient safety, increase health care costs and impact on staff morale[20]. Consequences of poor workforce culture can result in lower employee satisfaction, higher rates of nurse burnout and increased employee turnover[21]. A study aimed at revealing nurses' experiences and perceptions of turnover in Australian hospitals and identifying strategies to improve retention, performance and job satisfaction analysed responses from 362 nurses from three states/territories across Australia within medical and surgical nursing units. The key findings of this study found that factors negatively affecting nursing turnover were limited career opportunities; poor support; a lack of recognition; and negative staff attitudes. The nursing work

[16] Australia's Future Health Workforce – Nurses, Detailed Report, Health Workforce Australia, August 2014
[17] Australian Government Department of Health, *Enrolled Nurses NHWDS 2016 Fact Sheet, 2016 Workforce.*
[18] Australia's Future Health Workforce – Nurses, Detailed Report, Health Workforce Australia, August 2014
[19] Australia's Future Health Workforce – Nurses, Detailed Report, Health Workforce Australia, August 2014
[20] Dawson, Angela J et al. "Nursing Churn and Turnover in Australian Hospitals: Nurses Perceptions and Suggestions for Supportive Strategies." BMC Nursing 13 (2014): 11. PMC. Web. 8 Apr. 2018.
[21] Creating a Culture of Success, JONA, Volume 47, Number 2, pp116-122 February 2017

State	Legislation / Enterprise Agreement	Ratio Specification
Victoria	*Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015*	*The operator of a hospital, other than a hospital specified in Schedule 2, may use no more than 20 per cent Enrolled Nurses in meeting ratios in an acute ward or a general medical or surgical ward.*
New South Wales	Public Health System Nurses' and Midwives' (State) Award 2017	*A NHPPD of 6.0 can provide sufficient nursing hours to provide am/pm/night equivalent ratios of 1:4/1:4/1:7 across seven days, as well as the option of some shifts with a nurse in charge who does not also have an allocated patient workload.*
Queensland	*Hospital and Health Boards Act 2011* and Business Planning Framework (2016)	*The ratios are one nurse to four patients (1:4) for morning and afternoon shifts and one nurse to seven patients (1:7) for night shifts.*
South Australia	Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016	*In health unit sites (other than country health unit sites) the skill mix for inpatient units is 70:30 registered nurses/midwives to enrolled nurses/assistant in nursing/midwifery*

environment is characterised by inappropriate skill-mixes and inadequate patient-staff ratios; nurses who have been trained overseas and who lack the necessary skill sets; limited involvement in decision-making processes; and increased patient demands. These issues impact upon heavy workloads and stress levels, with nurses feeling undervalued and disempowered. Nurses recommend that supportive strategies, improved performance appraisals, responsive preceptorships and flexible employment options be adopted to remediate these working conditions[22].

Nurse and patient ratios are used to specify the minimum number of nurses that must be provided on a ward in proportion to patient numbers. They are also used to specify the skills mix of nurses to be provided, i.e. the proportion and/or number of Enrolled Nurses to Registered Nurses. Ratios can be used to monitor and determine staffing levels to ensure staff provision is sufficient and adequately equipped to provide high quality patient care at all times. States and territories may specify different ratio and staffing level requirements, and have them set out in respective legislation and/or enterprise agreements, along with other particulars such as the number of nurses across ward types and shift times. Most states and territories base their patient ratio calculations on the *Nursing Hours per Patient Day (NHPPD)* methodology, a model used to identify the number of hours of nursing care to be given to each patient. Examples of ratios and staffing requirements across the country are tabled below:
Note: Specific references of patient ratios could not be found in all states and territories and are therefore not currently tabled.

Legislative staff ratios, as specified in Enterprise Agreements, can underpin the workforce requirements of both public and private sector hospitals. Meeting these ratio requirements, however,

[22] Nursing churn and turnover in Australian hospitals: nurses' perceptions and suggestions for supportive strategies, 8 April 2014

can be challenging, especially in small wards, as in some jurisdictions Enrolled Nurses do not have authorisation to complete all tasks - for example, administering medication. Enrolled Nurses who cannot administer medicines have the notation 'Does not hold Board-approved qualification in administration of medicines' on their registration. In order to remove the notation, Enrolled Nurses must successfully complete medication administration education. The skills mix of Enrolled Nurses regarding medication administration is varied, and can put additional recruitment and rostering pressures on workplaces when adhering to the minimum staff ratio requirements, in order to ensure patient care is maximised.

Career Pathways

The Enrolled Nursing training package products provide individuals with an initial pathway into employment in an Enrolled Nurse role and, with further study, it also provides opportunities to move into advanced skilled and specialised areas (i.e. Enrolled Nurse with Advanced Skills). The duties, responsibilities, and places of practices for these two role types are diverse and, as a result, the career opportunities available for moving into other roles and sectors are just as diverse. The training package products also facilitates progression into higher education learning, supporting individuals in obtaining careers as Registered Nurses and Nurse Practitioners (see **Figure 2**).

Figure 2: Career pathways and role types

An overview of the career options currently available to Enrolled Nurses is summarised below.

Enrolled Nurses

An Enrolled Nurse predominantly works in an area of **clinical practice**, and this can cover a broad range, and numerous, health areas including:

- medical and surgical
- aged care
- acute care
- perioperative
- men's health
- emergency
- general practice
- women's health
- community health
- mental health
- child and family health
- rehabilitation and disability
- drug and alcohol
- rural and remote health
- occupational health and safety

An Enrolled Nurse can also work in **non-clinical practice**, further broadening the duties and skills areas required for the role. Examples include:

- management
- administration
- education and teaching
- educator in specialised areas
- quality and safety
- research
- policy development and analysis
- professional advice
- advocacy and regulation.[23]

[23] Australian Nursing and Midwifery Federation 2012 Facet Sheet 2: A snapshot of nursing in Australia

Enrolled Nurses with Advanced Skills

The *Advanced Diploma of Nursing* has enhanced the progression options of Enrolled Nurses, especially those who are not able to, or wanting to, proceed to degree-level studies. The qualification is aligned to supporting those Enrolled Nurses who work in specialised areas of nursing practice, and who may need more advanced knowledge and skills to work in certain areas, including:

- acute care
- aged care
- critical care
- mental health
- perioperative
- renal care
- rural and remote settings

The advanced learning option in the training package aims to provide Enrolled Nurses with a nursing model of care that embraces advanced skills, competence and knowledge within the collaborative nursing framework, as well as a mechanism for career development.[24] In addition to specialisation, Enrolled Nurses with advanced skills may take on leadership roles among other Enrolled Nurses, Assistants in Nursing/Midwifery and students studying nursing and midwifery within the health service/unit.[25]

As demand for health services is increasingly driven through patient-centric frameworks, all workers within the health sector will need to focus more upon service delivery duties. As a result, supportive and strong leadership in the workplace will be essential for health practitioner teams to stay patient-centric and continue to embrace innovative practices and new skills needs. Undertaking the Advanced Diploma is an opportunity for an Enrolled Nurse to not only become a specialised nurse, but also gain key clinical leadership and management skills to apply to all work environments.

[24] Government of South Australia, South Australia Health 2016, advanced skills enrolled nurse: toolkit for the implementation of the ASEN role in South Australia, viewed 21 March 2018.
[25] South Australian Health Fact Sheet 1 – Advanced Skills Enrolled Nurse (ASEN) Frequently Asked Questions and Role Examples, www.sahealth.sa.gov.au

Priority Population Groups

There are several groups in Australia with worse health than the general population due to a range of environmental and socio-economic factors, such as reduced access to health services. These priority population groups include:

- Aboriginal and Torres Strait Islander people
- people in rural and remote areas
- socio-economically disadvantaged people
- veterans
- prisoners
- culturally and linguistically diverse (CALD) individuals
- people with mental health issues
- people who have issues relating to alcohol or other drugs
- people with chronic conditions
- refugees.

There are a number of workforce-related challenges that have emerged over time involving employers seeking to attract, recruit and retain Enrolled Nurses into the workforce and to augment their skills.

Enrolled Nurses are increasingly challenged to service theses priority population groups effectively and require the specific skills to do so. While the Advanced Diploma has specialisations in some of these areas, there is a need to broaden the training package products, to provide Enrolled Nurses with the skills to cater to these groups.

Aboriginal and Torres Strait Islander People

In 2016, nearly three in four (71%) Indigenous deaths were from chronic diseases (including circulatory disease, cancer, diabetes and respiratory disease). These diseases accounted for 79% of the gap in mortality between Indigenous and non-Indigenous Australians.[26] Providing equitable access to primary health care (PHC) is a continuing challenge, despite a universal health insurance scheme (Medicare) and the funding of community-controlled and government-managed health services specifically designed to meet the health needs of Indigenous Australians.

It should be noted that the health needs of Aboriginal and Torres Strait Islander people are primarily met by Aboriginal and Torres Strait Islander Health Workers and Practitioners. The roles that they perform vary and are dependent on the needs of the community they serve.

The Australian Institute of Health and Welfare (AIHW) reported in 2015 that there were a total of 983 Aboriginal and Torres Strait Islander enrolled nurses working across Australia. Based on the 2016 Census there were 649,200 Aboriginal and Torres Strait Islander Australians living in Australia, making up 2.8% of the total population. These figures represent an inadequate supply of Aboriginal and Torres Strait Islander enrolled nurses in the supply pipeline to serve this population group.

[26] Australian Government Department of the Prime Minister and Cabinet, 2018, Closing the Gap Prime Minister's Report.

To increase the size of the Aboriginal and Torres Strait Islander Enrolled Nursing workforce, there is a need for improved support and pathways for Aboriginal and Torres Strait Islander students through VET to higher education and nursing employment. It requires nationally consistent recruitment, retention and employment programs, and the implementation of culturally appropriate standards in nursing training, accreditation and employment. [27]

The Australian Nursing and Midwifery Accreditation Council (ANMAC) Enrolled Nurse Accreditation Standards states in Standard 4.6:

> "Inclusion of a discrete unit specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness, culture and culturally safe practice. Health conditions prevalent among Aboriginal and Torres Strait Islander peoples, including the impacts of racism on health, are also appropriately embedded into other units within the program."

The most recent update to the *Diploma of Nursing* qualification has seen the inclusion of the unit of competency *CHCDIV002 Promote Aboriginal and/or Torres Strait Islander cultural safety*. The inclusion of this unit ensures the non-Aboriginal workforce is more aware of Aboriginal and/or Torres Strait Islander cultural safety issues when working with Aboriginal and/or Torres Strait Islander people. However, quality support material is vital to support quality outcomes.

People in in rural and remote areas

There are many areas of concern with regard to the health of people in rural and remote communities in Australia. Among the list of adverse presentations are higher mortality rates and lower life expectancy; high reported rates of elevated blood pressure, diabetes and obesity; higher death rates from chronic disease; a higher prevalence of mental health problems; poorer dental health; a higher incidence of poor ante-natal and post-natal health; and a higher incidence of babies being born with low birth-weight[28]. For health planners, the lack of adequate primary health care (PHC) has been and remains one of the greatest challenges in attempting to ensure adequate and equitable health care services for residents in rural and remote areas.

Contributing factors which have made it difficult to establish a PHC workforce in these areas include a harsh climate, a lack of natural amenity or economic opportunity, the demographic structure and geographical isolation. These communities also often lack the critical population mass needed to support sustainable health services, which leads to difficulties in attracting and retaining PHC workers.[29]

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[27] Alford K, 2015, A cost-effective approach to closing the gap in health, education and employment: investing in Aboriginal and Torres Strait Islander nursing education, training and employment, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Canberra.

[28] National Rural Health Alliance INC 2017, Australian Journal of Rural Health, Discussion Paper; *Why we need a new rural and remote health strategy*

[29] Australian Health Review, Vol 41, Number 5, 2017, *Index of Access: a new innovative and dynamic tool for rural health services and workforce planning*

In the health sector, encouraging graduates to consider rural practice is critical to growing the non-urban health workforce. Research suggests that "positive, well supervised and supportive rural placements" positively impact on student intentions to practise in rural locations. [30]

Socio-economically disadvantaged people

The ABS defines socio-economic disadvantage in terms of people's "access to material and social resources, and their ability to participate in society" (ABS 2013). People from lower socio-economic groups are at a greater risk of poor health, have higher rates of illness, disability and death, and have a shorter life expectancy.

Health risk factors, chronic diseases and causes of death for people in the lowest socio-economic are statistically indicated as follows:

- In 2013 people in the lowest socio-economic group aged 14 and over in were more likely to smoke daily, a rate of three times higher than those in the highest socio-economic group.
- Diabetes was 2.6 times higher for those in the lowest socio-economic group than those in the highest socio-economic group.
- Coronary heart disease and stroke were 2.2 times higher than those in the highest socio-economic group.
- In 2009-2011 mortality from all causes in the lowest socio-economic group was 29% higher than in the highest socio-economic group.
- Lung cancer death rates were 1.6 times as high in the lowest socio-economic group[31].

Nursing staff may require specific training such as in chronic health conditions, to ensure they can support the needs of this priority population group.

Veterans

The profile of a typical veteran is changing, and it is now recognised that younger, contemporary veterans, both men and women, face many different health needs to those of previous generations[32]. These contemporary veterans may have been involved in peacekeeping activities or service in the Middle East, and they include a higher proportion of women compared to previous generations.

The Government of South Australia's Framework for Veterans' Health Care 2016–2020 has recognised that, while the overall number of younger veterans is not expected to be as high as other cohorts have been in the past, contemporary veterans will have social, health and wellbeing challenges different to those faced by previous generations of veterans. Some of these may include:

- Differing diagnoses and co-morbidities (psychiatric and non-psychiatric)
- Lesser focus in the short-term of ageing-related health conditions
- Employment and occupational rehabilitation issues

[30] Rural Health Workforce Australia 2015, Training for the future: how are rural placements perceived and how do we give our students what they are looking for?, viewed 11 August 2016

[31] *Australian Institute for Health and Welfare report, Australia's health 2016,*

[32] *Frame work for Veterans' Health Care 2016-2020, Government of South Australia*

- Young families
- Greater focus on health needs unique to female veterans
- Increased diversity and number of deployment experiences (including multiple deployments, a mixture of peacekeeping and combat operations, full-time and reserve service)
- Diversity of entitlements
- Differing presentations and latency of presentations.

Nursing staff may require specific training to ensure they can support the changing needs of this priority population group.

Prisoners

There were over 36,000 people in prisons in Australia on 30 June 2015, and more than 50,000 people were in prison at some time during 2014. With thousands of people leaving prison and returning to the community each year, the health of prisoners is also a health care issue for the general community[33].

In 2015 data was collected from the National Prisoner Health Data Collection (NPHDC) from 1,011 prisoner entrants. Health issues faced by prison entrants were as follows:

- 1 in 3 had a chronic health condition (most commonly asthma)
- 2 in 3 had used illicit drugs in the last 12 months (more than 2–3 times the rate in the general population for most drug types)
- 2 in 5 drank alcohol at risky levels and persisted with age (unlike those in the general community)
- 1 in 4 were receiving medication for mental health issues
- 1 in 3 had limitations to their daily activities or restrictions in education or employment - more than twice the rate in the general population.

Nursing staff may require specific training to ensure they can support the needs of this priority population group, such as in chronic health, alcohol and other drugs and mental health.

Culturally And Linguistically Diverse (CALD) populations

A scoping study was commissioned by the Health Performance Council to explore key issues in health care for culturally and linguistically diverse (CALD) populations in South Australia. Increasing challenges were identified among older people from CALD backgrounds as well as in new and emerging communities, and in particular with regard to mental health issues.

Individuals from CALD backgrounds, and in particular older people, experience substantial barriers to accessing health, aged care and community services. The inadequate provision of culturally sensitive services, coordinated support and language are major barriers.

[33] *Australian Institute for Health and Welfare report, Australia's health 2016,*

A major health issue for older persons from culturally and linguistically diverse CALD backgrounds and the new and emerging communities is mental health. Older people from CALD backgrounds have a higher risk of mental health issues than the population born in Australia and tend to present at later stages of illness. There is also a poor understanding and cultural stigma attached to dementia that leads to denial of the condition and/or delayed diagnoses. Those who migrated to Australia at an older age, or who are from refugee backgrounds, face an even higher risk of mental health issues[34].

Nursing staff may require specific training in cultural competency and mental health to ensure they can support the needs of this priority population group.

Mental health

In Australia over two million people received Medicare-subsided mental health-specific services. $8.5 billion was spent on mental health-related services and 7.8% of total health expenditure was spent on mental health-related services and programs[35]. Mental illness affects many Australians and it can take a toll on families and the community. Social problems commonly associated with mental illness include poverty, unemployment or reduced productivity, and homelessness.

There are a range of skills that mental health nurses require, such as mental health promotion and prevention, mental health assessment and interventions, specialist counselling and psychotherapy, medication management, direct nursing care, education and training, and research and evaluation[36]. The *Advanced Diploma of Nursing* currently provides a specialisation in Mental Health Nursing.

Alcohol and other drugs

The harm from alcohol, tobacco and other drugs do not exclusively impact this sector but also impact (directly and/or indirectly) all Australian communities, families and individuals.
Impacts can include:

- Health harms such as injury; chronic conditions (including lung and other cancers, cardiovascular disease and cirrhosis of the liver); mental health problems, and road-accident trauma.
- Social harms, including violence and other crime; engagement with the criminal justice system; unhealthy childhood development and trauma; intergenerational trauma; contribution to domestic and family violence; child protection issues; and child/family wellbeing.
- Economic harms, including health care and law enforcement costs; decreased productivity; associated criminal activity, and reinforcement of marginalisation and disadvantage. [37]

[34] Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds, A scoping study for the Health Performance Council, September 2015
[35] Australian Government, Australian Institute of Health and Welfare 2017, *Mental health services, in brief 2017*
[36] NSW Government Health, Nursing Employment Factsheet-Mental-Health-Nurse, accessed 28 March 2018 http://www.health.nsw.gov.au/nursing/employment/Factsheets/mental-health-nurse.pdf
[37] National Drug Strategy 2017-2026, Commonwealth of Australia as represented by the Department of Health 2017

Workers often need to respond to patients whose behaviour is fuelled by drugs such as 'ice' (methamphetamine) or alcohol. Violence and paranoia are common behaviours of ice-affected individuals.

Nursing staff may require specific training to ensure they can support the needs of this priority population group and may need to include key skills for assessing potential incidents of violence, and strategies to address them.

People with chronic conditions

An ageing population will mean that the prevalence of chronic conditions across the country will grow, and subsequently put additional pressures on health care services. The latest self-reported statistics (2014-15) indicate that one in every two Australians (50%) suffer from at least one chronic condition. 60% of the population aged over 65 years have two or more chronic conditions.[38]

Nursing staff may require specific training to ensure they can support prevention and treatment services. Advanced Diploma nurses have higher level skills to deal with some chronic conditions such as diabetes and cardiovascular disease.

Refugees

The experiences of refugees before they come to Australia significantly affect their physical and mental health. Refugees have fled persecution and many have been subject to torture, suffering trauma as a result of war and conflict. Many spend years displaced and in insecure conditions, moving between places or in refugee camps with little access to health care.

Some of the most common challenges refugees face in looking after their health in Australia are knowing how to use the health care services; the use of interpreters or the lack thereof; and their mental health as a result of experiences before they come to Australia. Many people also come without family or friends or have been separated from their family for a long period of time, and feel isolated in their new communities. This can make worse existing mental health issues.

Sexual health is another area where young people come to Australia with limited information about sexual and reproductive health. It can be hard to learn about sexual and reproductive health in the Australian context.

Many refugees have lived for years with limited access to food before coming to Australia, which has led to poor nutrition and can be challenging to learn about food choices and their effects in Australia[39].

Nursing staff may require specific training in cultural competency and mental health to ensure they can support the needs of this priority population group.

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[38] Australian Institute of Health and Welfare 2016. *Australia's health 2016*. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.
[39] Refugee Council of Australia, Key facts, Living in Australia, Health (Accessed 23 March 2018)

Advances in Technology

Digital health technologies have the potential for improving health and medical care. These technologies can effectively provide information, support and social networks for health consumers and improve health care access and delivery.

Some technologies include applications and self-monitoring wearable devices, Telehealth technologies, electronic health (E-health) records and patient portals. With regard to electronic health records and patient portals, one example is the digital medical record (DMR) which is increasing in its use within the sector. The use of electronic information can help with the communication and development of electronic health records with shared access, in order to facilitate continuity in care[40].

Health technologies will likely lead to a greater sharing of data and information. This is where real value is created for both the consumer and health providers. Software that links health data across health care and social services such as the National Disability Insurance Scheme and aged care, provides greater information that can be used to ensure the provision of appropriate health care to connect communities. It will improve care provision and data integration and decrease 'silos'[41]. This has the potential to additionally increase safety within the health system. Data registries need to share information more widely and capture a greater proportion of the care given, and the need to get data back to clinicians more quickly. The increase in the provision of clear and detailed information to clinicians, including routine data and patient-experience data, will allow clinical teams to see how they are performing compared with their peers, and how they can improve[42].

An array of new and advanced technologies , including 3-D printing, robotics, nanotechnology, genetic coding and therapeutic options, that permit more personalised and accessible patient care have emerged in the health care sector. Many devices and pieces of equipment are getting smaller and more portable, and treatments will likely become more targeted, all of which has the potential to make future health care more mobile and precise.

Automation and Artificial Intelligence (AI) have scope for inclusion in medical diagnostics and care to complement labour in the health care sector. Technology will also change the way in which hospitals are run. AI has the potential to support admission, clinical and operational decisions and to give patients access to their medical records in real time. It therefore becomes important for workers in this sector to have the skills to work in and around AI and automation that can support their daily tasks.

With new technology comes the need for training to ensure skills are sufficient to implement technologies to their full capacity. A study of the effectiveness and efficiency of training in digital

[40] Australian Health Review, Vol 41, Number 5, 2017, *Effectiveness and efficiency of training in digital healthcare packages: training doctors to use digital medical record keeping software,*
[41] Deborah Lupton, Smart Technology Living Lab, University of Canberra, July 2017, *Digital Health in Australia: What works, and future directions*
[42] Duckett, S and Jorm, C, '*Strengthening safety statistics: how to make hospitals safety data more useful*', Grattan Institute 2017

health care packages has revealed that staff benefit significantly from formal training on new software systems[43].

Employment Skills and Outlook

Labour force data

Occupations supported by these training package products can include specific roles for an Enrolled Nurse. However, it can also cover a range of other roles with responsibilities in providing nursing support and assistance in different workplace settings. Overall, the general occupations are classified within the Health Care and Social Assistance industry, which in 2017 represented over 1.5 million workers. This is equivalent to 13% of the national workforce, making it the largest employing industry in Australia.

There are various national data collections that provide workforce data and trends regarding key role titles of relevance for these training package products, including Enrolled Nurses and Midwife roles. The three main collections are:

- National Health Workforce Data Set (NHWDS) [Department of Health] – provides a combination of registration and survey data collected through registration renewal processes for registered health practitioners, including Enrolled Nurses and Midwives.
- Census Data collections [Department of Employment] – workforce data and projections are based on the Census collections and reported according to prescribed Australian and New Zealand Standard Classification of Occupations (ANZSCO) classifications.
- Nursing and Midwifery Board of Australia Registrant data [Nursing and Midwifery Board of Australia, NMBA] – provides registration information about Registered and Enrolled Nurses and Midwives registered with the NMBA.

Variations in how roles are defined and categorised across data collections, as well as timings of reporting, mean that the workforce counts reported across sources can differ slightly. For the purposes of providing an up-to-date and comprehensive summary of the relevant workforce, all three data collections have been used.

Overall registered workforce

The last reported quarter (i.e. September 2017 to December 2017) shows that there were approximately **62,000 Enrolled Nurses** and **4,700 Midwives** registered across Australia. It is not uncommon for Enrolled Nurses to hold more than one registration type, and just over **27,000 practitioners held a Nurse (Enrolled Nurse and Registered Nurse) and a Midwife** registration. There were approximately **7,000 Enrolled Nurse and Registered Nurse** registrants, and this represented the profession category which increased the most over the last three years, noting a rise of 27% since December 2015 (see **Figure 2**).

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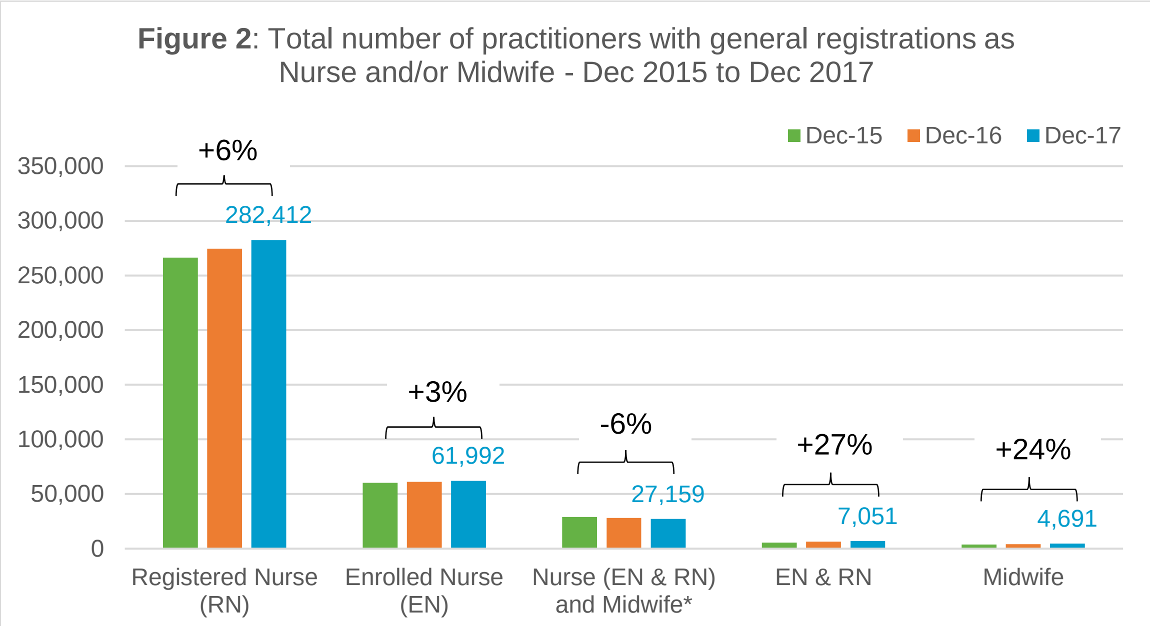
[43] Australian Health Review, Vol 41, Number 5, 2017, *Effectiveness and efficiency of training in digital healthcare packages: training doctors to use digital medical record keeping software*

Please note, there are a small number of non-practising registrations reported across each of the professions presented in **Figure 1**. They represent between 0.4% and 2% of the total categories and so, due to the small volumes, they have not been charted.

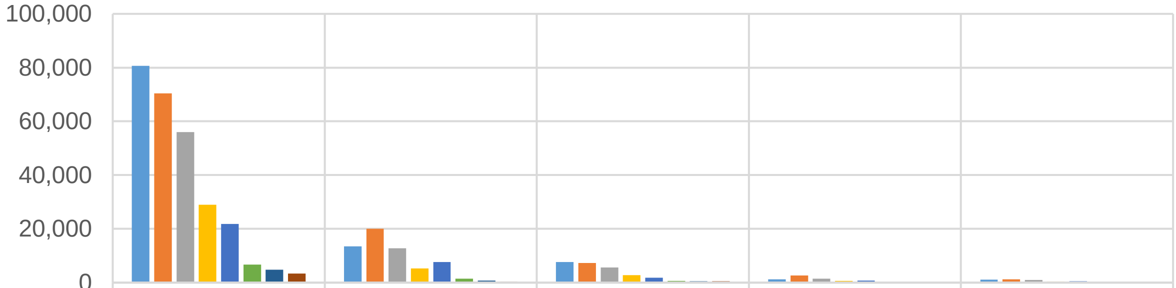


Source*: Nursing and Midwifery Board of Australia Registrant data. Various reporting periods (Table 2.1)*
Note*: Figures reflect the quarter 1 October to 31 December of the respective year.*
** Practitioners with a Nurse and Midwife registration may hold registration as an EN and Midwife, RN and Midwife, or EN and RN and Midwife.*

Registered workforce – by principal place of practice

Across the country, the highest volume of practitioners across the reported registration types are predominantly based in **New South Wales and Victoria**, which is reflective of the population distribution across states and territories (see **Figure 3**). Queensland and Western Australia are in general the third and fourth largest states regarding practitioner volumes, although South Australia notes noticeably higher volumes of practitioners compared to Western Australia in terms of Enrolled Nurses (7,629), Enrolled Nurses and Registered Nurses (754) and Midwives (559).

Figure 3: Total number of practitioners with general registrations as Nurse and/or Midwife, by principal place of practice - Dec 2017



	Registered Nurse (RN)	Enrolled Nurse (EN)	Nurse (EN & RN) and Midwife*	EN & RN	Midwife
NSW	80,700	13,535	7,653	1,256	1,069
VIC	70,385	20,063	7,361	2,660	1,262
QLD	56,038	12,780	5,611	1,521	950
WA	28,955	5,295	2,785	624	413
SA	21,799	7,629	1,852	754	559
TAS	6,701	1,492	619	75	27
ACT	4,813	696	500	70	146
NT	3,359	399	490	64	87

***Source**: Nursing and Midwifery Board of Australia Registrant data. Reporting period: 1 October 2017 – 31 December 2017 (Table 2.1)*
***Note**: Figures reflect the quarter 1 October to 31 December 2017.*
** Practitioners with a Nurse and Midwife registration may hold registration as an EN and Midwife, RN and Midwife, or EN and RN and Midwife.*

As mentioned earlier, the **largest proportionate growth** in registrations (of 27%) was noted in the category of **Enrolled Nurse and Registered Nurse** (see also **Table 7** below). Other key growth trends observed across states and territories include the following:

- Registered Nurses (RNs) – Queensland (9%) and the ACT (9%) have experienced higher than average increases in registration numbers.
- Enrolled Nurses (ENs) – Queensland (7%) noted a significantly high increase in practitioner volumes compared to all other states and territories.
- (dual) ENs and RNs – Queensland (34%), Tasmania (32%) and Victoria (31%) have experienced significantly high increases in registration numbers.
- Midwives – the ACT (29%), Northern Territory (26%), Tasmania (26%) and Queensland (25%) all noted significant higher than average increases in registration numbers.

The number of practitioners with a dual Nurse and Midwife registration, however, contracted across all states and territories, with the national average fall measured to be 6%.

Table 7: Percentage change in total number of practitioners with general registrations as Nurse and/or Midwife, by location – Dec 15 to Dec 17

	Registered Nurse (RN)	Enrolled Nurse (EN)	Nurse (EN & RN) and Midwife*	EN & RN	Midwife
NSW	6%	3%	-8%	18%	20%
VIC	7%	2%	-3%	31%	14%
QLD	9%	7%	-4%	34%	25%
WA	3%	1%	-5%	27%	12%
SA	1%	-1%	-11%	22%	14%
TAS	4%	4%	-2%	32%	26%
ACT	9%	5%	-10%	13%	29%
NT	5%	4%	-7%	12%	26%
Total (National)	**6%**	**3%**	**-6%**	**27%**	**19%**

Source*: Nursing and Midwifery Board of Australia Registrant data. Various reporting periods (Table 2.1)*
Note*: Figures reflect the quarter 1 October to 31 December of the respective comparative year.*
** Practitioners with a Nurse and Midwife registration may hold registration as an EN and Midwife, RN and Midwife, or EN and RN and Midwife.*
Blue figures represent percentages which are at least three percentage points higher than the national average.

Registered workforce – general traits

Enrolled Nurses (EN)

Source*: Department of Health, Enrolled Nurses NHWDS 2016 Fact Sheet, 2016 Workforce.*

- The workforce is **predominantly female**, representing 90.4% of all ENs
- The average age of the EN workforce is **46.1 years**
- **Nearly two thirds** (63%) of the EN workforce is based in **metropolitan areas**, and 35% in inner or outer regional areas. A minority (2%) is based in remote/very remote areas
- ENs can take on a range of non-clinical roles such as teacher, researcher or administrator. However, the **majority** overall (96%) are **working in a clinician role capacity**
- A majority (94%) of ENs have obtained their **qualifications in Australia**

Midwives, and Registered Nurses with Midwifery registration

Source*: Department of Health, Enrolled Nurses NHWDS 2016 Fact Sheet, 2016 Workforce.*

- The workforce is **nearly all female**, representing 98.6% of all Midwives
- The average age of the Midwifery workforce is **47.8 years**
- **Seven in ten** (70%) of the midwifery workforce are based in **metropolitan areas**, and 27% in inner or outer regional areas. A minority (3%) is based in remote/very remote areas.
- Nearly all (99%) Midwives are **involved in clinician roles**
- 87% of Midwives have obtained their **qualifications in Australia**

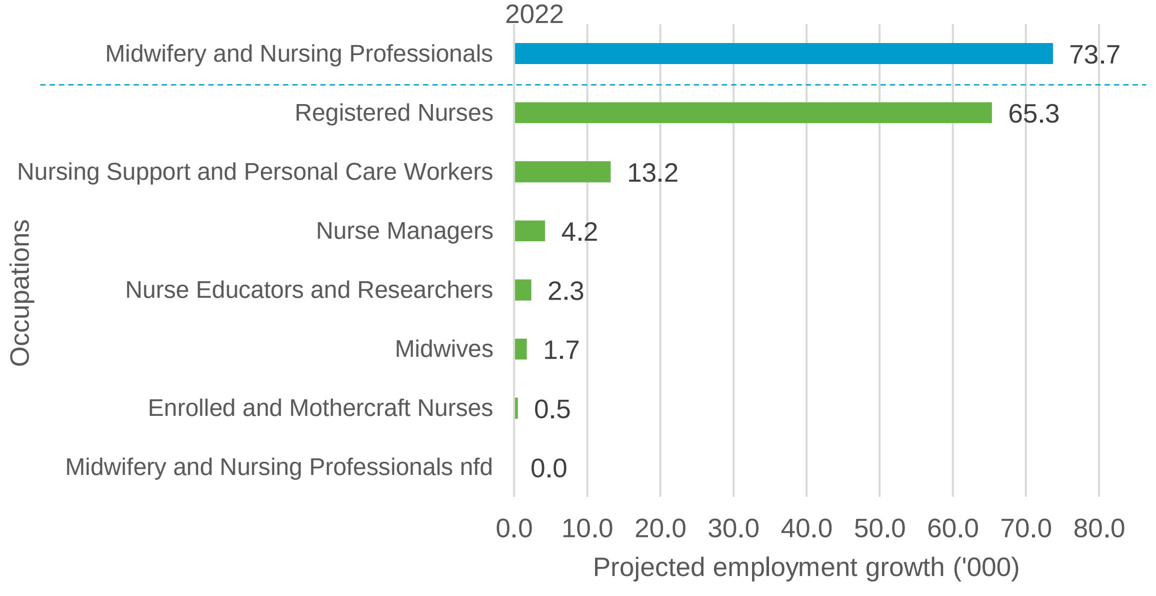
Workforce projections

The Department of Employment's workforce data and projections for roles covered by the Enrolled Nursing training package products are currently captured across different categories, with examples including:

- ANZSCO 4114 Enrolled and Mothercraft Nurses[44] (categorised under the *Health and Welfare Support Worker* ANZSCO code)
- ANZSCO 2541 Midwives (categorised under the *Midwifery and Nursing Professionals* ANZSCO code)
- ANZSCO 4233 Nursing Support and Personal Care Workers (categorised under the P*ersonal Carers and Assistants* ANZSCO code).

Looking initially at the employment prospects for *Midwives and Nursing* professionals, overall employment is expected to grow significantly over the next five years. Estimates show it will increase by approximately 73,700 jobs (which is equivalent to an increase of 22.7%) to reach a total workforce size of 398,500 in 2022 (see **Figure 4**). Growth in the category will primarily be driven by a rise in the number of Registered Nurses which is a role supported by these training package products through the provision of vocational pathways to degree and higher levels of learning. Demand for Nursing Support and Personal Care workers is also projected to generate an additional 13,200 jobs over the next five years and reach a total workforce size of 105,900.

Figure 4: Projected growth in selected occupational groups ('000), 2017-2022



***Source:** 2017 Department of Employment Projections (Labour Market Information Portal)*

Whilst the employment projections presented above represent mainly nursing-based role types only, it is recognised that the skills and qualifications of these training package products can be applied in other health and community support roles. The employment prospects presented are therefore not

[44] In July 2010, all Mothercraft nurses transitioned into general registration as an Enrolled Nurse with the condition 'May practise only in the area of mothercraft nursing' (Source: Nursing and Midwifery Board of Australia, http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/mothercraft-nursing.aspx)

an exhaustive account of the future labour market prospects available via the training package qualifications.

An overview of the key skills and knowledge needs identified for selected ANZSCO specified roles, as well as projected employment changes, are profiled below.

Enrolled and Mothercraft Nurses

20,100
employed

+ 2.5%
+ 500 jobs
(2017 – 2022)

Top Skills Areas

- ✓ Service Orientation
- ✓ Active listening
- ✓ Coordination
- ✓ Monitoring
- ✓ Reading Comprehension

Top Knowledge Areas

- ✓ Medicine and Dentistry
- ✓ Customer and Personal Service
- ✓ Psychology
- ✓ English Language
- ✓ Therapy and Counselling

Midwives

17,100
employed

+ 10.2%
+ 1,700 jobs
(2017 – 2022)

Top Skills Areas

- ✓ Active listening
- ✓ Critical Thinking
- ✓ Social Perceptiveness
- ✓ Speaking
- ✓ Active Learning

Top Knowledge Areas

- ✓ Medicine and Dentistry
- ✓ Psychology
- ✓ English Language
- ✓ Customer and Personal Service
- ✓ Biology

Nursing Support and Personal Care Workers

92,700
employed

+ 14.3%
+ 13,200 jobs
(2017 – 2022)

Top Skills Areas

- ✓ Active listening
- ✓ Coordination
- ✓ Critical Thinking
- ✓ Monitoring
- ✓ Service Orientation

Top Knowledge Areas

- ✓ Customer and Personal Service
- ✓ English Language
- ✓ Psychology
- ✓ Public Safety and Security
- ✓ Administration and Management

Key Generic Skills – Ranked in Order of Importance

The 12 generic skills listed below, including the descriptors, were provided by the Department of Education and Training for the purpose of being ranked by industry representatives. For the 2018 ranking exercise, an 'Other' generic skill option was included in the list to capture any additional key skills considered essential to a given industry. Other skills areas mentioned as being of significant relevance within this sector are **Clinical Skills** and **Adaptability**. There were 13 responses in total.

1	LANGUAGE, LITERACY & NUMERACY (LLN)	Foundation skills of literacy and numeracy.
2	COMMUNICATION / COLLABORATION / SOCIAL INTELLIGENCE	Ability to understand/apply principles of creating more value for customers and collaborative skills. Ability to critically assess and develop content with new media forms and persuasive communications. Ability to connect in a deep and direct way.
3	DESIGN MINDSET/ THINKING CRITICALLY / SYSTEM THINKING / PROBLEM SOLVING	Ability to adapt products to rapidly shifting consumer tastes and trends. Ability to determine the deeper meaning or significance of what is being expressed via technology. Ability to understand how things that are regarded as systems influence one another within a complete entity, or larger system. Ability to think holistically.
4	LEARNING AGILITY / INFORMATION LITERACY / INTELLECTUAL AUTONOMY	Ability to identify a need for information. Ability to identify, locate, evaluate, and effectively use and cite the information. Ability to develop a working knowledge of new systems. Ability to work without direct leadership and independently.
5	TECHNOLOGY AND APPLICATION	Ability to create/use of technical means, understand their interrelation with life, society, and the environment. Ability to understand/apply a scientific or industrial processes, inventions, methods. Ability to deal with mechanisation/ automation / computerisation.
6	CUSTOMER SERVICE / MARKETING	Ability to interact with another human being, whether helping them find, choose or buy something. Ability to supply customers' wants and needs. Ability to manage online sales and marketing. Ability to understand and manage digital products.
7	DATA ANALYSIS	Ability to translate vast amounts of data into abstract concepts and understand data based reasoning. Ability to use data effectively to improve programs, processes and business outcomes. Ability to work with large amounts of data.
8	STEM Science, Technology, Engineering and Maths (STEM)	Sciences, mathematics and scientific literacy.
9	MANAGERIAL / LEADERSHIP	Ability to effectively communicate with all functional areas in the organisation. Ability to represent and develop tasks and processes for desired outcomes. Ability to oversee processes, guide initiatives and steer employees toward achievement of goals.
10	FINANCIAL	Ability to understand and apply core financial literacy concepts and metrics, streamlining processes such as budgeting, forecasting, and reporting, and stepping up compliance. Ability to manage costs and resources, and drive efficiency.
11	ENVIRONMENTAL / SUSTAINABILITY	Ability to focus on problem solving and the development of applied solutions to environmental issues and resource pressures at local, national and international levels.
12	ENTREPRENEURIAL	Ability to take any idea and turn that concept into reality / make it a viable product and/or service. Ability to focus on the next step / closer to the ultimate goal. Ability to sell ideas, products or services to customers, investors or employees etc.

Key Drivers for Change and Proposed Responses

No proposed training package development work is proposed for 2018–2019. Training package products included in this Industry Skills Forecast were last reviewed in 2015 and released on the national register, www.training.gov.au, on 8 December 2015. A temporary extension to Registered Training Organisation (RTO) transition requirements was agreed to by the Australian Government Minister for Vocational Education and Skills and state and territory skills ministers. As a result, RTOs were not required to have the updated qualifications on scope until 8 June 2017. To allow the training package products to be properly implemented and tested within the system the training products in this sector have been scheduled for update in 2019–2020 in the proposed schedule of work.

Proposed Schedule of Work

2019-20

Year	Project Title	Description
2019-20	Diploma of Nursing	The IRC proposes to update the following qualifications and any associated skill sets and units of competency relating to Diploma of Nursing job roles: • HLT54115 Diploma of Nursing
2019-20	Advanced Diploma of Nursing	The IRC proposes to update the following qualifications and any associated skill sets and units of competency relating to Advanced Diploma of Nursing job roles: • HLT64115 Advanced Diploma of Nursing

IRC Sign-off

The 2018 Industry Skills Forecast will be signed off by the IRC Chair prior to submission to the AISC.