



MWh: CGR
Ref: EF/15/0020
20 December 2023

Dear Dr McGirr,

Re: Response to the Rural, Regional and Remote Healthcare Inquiry Supplementary Question

The New South Wales Nurses and Midwives Association (NSWNMA) thanks the Select Committee for the opportunity to speak at the inquiry hearing on 27 November 2023. The NSWNMA response to the supplementary question tendered by the Committee on the day is outlined below.

Supplementary Question: Are education and training programs for nurses and midwives adequately funded?

There are two aspects we have considered regarding this question:

- Clinical education of practising nurses and midwives
- Education of undergraduate nurses and midwives

Clinical Education of Practising Nurses and Midwives

Clause 55 of the Public Health System Nurses' and Midwives' (State) Award includes several discretionary provisions for learning and development leave. This extends to leave for short courses, seminars and conferences provided external to the employer, tertiary, and post-graduate study. The leave is applicable to both face-to-face and distance learning. We receive regular feedback from our members advising that when applying for study leave it is seldom granted. This is most often attributed to a lack of staffing; an inability to replace nurses undertaking education. This is despite the Award clearly stating that "*Chief Executives are also responsible for allocating an appropriate budget for learning activities, which may include replacement costs for rostered staff...*"

Data provided to the NSWNMA by the Ministry of Health shows that there are a larger number of clinical educators as a proportion of the workforce, and that the number of clinical nurse educators (CNE's) and clinical midwife educators (CME's) has increased over the past five years. Whilst we welcome this investment we continue to receive reports that clinical educators are being frequently re-deployed to perform direct clinical duties, both formally and informally, due to staffing gaps. This means that clinical educators lose the time to research, create, implement and evaluate high quality education, and that training sessions are missed.



Under the Award, CNE's should not be allocated a direct patient load unless in case of emergency.

We have been advised by CNE's that the dual roles of nurse educator with a patient allocation creates a near impossible task for them to meet their key performance indicators as education is often interrupted or incomplete.

In addition to clinical nurse educators being deployed to perform direct clinical duties, the NSWNMA frequently receives feedback directly from members in rural and regional areas about lack of planned mandatory education days. As a result, staff required to undertake mandatory clinical education must complete mandatory education while they are on shift with a patient load and carrying additional clinical responsibilities. Trying to deliver clinical education to staff while they are carrying a patient load does not create an environment conducive to learning and embedding knowledge that will result in our members being able to provide consistent, safe and effective care.

Research evidence in the Australian healthcare context highlights that one factor in retaining healthcare workers is access to education and structured career opportunities. Nurses and midwives are obliged to undertake mandatory continuing professional development of a minimum of 20 hours every practice year. While there is an onus on the individual to reflect on their practice to plan their education, employers should also proactively aid nurses and midwives to meet their educational needs.

A report prepared for the International Centre on Nurse Migration (Buchan, Catton, & Shaffer, 2022) highlights that one of the most important factors in improving the retention of nurses and improving attractiveness of nursing as a career is access to continuing education. It is acknowledged that NSW Health is currently spending a significant sum of money in rural, regional and remote areas on agency nurses to fill staffing gaps. Any measures that can retain a permanent nursing workforce and reduce turnover will achieve significant cost savings; there should be a focus on providing staffing resources to facilitate the delivery of clinical education.

Public reporting of funds allocated to training and education needs to be improved. For example, Hunter New England LHD's annual report states that over \$10M was allocated to training and education in 2023. The report does not provide a breakdown of how the funding is allocated, or which groups of staff were recipients. From our position, if our members are consistently denied their award rights to training and development leave, despite there being restricted funds for this purpose, our position would be that funding is inadequate.

Education of undergraduate nurses and midwives

The average cost of a Bachelor of Nursing for tuition alone is between \$15,000 to \$30,000 for a three-year full-time degree, while midwifery degrees can cost up to approximately \$36,000. In addition, students are expected to purchase and maintain a uniform and equipment for clinical placement; pay for GP appointments and mandatory vaccinations; necessary criminal history and working with children checks; CPR certification; and for some universities a mental health first-aid certificate. Students must also fund all travel and accommodation for mandatory clinical placements. Current funding and support arrangements for undergraduate students of nursing and midwifery are inadequate and act as a barrier to a diversity of people entering these rewarding professions.



Many students work casually in low-wage jobs to support themselves through their studies. Completing block clinical placements (equivalent to full-time work) means that students can go for several weeks without any income. Undergraduate students wanting to undertake a rural or regional clinical placement are required to give up casual employment, adding to the financial burden of completing clinical placements. As a result, the significant financial toll on students is commonly a cause of students not completing their studies. Further, access to affordable accommodation is a significant barrier, if available. Students report that access to accommodation in rural and regional areas is frequently impossible to find.

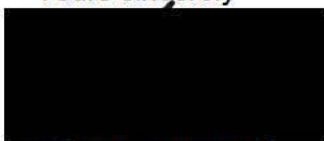
The impact of new NSW Government scholarships and student supports to be implemented in 2024 cannot yet be gauged, however the current structure of nursing and midwifery education is not adequately funded. The forthcoming scholarships are limited in number at only 2,000 per year and broad in scope targeting a wide range of health students. This is unlikely to resolve the predicted shortage of 8,000 nurses in NSW by 2030. The groups who are most vulnerable to non-completion of their studies need to be identified and targeted support provided to ensure that anybody with the capability of becoming a nurse or midwife can do so.

Many rural, regional and remote facilities rely on Enrolled Nurses (EN) as a significant part of their staffing and skills mix. The Diploma of Nursing is currently fully funded through TAFE NSW which is a positive step to boost the workforce. As ENs earn less than a Registered Nurse (RN), many would like to pursue further education, including a pathway to becoming an RN, however, the cost of the course and of attending clinical placements, relocation and associated extra outlays, mean that achieving the diploma or upskilling is not achievable for many ENs, especially those working in rural and regional areas. Typically, ENs wanting to upgrade their qualification are mature age students with family responsibilities. Awarding full scholarships and other financial support to this cohort could be a very cost effective and fast way to increase the skills mix in RRR facilities, where they are already well established and valued members of the healthcare team.

Many students work casually in low-wage jobs to support themselves through their studies, however, block clinical placements mean that students can go for several weeks without any income. This takes a significant financial toll on students, and we are aware that it is commonly a cause of students not completing their studies. The state government should work with their federal counterparts to provide financial support for nursing and midwifery students on clinical placement as has been recently provided to NSW Police cadets.

The NSWNMA once again thanks the Select Committee for the opportunity to be involved in this inquiry. We continue to strongly advocate for our more than 35,000 members who live and work in rural, regional and remote locations across NSW. We believe that nurses and midwives who have safe and satisfactory working conditions are key to healthier communities. The NSWNMA and our members are open to further dialogue leading to action and are willing to provide further information as needed.

Yours sincerely



MICHAEL WHAITES
Acting General Secretary
NSW Nurses and Midwives' Association