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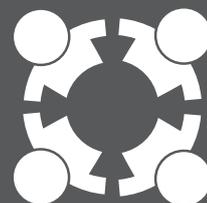
INTEGRITY



BOLDNESS



TEAMWORK



Enrolled Nursing

INDUSTRY REFERENCE COMMITTEE INDUSTRY SKILLS FORECAST

Refreshed April 2017

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Executive summary

Enrolled nurses work as part of a health care team and provide person-centred care under the direct supervision of a registered nurse. Enrolled nurses are employed in a diverse range of private and public organisations within the health sector, including small to large general medical practices, community health practices, hospitals, aged-care facilities and after-hour clinics.

The Enrolled Nursing Industry Reference Committee (IRC) is responsible for ensuring nationally recognised Enrolled Nursing qualifications packaged within the HLT Health Training Package deliver the skills and knowledge required to equip its sector with a highly skilled workforce, both now and into the future.

The IRC's scope is exclusively focused on the job role of Enrolled Nurse and its interaction with other health industry roles.

This Industry Skills Forecast proposes a schedule for the ongoing review of relevant training package products to inform the development of the four-year rolling National Schedule.

The Enrolled Nursing IRC commits to thorough and inclusive national consultation to ensure training package products under its remit are reflective of current industry skills needs and provide opportunities for workforce development that actively contributes to the variability and productivity of the sector/s. Recognition is given to the need for training package related decisions to be made based on appropriate levels of industry engagement and input.

Further, the IRC acknowledges the COAG Industry and Skills Ministers' priorities and will utilise consultation activities, through the support of SkillsIQ, to gain a national perspective on:

- opportunities to identify and remove obsolete training package products from the system
- industry expectations for training delivery and assessment to be documented within Implementation Guides
- opportunities to enhance portability of skills from one related occupation to another
- opportunities to remove unnecessary duplication within the system and create training package products that may have application to multiple industry sectors
- opportunities for the development of skill sets.

Sector analysis and industry consultation indicate that the sector is, and will continue to be, impacted by a number of challenges and opportunities, including:

- Service reform and changes in demand for health services, in particular consumer-direct funding models;
- An ageing population and increased demand for services;
- Access to, and the quality of, mandatory work placements;

- Priority populations that have decreased access to health care; and
- Digital change and technological advancements.

In addition to broad challenges and opportunities, the sector has identified the following factors as having direct impact on the composition and skills needs of the workforce:

- Workforce demographics;
- Attraction of the workforce to rural and regional areas;
- Consumer-directed care funding models and changing skills needs;
- Management and leadership skills shortages;
- Retention and productivity of the workforce;
- Workforce supply and demand, and overseas workers.

The Industry Skills Forecast identifies a number of trends in workplace design that will impact on the skills needs of the sector. This information, along with industry-identified skills priorities, will directly inform the coming review of relevant training package products.

Information contained within this Industry Skills Forecast has been sourced by a variety of methods, including:

- meetings and consultations with stakeholders, either face-to-face or by telephone;
- desktop research, to develop an understanding of existing research and views on skill requirements in the sector;
- an industry workforce survey, which was available to all stakeholders across all industries; and
- consultation with the IRC, in order to confirm that the information is both valid and accurately reflects industry views.

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 are not required to have the updated qualifications on scope until 8 June 2017.

Licensing requirements impose a "no new enrolments" date of 8 December 2016 and a completion of current enrolments date of 30 June 2018 for the superseded HLT51612 Diploma of Nursing qualification.

To allow the training package products to be properly implemented and tested within the system, and given that industry's view that the key skills required for this profession are addressed in the recently-endorsed qualifications, the training products in this sector have been scheduled for review in the proposed schedule of work.

A. Administrative information

Name of IRC

Enrolled Nursing Industry Reference Committee

Name of Skills Service Organisation (SSO)

SkillsIQ Limited (SkillsIQ)

This document details the proposed four year schedule of work from 1 July 2016 to 30 June 2020 as agreed between the Enrolled Nursing IRC and SkillsIQ.

This version of the Industry Skills Forecast was refreshed in April 2017.

About SkillsIQ

As a Skills Service Organisation (SSO), SkillsIQ is funded by the Department of Education and Training (DET) to support its allocated IRCs, which are responsible for the development and maintenance of the following training packages:

- Community Services
- Health
- Local Government
- Public Sector
- Floristry
- Hairdressing and Beauty Services
- Funeral Services
- Retail Services
- Sport, Fitness and Recreation
- Tourism, Travel and Hospitality.

B. Sector overview

Health Care and Social Assistance is the largest employing sector in Australia, representing 1,523,000 workers and accounting for 27% of total new jobs over the five years to November 2015. Employment growth is projected to remain strong, with the sector requiring a 16.4% growth (or an estimated 250,200 more workers) to November 2020.¹ This projected growth is the highest of all industry sectors, with demand largely driven by shifting demographics and changes to government policy.

The health sector comprises public and private hospitals, professionals working in private practice, the community health sector, the entire aged care system, the mental health system, the alcohol and drug system, public health, and individuals working in research and other non-clinical fields. The health and aged care systems include large numbers of people with specialist Vocational Education and Training (VET) qualifications. This includes enrolled nurses, allied health assistants, technicians, dental assistants, and large numbers of support staff.

There are more than 500 job roles in the Health and Community Services Training Packages. This number seems large, but simply reflects the diversity within these sectors. In 2014-15 there were 980 public and private hospitals in Australia, offering 92,300 beds. There were another 342 free-standing private day hospitals. They collectively employed 394,400 full-time equivalent staff (excluding non-salaried medical staff and other contractors). Across these services, there were about 7.4 million presentations to emergency departments, 34.9 million outpatient service events, and almost 10.2 million hospitalisations in 2014-15 in Australia (of which 60% were same-day admissions).

In Australia, there are two types of regulated nurses, Registered Nurses (RN) and Enrolled Nurses (EN). 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). To become an EN, an individual must

complete a Diploma of Nursing and seek registration from the NMBA. Recognition pathways also exist for overseas-qualified nurses to apply for registration as either an EN or RN in Australia.

The Australian and New Zealand Standards Classification of Occupations groups both Enrolled and Mothercraft Nurses, it defines their role as providing nursing care to patients in hospitals, aged care and other health care facilities and in the community and assist parents in providing care to newborn infants under the direct supervision of a Registered Nurse or Midwife.² It should be noted that the scope of Mothercraft Nurses work is strictly limited to the care of infants.

An EN can work across a range of clinical specialities such as Aged Care, Medical Nursing, Mental Health, Oncology, General Practice, Rural and Remote Health and Rehabilitation and Disability, to name a few. They may also work in non-clinical practice areas such as in State and Territory health departments, the national regulatory body, professional and industrial bodies, universities, TAFE colleges and private RTOs, hospitals and other health and aged care settings. These non-clinical practice roles include management and administration, education, research, policy development and analysis, professional advice, advocacy and regulation.³ Businesses within the sector include private and public organisations, from small to large general medical practices, community health practices, hospitals, aged-care facilities and after-hour clinics.

The Enrolled Nursing IRC is responsible for nationally recognised enrolled nursing qualifications, packaged within the HLT Health Training Package. The IRC scope is exclusively concerned with the job role of Enrolled Nurse and its interaction with other roles in the health industry.

As detailed within the NMBA Standards of Practice for Enrolled Nurses, the core practice standards that provide the framework for assessing EN practice are as follows:

- provide direct and indirect care;
- engage in reflective and analytical practice;
- demonstrate professional and collaborative practice. ENs, where appropriate, educate and support other (unregulated) health care workers (however titled) related to the provision of care; and

- collaborate and consult with health care recipients, their families and community, as well as RNs and other health professionals, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the systems of care. They are responsible for the delegated care they provide and self-monitor their work.⁴

Nationally recognised Enrolled Nursing qualifications (as at April 2017)

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

Registered Training Organisation scope of registration

Table 1 lists the number of RTOs with Enrolled Nursing qualifications on scope (current as at 13 April 2017).

Qualifications in Table 1 were reviewed in 2015 and updated versions released on training.gov.au on 8 December 2015. As a result, many RTOs will not have transitioned to these updated qualifications. The transition period is usually 12 months. However, the Australian Government Minister for Vocational Education and Skills and State and Territory Skills Ministers agreed to a temporary increase to the length of the transition period. RTOs were granted an additional 6 months to transition, i.e. 18 months in total, for training products endorsed by the AISC from September 2015 to March 2016. Many RTOs will therefore still have the superseded qualifications on scope, as transition requirements will not require them to have the updated qualifications on scope until 8 June 2017. The superseded qualifications have been identified in table 1.

It is also noted that RTOs seeking to deliver the Diploma of Nursing in Australia must be accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC), which is responsible for development of the Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement

and Authorisation in Australia. The nine Standards cover governance, staffing, students, course length and structure, course content, approaches to teaching and learning, student assessment, professional experience and research, and establish the national benchmark for entry to practice and the minimum standards expected for the protection of the public.

ANMAC is currently in the process of evaluating submissions from a large number of training providers, and at the time of this refresh had not formally approved any provider to deliver HLT54115.

TABLE 1. NUMBER OF RTOs WITH ENROLLED NURSING QUALIFICATIONS ON SCOPE

Code	Qualification name	No of RTO on scope
HLT54115	Diploma of Nursing	72
HLT51612	Diploma of Nursing (superseded)	69
HLT64115	Advanced Diploma of Nursing	14
HLT61107	Advanced Diploma of Nursing (superseded)	31

Source: Training.gov.au. RTOs approved to deliver this qualification. Accessed 13 April 2017

Enrolment and completion figures

The following section details enrolment and completion figures for the years 2010 – 2014. This data has been sourced from the National Centre for Vocational Education Research (NCVER).

A number of factors influence both enrolment and completion data. These factors should be taken into consideration when reviewing the data presented below.

- Government funding – declining enrolments and completions often directly correlate with a reduction in funding availability.
- Timing of qualification release – the year in which a qualification is released on the national register will impact when enrolment and completion data become available.
- Transition of students into new qualifications – where a qualification is superseded, students may

be transitioned into the most current version of the qualification, impacting the correlation between enrolment and completions.

- Usage of current and superseded qualifications concurrently – in some years, enrolments and completions will occur in both current and superseded qualifications. Superseded qualifications are not included in this data set.

NCVER's VET data, used in Table 2, provides information on publicly funded training in public providers, publicly funded training in private providers and fee-for-service training in public providers. It does not include data for fee-for-service VET by private providers or VET delivered to secondary school students (where training activity is

completed as part of a secondary school certificate). Table 3 provides information on all student enrolments and completions.

TABLE 2: NCVER ENROLMENT AND COMPLETION FIGURES - GOVERNMENT-FUNDED PLACES

	E/C*	2015	2014	2013	2012	2011	2010	Total
HLT51612 - DIPLOMA OF NURSING (ENROLLED/DIVISION 2 NURSING)	E	21,443	19,473	14,621	676	0	0	34,769
	C		4,965	1,873	103	0	0	1,976
HLT61107 - ADVANCED DIPLOMA OF NURSING (ENROLLED/DIVISION 2 NURSING)	E	476	535	601	1,009	712	811	3,666
	C		149	155	267	236	110	768
Total	E	21,916	20,007	23,619	21,292	21,368	18058	105,551
	C		5,118	5,191	5,544	4,711	4,289	19,735

* E = Enrolment C = Completion

Source: NCVER VOCSTATS, Program enrolments 2003-2014, Industry Skills Council by Year, Program enrolments and completions, accessed April 2017

TABLE 3: NCVER ENROLMENT AND COMPLETION FIGURES - ALL STUDENTS' PROGRAM ENROLMENTS AND COMPLETIONS 2014

	E/C*	2015	2014
HLT51612 - Diploma of Nursing (Enrolled/Division 2 Nursing)	E	24,388	21,090
	C	5,456	5,458
HLT61107 - Advanced Diploma of Nursing (Enrolled/Division 2 Nursing)	E	549	601
	C	201	185
Total	E	24,937	21,691
	C	5,653	5,640

* E = Enrolment C = Completion

Source: NCVER VOCSTATS, TVA Program enrolments 2014, Industry Skills Council by State/Territory of residence, Program enrolments and completions, accessed April 2017

In December 2014 there were a total of 59,954 registered practicing Enrolled Nurses in Australia. In the same year 23,158 individuals enrolled in the Diploma of Nursing (21,087) and Advanced Diploma of Nursing (601). 4,741 completed the Diploma of Nursing and 173 completed the Advanced Diploma of Nursing, a total of 5,309 completions for the year 2014. It is to be noted that the time of completion may not directly correlate with enrolments, as learners take varying lengths of time to complete a qualification. It is also to be noted that most Diploma courses are 18 months or 2 years in length when taken full-time, so enrolments recorded in 2014 will not contribute to completion data until 2015 at the earliest.

- Australian Nursing and Midwifery Federation
- National Enrolled Nurses Association
- Regulators
 - Nursing and Midwifery Board of Australia
- Large and small employers across metropolitan, regional, rural and remote areas
- Registered training organisations both public and private.

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 industry insights at the time of training package products review. 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

Challenges and opportunities in the sector

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 power, as consumers of services, to select their provider of choice and by promoting competition between providers, be they new or existing. Commonwealth and State/Territory policy is driving transformational reform to two major sectors of the health and community services industries, namely aged care and disability. However, the effects will be felt more broadly. These changes to Commonwealth and State/Territory policy present both challenges and opportunities for this sector.

The Australian Government's reforms to Aged Care services, which took effect in February 2017, will see funding for Home Care Packages allocated directly to consumers, who will select the provider/s they want to assist them to manage their package. 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 workforce and its consequent job insecurity. It is anticipated that these reforms will be extended more broadly to those in residential care. In addition, the roll-out of the full National Disability Insurance Scheme (NDIS) started progressively across all States and Territories (except WA) from July 2016.

The change to a consumer-directed approach to funding and support arguably represents one of the most significant changes these sectors have experienced. This 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.

One of the big differences of a consumer-driven model is that the work follows the client. A whole new industry is being geared to respond to participants' needs. 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 these policy changes on the Enrolled Nurse workforce are yet to be fully understood as service delivery to the elderly and people with disability are predominately undertaken by support workers at Certificate III and Certificate IV level. However, the predicted increase in the number of workers required to cope with growing demand, may result in the need for more supervisory roles. Enrolled Nurses may be able to provide support to Registered Nurses for these workers. In addition, these policy changes may result in an increased

casualisation of the workforce which could result in Enrolled Nurses moving to other work areas or to leave the industry.

Funding

Government spending in most community services and health sectors continues to increase, but the overall rate of growth has declined in real terms,⁵ with an increase in population and demand for services and a greater emphasis on consumer contribution.

The health system is becoming more contestable, with enterprises having to compete with new service providers. This results in:

- a need for increased efficiency;
- new or changing job roles and specific skills;
- increased scope of support roles; and
- impacts on professional roles such as nurses, allied health and medical professionals.

Organisations are already responding to these changes by reviewing their business and workforce models, employing more workers and changing the skill mix of their workforce.⁶

Some of the industries in this sector rely heavily on government funding, at both a Commonwealth and State/Territory level. With a demand for increased services and reduced growth in funding, service providers and governments alike are looking for ways to deliver health and community services more efficiently.⁷ This is even now adding pressure on an otherwise already-stretched workforce to deliver services.

Ageing population

Australia is experiencing a major demographic shift due to its ageing population and the relative increase in the proportion of people aged 65 years and over. In the five years since June 2010, the number of people aged 65 years and older has increased by 19% (582,300 people) to reach 3.57 million people at June 2015 (15% of the

total population).⁸ Future population projections suggest that the population aged 65 years and older will account for, on average, 18.85% of the population in 2031, 23.45% of the population in 2061 and 25.85% of the population by 2101.⁹ Additionally, the number of Australians aged 85 years and over is likely to double, from 455,400 (2% of the total population) to 954,600 by 2034 (3% of the total population).

An ageing population will significantly increase demand for aged care and related services. By 2051, it is estimated that over one million people aged over 65 will need residential high care, with at least a further 370,000 needing residential low care.

Just as the effects of an ageing population will be felt broadly across the health and community sectors, so an ageing population means a potential increase in the demand for services such as health care, aged care, public housing and associated ancillary services. In an aged care facility, the role of Registered Nurses is becoming more management/admission based, therefore the role and expectation of the Enrolled Nurse may change as they take the role of team leaders. As a result, current legislation and training would need to be addressed to accommodate this.

With a longer life expectancy, the profile of people's needs will change, and there will undoubtedly be an increase in demand. This increased demand for services is likely to result in an increased client load, particularly in sub-acute and community work. Another important issue is the emerging client complexity caused by older people accessing care later, and presenting with co-morbidity. This complexity is also due to a growth in dementia and other cognitive disorders.

The Australian government is the main provider of funding for health and community services in Australia. In the future, the Australian government is likely to be placed under fiscal pressure due to its rising obligations towards publicly-funded supports, as demand for services increases with population growth. An ageing population is going to have significant implications for the community services and health sectors, on both the service demand and workforce supply side.

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; and
- people born overseas.

The sector identifies with a number of workforce-related challenges that create difficulties in health care provisions for these groups. These challenges are especially felt by those in the Aboriginal and Torres Strait Islander peoples' health sector. Workers from the local community often have difficulty accessing training and education services to develop the necessary skills. However, the most significant issue for the rural and remote health workforce is not one of total supply, but one of distribution of the workforce due to inadequate or non-existent service provisions.¹⁰

In 2014 the Australian Institute of Health and Welfare (AIHW) reported there were a total of 946 Aboriginal and Torres Strait Islander Enrolled Nurses across Australia, an increase of 117 since 2012. Based on 2014 national population projections there were 713,589 Aboriginal and Torres Strait Islander Australians living in Australia making up 3.03% of the total population. These figures represent an inadequate supply of Aboriginal and Torres Strait Islander Enrolled Nurses to serve this population group. The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) has identified a need for 3.3 times the number of Aboriginal and Torres Strait Islander Enrolled Nurses to ensure an adequate supply of care. Aboriginal and Torres Strait Islander people have a much higher burden of disease, which ranges from two to five times that for non-Aboriginal and Torres Strait Islander people, depending on health condition.¹¹

Vast health and workforce disparities exist between Aboriginal Australians and non-Aboriginal and Torres

Strait Islander Australians. A key acknowledged strategy to addressing these disparities is development of a culturally safe and respectful non-Aboriginal and Torres Strait Islander health workforce and increasing the Aboriginal and Torres Strait Islander health workforce. The most recent update of the Diploma of Nursing 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 are more aware of Aboriginal and/or Torres Strait Islander cultural safety issues when working with Aboriginal and/or Torres Strait Islander people.

On 11 November 2015 the Commonwealth Government launched the Commonwealth Aboriginal and Torres Strait Islander Employment Strategy which aims to build Aboriginal and Torres Strait Islander employment in the Commonwealth sector to 3% by 2018. A larger Aboriginal and Torres Strait Islander health professional workforce is essential to improving health outcomes for Aboriginal and Torres Strait Islander Australians, who represent 3% of the total population, yet Aboriginal and Torres Strait Islander nurses and midwives account for less than 1% of total nursing employment and 0.3% of Aboriginal and Torres Strait Islander Australians.¹²

Demand for Aboriginal and Torres Strait Islander nurses exceeds supply, particularly in Aboriginal community-controlled primary health care services. As highlighted previously, the current AIHW data indicates that the current Aboriginal and Torres Strait Islander EN numbers are 946. On a population basis, each Aboriginal and Torres Strait Islander nurse/midwife caters for 309 Aboriginal and Torres Strait Islander Australians, compared with 74 non-Aboriginal and Torres Strait Islander Australians for each non-Aboriginal and Torres Strait Islander nurse/midwife.¹³

It should be noted that Aboriginal and Torres Strait Islander Health Workers are a vital part of the Aboriginal and Torres Strait Islander health workforce, as they provide a number of clinical roles within the community controlled and mainstream health organisation. Although their role varies across Australia and is largely dependent on the community needs it can include: clinical function; liaison and cultural brokerage; health promotion; environmental health; community care; administration; management and

control; and policy development and program planning.¹⁴ Aboriginal and Torres Strait Islander Health Practitioners, must be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia, under the Australian Health Practitioner Regulation Agency (AHPRA).¹⁵

The Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice is the qualification required for registration as an Aboriginal and/or Torres Strait Islander Health Practitioner. This qualification level can sometimes be more attractive, when compared to the Diploma of Enrolled Nursing as it may seem more achievable. Meeting the entry level requirements for the Diploma of Enrolled Nursing can be a barrier to some applicants, as they may feel they cannot demonstrate the required skills to satisfactorily meet the language, literacy and numeracy requirements associated with a Diploma-level VET qualification.

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. Macro-level reforms are needed to link Aboriginal and Torres Strait Islander health, education and employment policies and practices.¹⁶

Concerns regarding work placement

The quality of training provided by some RTOs, the accelerating demand and the lack of financial incentives for work placements, are raising industry concerns.¹⁷ Employers are invited to support quality training by offering workplace-based learning and assessment as part of the qualifications. The Community Services and Health Industry Skills Council (CS&HISC) 2014 Environmental Scan highlighted the value of work placements as well as the difficulties associated with providing them, which included sourcing appropriate placements for RTOs and relying on goodwill from employers, given that there is no attendant funding.

Industry reports challenges with its capacity to absorb demand for placements from all sectors including nursing, allied health, etc. There are concerns that the capacity to provide clinical placements may not be able to keep pace with the demand in such a way that provides quality outcomes.

It is also incumbent upon registered health professionals to actively contribute to the development of the future workforce: indeed it is a professional requirement under their relative standards for practice. However, industry continues to report difficulties with providing quality work placements. Increasing economic and workload pressures hamper efforts to continue to provide clinical placements for the increasing number of learners, which in turn affects learning outcomes. There is a risk that clinical placements will become a transactional experience, rather than the essential activity to integrate training with work practices.

There are many good examples of work placement programs, but these are local and State/Territory driven. A national policy addressing the importance of clinical placement in the development of high quality skilled graduates to meet the current and future health demands would be significant value. Integration of this with the various approaches being taken by State and Territory governments would strengthen this response.

Digital change

With constant changes and technological advances, industries need to advocate for lifelong education and training for all Australians, to ensure that individuals are equipped with the necessary skills and knowledge to adapt. This will become increasingly important for some sectors of the health and community sector, specifically aged care and disability, as assistive technology advances. As people are increasingly receiving support in a home and community context, it is essential that workers have the skills and knowledge to assist people utilising these advancements.

Technology and digital advancements have also facilitated the creation of integrated platforms whereby consumers can directly access individual care workers

under the National Disability Insurance Scheme (NDIS) or Consumer-Directed Care (CDC) Packages. Better Caring,¹⁸ for example, is an online platform where people with a disability, or those who are ageing, can find and hire local care and support workers, including those under government funding. Emerging models such as these represent both opportunity and risk for existing and future workers, and service providers.

Service providers are increasingly adopting digital technologies, which means that health technicians need to update their skills to be able, amongst other things, to maintain and troubleshoot equipment.

C. Employment

Employment outlook

Health Care and Social Assistance is the largest employing sector in Australia, representing 1,523,000 workers (13% of the workforce) and accounting for 27% of total new jobs over the five years to November 2015. Employment growth is projected to remain strong, with the sector requiring a 16.4% growth (or an estimated 250,200 more workers) to November 2020.¹⁹

The March 2016 NMBA Registrant Data Report reports that between December 2015 to March 2016 there were 60,938 ENs across Australia, with the largest number of registrations being in Victoria (19,851) followed by NSW (13,247). Females accounted for approximately 90% of the EN workforce. The largest portion of ENs fell into the 55-59 age bracket, accounting for 16.8% of all ENs.²⁰

In 2015, the total number of nurses (including midwives) registered in Australia was 360,008, of whom 59,429 (14.6%) were registered as ENs and of whom approximately 86% were employed.²¹ The average age across ENs was 45.9 years, with men comprising only 9.4% of the workforce. Approximately 80% of employed

nurses and midwives received their initial qualifications in Australia, followed by England (4.7%) and India (2.8%).²²

Compared to the 2011 figures (59,934), the number of Enrolled Nurses decreased by 0.8% between 2011 and 2015.²³ Also, between 2011 and 2015, while the supply of RNs and midwives increased (912 to 958 FTE per 100,000 population), the supply of Enrolled Nurses decreased (195 to 179 FTE per 100,000 population). Additionally, the average proportion of ENs in both inner and outer regional areas was above 20% but only 12.1% in very remote areas.²⁴

Registration by principal place of practice

In 2016 a total of 60,938 ENs were registered (general registration) of which 907 were reported as non-practising. These figures make up 16.4% of the total nursing workforce within Australia. The largest portion of the total workforce was employed within New South Wales (101,876) followed by Victoria (98,282). Comparatively the majority of the EN workforce was employed in Victoria (18,851) followed by New South Wales (13,247).

TABLE 4. GENERAL REGISTRATION - TOTALS FOR PRACTITIONERS WITH GENERAL REGISTRATION AS NURSE AND/OR MIDWIFE 2016

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NO PPP	Total
Enrolled Nurse (EN)	671	13,247	385	12,141	7,804	1,453	19,851	5,290	96	60,938
Registered Nurse (RN)	4,468	78,084	3,254	52,446	21,950	6,544	67,226	28,382	9,069	271,423
EN & RN	70	1,240	58	1,310	678	67	2,370	538	27	6,358
Midwife	120	885	68	746	525	21	1,140	372	131	4,008
Nurse (EN & RN) and Midwife*	559	8,420	529	5,876	2,088	637	7,695	2,953	295	29,052

* Practitioners with a Nurse and Midwife registration may hold registration as an EN and Midwife, RN and Midwife, or EN and RN and Midwife.
Source: Nursing and Midwifery Board of Australia, 2016, Nursing and Midwifery Board of Australia Registrant Data Reporting Period: March 2016

TABLE 5. NON-PRACTISING REGISTRATION - TOTALS FOR PRACTITIONERS WITH NON-PRACTISING REGISTRATION AS NURSE AND/OR MIDWIFE 2016

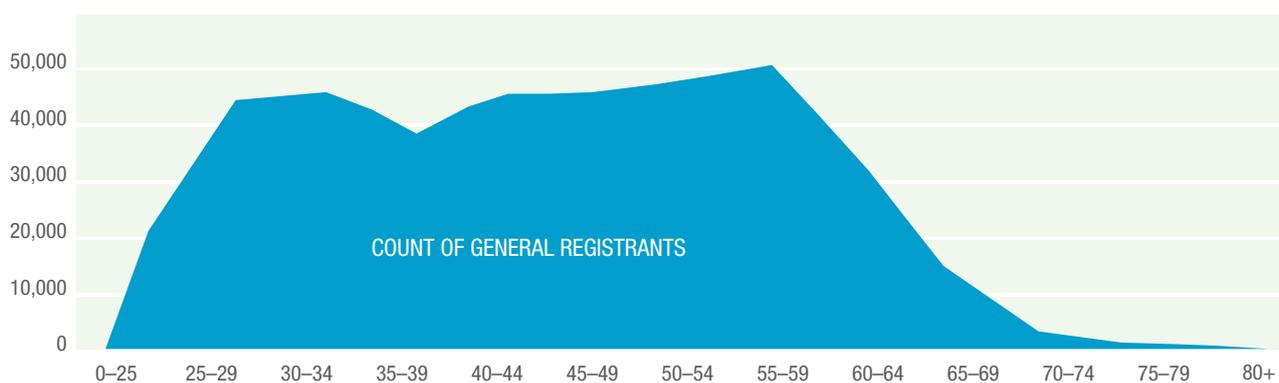
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NO PPP	Total
Enrolled Nurse (EN)	16	302	10	157	105	18	217	74	8	907
Registered Nurse (RN)	54	1,428	24	489	255	88	599	277	315	3,529
EN & RN		3		3	3		5	1	1	16
Midwife		15		5	9	1	14	5	7	56
Nurse (EN & RN) and Midwife*	15	305	1	82	32	7	87	37	27	593

* Practitioners with a Nurse and Midwife registration may hold registration as an EN and Midwife, RN and Midwife, or EN and RN and Midwife.
 Source: Nursing and Midwifery Board of Australia, 2016, Nursing and Midwifery Board of Australia Registrant Data Reporting Period: March 2016

Registration by age group (2016)

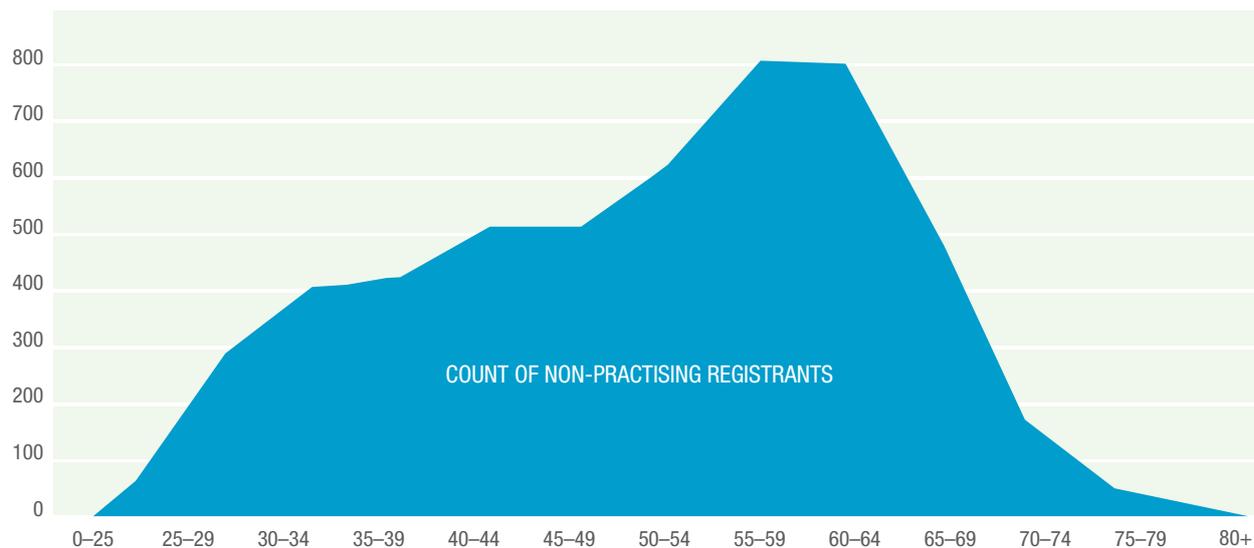
The majority of all Registered Nurses fall into the 55-59 age bracket (12.9%). 10,231 practising ENs fall into this category and the same 55-59 years of age bracket is also the largest for this registration type. 4,414 ENs are aged 25 years and below and 426 are over the age of 70.

GENERAL REGISTRATION



Source: Nursing and Midwifery Board of Australia, 2016, Nursing and Midwifery Board of Australia Registrant Data Reporting Period: March 2016

NON-PRACTISING REGISTRATION



Source: Nursing and Midwifery Board of Australia, 2016, Nursing and Midwifery Board of Australia Registrant Data Reporting Period: March 2016

Registration by gender

In 2016, of all registered practising ENs, 55,094 were female and 8,844 male. When looking at the total nursing workforce the predominant gender is female, with 299,607 registered female nurses of both categories (i.e. RNs ENs and midwives). In comparison 39,112 registered practising nurses of all types were male.

TABLE 6. GENERAL REGISTRATION BY GENDER 2016

Profession	Gender	Divisions	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NO PPP	Total
Nurse	Female	Enrolled Nurse (EN)	610	11,749	318	10,964	7,094	1,324	18,030	4,927	78	55,094
		Registered Nurse (RN)	3,904	67,709	2,746	46,450	19,309	5,731	59,818	25,600	7,773	239,040
		EN & RN	57	1,043	53	1,134	564	64	2,042	489	27	5,473
	Total Female General Nurse		4,571	80,501	3,117	58,548	26,967	7,119	79,890	31,016	7,878	299,607
	Male	Enrolled Nurse (EN)	61	1,498	67	1,177	710	129	1,821	363	18	5,844
		Registered Nurse (RN)	564	10,375	508	5,996	2,641	813	7,408	2,782	1,296	32,383
		EN & RN	13	197	5	176	114	3	328	49		885
	Total Male General Nurse		638	12,070	580	7,349	3,465	945	9,557	3,194	1,314	39,112
	Total General Nurse		5,209	92,571	3,697	65,897	30,432	8,064	89,447	34,210	9,192	338,719

Source: Nursing and Midwifery Board of Australia, 2016, Nursing and Midwifery Board of Australia Registrant Data Reporting Period: March 2016

TABLE 7. NON-PRACTISING REGISTRATION BY GENDER 2016

Profession	Gender	Divisions	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NO PPP	Total
Nurse	Female	Enrolled Nurse (EN)	15	279	10	151	100	16	202	74	6	853
		Registered Nurse (RN)	48	1,292	24	451	226	80	555	258	288	3,222
		EN & RN		3		2	2		5	1	1	14
	Total Female Non-practising Nurse		63	1,574	34	604	328	96	762	333	295	4,089
	Male	Enrolled Nurse (EN)	1	23		6	5	2	15		2	54
		Registered Nurse (RN)	6	136		38	29	8	44	19	27	307
		EN & RN				1	1					2
	Total Male Non-practising Nurse		7	159		45	35	10	59	19	29	363
	Total Non-practising Nurse Nurse		70	1,733	34	649	363	106	821	352	324	4,452

Source: Nursing and Midwifery Board of Australia, 2016, Nursing and Midwifery Board of Australia Registrant Data Reporting Period: March 2016

Employment growth and projections

State and Territory demand

A 2015 Department of Employment survey of employers who had recently advertised for Enrolled Nurses (including Enrolled Nurses with notation) found that no shortage was experienced by employers except in the ACT and regional VIC.²⁵ Underlying demand for Enrolled Nurses continues to increase as a result of the growth and ageing of the population, advances in medical technology and an increasing incidence of chronic disease. Results by State/Territory for the survey showed:

ACT

- Vacancies were generally for Enrolled Nurses with a minimum of one to three years of experience. Some employers were recruiting for ENs with particular experience, such as palliative care or community health
- Employers attracted fewer applicants than they did in 2014 and filled less than half the proportion of vacancies. About 41% of vacancies were filled (compared with 83% in 2014)
- Shortages were evident between 2009 and 2011 but, despite continuing small fields of candidates, employers recruited without difficulty in 2012 and 2014. There has, though, been a marked fall in the ability of employers to fill their Enrolled Nurse vacancies since 2013, and shortages have re-emerged
- Plans to open a new private hospital in 2017 may increase demand for Enrolled Nurses in the ACT. Key services proposed for the hospital include rehabilitation, aged care and adult mental health.

NSW

- 67% of vacancies were filled within the survey period. This compares with a result of 51% filled in April 2014

- A small number of employers were unable to fill vacancies in hospitals and aged care. However, there is no indication of a general shortage or a pattern of recruitment difficulty in any particular location or nursing sector.

NT

- 80% of vacancies were filled
- It was generally more difficult to find suitable applicants for remote area positions, and one employer did not attract any suitable applicants, with the vacancy remaining unfilled at the time of the survey. This was due to a range of reasons such as location, non-competitive salaries and short-term contract periods
- Cold canvassing of employers indicated that there is a low level of recruitment activity for ENs, with most regional employers advising they mainly recruit for RNs in remote areas due to skill requirements and staff/patient ratio requirements
- Employers in aged care indicated difficulty in attracting applicants, as the level of remuneration did not compare to wages paid in other services such as hospitals
- There is also work underway in the NT to introduce a Graduate EN Program, to commence in 2017. This may create more entry and career pathway choices for school leavers and encourage more new entrants to the sector.

QLD

- Employers did not report great difficulty in filling vacancies for ENs. Demand is increasing but domestic supply is currently meeting that demand
- 80% of all vacancies for Enrolled Nurses were filled within six weeks of advertising, slightly lower than the 89% fill rate recorded in February 2014
- Census data indicated that this is an ageing workforce,

with more than 57% of Enrolled Nurses in Queensland aged 45 and over.

17.3%, compared to 14.5% nationally. Tasmania also has the oldest median age, which is 41.2 years.

SA

- Employers who had recently advertised for Enrolled Nurses filled most of their vacancies without difficulty. Although not high, there was nonetheless a sufficient supply of suitable applicants per vacancy
- A survey of employers who had recently advertised for ENs found that 79% of vacancies were filled within four weeks of advertising. This compares with 92% in last year's survey
- Underlying demand for Enrolled Nurses remains firm as a result of growth and ageing of the population, advances in medical technology, and an increasing incidence of chronic disease
- Demand for ENs is also influenced by the high proportion of females working in the occupation (92% according to 2011 ABS Census data), who are more likely than males to have breaks in their careers for family reasons, and are also more likely to work part-time.

TAS

- 100% of vacancies reviewed for Enrolled Nurses were filled. This compares to 81% of vacancies being filled last year
- The Health Care and Social Assistance industry employs more people in Tasmania than any other industry and is the main industry of employment for Enrolled Nurses. According to recent data published by the Department of Employment a 3.6% growth in employment in the Health Care and Social Assistance industry is predicted for Tasmania by 2018
- In the five years since June 2008, the number of people aged 65 years and over in Tasmania increased by 14.3%. As at June 2013, Tasmania had the highest proportion of people aged 65 years and over - at

VIC

- Some regional employers experienced considerable difficulty filling vacancies for Enrolled Nurses, whereas metropolitan employers were generally able to fill surveyed vacancies with qualified and experienced candidates
- The Department of Employment Survey of Employers who Recently Advertised (SERA) for Enrolled Nurses found that 48% of positions were filled from an average of 4.0 applicants and 0.7 suitable applicants per vacancy. By comparison, the March 2014 survey identified a higher vacancy fill rate, with 80% of advertised positions filled from 5.5 applicants and 1.8 suitable applicants per vacancy. Similarly, the 2013 survey results included a fill rate of 86% with 1.7 suitable applicants per vacancy
- The survey recorded some variation between metropolitan and regional vacancy fill rates. 58% of metropolitan vacancies and 41% of regional vacancies were filled
- Employers largely reported a preference for Enrolled Nurses with between one to five years of relevant experience. In an attempt to overcome their recruitment challenges, some regional employers reported a degree of flexibility around preferred experience and were willing to consider applicants without specific sector experience who demonstrated broader, transferrable skills
- Demand for ENs increased in 2014-15, driven by Victoria's ageing and growing population. Victoria's average quarterly population growth of 0.44% over the past 3 years is well above the long term average of 0.34% over the last 20 years (from 1995).

WA

- Most surveyed employers attracted a sufficient number of suitable and qualified applicants and there was no

evidence of recruitment difficulties for this occupation

- 75% of vacancies for Enrolled Nurses were filled within six weeks of advertising, compared to the 57% fill rate in the previous survey period
- At December 2014, Western Australia experienced the highest rate of population growth in the nation, with a 1.9% increase following a 3.0% growth in the previous year. The national growth rate for the same period was 1.5%, following a 1.7% growth in the previous year.

Workforce challenges and opportunities

Workforce demographics

Australia has an ageing population with one in five Australians expected to be over 65 years old in 2035. The high influx of migrants coming to Australia each year, of whom 80% are of working age, helps counteract Australia's ageing workforce and contributes to cultural diversity.²⁶ In the future, an organisation's employee profile is likely to contain more diverse age groups and more diverse cultural backgrounds.

Recent industry reports²⁷ concluded that population health trends, combined with an ageing nursing workforce and poor retention rates, will lead to an imminent and acute nursing shortfall, with a projected shortfall of approximately 85,000 nurses by 2025, and 123,000 nurses by 2030 under current settings.²⁸

Nevertheless, industry observed a "boom and bust" cycle in nursing education and the resulting number of nursing graduates. 'This has been particularly evident in recent years, where a significant proportion of new domestic nursing graduates have been unable to secure suitable employment, whilst experienced nurses continue to be recruited from overseas.'²⁹

The March 2016 NMBA Registrant Data Report states that the most dominant age group within the nursing workforce is 50-64 years (42.7%) followed by 40-49 years (21.5%). This highlights that Australia has an ageing nursing workforce.

Retirement of Australia's ageing workforce will mean industries will lose a large number of highly skilled workers, which may significantly impact the health and community services workforce which is predominantly older. This trend is likely to bring with it recruitment challenges for workers at management levels, as well as create an increased competitive environment for workers (both local and migrant) within this sector. There is a need to develop and promote tapered retirement models that can productively harness the skills of an ageing population and ensure positions are available for younger labour market entrants.³⁰

Workforce profile data suggests that the overall nursing workforce (including both RNs and ENs) is predominantly female (88.5%). A recent study in WA³¹ produced a profile of men working as nurses and reported that nursing was seen as an intrinsically feminine occupation and men were often subjected to negative gender stereotyping. This led to poor morale among male nurses and brought to light challenges surrounding job security, as well as limited career advancement opportunities. The study recommended increasing efforts to seek a higher level of recruitment of male nurses by engaging in targeted recruitment, as well as greater high school-focused promotion to encourage more men to gain qualifications in nursing.

Fluidity across boundaries and challenging 'gendered job' perceptions will become increasingly important for ensuring employability of Australians in the dynamic and rapidly changing employment market of the future.

Attraction to regional areas

Creating a sustainable workforce in regional and remote communities raises challenges. Supervision is also an issue for Enrolled Nurses operating in regional areas. Legislation states that Enrolled Nurses must operate under the direction of a Registered Nurse. As a result, supervision constraints may hinder the employment and effective utilisation of Enrolled Nurses in regional areas. Employment opportunities shifting to other sectors and locations can have negative outcomes for individuals who do not have the necessary skills or experience to

adapt to new and emerging jobs, or the resources to access possible regional growth areas.³²

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.³³

In the nursing industry, the Rural Health Professionals Program (RHPP), launched in 2012, aims to increase access to primary health care services in rural and remote Australia. Between January 2012 and February 2014, the RHPP attracted 130 nurses to rural and remote Australia.³⁴ Rural placements are generally associated with better opportunities for hands-on learning, more attention from supervisors and more autonomy.³⁵ Conversely, metropolitan placements are associated with providing better exposure to the latest technology and access to better facilities and infrastructure.³⁶ Removing preconceived perceptions about rural placements in the health sector is vital for attracting more students to rural areas.

Consumer directed care

The Consumer Directed Care (CDC) framework highlights the workforce challenges facing industry, as employers not only have to find more workers, but also develop new staffing models that are responsive to new forms of service delivery. There is a growing concern that this person-centred model will effectively create two tiers of workforce: one comprised of trained and regulated workers employed by agencies and service provider organisations, and a second less-qualified and unregulated workforce employed directly by individual service users.³⁷ The full impact of CDC will be further understood once this model comes into play nationally across aged care from February 2017.

Management and leadership skills

Employers have reported difficulties finding managers with both an understanding of the health industry and

the business and commercial skills required, leading to management and leadership skills becoming a priority in the sector.³⁸ The changes in service delivery have also heightened the need for effective business and administrative capabilities, strong management and leadership skills to effect relevant organisational change.³⁹

Retention and productivity

Workforce attrition is relatively high for the nursing sector, with the highest proportions leaving the profession in their early career and over the age of 60.⁴⁰ Modelling from HW2025⁴¹ and Australia's Future Health Workforce – Nurses identify improvements in retention and productivity as having the greatest potential to improve nursing sustainability.⁴²

The Nursing Workforce Sustainability: Improving Nurse Retention and Productivity report identifies three major areas for change which could significantly mitigate the risk of nursing shortages:

- Leadership: Building a workforce that has effective leaders at all levels to drive a culture of innovation;
- Retention: Developing strategies to support early career preparation and ongoing workplace development; and
- Productivity: Creating workplaces that enable innovation by giving the workforce autonomy to effect change.

The report proposes ten recommendations for actioning the above areas for change. Each will require providing appropriate education, training and development.

There is concern within industry that the EN job outcome is seen mainly as a pathway to university and to becoming an RN. This leads to lower numbers of qualified ENs, despite a constant and growing need for workers at this level. Industry is faced with a challenge in how to retain ENs and maintain their interest in this profession. This has led to a number of employers looking to upskill ENs by way of the Advanced Diploma of Nursing with the aim of providing career progression and retaining them in the role. It is further reported by stakeholders in the

NT, that although there are a number of RTOs with the Advanced Diploma of Nursing on scope for delivery within the NT, there is little delivery occurring, meaning that those pursuing career pathways move to RN training instead.

Additionally, in some States and Territories, legislation presents issues with the number of ENs that can be on duty in a workplace. For example, in Victorian private hospitals, only one third of the daily ward or unit-based staffing requirement is allowed to be made up of ENs, with the remainder being required to be RNs. This means that for smaller workplaces, where there may be only two nurses, both of them must be RNs.

Workforce demand vs supply – overseas workers

In the nursing industry, the Australian Nursing and Midwifery Federation (ANMF) has acknowledged that there is not only a 'strong tradition of international collaboration with nurses and midwives gaining further training and different clinical experiences around the world', but also 'merit in engaging international exchange and diversity'.⁴³

Nursing, in comparison to other professions, features strongly in both temporary and permanent skilled migration programs, suggesting that needs of the local workforce are not met. Foreign nurses make up 25% of all new entrants in the Australian nursing workforce each year and some employers state that they are favoured over new graduates due to their enhanced skills and overseas experience which are required for specialist roles.⁴⁴ Jobseekers in the industry, however, feel that employers prefer to utilise temporary migrant labour even though it is inconsistent with the key temporary skilled migration policy objective that 'offshore workers should not be engaged if there is a domestic worker willing and able to take up that role'.⁴⁵ Nurses employed under the 457 visa program, however, are subjected to higher levels of exploitation by employers and in some instances are also underpaid.⁴⁶

Advanced Skills Enrolled Nurses

Over the past fifteen years, a new classification of an 'Advanced Skills Enrolled Nurse' (ASEN) within the nursing and midwifery career structure has been introduced across most States and Territories. The ASEN position provides a nursing model of care that 'embraces advanced skills and knowledge within a collaborative nursing framework' and provides a new framework of career development for ENs.⁴⁷ At this time, there is insufficient research on the implementation of ASEN roles across organisations to determine their impact. To promote consistency across states and territories, a national industrial classification should be adopted which clearly stipulates scope of practice as well as supervisory requirements.⁴⁸

The ASEN position is a merit-based appointment which has been set up to respond to the primary challenges currently faced, and likely to be faced in future by the health system: adequate response to the rise in demand for services and the development of out-of-hospital services to reduce the rate of growth in hospital demand.⁴⁹

Presently, there is no national standard merit based selection criteria or national guidelines for selection for the ASEN position. The appointment to the role of an ASEN is merit based, site determined and specific to the practice setting and position created. It is not a personal classification and thus is not transferrable from one workplace to another, or between areas of clinical practice.

It is important to note that the HLT Health Training Package does currently cater to Enrolled Nurses with advanced skills. The Advanced Diploma in Nursing reflects the role of Enrolled Nurses who work in specialised areas of nursing practice including: acute care, aged care, critical care, mental health, perioperative, renal care, and those working in rural and remote settings. As the role of an ASEN further emerges, consideration should be given to this qualification.

D. Skills outlook

International and national trends in workplace design

Service delivery models and education and training

Over the past few decades, Australia's economy has shifted away from lower-skilled jobs towards a higher-skilled, service-based economy.⁵⁰ The attainment of educational qualifications remains important for higher-skilled occupations, with a projected growth of 10.4% (136,400) in jobs requiring an Advanced Diploma or a Diploma, 9.9% (299,000) in jobs requiring a Certificate II or III and 8.3% (147,100) in jobs requiring a Certificate IV or III (with at least two years on-the-job training).⁵¹

The composition of the workforce is directly correlated with the changes to the models of care, which now push for a qualified and skilled workforce.

Rise of enterprise skills

Jobs of the future will require Australians to be literate, numerate and digitally literate. In Australia, young people demonstrate a lack of proficiency in key skills such as problem solving, digital literacy and financial literacy.⁵² Testing in recent years has illustrated that Aboriginal and Torres Strait Islander students are more likely to be low performers in problem solving, with 50% of students from low socio-economic backgrounds and 62% of Aboriginal and Torres Strait Islander students recording low proficiency, and a similar trend being reported across digital literacy and financial literacy testing.⁵³

Service providers in health and community services are increasingly adopting digital technologies. For example, mobile technologies like iPads are being used to support more efficient practices, particularly in the areas of staff scheduling, management of client information, supervision, and training. These technologies need to be operated by appropriately skilled staff, which requires training for workers in technical, managerial, administrative and frontline roles.

Additionally, the move to telehealth and the increasing use of digital technology mean that health technicians

need to update their skills to be able to maintain and troubleshoot equipment. The increasing use of clinical technologies is also driving needs for enhanced technological skills to be included as units of competency within qualifications.

As a specific example, the aged care sector is likely to introduce innovative models of care that enable the aged care workforce to efficiently and effectively respond to the needs of older Australians. Investing in training, change management and service models that incorporate new and emerging technology is likely to benefit the workforce in this industry.⁵⁴ Staff in leadership and managerial roles will need to be competent across key management skills, including financial management, people management, emotional and psychological awareness, resilience and marketing, as well as planning and coordination, to ensure effective management of a multicultural workforce.⁵⁵

Top five skills required within the next three to five year period

Communication

Leadership

Critical Thinking

Aged Care

Technology

It is noted that there are elements of each of these skills included in the newly-endorsed HLT54115 Diploma of Nursing and HLT64115 Advanced Diploma of Nursing. This gives industry confidence that the current qualifications will continue to meet the sector's needs in the next three to five years.

Further, through the accreditation process for both RTOs and ENs, quality and professional standards for these skills are assured.

It is for this reason that the review of the current qualifications and associated units of competency has been scheduled for year four.

COMMON WORKFORCE SKILLS RANKED IN ORDER OF IMPORTANCE

Workforce Skill	Rank
Communication/Virtual collaboration/Social intelligence	1
Learning agility/Information literacy/Intellectual autonomy and self-management	2
Language, Literacy and Numeracy	3
Design mindset/Thinking critically/System thinking/Solving problems	4
Managerial/Leadership	5
Customer service/Marketing	6
Technology	
Data analysis	8
Science, Technology, Engineering and Mathematics (STEM)	9
Financial	10
Environmental and Sustainability	11
Entrepreneurial	12

When looking to broad workforce skills, varying interpretations and definitions are offered. The industry cautions that the description of a common skill may have a vastly different meaning and application to different individuals and organisations. Industry therefore warns that a lack of consistent understanding requires that careful consideration be exercised when reviewing and determining industry skills priorities.

The above skills were informed through a variety of methods, which included:

- meetings and consultation with stakeholders, either face-to-face or by telephone;
- desk research, which was undertaken to develop an understanding of existing research and views on skill requirements in this sector;
- an industry workforce survey, which was open to all stakeholders across all industries. The broad scope of the survey allowed a variety of individuals from different industries to contribute, which reflects the wide-ranging use of these training package components; and
- consultation with the IRC itself, to confirm that the information is both valid and reflects industry views appropriately.

E. Other relevant skills-related insights for this sector

The IRC has not identified any further issues to be addressed in this Industry Skills Forecast. However further insight may be identified and considered when developing a case for change.

F. Proposed Schedule of Work: 2016-17 – 2019-20

Time-critical issues

Training 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 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 are not required to have the updated qualifications on scope until 8 June 2017.

To allow the training products to be properly implemented and tested within the system, and given industry's view that the key skills required for this profession are addressed in the recently-endorsed qualifications, the training products in this sector have been scheduled for review in year four as per the proposed schedule of work.

Interdependencies

The Enrolled Nursing units are only used in Enrolled Nursing qualifications, with no other Training Package currently importing them.

The Enrolled Nursing qualifications will be impacted by the review of common health units such as HLTWHS units or HLTAID units; but also by other training packages such as CHC Training Package.

Where the IRC is advising that a training product would need to be reviewed more than once in the four-year period

The IRC notes that there may be instances of unforeseen change triggering a need to review training package products outside of where they are listed in the national schedule. Examples of unforeseen change include, but are not limited to, changes to legislation, regulation and industry licensing.

Where the review of a training product is expected to be contentious or involve lengthy work

It is difficult to predict if review of these training products will be contentious or lengthy as the detail of proposed change has not yet been identified or considered by industry. At this time no significant issues have been detected, however the IRC notes that the very nature of training product review work will bring to light differing stakeholder views.

G. IRC sign-off

This Industry Skills Forecast and Proposed Schedule of Work was agreed to by:

Alexis Watt, Chair of the Enrolled Nursing IRC

.....
Signature of Chair

Date:

Enrolled Nursing IRC Proposed Schedule of Work 2016-17 to 2019-2020

Contact details: Alexis Watt, Chair of the Enrolled Nursing IRC; Melinda Brown, SkillsIQ General Manager. Date submitted to Department of Education and Training: 28 April 2017.

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To allow the training products to be properly implemented and tested within the system, the training products in this sector have been scheduled for review in year four of this Industry Skills Forecast.

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
QUALIFICATIONS						
Year 4 (2019-2020) Based on timing of last review	HLT	Health training package	HLT54115	Diploma of Nursing		
Year 4 (2019-2020) Based on timing of last review	HLT	Health training package	HLT64115	Advanced Diploma of Nursing		
SKILL SETS						
Year 4 (2019-2020)	HLT	Health training package	HLTSS00062	Enrolled nurse renal health care skill set		

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
UNITS OF COMPETENCY						
Year 4 (2019-2020)	HLT	Health training package			HLTENN001	Practise nursing within the Australian health care system
Year 4 (2019-2020)	HLT	Health training package			HLTENN002	Apply communication skills in nursing practice
Year 4 (2019-2020)	HLT	Health training package			HLTENN003	Perform clinical assessment and contribute to planning nursing care
Year 4 (2019-2020)	HLT	Health training package			HLTENN004	Implement, monitor and evaluate nursing care plans
Year 4 (2019-2020)	HLT	Health training package			HLTENN005	Contribute to nursing care of a person with complex needs
Year 4 (2019-2020)	HLT	Health training package			HLTENN006	Apply principles of wound management in the clinical environment
Year 4 (2019-2020)	HLT	Health training package			HLTENN007	Administer and monitor medicines and intravenous therapy
Year 4 (2019-2020)	HLT	Health training package			HLTENN008	Apply legal and ethical parameters to nursing practice
Year 4 (2019-2020)	HLT	Health training package			HLTENN009	Implement and monitor care for a person with mental health conditions
Year 4 (2019-2020)	HLT	Health training package			HLTENN010	Apply a palliative approach in nursing practice
Year 4 (2019-2020)	HLT	Health training package			HLTENN011	Implement and monitor care for a person with acute health problems
Year 4 (2019-2020)	HLT	Health training package			HLTENN012	Implement and monitor care for a person with chronic health problems
Year 4 (2019-2020)	HLT	Health training package			HLTENN013	Implement and monitor care of the older person
Year 4 (2019-2020)	HLT	Health training package			HLTENN014	Contribute to maternal and infant health care
Year 4 (2019-2020)	HLT	Health training package			HLTENN015	Apply nursing practice in the primary health care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN016	Apply nursing practice in the emergency care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN017	Apply nursing practice in the orthopaedic care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN018	Apply nursing practice in the rehabilitation care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN019	Apply nursing practice in sexual and reproductive health care
Year 4 (2019-2020)	HLT	Health training package			HLTENN020	Conduct clinical assessments
Year 4 (2019-2020)	HLT	Health training package			HLTENN021	Apply nursing practice in the critical care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN022	Contribute to the registration, eligibility and assessment of donors

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4 (2019-2020)	HLT	Health training package			HLTENN023	Apply nursing practice in the respiratory care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN024	Apply nursing practice in the cardiovascular care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN025	Implement and monitor care for a person with diabetes
Year 4 (2019-2020)	HLT	Health training package			HLTENN026	Apply nursing practice in the perioperative setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN027	Apply nursing practice in the hyperbaric environment
Year 4 (2019-2020)	HLT	Health training package			HLTENN028	Apply nursing practice in the paediatric care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN029	Apply nursing practice in the contemporary aged care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN030	Implement and monitor care for a person with a stoma
Year 4 (2019-2020)	HLT	Health training package			HLTENN031	Apply nursing practice in the contemporary mental health care setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN032	Apply nursing practice in the rural and remote setting
Year 4 (2019-2020)	HLT	Health training package			HLTENN033	Research and report on nursing trends and practice
Year 4 (2019-2020)	HLT	Health training package			HLTENN034	Contribute to the improvement of clinical practice
Year 4 (2019-2020)	HLT	Health training package			HLTRNL001	Support a person with chronic disease
Year 4 (2019-2020)	HLT	Health training package			HLTRNL002	Provide care and support to a person undergoing renal replacement therapy

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