

**INQUIRY INTO PROVISIONS OF THE PUBLIC HEALTH  
AMENDMENT (REGISTERED NURSES IN NURSING  
HOMES) BILL 2020**

**Name:** Name suppressed  
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Partially  
Confidential

- **Form must follow function: For us to decide what form our workforce needs to take, we have to determine the functions health needs to perform**
- **What have we learnt from the past 10 years and in particular from 2020?**
  - Fewer people want (and indeed need) to come to hospital or visit their GP, in the past year exacerbated as a result both of COVID-19 and the changes put in place to manage it.
  - Fewer people want to go into nursing homes and hospices and would prefer to be cared for at home, and indeed to die at home.
  - This means that those people who do need to go to hospital and who do need to go into nursing homes will be sicker and require higher levels of care.
  - We have proven we can manage to care for large numbers of people safely through primary and community health, through telehealth, through outreach care and through virtual wards.
  - In the public hospital system, there is a significant cost associated with numerous fractional VMO appointments.
  - Staffing using agency workforce creates a significant impact on staffing budgets as the agencies are paid a fee over and above the cost of employing the casual staff.
- **What does that mean for our staffing?**
  - Staff working in hospitals, hospices and aged care facilities need to be **highly qualified and well supervised in training**.
  - The pressure on JMOs working in these highly complex environments needs to be recognised and strong supervision and support needs to be in place. Some hospitals have been employing after-hours generalists to provide **more experienced supervision for JMOs**.
  - Primary and community health cannot (and never really has been) be the sole domain of GPs. **Recognition of the roles of specialist medical, nursing and allied health staff in outreach, telehealth and virtual wards need to be recognised, implemented and adequately funded**.
  - There need to be **more skilled nursing and allied health staff working in primary and community health centres**, as well as GP practices.
  - **Nurse practitioners are already working in underserved areas and need better access to MBS items** to serve their communities (see the Nurse Practitioner Reference Group report to the MBS Review Taskforce and the Australian College of Nurse Practitioner's response <https://www.acnp.org.au/mbs-review>)
  - Pharmacists need to be able to play a stronger role in front line health care management. **Multidisciplinary pharmacy staffing and review** could enable better front line care and reduce polypharmacy.
  - Encouraging the appointment of **more staff specialists** in the public sector needs to be a priority.
  - **Casual pools need to be introduced for all health workforce categories** to address staffing shortages.