OUR **HEALTHCARE** FUTURE

HEALTH WORKFORCE 2040

NURSING AND MIDWIFERY

Department of Health

Tasmanian Government

The Tasmanian Department of Health acknowledges the Aboriginal custodians of Lutruwita (Tasmania). We pay respect to Tasmanian Aboriginal people, including Elders past and present.

Throughout *Health Workforce 2040*, the term 'Aboriginal' refers to all Aboriginal and Torres Strait Islander people.

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EXECUTIVE SUMMARY

Together we provide access to services that help Tasmanians to lead healthier lives.

Nurses and midwives are an integral part of Tasmania's health care team and the largest health workforce in both public and private sectors, with over 8,500 employed across Tasmania in 2019. This continues to grow.

Most nurses and midwives are clinicians – providing direct frontline care in hospitals, clinics, schools and other community settings – while some work in education, administration, public health, research or policy roles.

Nurses have been an essential part of our frontline response to COVID-19 in Tasmania, from working in our testing clinics, to public health services and being the backbone of our vaccination clinics. The response to these challenges by the nursing and midwifery workforce has been inspirational to both those working within the health services and to the broader community.

This document supports *Health Workforce 2040,* along with *Health Workforce 2040: Allied health* and *Health Workforce 2040: Medicine*. It is an analysis of Tasmania's nursing and midwifery workforce in 2019 and provides insights into future health workforce needs, challenges and opportunities.

A sustainable and reliable nursing workforce is integral to providing a viable health care system delivering optimal health outcomes for the population of Tasmania.

Tasmania's nursing and midwifery workforce includes:

- Enrolled Nurses (ENs)
- Registered Nurses (RNs)
- Dual registrant Enrolled Nurse-Registered Nurses (EN-RNs)
- Registered Midwives (RMs)
- Dual registrant Registered Nurse-Midwives (RN-RMs)
- Nurse Practitioners (NPs).

Nurse Practitioners are registered as Registered Nurses and are endorsed by the Nursing and Midwifery Board of Australia (NMBA). A small number of Nurse Practitioners in Tasmania are also registered as midwives. Nurses and midwives work in a diverse range of areas of practice in Tasmania. Initial analysis provided in this document relate to areas of anticipated continued growth – such as aged care and practice nursing – and high visibility or challenging dynamics – such as critical care, emergency, perioperative, mental health nursing, and midwifery. Further information about these divisions, endorsement, and areas of practice are in the Nursing and Midwifery Workforce Profiles (Appendix A).

Our experiences in 2020 with the COVID-19 pandemic have demonstrated the importance of having a flexible workforce that can respond to rapidly changing environments and health care demands. The importance of supporting education and training has also been highlighted in upskilling health professionals in areas of demand. Additionally, COVID-19 has driven rapid developments in the way our health professionals work, with telehealth being used in new and innovative ways to provide support for patients.

The management and response to the COVID-19 pandemic to date in Tasmania and Australia has highlighted some existing vulnerabilities in the nursing workforce both domestically and internationally. The pandemic has highlighted the need to rapidly identify skills and expertise within the nursing workforce, upskill quickly and efficiently, maintain skills and to support workforce mobility to support those areas of the health system with pandemic induced supply issues.

Vulnerabilities identified during the response to the pandemic include:

- difficulty in rapidly upskilling the nursing workforce in areas of need including critical care and aged care
- exacerbation of staffing shortages with little capacity to respond to increase work requirements and the impact of health care worker infections and quarantining requirements
- mobility of the workforce being both impacted by border closures and local employment and service models
- increased risk of transmission when employees work at multiple sites.

The transition to a 'new normal', beyond the immediate impact of the current pandemic will require agility and adaption to new and emerging models of care and technology developments that have evolved during the pandemic. The experience to date of COVID-19 has demonstrated the need to improve the retention of qualified nurses and midwives, and to ensure adequate domestic preparatory training capacity. This requires:

- assessing and improving nurse and midwife workforce data in order to be able to understand the current profile of the professions
- working with partners to expand the capacity of nurse and midwife preparatory education to meet demand, and to sustain long term nurse and midwife workforce supply
- improving the retention of nurses and midwives and the attractiveness of the professions for a career, by ensuring that the risk of COVID-19 burnout is addressed
- enabling the nursing and midwifery workforce contribution to be optimised through supporting advanced practice and specialist roles, effective skill mix and working patterns, teamworking, and provision of appropriate technology and equipment
- implementing strategies to address nurse and midwife workforce sustainability issues.

Ensuring the long-term sustainability of our nursing and midwifery workforce in Tasmania must be an ongoing priority of the Tasmanian health system.

KEY FINDINGS

The nursing and midwifery workforce in Tasmania is an essential part of the health professional workforce providing services in the community, hospital, and subacute care environments. The nursing and midwifery workforce continues to grow with the public sector growing at a faster rate than the private sector over the five years to 2019.

Compared to Australia as a whole, Tasmania has more nurses and midwives per 100,000 population than the national average. Patterns vary significantly by division of registration and area of practice. For example, there are less nurses and midwives per capita than the national average working in critical care and in midwifery respectively. This is coupled with low growth rates in those areas of practice.

The COVID-19 pandemic has had a significant impact on the nursing workforce. The nursing workforce has been the backbone of our ongoing response to COVID-19 in Tasmania. Nurses are managing and supporting the ongoing public health response, testing clinics around the state, the vaccination program being delivered across the public and private sectors and in our health services which have developed COVID-19 specific areas within the services to manage the ongoing threat of COVID-19. This response has exacerbated existing challenges in managing and maintaining a large workforce with ongoing recruitment challenges.

Aged care nursing is the largest area of practice (noting this does not equate to setting) and will continue to grow as the Tasmanian population over 65 is expected to grow significantly into the future.

The nursing and midwifery workforce as a whole has decreased slightly in age from 2014-2019, however the proportion of the nursing and midwifery workforce over 60 remains an area of some concern. The aged care, mental health, management, research and drug and alcohol nursing workforce had a high proportion of workers over 60 years of age.

The distribution of the nursing and midwifery workforce remains of some concern with the North West region having a lower number of Registered Nurses and Midwives per capita compared to Tasmanian and national rates.

Growth as well as workforce reform and service innovation are necessary to meet the future requirements of the health system. Initiatives are needed to shape the nursing and midwifery workforce so that skills are developed, and depth of experience is available in locations and practice areas of existing and emerging need as the age profile of the workforce continues to change.

Education and training of nurses and midwives occurs in a range of settings with articulated pathways from vocational training and university-based education into transition-to-practice. There is opportunity to continue to build relationships with education providers and the private sector to develop pathways that better meet both individual and health service needs.

Finally, the wellbeing of the nursing and midwifery workforce needs to be promoted and supported through the development of health workplace cultures that focus on inclusion and quality of care in workplaces.

SHAPING THE WORKFORCE

Tasmania's nursing and midwifery workforce is the largest health professional workforce. It has been growing, while average hours have been falling. The proportion of hours worked between the public and the private sectors has remained steady. Significant supply variations exist by region and area of practice.

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

The nursing and midwifery workforce is analysed using the national health workforce dataset. This enables the workforce to be looked at by the division of registration as well as by the area of practice which is identified in the workforce survey.

The following analysis of the existing workforce includes all divisions of registration. Workforce profiles are also provided in Appendix A for these divisions of registration and the areas of practice outlined in Figure 1.

Unless otherwise indicated, discussion of the major registration divisions includes dual registrants. For example, discussion of registered nurses includes Registered Nurse, Enrolled Nurse-Registered Nurse and Registered Nurse-Midwife registrants. Data and graphs show all relevant registration divisions (Enrolled Nurse, Registered Nurse, Enrolled Nurse-Registered Nurse, Registered Nurse-Midwife, Midwife registrants) where the scale of the graph makes this feasible.

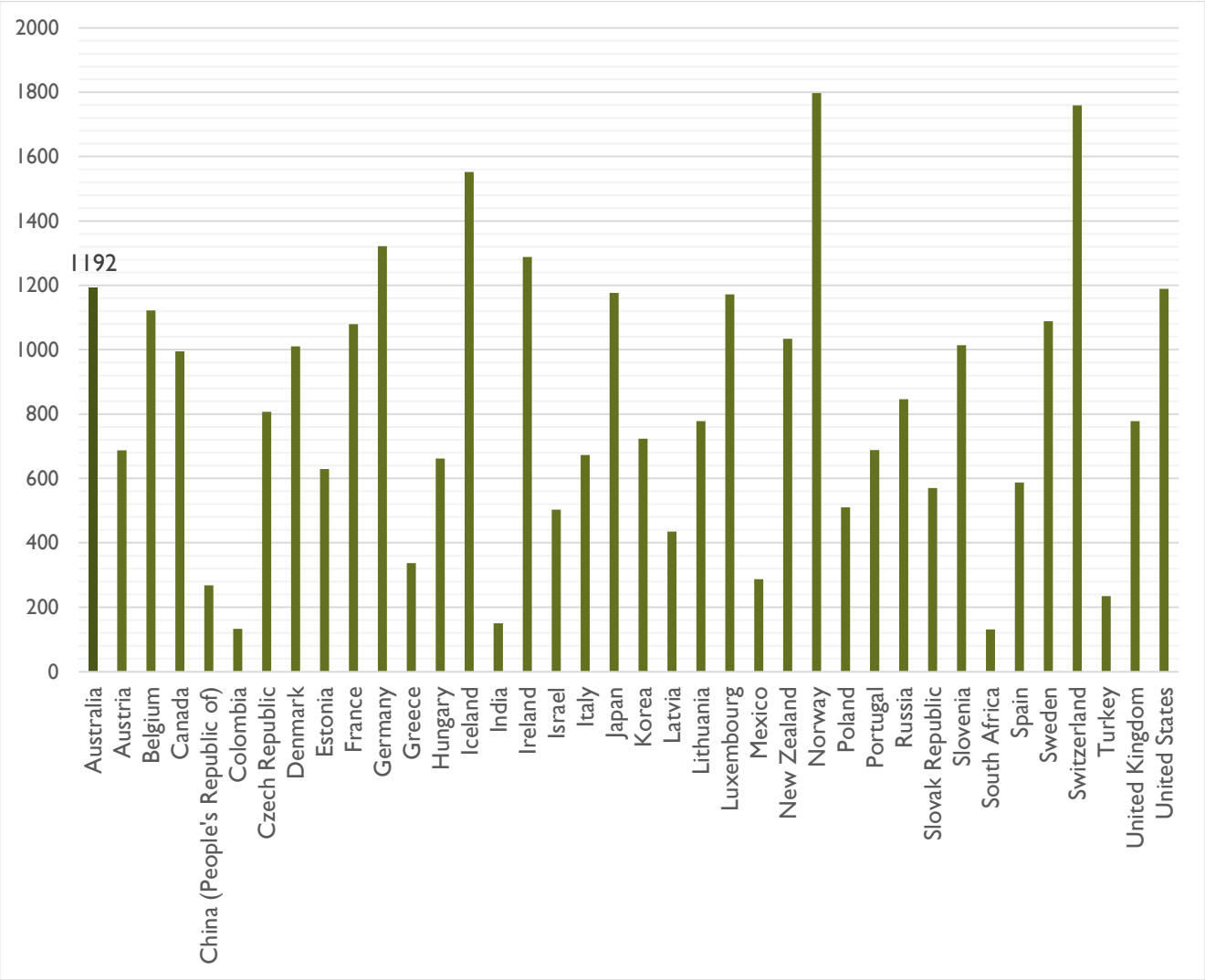
Figure 1 Nursing and midwifery divisions of registration and areas of practice profiled in this report

Divisions of registration	Areas of practice
Enrolled Nurses	Aged care nursing
Midwives	Critical care nursing
Nurse Practitioners	Emergency nursing
Registered Nurses	Mental health nursing
	Perioperative nursing
	Practice nursing

WORKFORCE SIZE

According to the latest information available from the Organisation for Economic Cooperation and Development (OECD), in 2018 Australia had 1192 nurses per 100,000 population, see Figure 2. This data excludes all midwives, as well as nurses in non-clinical roles. It based on OECD Health Statistics 2020 Definitions, Sources and Methods using NHWDS headcount of active nurses in clinical roles divided by ABS population data from the 2016 Census and projections from 2017. Other countries' data may be from different years, as the chart shows the most recent data held.

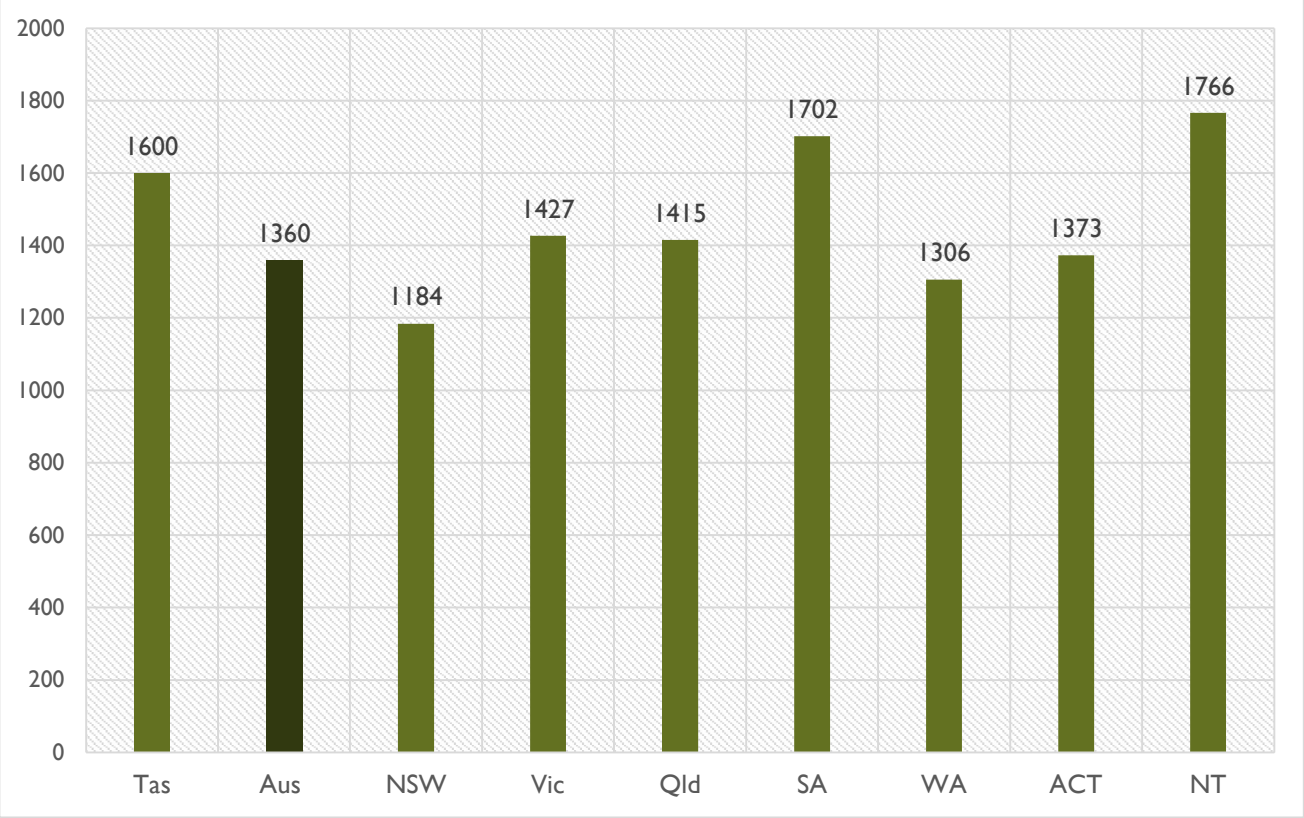
Figure 2 Nurses (headcount) per100,000 population latest available data, OECD countries



Source: OECD 2021, Health resources - Nurses - OECD Data updated to be per 100,000 population

There were 8,551 employed nurses and midwives in Tasmania in 2019. This provides a density of nurses and midwives per 100,000 population of 1600, more than the national average of 1360. South Australia and the Northern Territory were the only states with a higher number of nurses and midwives per 100,000 population than Tasmania in 2019 (Figure 3).

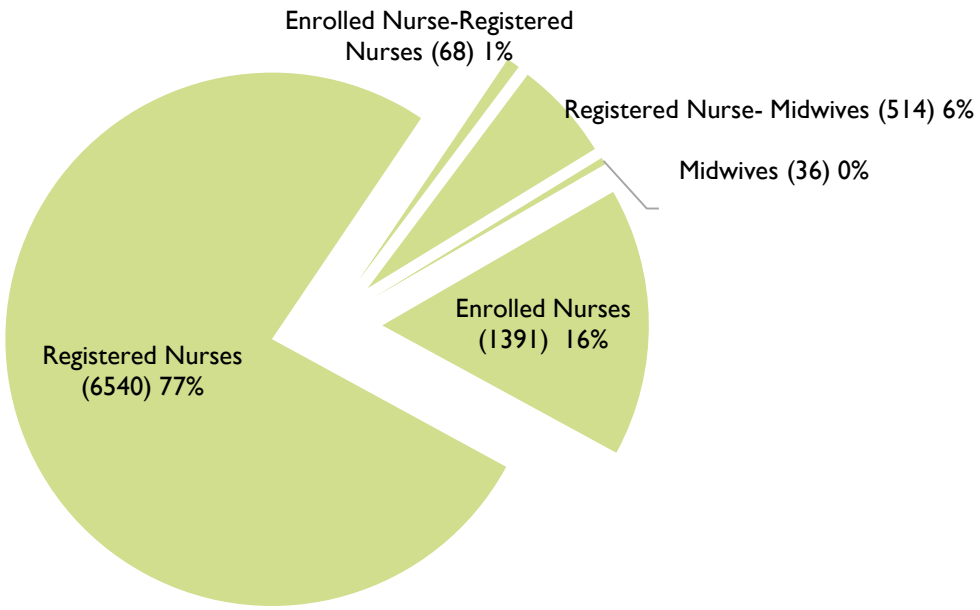
Figure 3 Nurses and midwive (headcount) per 100,000 population, Tas, Aus and jurisdictions, 2019



Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

As shown in Figure 4, Registered Nurses (including Registered Nurse, Enrolled Nurse-Registered Nurse and Registered Nurse-Midwife registrants) account for 83 per cent of the Tasmanian nursing and midwifery workforce in 2019. Of these, 8 per cent are dual registrants.

Figure 4 Nurse and midwife headcount by registration division, Tas 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

HOURS WORKED

Tasmanian nurses and midwives reported working an average of 32.7 hours per week in 2019. This is less than registered allied health professionals (34.6 hours) and medical practitioners (40.7 hours) and slightly lower than the Australian nursing and midwifery average weekly hours of 33.5.

As Figure 5 shows, the total number of reported working hours per week remained reasonably steady for Enrolled and Registered Nurses over the 2014-19 period but decreased for Registered Nurse-Midwives, and fluctuated for the relatively small number of Midwife-only registrants.

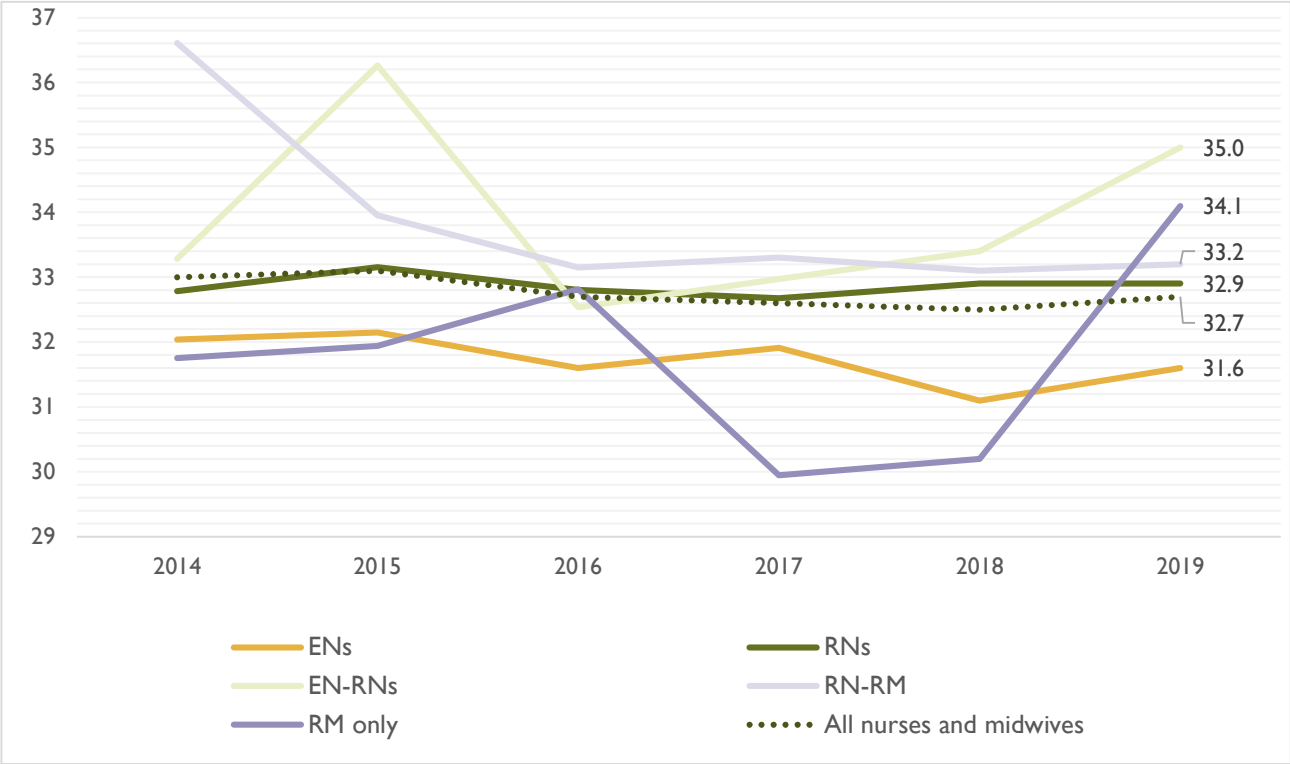
Dual registered Registered Nurse-Midwives and Enrolled Nurse-Registered Nurse dual registrants worked slightly longer average hours than other registration divisions which may reflect both the demand for their services and the criteria they need to meet to retain dual registration.

Most of Tasmania's nurses and midwives work part-time (less than 38 hours per week), with the greatest percentage in 2019 being Enrolled Nurse (only) registrants (70 per cent), and the least being triple registrants (Registered and Enrolled Nurses and Midwife), at 50 per cent.

Providing flexible working arrangements for nurses and midwives provide an inclusive and productive workplace and assist with attraction and retention of an appropriately skilled nursing and midwifery workforce. Part-time work supports work/life balance and can contribute to less overtime, fatigue, and reliance on nursing and midwifery agency locums.

There are some challenges that come with managing a workforce that has high part-time participation such as increased administration of leave and training as well as more complex rostering that needs to accommodate work patterns. Part-time staff often hold down multiple positions creating additional challenges including avoiding fatigue, responding to dynamic service and staffing changes and accurate input to payroll.

Figure 5 Average weekly hours worked by registration division, Tas 2014-19

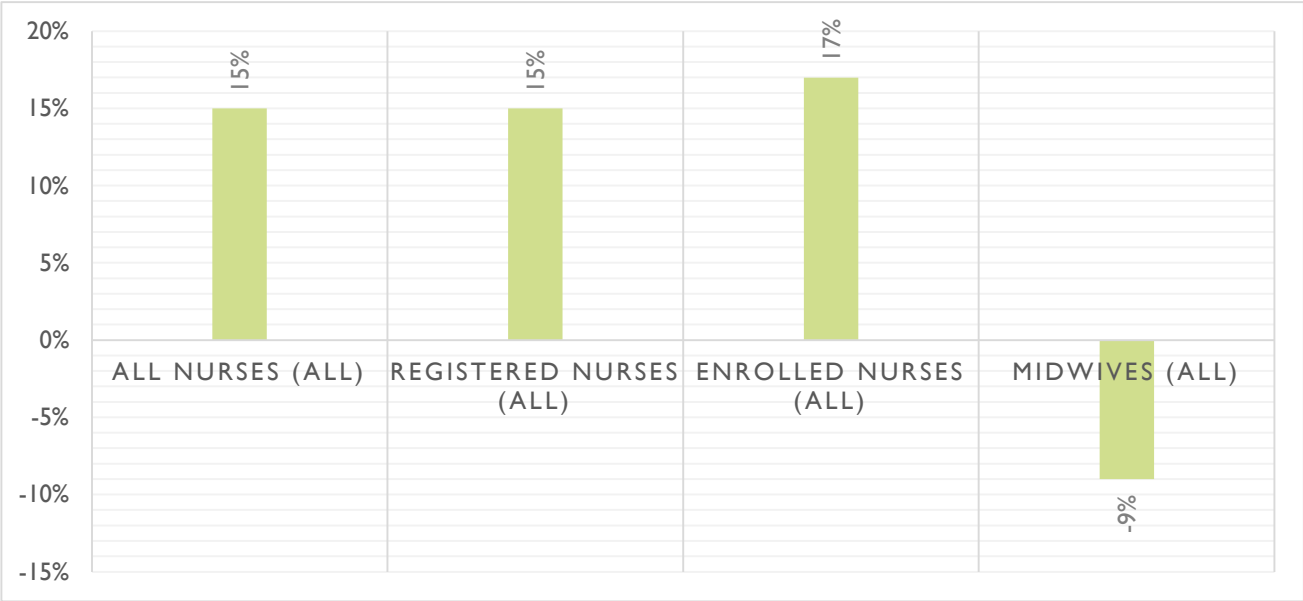


Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

WORKFORCE GROWTH

Over the period 2014-2019, the nursing and midwifery workforce full-time equivalent (FTE) grew by 15 per cent, as shown in Figure 6. This includes; 17 per cent growth for Enrolled Nurses, 15 per cent growth for Registered Nurses, and a 9 per cent decline in the the FTE worked by Midwifery registrants (Midwife-only and Registered Nurse-Midwives combined). The overall workforce growth is consistent with national growth (14 per cent).

Figure 6 Growth of nursing and midwifery FTE, Tas 2014-19



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

This growth was reflected by the headcount growth which also grew by 15 per cent from 2014 to 2019. Enrolled Nurse headcount grew by 18 per cent, Registered Nurse headcount grew by 15 per cent. Although the midwifery headcount decreased only by 0.2 per cent, the FTE worked by all divisions that include midwifery decreased by 9.4 per cent between 2014 and 2019. Greater declines in midwife FTE than in midwife headcount have occurred in all states, territories and Tasmanian regions over this period, a result of reduced numbers of dual registrants (RN-midwives) and reduction of average working hours per week.

For dual or multiple registrants, meeting the annual registration requirements for multiple registrations can be onerous and this may influence their desire to stay in both nursing and midwifery professions. As the number of registrants holding both nursing and midwifery registration has dropped (by 16 per cent nationally and 10 percent in Tasmania from 2014 to 2019), the average midwifery hours worked by midwifery registrants has continued to decline, although the proportion that midwifery hours make of all hours worked by dual registrants has remained steady.

PRIVATE AND PUBLIC SECTORS

Between 2014 and 2019 growth in the nursing and midwifery workforce in the public sector was higher than the private sector.

In 2019, there were 8,551 nurses and midwives employed in either the private or public sector in Tasmania of whom 8,351 reported working clinical hours. Non-clinical hours are not able to be attributed by sector, so only those who work clinical hours are included in these figures.

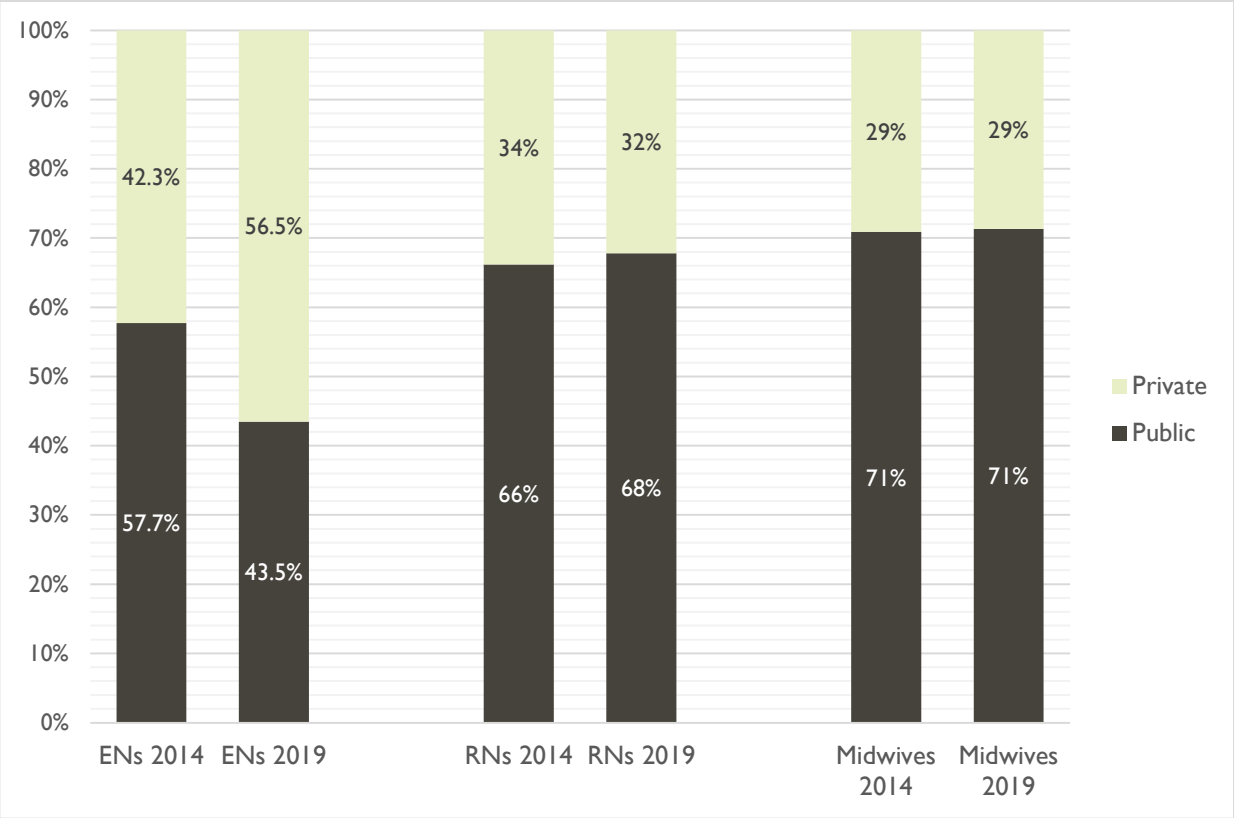
- 5,088 nurses and midwives report working clinical hours in the public sector,
- 3,263 report working clinical hours in the private sector and
- 332 report working in both.

The overall proportion of nursing and midwifery clinical hours worked in the public sector has averaged 63 per cent across the period from 2014 to 2019. From 2014 to 2019 there has been little change in the proportion of public and private clinical hours for RNs and Midwives, however ENs are now working a higher proportion of hours in the private sector (see Figure 7).

The number of clinical nursing and midwifery hours worked has grown more in the public sector (20%) than the private sector (11%) between 2014 and 2019.

The number of nurses and midwives (headcount) who report working clinical hours in the public sector grew by 20 per cent, and the number who report working clinical hours in the private sector grew by 10 per cent.

Figure 7 Proportion of clinical hours worked in each sector by registration division, Tas 2014 and 2019



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

GEOGRAPHIC DISTRIBUTION OF THE NURSING WORKFORCE

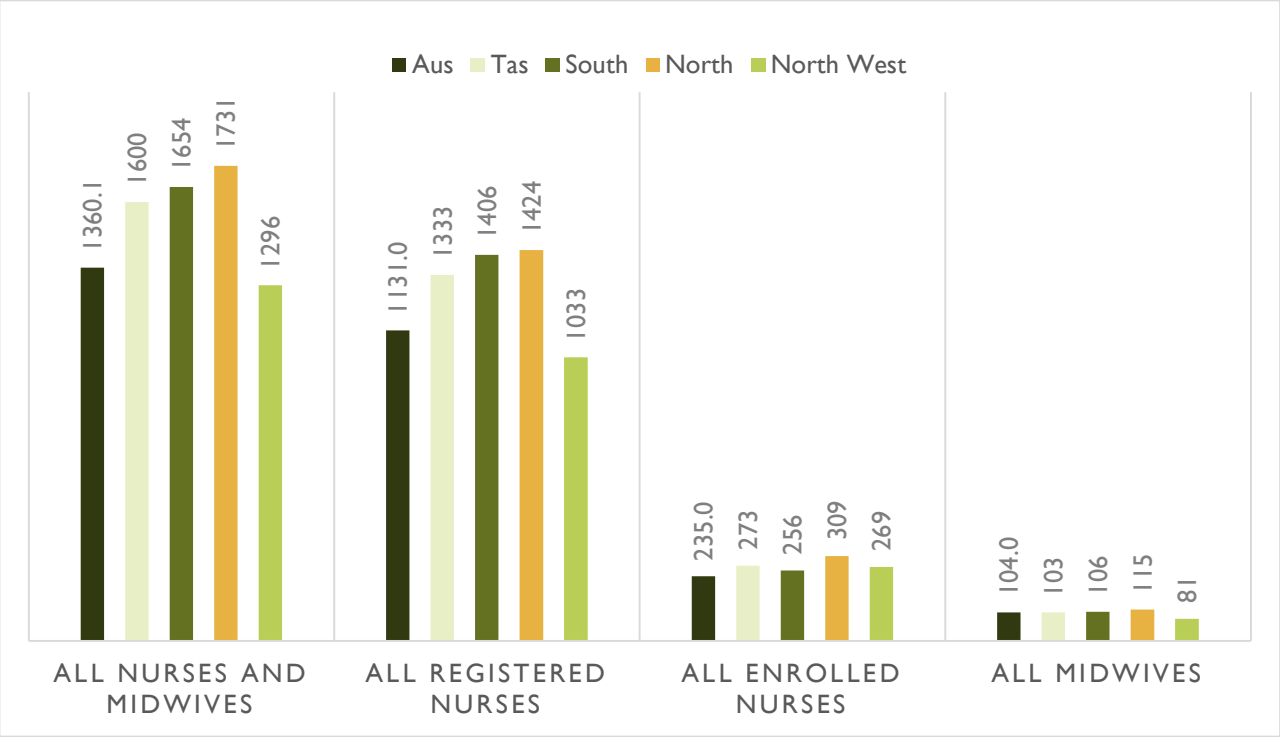
There are fewer nurses and midwives per capita in the North West of Tasmania than for the state overall.

In 2019 there were 1600 nurses and midwives per 100,000 population in Tasmania, greater than the national average of 1360.

In Tasmania, the North has the highest density followed by the South with the North West having the lowest number of nurses per population serving its community (Figure 8 and Figure 9).

The geographic distribution of Enrolled Nurses is more evenly spread in contrast to almost all other health professions in the State. This is likely to reflect historical local training opportunities.

Figure 8 Nurse and midwife (headcount) per 100,000 population by region, 2019



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), ABS population data cat. 3235.0 (2019)

Figure 9 Nurse and midwife (FTE) per 100,000 population by region, 2019

Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), ABS population data cat. 3235.0 (2019)

RURAL AND REMOTE SERVICES

Rural and remote leave incentive

The ability to undertake professional development or access annual leave can be difficult for nurses and midwives living in rural and remote parts of Tasmania. Sourcing relief staff can be challenging. This can be seen as a disadvantage by nurses and midwives when considering whether to accept positions in these locations and applies to both private and public employment sectors. Tasmania is fortunate to be able to access locum support cover through a Commonwealth initiative program called Rural Locum Assistance Program (Rural LAP). This program provides cover for up to 28 days per year per nurse or midwife so that rural and remote nurses and midwives can access leave. The priority is to cover staff leave for the purpose of undertaking professional development.

Nurses and midwives are the backbone of rural and remote health and community service delivery. Some of the programs in place to facilitate recruitment and retention include support for leave and rotational time in acute facilities.

Staff rotation

There is potential to provide ongoing professional development by facilitating staff rotation to larger facilities. There are instances where this is already undertaken in an ad hoc manner, but there is no consistently structured statewide arrangement. Examples are rotation for rural and regional midwives to undertake shifts at either Royal Hobart Hospital (RHH) or Launceston General Hospital (LGH) and triage and clinical skill development for remote nurses through rotation shifts in larger emergency departments. Development of a formal plan - where staff could also undertake a rotation from a larger facility to a rural or remote facility - would be beneficial to staff and patients both in remote and centralised locations. This would assist in more timely inter-facility transfer back to the patient's community because staff in larger facilities are able to gain/maintain knowledge of regional care capabilities. This would enable patients to be closer to their family and friends for a greater proportion of their care pathway, enable staff in rural and remote locations to develop and maintain clinical skills, and improve patient flow for the organisation.

EDUCATION IN THE NORTH WEST

The University of Tasmania campus opened a new nursing campus in the North West in 2021. Bachelor of Nursing and Bachelor of Aged Care and Dementia undergraduate courses and some post-graduate options are being offered from this campus. This moves towards addressing issues of poor geographic distribution of the existing and emerging nursing workforce by putting in place local training pathways into the health professional workforce, educational and career opportunities for existing nurses and promotes regional growth.

AREAS OF PRACTICE

An area of nursing or midwifery practice can be defined as a specified area of work in which a nurse or midwife uses their skills and knowledge within the authorised scope of practice of their registration. The definition is not restricted to the provision of direct clinical care. The area of practice includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles that impact on safe effective delivery of health services within the nursing and midwifery professions.

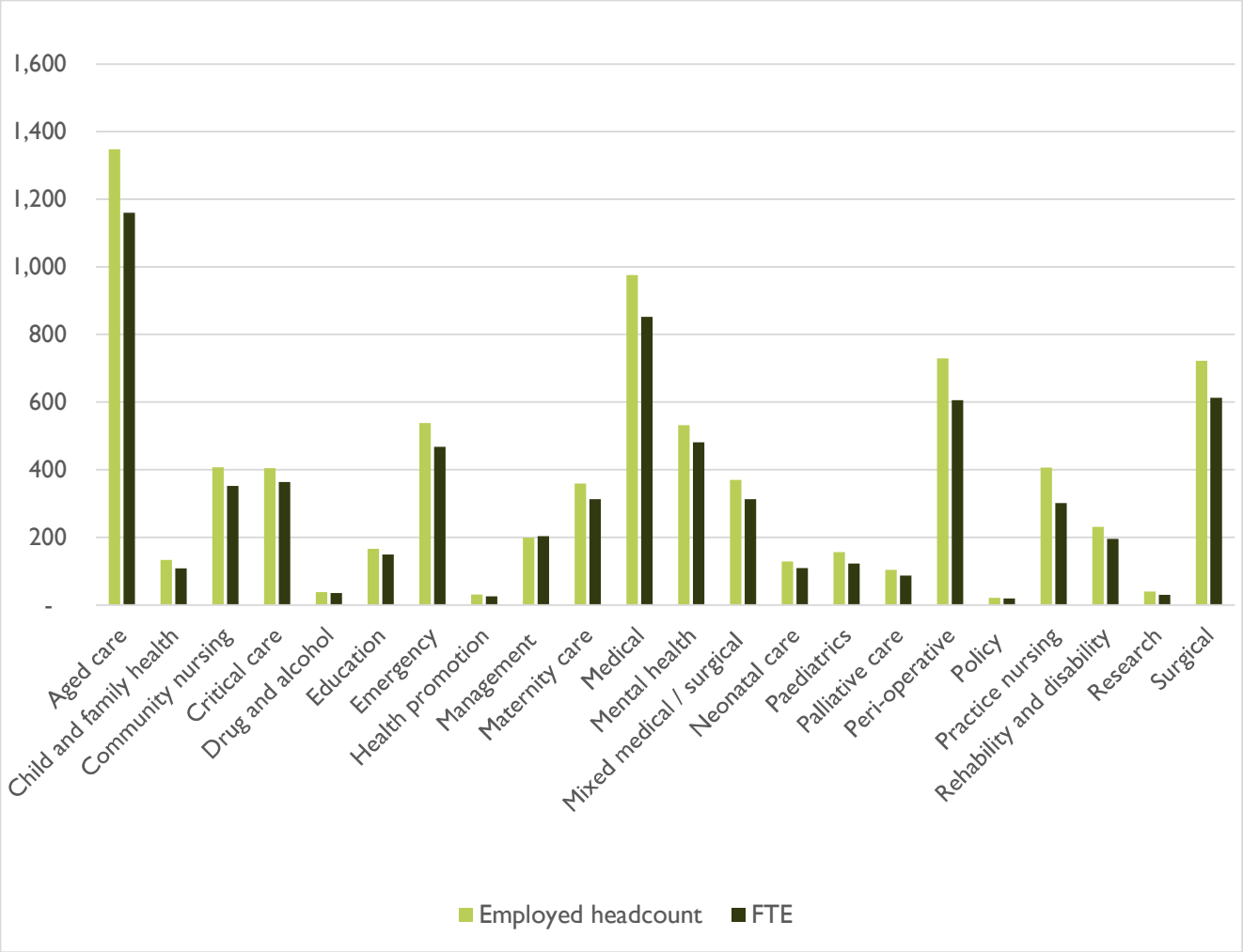
Examples of areas of practice within the nursing and midwifery professions include: aged care, critical care nursing, emergency nursing, mental health nursing, perioperative nursing, practice nursing, maternity care, child

and family health, community nursing, drug and alcohol nursing, education, health promotion, management, medical specialty nursing, mixed medical/surgical nursing, neonatal care, paediatrics, and palliative care.

Figure 10 shows the headcount of nurses and midwives employed in the various areas of practice and the corresponding FTE. Tasmania's largest area of practice in 2019, in both headcount (1348) and FTE (1159.5), was aged care and the smallest was policy with a headcount of 21 and 19.0 FTE.

Across all practice areas except management, the headcount was higher than the FTE. The lowest average FTE per person was worked in the practice areas of practice nursing at 0.74 FTE per person and research at 0.76 FTE per person. The highest average FTE per person was reported in practice areas of management at 1.02 FTE per person and drug and alcohol nursing at 0.93 FTE per person.

Figure 10 Headcount and FTE of nurses and midwives by practice area, Tas 2019



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

Consultation with managers indicated that several areas of practice were of concern with difficulty recruiting, high average age, or increasing demand pressures. These include aged care, critical care, emergency, mental health, perioperative, and practice nursing. The midwifery workforce has also been identified as requiring future workforce planning due to the decrease in numbers and the higher average age of the midwifery workforce. Further practice area and registration division information is included Appendix A.

MIDWIFERY AND MATERNITY CARE

The number of births in Tasmania is declining

According to the Australian Bureau of Statistics' *Births, Australia, 2019*, Australia's total fertility rate was 1.66 babies per woman in 2019.[1] Tasmania's fertility rate was higher than the national average (1.79 births per woman) but has fallen 10.1 per cent since 2014.

The number of births in Tasmania in 2019 has declined by 3.3 per cent since 2014 with the birth rate in Tasmania now 10.7 births per 1,000 population.

Maternity care is mostly provided by Midwives, however there are a small number of Registered Nurses and Enrolled Nurses who do not have midwifery registration who report working in this area of practice.

Midwives

In 2019 there were 552 Midwives working in Tasmania, a decrease in headcount of 0.2% per cent and 9.4 per cent in FTE from 2014. Larger declines in midwife FTE than in midwife headcount have occurred in all states, territories and Tasmanian regions from 2014 to 2019.

The number of Midwives who held both Registered Nurse and Midwifery registration fell from 540 in 2014 to 514 in 2019 while the number of Midwives holding only midwifery registration increased from 13 to 36.

Midwives work an average of 33.3 hours per week (9 per cent less than in 2014), however the Midwife-only registrants report an average of 34.1hours per week in comparison to dual registrant Registered Nurse-Midwives who report working an average of 33.2 hours per week.

Dual registrants (Registered Nurse-Midwives) report working in many areas of practice beyond maternity care – the most common being management, neonatal care, and child and family health. Where a dual registrant is not working in midwifery for an extended period, meeting registration requirements becomes an issue for maintaining both registrations.

On average, Registered Nurse-Midwives work 55 per cent of their hours in midwifery and 45 per cent in nursing in Tasmania – with the highest percentage of midwifery hours worked by Registered Nurse-Midwives in the North West where 57% per cent of their hours are worked in midwifery and 43% per cent in nursing.

The average age of Midwives rose from 48.5 to 49.4 during the period from 2014 to 2017 and then fell to 49.0 in 2019, reflecting slight declines in the South and the North West during the period. Nationally, the average age was 47.3 years in 2019, and has decreased from 48.7 in 2014.[2]

[1] Australian Government - Australian Bureau of Statistics 2019, *3301.0 - Births, Australia – Data Downloads*, 2019, viewed 23 February 2021, https://www.abs.gov.au/statistics/people/population/births-australia/latest-release.

[2] Australian Government - Department of Health 2020, *Health Workforce Data – Summary Statistics Nursing and Midwifery 2019*, viewed 23 February 2021, https://hwd.health.gov.au/summary.html#part-2.

WORKFORCE INDICATORS

A series of 'workforce indicators' have been developed using relevant workforce metrics, to enable comparison between professions and help identify areas of concern and planning priorities.

In the tables below, when a profession scores positively against a workforce indicator the shading is light. A neutral or slightly concerning score is represented by mid shading and a more concerning score is represented with dark shading.

The workforce indicators are largely drawn from the National Health Workforce Data Set (2019) and include the workforces in both the public and private sectors. This enables a detailed assessment of where there may be current and future workforce risks in Tasmania.

Workforce indicator metric	What does it tell us?
Proportion of the workforce over 60 years of age	Workers over 60 years of age are at higher risk of exiting the workforce within the next few years. Workforces with a high proportion of over 60s workforces require planning to ensure future workforce sustainability.
Training availability in Tasmania	There are links between the availability of training in Tasmania and ease or adequacy of recruitment. Education and training are essential to 'growing your own workforce'. This indicator is to identify training availability in Tasmania for professional entry training. In relation to the areas of practice, there is no additional formal training required to work in the identified areas of practice. However, there are post-graduate certificate courses that are available to develop skills in these areas of practice.
Professional FTE in Tasmania and its regions per 100,000, compared to the Australian rate	This measures the FTE of health professionals per capita in Tasmania and its regions compared to national rates. Workforce density does not provide an assessment of how many is the right number of practitioners per population, rather an observational assessment of supply relative to the national average. There is an acknowledged complexity in that if the national supply of a profession is not considered to be adequate, we are basing the indicator on a starting point of relative undersupply. The same is true in cases of national oversupply. The region of work is self-reported by the health professional. In some cases, the region is not known. This means that in some instances the density of practitioners to population will be under-represented.
The workforce size, in headcount	The workforce size serves as a reminder that even small movements in the workforce, such as retirement, leave or resignation, can have a significant impact on the availability of a health profession and service.

Acknowledging the chart cannot be used in isolation, it does give a graphic summary of the challenges facing some specialties, specialties facing multiple challenges, systematic issues across specialties and can inform policy priorities.

The nursing and midwifery workforce indicators (Figure 11) illustrate:

- The number of nurses per capita in Tasmania is at or above the national rate for Enrolled Nurses and Registered Nurses.
- The North West region has a lower number of Registered Nurses and Midwives per capita compared to Tasmanian and national rates, as do the areas of practice of critical care, maternity services, mental health, and perioperative nursing.
- The enrolled nursing workforce is relatively evenly distributed across the regions.
- Nurses working in aged care and mental health have the highest proportion of nurses over 60 years of age. This indicates a need to plan proactively to ensure a sustainable workforce supply in these areas.
- Critical care and midwifery have fewer nurses per capita in Tasmania than the national average. This disparity is particularly severe in the North West.

Figure 11 Nursing and midwifery divisions and areas of practice with workforce indicators, Tas 2019

Profession or area of practice	Over 60 years	Training in Tas	FTE per 100,000 population				Workforce size
			Tas	South	North	North West	
All Enrolled Nurses	13%	Yes	228.6	211.9	257.7	230.7	1461
All Registered Nurses	13%	Yes	1155.3	1193.9	1264.8	917.8	7124
All Midwives	14%	Yes	90.4	90.8	103.0	73.1	552
Nurse Practitioners*	7%	No	8.3	8.8	8.8	6.5	41
Area of practice:							
Aged care nurses	18%	Yes	216.9	201.2	241.2	223.0	1348
Critical care nurses	9%	Yes	68.0	78.9	70.5	38.1	404
Emergency nurses	6%	Yes	87.4	73.8	96.2	108.9	538
Mental health nurses	23%	Yes	90.0	114.3	62.4	67.5	532
Peri-operative nurses	12%	Yes	113.3	132.8	104.9	77.1	729
Practice nurses	16%	Yes	56.4	54.0	59.1	58.5	406

** 'Nurse Practitioner' is an endorsement not a registration division or area of practice.*

Key to shading

(Proportion of workforce) over 60 years	*0-10%*	*11-24%*	*25% plus*
Entry-level training available in Tasmania	*Yes*		*No*
FTE of professionals per 100,000 population compared to Aus	*At or above*	*Below*	*Significantly below (by 25% or more)*
Workforce size (using headcount)	*More than 10*		*10 or fewer*

EDUCATION AND TRAINING

Most education and training for nurses and midwives can be completed in Tasmania, but graduate numbers have not changed substantially from 2014 to 2019.

EDUCATION PATHWAYS

The education pathway for nurses and midwives includes vocational or tertiary pre-registration courses leading to registration; transition to practice programs for new nurses and midwives; continuing professional development required by the Nursing and Midwifery Board of Australia (NMBA) to maintain registration, and specialisation via post-graduate studies.

There is an expectation that nurses and midwives will undertake lifelong learning to ensure they are providing the best possible care according to current evidence, and to continue to meet the standards of practice set out by the NMBA.[3]

PROFESSIONAL ENTRY

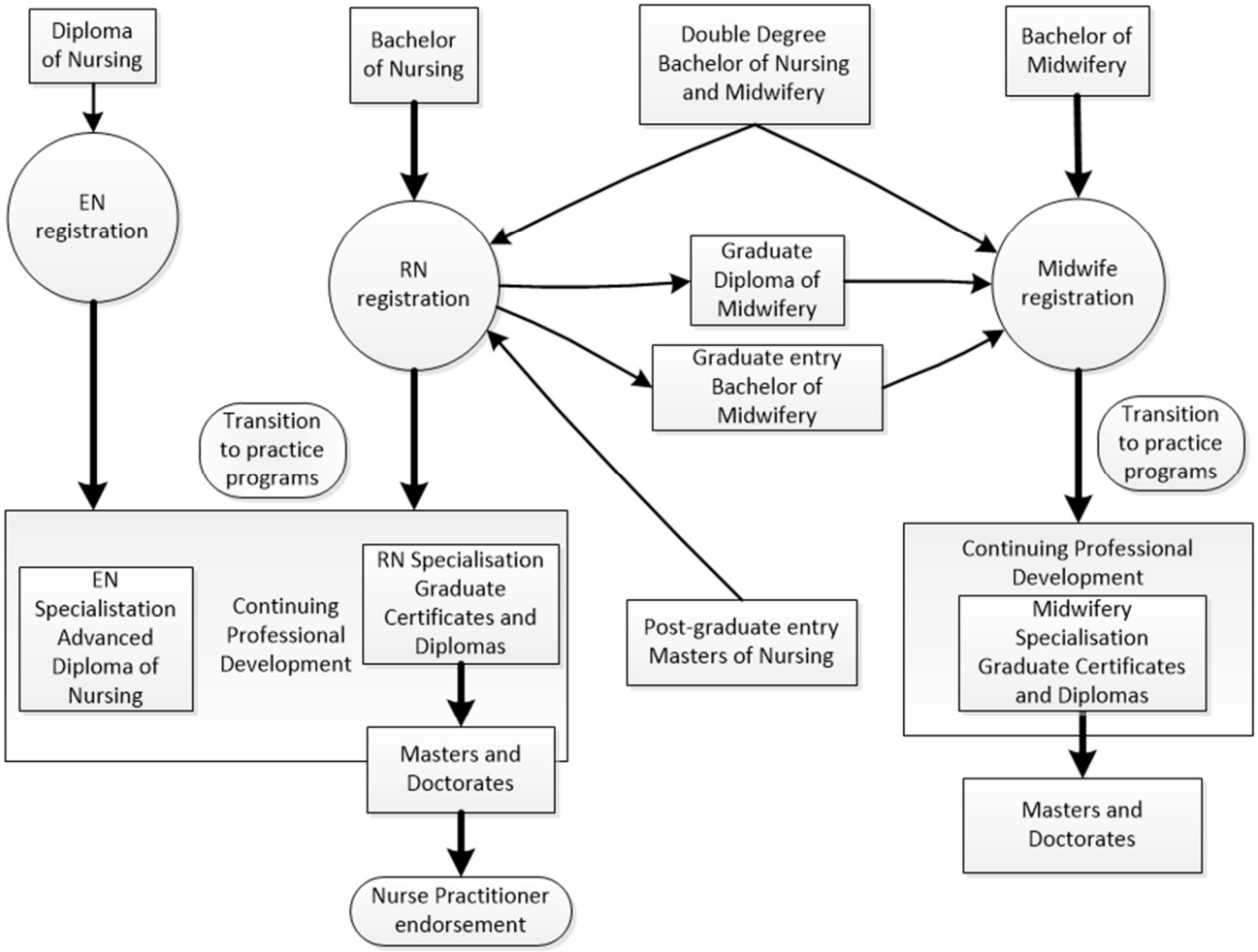
Education to become a nurse or midwife can be completed in Tasmania – including a fast-tracked Bachelor of Nursing degree that takes two years and other pathways (see Figure 12). The ability to complete either a diploma or bachelor's degree in Tasmania is a positive contributing factor to the State's overall nursing supply levels.

Enrolled nurse vocational education pathway pre-registration courses exist at the diploma and advanced diploma level. Pre-registration education can be completed in Tasmania through a number of Registered Training Organisations (RTOs). Post-registration courses to practice as a specialist enrolled nurse are currently not available in Tasmania and can be completed via distance education processes.

Pre-registration courses for registered nurses are higher education bachelor's degrees that have been approved by the NMBA as programs leading to general registration. The Australian Nursing and Midwifery Advisory Council (ANMAC) assesses courses leading to registration as a nurse or midwife against the relevant accreditation standards. The current standards require courses leading to registration as a registered nurse or midwife to be delivered by a higher education provider.

[3] Australian Health Practitioner Regulation Agency 2019, *Nursing and Midwifery Board: Registered nurse standards for practice*, viewed 30 June 2019, https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx.

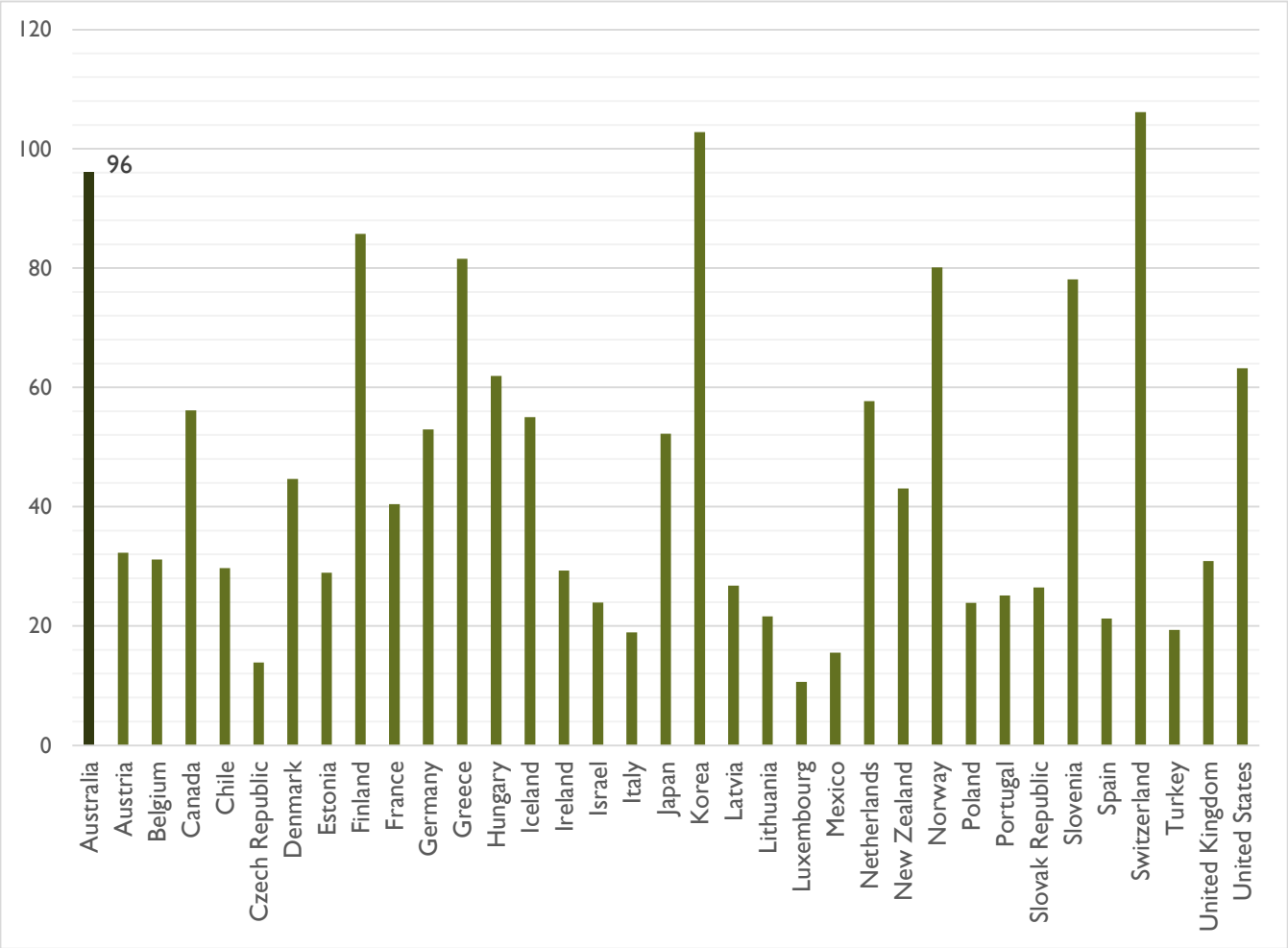
Figure 12 Australian nursing and midwifery education pathways in 2019



NURSING AND MIDWIFERY STUDENTS

Internationally, Australia's number of nursing graduates (EN and RN combined) is higher than many OECD and G20 countries, and is the highest in the G7 countries and amongst those to whom Australia's health system is often compared: the United Kingdom and the United States of America, New Zealand and Canada. See Figure 13.

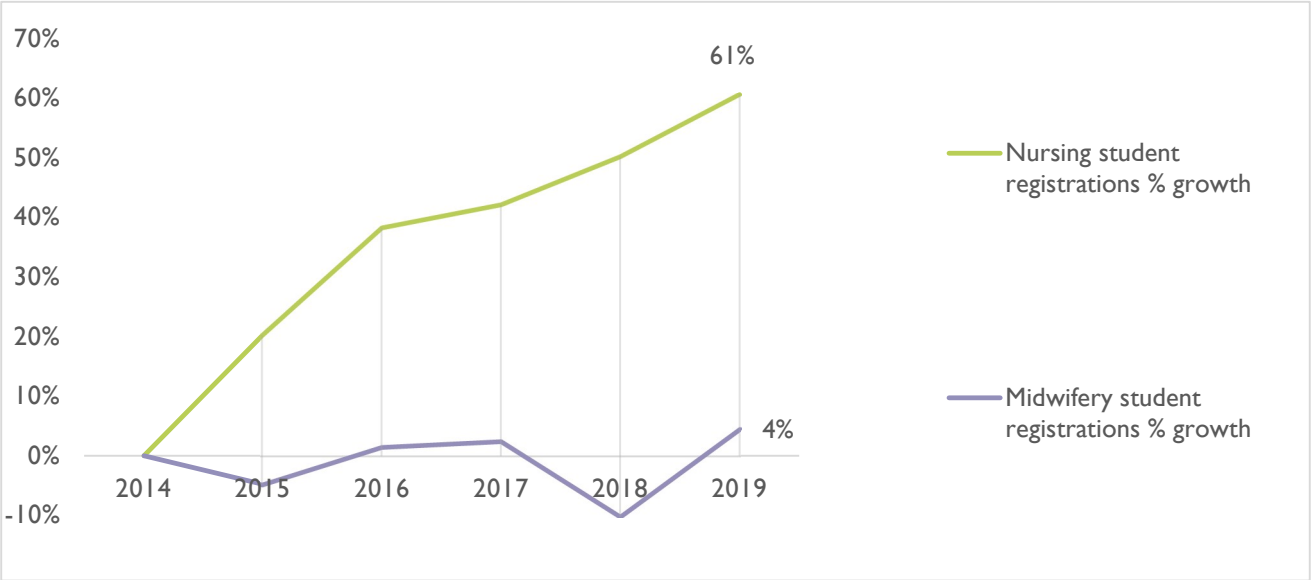
Figure 13 Enrolled and Registered Nursing graduates per 100,000 population in OECD countries, 2019/latest data



Source: OECD Health resources: Nursing graduates 2019 or most recent data

In Australia, nursing and midwifery students are required to be registered during their period of study, as they will engage with clients during clinical practice. Nationally the number of nursing students has grown significantly since 2014 (61 per cent growth to 2019). Growth in the number of midwifery students in Australia has been more volatile, returning in 2018 to below the 2014 and 2015 levels, but growing overall by 4 per cent from 2014 to 2019, as shown in Figure 14.

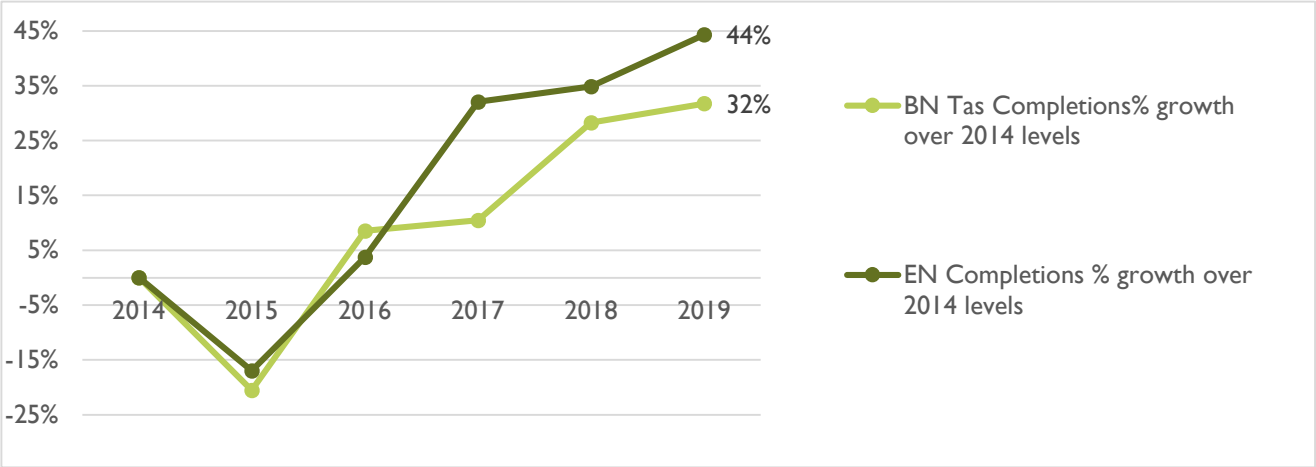
Figure 14 Nursing and midwifery student registration growth, Aus 2014-2019



Source: AHPRA Annual Reports

In contrast, the number of students graduating from study in Tasmania has risen 32 per cent for bachelor of nursing programs and 44 percent for enrolled nursing programs in the five year period from 2014 to 2019 (see Figure 15). While not a direct comparator, this is well below the 61 per cent growth in the national number of nursing students registered over the same period.

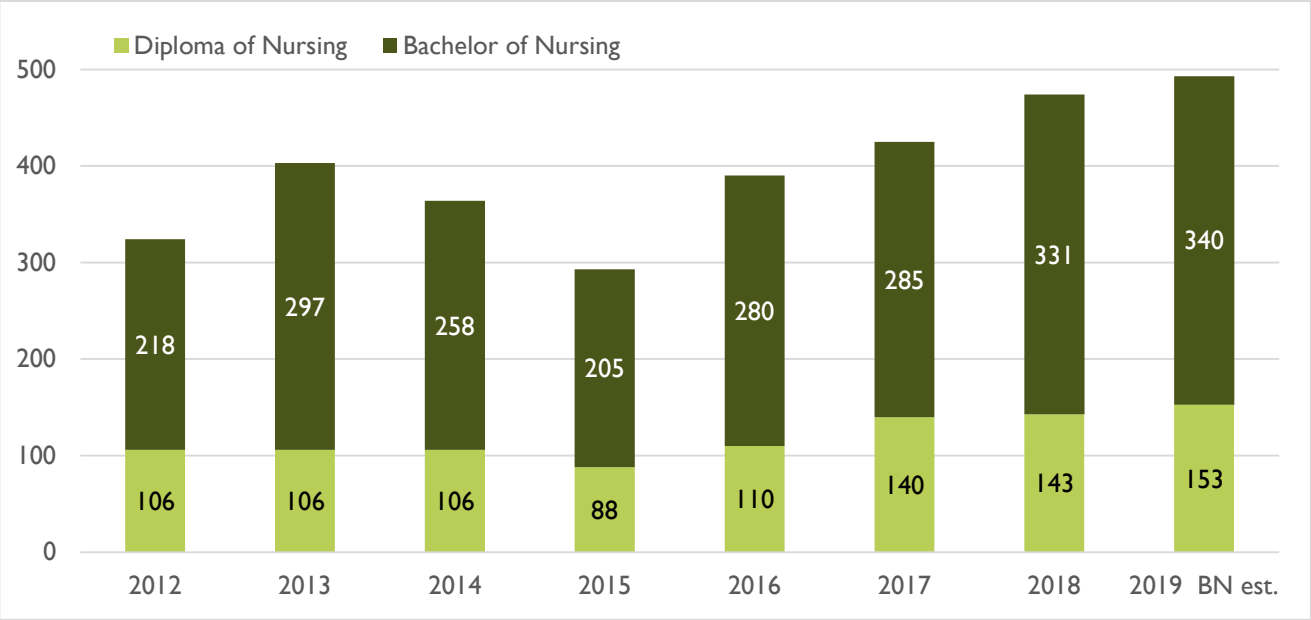
Figure 15 Enrolled and Bachelor of Nursing graduates, Tas 2014-2019



Source: UCube[4] Higher Education Statistics[5]; TasTAFE, Health Education and Research Centre and UTas internal data

[4] Clarke, M & Australian Government - Department of Education, Skills and Employment 2020a, *uCube – Higher Education Data Cube*, Department of Education, Skills and Employment, viewed 24 March 2021, https://www.dese.gov.au/higher-education-statistics/ucube-higher-education-data-cube.
[5] Clarke, M & Australian Government - Department of Education, Skills and Employment 2020b, *Selected Higher Education Statistics – 2019 Student data - Department of Education, Skills and Employment, Australian Government*, Department of Education, Skills and Employment, viewed 24 March 2021, https://www.dese.gov.au/higher-education-statistics/student-data/selected-higher-education-statistics-2019-student-data.

Figure 16 Diploma and Bachelor of Nursing graduates, Tas 2012-19



Source: TasTAFE and Health Education and Research Centre internal data; UTas internal and estimated BN data 2019

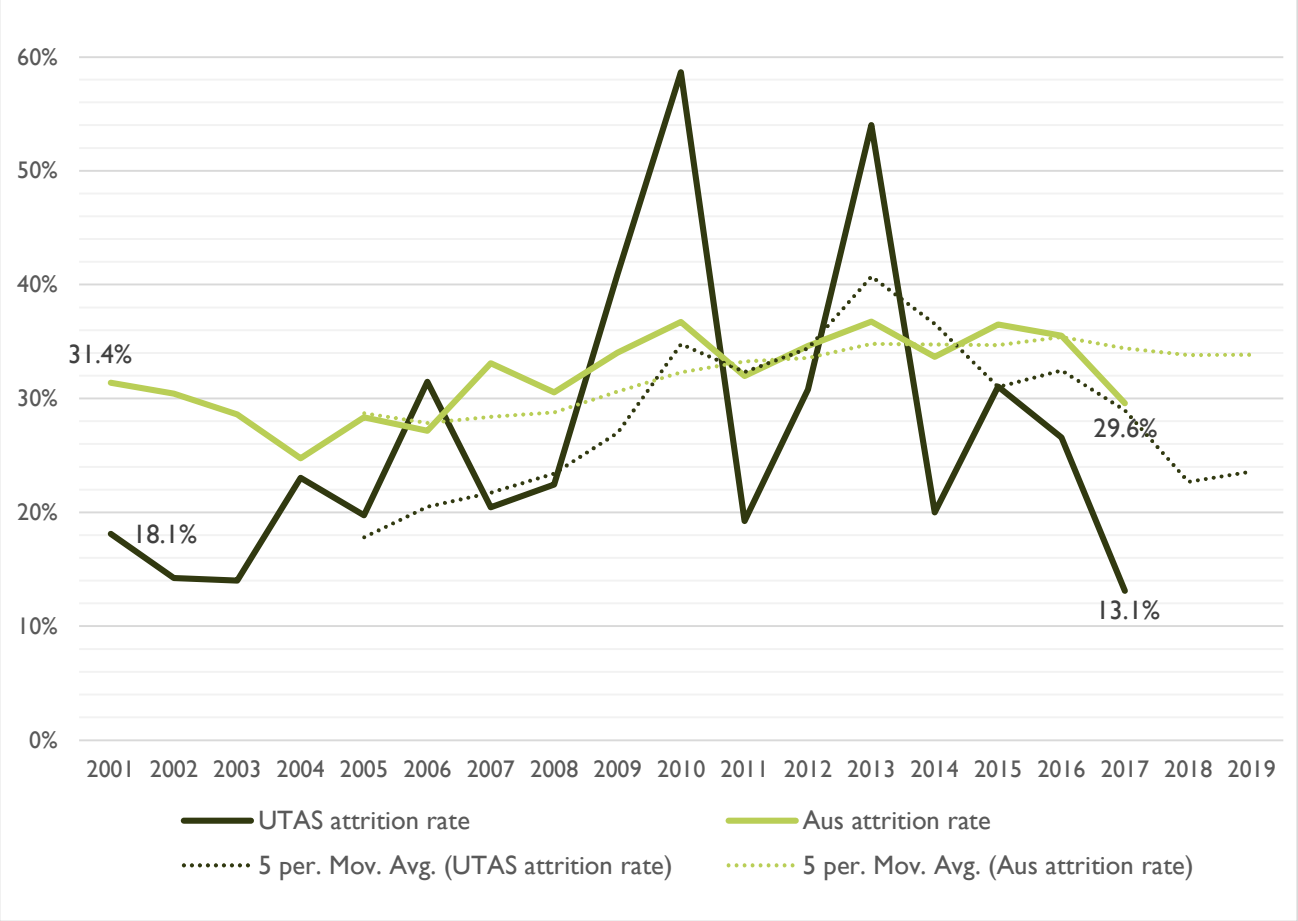
Department of Education, Skills and Employment data on the University of Tasmania's enrolments and completions include Tasmanian and NSW campuses. University of Tasmania internal data in 2017 indicated that approximately 72 per cent of their Bachelor of Nursing completions were from Tasmanian campuses. University of Tasmania first year (commencing) enrolments, continuing enrolments, and completions from 2014-17 have been at higher levels than might be expected for Tasmania's population share, but the impact of NSW campuses needs to be considered. For most recent years (except 2015), Tasmanian campus Bachelor of Nursing graduate numbers (completions) have been proportionate to our percentage of Australia's population.

While new graduates are only one supply stream, this supply is critical to ongoing service sustainability and their training represents a significant financial investment, the return on which is reduced by attrition – students who begin but do not complete their nursing degree. Because attrition measures completion against commencement, notionally for the same cohort of students, attrition rates are only available to 2017. This an apparent, rather than an absolute attrition rate because variables such as length of time an individual student takes to complete a course varies, the length of the course itself, assumed to be three years for most students, may be shorter or longer depending on potential recognition of prior learning or choice of a post-graduate course that still leads to initial registration as a Registered Nurse in Australia. On this basis, Tasmania's most recent apparent attrition rate (2017) was 13 per cent, compared with the national average of 30 per cent. However, the average over the last five years of data is 29 per cent for Tasmania, much closer to the national five year average of 34 per cent, which has remained stable since it was reported on this same basis in the 2014 Australia's Future Health Workforce 2025 – Nurses and Midwives Report by Health Workforce Australia at 34 per cent (based on completion years 2009 to 2012).[6]

Nationally, the apparent attrition rate has varied within a narrow range since 2001, with a slight rising trend. The rate for individual universities such as the University of Tasmania is more variable. University of Tasmania attrition rate has been on average 5 per cent lower than the Australian average over the last 17 years for Bachelor of Nursing graduates.

[6] Australian Government Health Workforce Australia 2014, *Australia's future health workforce – nurses: detailed report August 2014,* viewed 17 May 2019, https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf.

Figure 17 Enrolled and Bachelor of Nursing student apparent attrition rates University of Tasmania and Aus 2001-17



Source: UCube Higher Education Statistics

GRADUATE PROGRAMS

While there is no requirement for registration for new graduates to complete a transition to practice program, it is considered best practice. There is a significant transition to be made from student to fully accountable registered health professional and so providing a supported practice environment upon commencement as a newly Registered Nurse greatly benefits the graduate and contributes to career retention.

Transition to Practice programs are not intended to 're-teach' newly registered Nurses and Midwives, but are important in supporting graduates into the workforce and provides an opportunity to engage with, and continually shape, the emerging workforce with the skills that the community needs.

The Tasmanian Health Service (THS) offers Transition to Practice positions in hospitals and community settings. Eligibility criteria include:

- less than six months experience as a Registered Nurse or Enrolled Nurse
- registration as a nurse with the Nursing and Midwifery Board of Australia (NMBA)
- Australian citizenship, permanent residency or a visa that permits employment in Australia
- meeting Tasmanian DoH and THS requirements for immunisation and conviction checks.

Figure 18 represents the combined numbers (and full-time equivalent [FTE]) of Registered and Enrolled Nurses recruited to the public sector Transition to Practice positions. The increase in positions from 2015 is from the Tasmania Government election commitment (2014-2018) funding for 'up to' 85 additional positions over four years. Some of these additional positions are Transition to Practice positions for Enrolled Nurses. There has also been an increase in rural and remote rotations as a strategy to attract more nurses to these areas.

Transition to Practice positions may be full-time, but are often part-time, around 0.84 FTE.[7] This enables participants who wish to do so to undertake study such as the University of Tasmania Bachelor of Nursing with Clinical Honours (Transition to Practice)[8] or time to reflect and consolidate learning, to reduce transition shock while being sufficiently involved to quickly become part of the team and consolidate skills.[9]

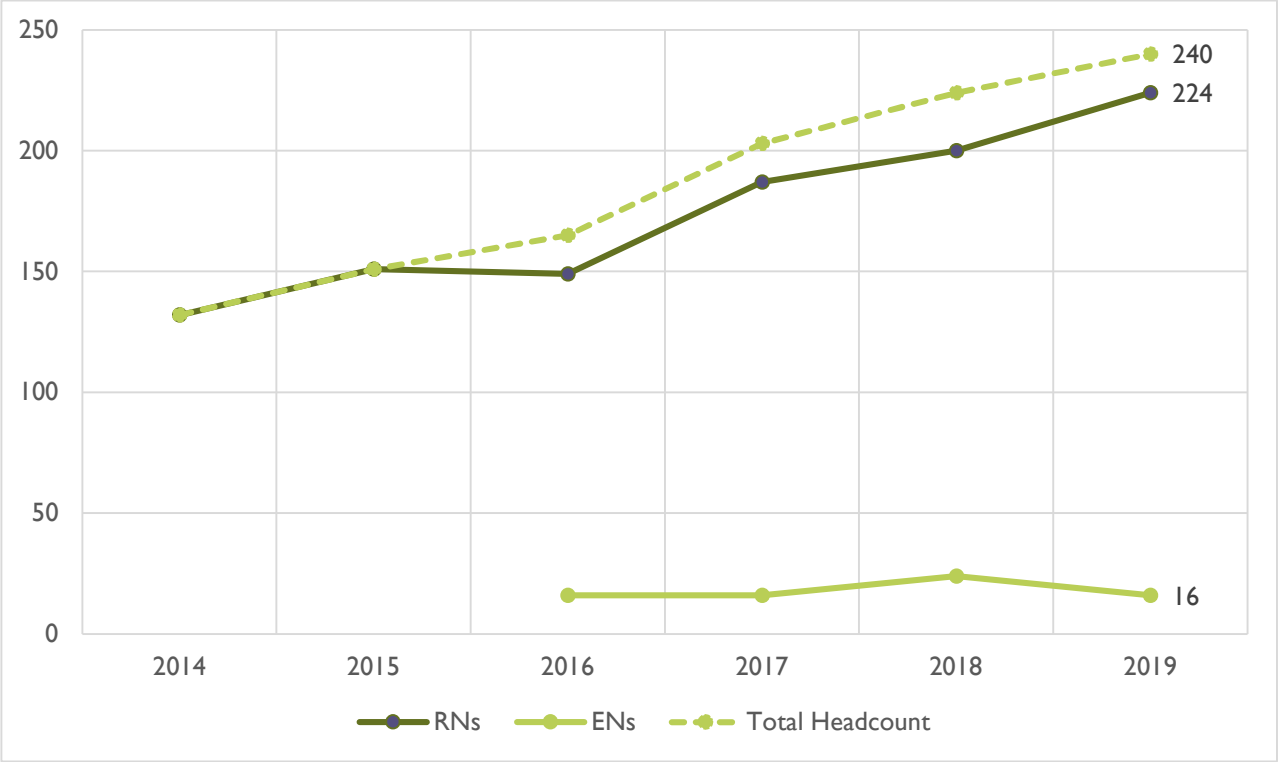
Having part-time transition to practice positions also enables employers to take on more graduates than would be possible if all positions were full-time.

[7] Tasmanian Government - Department of Health and Tasmanian Health Service 2019, Transition to Practice Handbook 2019 Version 1, Nursing Employment, Training and Development – Transition to Practice, viewed 19 July 2019, https://www.dhhs.tas.gov.au/intranet/hppas/nursing/employment_training_and_development/education/transition_to_practice/Transition_to_Practice_Handbook_2019_Version_1_March.pdf.

[8] University of Tasmania 2019, *Bachelor of Nursing with Clinical Honours (Transition to Practice),* viewed 22 July 2019, http://www.utas.edu.au/courses/chm/courses/h4b-bachelor-of-nursing-with-clinical-honours-transition-to-practice.

[9] Wakefield, E. 2018, 'Is your graduate nurse suffering from transition shock?' *ACORN Journal,* viewed 22 July 2019, https://www.journal.acorn.org.au/cgi/viewcontent.cgi?article=1024&context=jpn.

Figure 18 Tas public health sector nurses, Transition to Practice headcount and FTE, 2014-2019



Source: Department of Health, Tasmania

Transition to Practice for graduate midwives is also provided in the public sector. Large private sector employers such as Calvary Health Care and Healthscope often have a Transition to Practice or other graduate program for nurses and midwives, but intake at local facilities may vary depending on staffing needs and planning processes.

The aged services sector in Tasmania has access to a Graduate Nurse Transition to Practice Program designed by Aged & Community Services Australia.[10] Local aged care organisations may vary the number of graduates and timing of an intake that accesses the Aged & Community Services Australia program.

The Australian Primary healthcare Nurses Association (APNA) provides 12 months support for a maximum of 150 nurses new to primary health care (not necessarily new graduates) nation-wide in four small groups per year, over the period 2018-2022.[11]

Other employers may periodically employ graduates into a specific program, or directly into the nursing or midwifery workforce.

[10] Aged & Community Services Australia 2018, *Program Overview - 2018 Aged Services Sector Graduate Nurse Transition to Practice Program*, viewed 30 June 2019, https://events.agedservicestas.com.au/wp-content/uploads/sites/2/2018/05/ACST-Graduate-Nurse-Transition-to-Practice-Program-2018-Program-Overview.pdf.

[11] Australian Primary Healthcare Nurses Association 2019, *Transition to Practice Program*, viewed 30 June 2019, https://www.apna.asn.au/transitiontopractice.

CONTINUOUS PROFESSIONAL DEVELOPMENT

The training pathway relevant to the area of practice is often identified by the employer as part of the professional development process which nurses and midwives in the public sector are required to complete on an annual basis. Nurses and midwives have a responsibility to act safely and within their scope of practice, but also to seek development that will enable them to expand their scope of practice with skills relevant to their area of practice under the NMBA's Standards for Practice for Registered Nurses, Enrolled Nurses, Nurse Practitioners, and Midwives.[12]

The NMBA requires all nurses to complete a minimum number of continuing professional development (CPD) hours directly relevant to a nurse or midwife's context of practice. The number of hours required is dependent upon the type of registration held.

Many activities from self-directed reading and learning to accredited courses and activities provided by employers in the public and private sectors can contribute to the learning required for CPD. Acceptable CPD activities are set out by NMBA.[13]

There are many short courses, online learning modules and post-graduate qualifications available to nurses and midwives in Tasmania through a range of education providers. These may focus on specific skills or cover a broad range of theory and practice.

Nurses and midwives employed in the public sector receive an annual professional development allowance, and there are a range of scholarships to assist nurses and midwives with the costs of extending their education and development through formal courses. Support for study leave is available through a study assistance program. Attainment of post-graduate qualifications relevant to the area of practice is recognised and rewarded through a post-graduate allowance in the public and private sectors.

Formal and informal education, training and development benefits both the individual nurse/midwife and the work unit by improving the skill-mix that can then be rostered for safe care provision.

SUPPORTING TRANSITION BETWEEN NURSING ROLES

Work is currently underway within the Department of Health (DoH) to create career pathways based on employment relationships. The pathway will maximise relationships with Assistants in Nursing, Enrolled Nurses seeking to become Registered Nurses, Registered Nurses seeking to practice in specialty areas and relies on proposed changes to employment directions within the state service.

This pathway will be established in partnership between the workplace and education providers and has potential for translation to school-to-work programs to foster engagement with a potential workforce while still attending high school.

Currently there is an 'Introduction to Nursing Course' offered at three college campuses in Tasmania. This course provides a structured learning framework, exposure to simulation laboratories and work experience. It provides theoretical and practical work experience which allows students to explore working within the health setting. The completion of this course can lead to a qualification suitable for employment or allow the student to pursue further studies in nursing or other related health professions. The benefit on this training model is that students are engaged with the health sector early and can easily pursue further education and training to gain qualifications and employment as part of the future health workforce. This model of training could potentially be replicated at other sites.

[12] Australian Health Practitioner Regulation Agency 2019, *Nursing and Midwifery Board: Professional Standards*, viewed 30 June 2019, https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx.

[13] Australian Health Practitioner Regulation Agency 2019, *Nursing and Midwifery Board: Continuing Professional Development*, viewed 30 June 2019, https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx.

HIGHER DEGREES - NURSE PRACTITIONERS

Masters and Doctoral degrees related to nursing and midwifery are available from a range of Australian higher education providers and add depth and research capabilities to the professions and workplaces of the individuals who undertake them.

Progression to a Nurse Practitioner (NP) role requires the completion of post-graduate study at the master's level. Part of the Master's program includes completing 5,000 hours of advanced practice in the relevant clinical setting. This is part of a suite of requirements established by the NMBA for endorsement as a NP.[14] The NP is endorsed to work independently and autonomously, additionally the role is suited to developing models of care for a NP-led team of nurses. In the Tasmanian Health Service (THS), NPs work across a range of clinical settings including emergency, diabetes, paediatrics, wound management, rheumatology, cancer care, cardiac care, sexual health, and community-based hospital avoidance models.

Constraints on funding, variations in how and where models of care are implemented and limited or delayed uptake of different models of care affect the number of NP positions created. The number of jobs available affects the number of nurses seeking, attaining and maintaining this endorsement. It is well recognised across Australia that the role can add value to the health system. Opportunities to develop and implement new NP models of care are restrained by budget limitations.

NMBA approved NP courses are not available in Tasmania and study must be undertaken by distance education and residential schools. Successful completion of study and endorsement with the NMBA enables the NP to provide and coordinate care at an advanced practice level, prescribe within their scope of practice and refer the patient for diagnostics or to other health professionals. There are few NP candidate positions available within the THS. Most nurses undertaking additional studies to be an endorsed NP do so independently are required to complete the hours of clinical supervision on an unpaid basis.

NPs are a small cohort and work to a specific scope of practice. Consideration around succession planning for established NP positions needs to be undertaken to maintain service continuity. The loss of a NP role can affect the access to services for patients and clients.

RE-ENTRY TO PRACTICE REQUIREMENTS

The Nursing and Midwifery Board of Australia has established two pathways for nurses and midwives to return to practice after an absence of more than five years. The pathways include accredited re-entry to practice courses delivered by higher education providers and a supervised practice pathway underpinned by clinical practice placement.

Accredited re-entry to practice courses are limited and not available in some states and territories. This course can only be accessed via online study in Tasmania and requires students to travel interstate for residential schools. Clinical placements can be completed in Tasmania and are negotiated by the NMBA course approved provider and health services.

A supervised practice pathway has been developed and implemented in Tasmania. To complete the pathway the participant will hold provisional registration or general registration with conditions with the NMBA and undertake 450 hours of supervised practice as a temporary employee with a formal practice plan, and requirement for formative and summative reports which will be submitted to the NMBA.

[14] Australian Health Practitioner Regulation Agency 2019, *Nursing and Midwifery Board: Registration & Endorsement*, viewed 30 June 2019, https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement.aspx.

CHANGE OF PRACTICE PATHWAY

The DoH framework for supervised practice pathway for re-entry program can also be applied as a framework for nurses and midwives who are seeking to change the area of practice in which they work. This framework can be adapted to meet the needs of a nurse seeking to move from one context of practice to another. Developed on an individual basis, the framework supports and includes the skills and knowledge required to be proficient in the new area of practice. This complements other strategies to retain our workforce, to enable nurses to move seamlessly throughout their career pathway and to support their decision to change career direction.

MANAGEMENT OF NURSING AND MIDWIFERY SKILL MIX

Providing safe care based on the required skill mix and experience for the setting is a key responsibility of unit managers, who need to ensure that the nurses and midwives working within the work unit either possess the range of skills the unit requires or are working towards attaining them, and roster appropriately. Nurses and midwives new to the setting, whether a new graduate or transferring from another area, need to develop skills required in the new area of practice.

With a large number of nurses and midwives in the baby boomer generation retiring or reducing their participation in the workforce, a present challenge is to ensure there is enough nursing experience available for rostered skill mix to provide safe care in each area of practice.

There is the opportunity to accelerate progression from novice/early practitioner to proficient/advanced practice to address this need. This can be achieved by investing in focussed development of novice-level, expert-status and early-tenure preceptors to rapidly raise the experience level in the area of practice or a specific work unit.[15] These methods would also be relevant to upskilling nurses and midwives who move to a new area of practice.

[15] Herleth, A 2019, *The Experience-Complexity Gap,* Advisory Board, New York, NY, USA, viewed 30 June 2019, https://www.advisory.com/research/nursing-executive-center/resources/2019/the-experience-complexity-gap.

FOSTERING INNOVATION

Reform and innovations in health care delivery are necessary to ensure a high quality, sustainable and affordable health workforce into the future.

There are a range of initiatives and reforms already in progress in Tasmania with the aim of shaping the workforce and workplaces appropriately so that high quality services can continue to be delivered as our society changes. The following examples provide a few initiative highlights. Further discussion of reform and innovation can be found in *Health Workforce 2040: Strategy*.

CAREER STRUCTURE REVIEW

Any review and development of new models of care needs to consider the entire nursing and midwifery workforce. The current Nursing and Midwifery Career Structure has been reviewed. The Review provided evidence-based recommendations for a contemporary and flexible framework for nursing and midwifery career and workforce design. The review methodology included the analysis of the current workforce in relation to future workforce needs; development of a responsive workforce framework in relation to health service delivery initiatives and community needs; and to ensuring that the employment opportunities allow nurses and midwives professional progression opportunities which are purposeful and decisive.

The career structure review explored areas where effort is required to develop additional scope of practice within nursing and midwifery in the public sector. Consideration of nursing experience, skill mix and clinical leadership requirements are critical. Training and development of nurses and midwives – including that of new nurses towards proficiency status - and implementation of new roles such as the Specialist Enrolled Nurse will assist in ensuring a suitably skilled workforce is available and applied in key the areas of practice. The career structure review will support robust and appropriate governance, and medium to longer term succession planning.

SPECIALISED/ADVANCED PRACTICE ENDOSCOPY NURSES

Bowel cancer is the second most commonly diagnosed cancer. With the introduction of the National Bowel Cancer Screening Program, there is an increase in public awareness and expectation within this initiative. There is a predicted rise in the demand for endoscopies once the program is implemented fully in 2020. The development of an advanced practice nursing role will assist in providing timely access to health services for those patients who need follow up and further investigations. This could include a partnership between the private and public health sectors. Other jurisdictions are in the process of preparing the nursing workforce to provide a nurse endoscopy service.[16] [17] [18] [19]

SPECIALIST ENROLLED NURSES

The Specialist Enrolled Nurse role is a relatively new Enrolled Nurse classification representing an opportunity to establish a clinical career pathway option for Enrolled Nurses and provide a nursing model of care that embraces specialist skills and knowledge within a collaborative nursing framework. In other jurisdictions, the Specialist Enrolled Nurse equivalent has been successfully implemented as part of wider responses to the

[16] Government of South Australia n.d., *Nurse Endoscopist Model of Care Pilot Project*, SA Health, Adelaide, SA, viewed 23 July 2019, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/system+performance+division/nursing+and+midwifery+office/nurse+endoscopist+model+of+care+pilot+project.

[17] Queensland Government – Queensland Health 2019, *Nurse Endoscopy*, viewed 23 July 2019, https://www.health.qld.gov.au/ocnmo/nursing/nurse-endoscopy.

[18] Gastroenterological Nurses College of Australia 2019, *Promoting excellence in gastroenterology nursing*, viewed 23 July 2019, https://www.genca.org/.

[19] Victorian State Government - Austin Health n.d., *Victorian Nurse Endoscopy Program – Key Features*, viewed 23 July 2019, http://www.austin.org.au/Assets/Files/Victorian%20NE%20Program%20Key%20features.pdf.

changing health care environment. The Specialist Enrolled Nurse role has been established on the Advanced Diploma of Nursing that brings a higher level of clinical skills and knowledge in the provision of patient-centred care, along with developing and maintaining clinical leadership and research responsibilities**.** The Specialist Enrolled Nurse also provides an enhanced career pathway for Enrolled Nurses who are willing and able to take up the challenges of the specialist role. These positions have the potential to increase the capacity and capability of the health workforce and therefore meet growing demand in key specialist areas needed for workforce development and patient-centred care.

A Specialist Enrolled Nurse must hold a post-graduate Advanced Diploma of Nursing in a specialty clinical field, be registered as an Enrolled Nurse with the NMBA, and have a minimum of four years full-time experience in the field of specialty. The Specialist Enrolled Nurse retains responsibility for their own actions, working under indirect and direct supervision, while remaining accountable to the Registered Nurse for all delegated functions.

The specialty areas of practice ideally suited to the Specialist Enrolled Nurse role are acute care, aged care and individual support work, critical care, mental health, perioperative nursing, renal care, and rural and remote nursing.

ENHANCING CULTURE AND WELLBEING

"Organisational culture represents the shared ways of thinking, feeling and behaving in health care organisations."[20] Good leadership and an inclusive culture are key features of high performing organisations that are workplaces of choice.

Workplace culture, workforce wellbeing and inclusion are interconnected. When these building blocks are healthy, the organisation will be better equipped to deliver high quality health services to the community.

Health workforce 2040 explores the issues of culture and leadership in health care organisations. This section will focus on some areas of specific concern related to the health service culture that supports nursing and midwifery workforces and the wellbeing of this workforce.

CULTURE

PATHWAYS TO EXCELLENCE

The Tasmania Health Service has commenced introduction of the 'Pathway to Excellence Program'. This is an internationally recognised credentialed program against a set of standards that focuses on nursing and midwifery workforce. The Pathways to Excellence Framework enables the organisation to demonstrate a culture of sustained excellence through the creation of positive practice environments. The high level of job satisfaction promotes the organisation as an employer of choice and improves staff retention. Strong workforce engagement and high job satisfaction has been shown to positively impact on patient care outcomes and the community. These standards and the associated improvements in nursing and midwifery workforce satisfaction and engagement; effective recruitment and retention of the best nursing and midwifery staff and leaders; cultivation of inter-professional teamwork with a high level of collegial relationships, collaboration and mutual respect; promotion and recognition of high quality nursing and midwifery practice, results in improved patient safety and outcomes and supports the business framework and growth.

MAGNET MODEL

There is also a commitment that the Royal Hobart Hospital will progress from Pathways to Excellence to 'Magnet' accreditation which is an internationally recognised accreditation status. The Magnet ethos promotes a work culture constantly striving for innovation and flexibility to lead in the reform of health care, lead in the nursing and midwifery discipline, and provide quality nursing and midwifery care to the patient, their family and the community as a whole.

There are five model components to Magnet which are: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation and improvements; and empirical quality results. Under these components are the 14 'Forces of Magnetism'. These forces can be best described as being the foundations to each of the model components.

It is anticipated that progression towards and successful attainment of Pathway to Excellence and Magnet accreditation for Tasmanian Health Service (THS) facilities will change culture, contribute to high performance within the organisation and establish a reputation as a workplace of choice.

[20] Mannion, R & Davies, H 2018 'Understanding organisational culture for healthcare quality improvement', *BMJ* Vol. 363, pp. k4907, London, UK, viewed 23 July 2019, https://risweb.st-andrews.ac.uk/portal/en/researchoutput/understanding-organisational-culture-for-healthcare-quality-improvement(a79882bd-9b34-49db-ba32-45b8ad617fc2)/export.html.

NURSING AND MIDWIFERY LEADERSHIP FRAMEWORK

Nursing and midwifery clinical leadership is a multi-faceted process of motivating a team to achieve a common goal – of best possible patient outcomes through the implementation of best practice and evidence-based research.

Good clinical leadership within the nursing workforce promotes optimal patient outcomes, improves culture and wellbeing among clinicians.[21]

There is a move towards nurse-led care models which are ideal to support a clinical nursing leadership framework. While there are management skills development programs available, there is a gap in the provision of specific nursing and midwifery leadership development modules/programs available to existing and emerging leaders within the current workforce. Nurturing clinical nursing and midwifery leaders through appropriate role modelling, mentoring mechanisms and clinical supervision, career pathways, and succession planning identifies the value of clinical competence to the organisation, contributes to positive workplace culture, and promotes the workplace as a centre of excellence.

In a partnership between DoH/THS and the University of Tasmania, the nursing and midwifery leadership framework will provide opportunities for nurses and midwives to take the lead in directing and developing patient care and developing practice to improve patient outcomes. The framework is appropriate for all areas of practice settings regardless of the sector (private or public) of employment. The nursing and midwifery leadership framework is one of the requirements for 'Pathways to Excellence' which is discussed further as an attraction and retention strategy.

WELLBEING

A safe, positive and productive workplace benefits everyone. Employers have a responsibility to provide a safe workplace under the *Work Health and Safety Act 2012*[22] and to consider flexible working arrangements that enable workers to achieve a healthy work-life balance and meet their family and work commitments under the *Fair Work Act 2009*.[23]

Many workplaces also have policies, procedures and initiatives that support flexible work arrangements and employee wellbeing. These can be related to time management such as rostered days off, flex-time, time credit and shift-swapping, fatigue management; physical safety through immunisation, protection against blood borne diseases, and zero violence policies, prevention and resolution of bullying, harassment, victimisation and discrimination; or positive and preventative action initiatives such as formal or informal workplace-based exercise, mindfulness or nutrition programs.

External programs for nurses and midwives also exist, such as the Nurse & Midwife Support program[24] which aims to help nurses and midwives stay healthy in mind and body despite the challenges of their roles.

The safety of nurses and midwives providing outreach services in rural and remote areas has been highlighted in recent years. Responses to tragic outcomes have included the introduction of Gayle's Law[25] in South Australia aiming to make nursing and midwifery in rural and remote locations safer.

In Tasmania, the THS has implemented and monitors electronic tracking devices and alarm systems in health vehicles statewide to improve the safety of nurses and midwives in the field.

[21] Stanley, D. and Stanley, K., 2018. Clinical leadership and nursing explored: A literature search. *Journal of clinical nursing*, 27(9-10), pp.1730-1743.
[22] Tasmanian Government 2013, *Workplace Health and Safety Act 2012*, viewed 19 July 2019, https://www.legislation.tas.gov.au/view/html/inforce/current/act-2012-001.
[23] Australian Government 2009, *Fair Work Act 2009*, viewed 12 July 2019, http://www.comlaw.gov.au/Series/C2009A00028.
[24] Nurse & Midwife Support 2017 *Your Health Matters*, viewed 19 July 2019, https://www.nmsupport.org.au/.
[25] Government of South Australia 2019, *Gayle's Law Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017*, viewed 19 July 2019, https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/gayles+law.

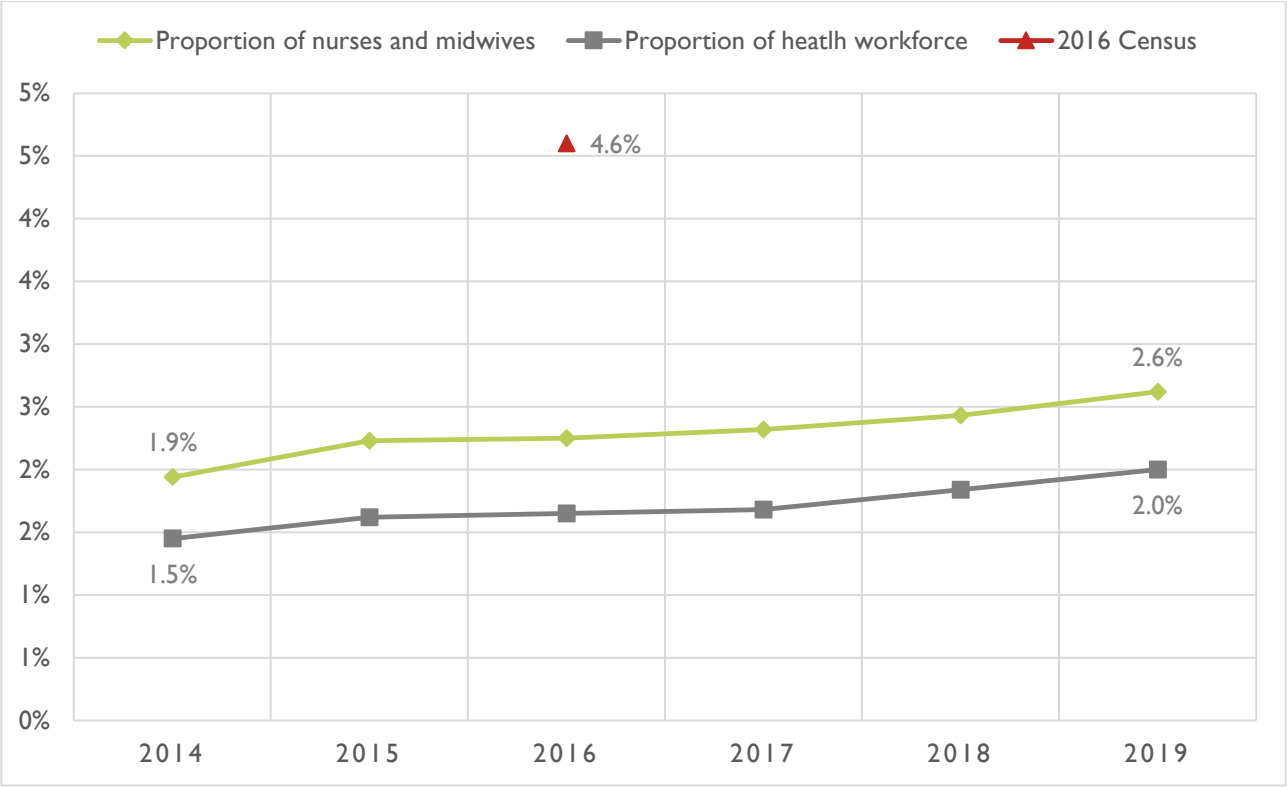
WORKFORCE INCLUSION

ABORIGINAL EMPLOYMENT

Ideally, the health workforce should reflect the community for whom they provide care.[26] In the 2016 Census, there were 509,965 people in Tasmania, with Aboriginal and Torres Strait Islander people being 4.6 per cent of the population.[27] In comparison, nurses and midwives who identify as Aboriginal and Torres Strait Islander people made up only 2.6 per cent of the nursing and midwifery workforce in 2019.

It is envisaged that the Tasmania State Service *Aboriginal Employment Strategy to 2022* will be considered when implementing any actions within the nursing and midwifery workforce. These actions may include the promotion of identified Aboriginal scholarships (for example, Puggy Hunter and Ida West), linkages with Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), and a supported mentoring program for the pathway into and within the nursing and midwifery professions. Examples of a supported mentoring program may include the specialised pathway and the school to work pathway which are explored later in this document.

Figure 19 Aboriginal employment as a percentage of the nursing and midwifery workforce, Tas 2014-2019 shown with the percentage of Aboriginal Tasmanians as a proportion of the community (2016 Census)



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), ABS population data (2019)

[26] World Health Organization 2006, *The world health report 2006: working together for health - Chapter 3 - Preparing the health workforce*, viewed 17 May 2019, https://www.who.int/whr/2006/06_chap3_en.pdf.

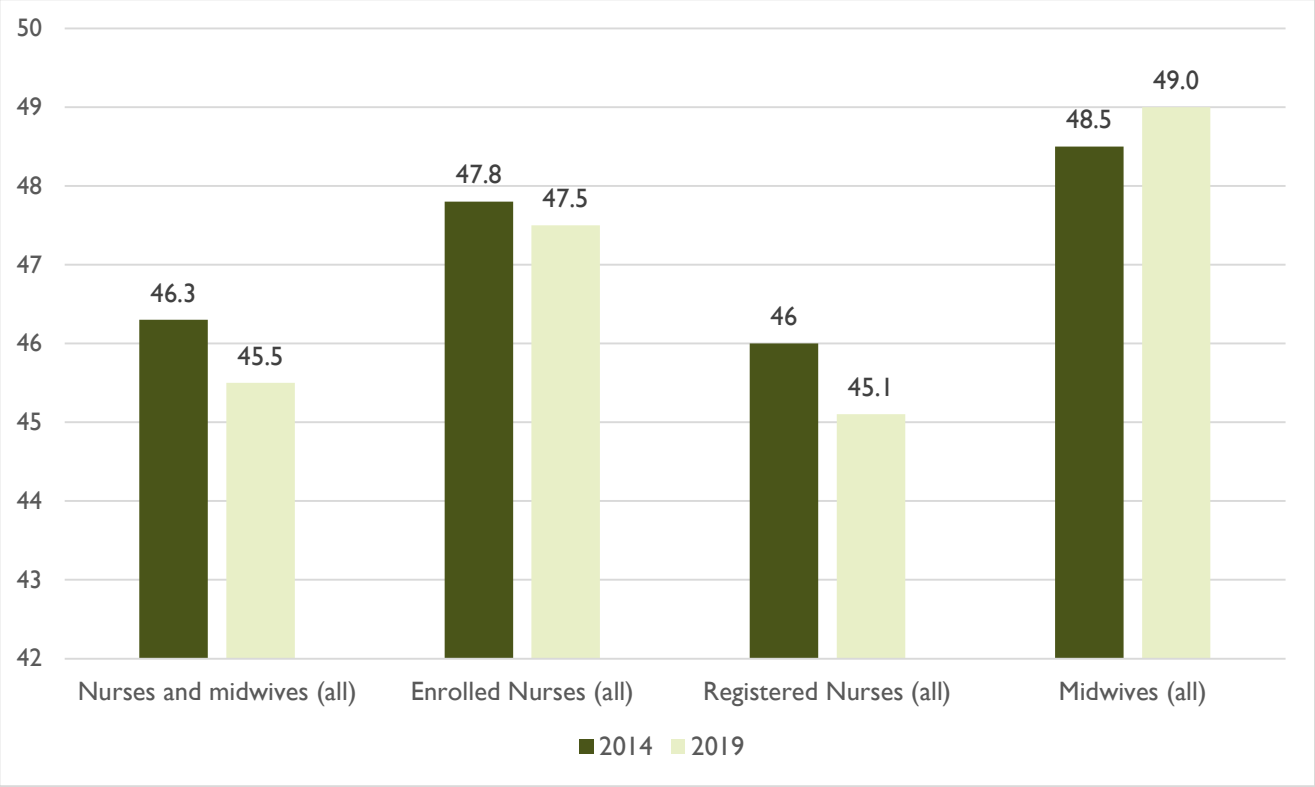
[27] Australian Government - Australian Bureau of Statistics 2018, *2071.0 - Aboriginal and Torres Strait Islander population, 2016*, viewed 22 February 2019, www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20islander%20Population%20Article~12.

SUPPORTING AN AGEING WORKFORCE

The average age of Tasmania's nursing and midwifery workforce in 2019 was 45.5 years, 1.8 years above the average national nursing age of 43.6 years.[28]

Given that the Tasmanian population is ageing, and the nursing and midwifery workforce is a considerable cohort of that community, it might also be expected that the average age of the workforce would also be increasing. This is true for Midwives as shown in Figure 20, but not for the other registration divisions including the largest, Registered Nurses.

Figure 20 Average age of nurses and midwives, Tas 2014 and 2019



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

[28] Australian Government - Department of Health 2020, Health Workforce Data – Resources: Factsheet, Nursing and Midwifery 2019, viewed 17 May 2021, factsheet-nrmw-2019.pdf.

Over the period from 2014 to 2019, the percentage of the total nursing and midwifery workforce over 60 has risen from 9.2 per cent to 12.8 per cent (Figure 21).

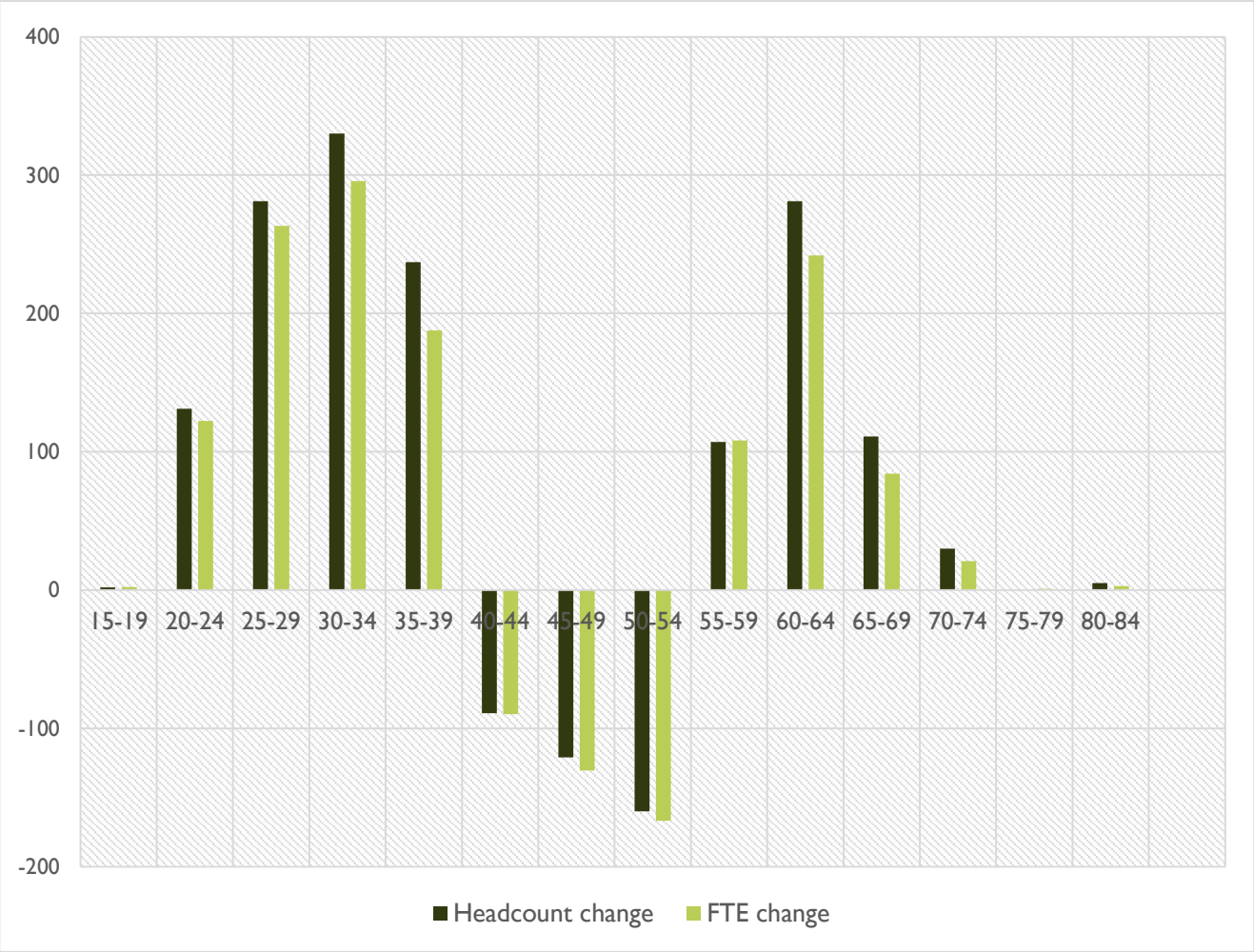
Figure 21 Proportion of workforce over 60 years, Tas 2019

Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

When the change is examined by age group, as shown in Figure 22, we can see that three things are happening:

1. There is a decrease in the headcount and FTE provided by the 40-54-year age group
2. There is a growth in the headcount and FTE provided by the 15-39-year age group
3. There is a growth in the headcount and FTE provided by the 55-85 year age group (noting that the headcount for 75-79 year old's remained at 0).

Figure 22 Nursing and midwifery headcount and FTE change 2014-19 by age range, Tas

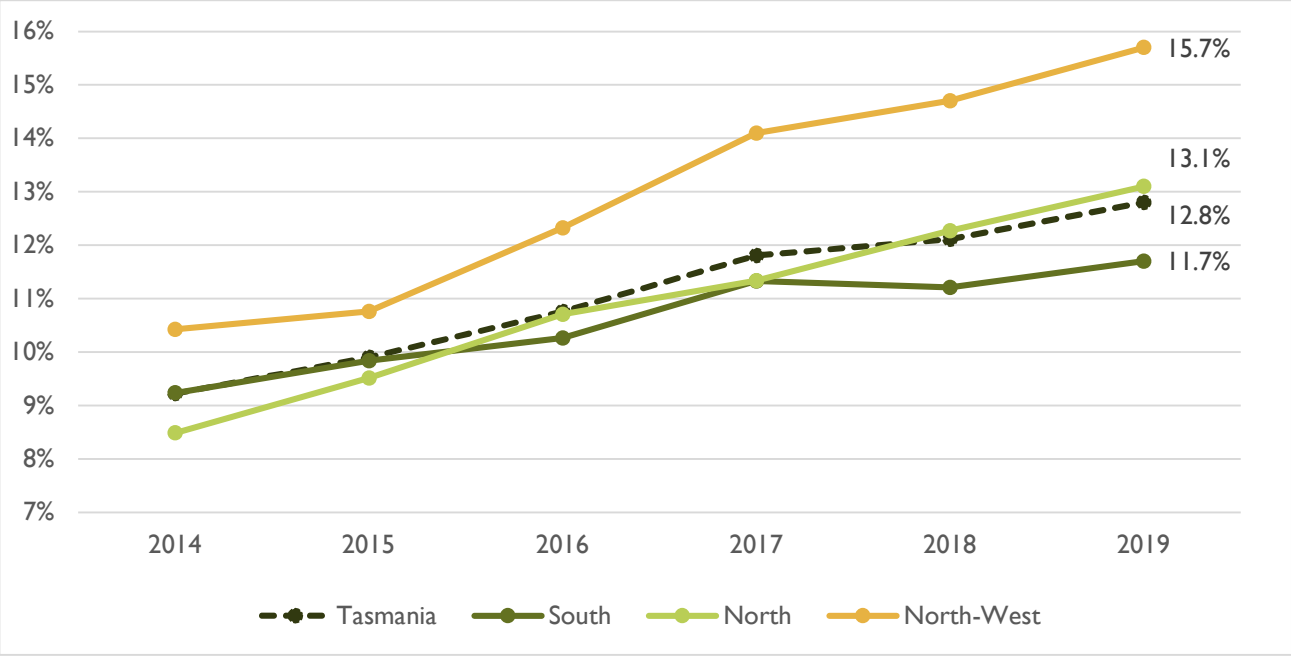


Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

WHAT IS HAPPENING IN THE REGIONS?

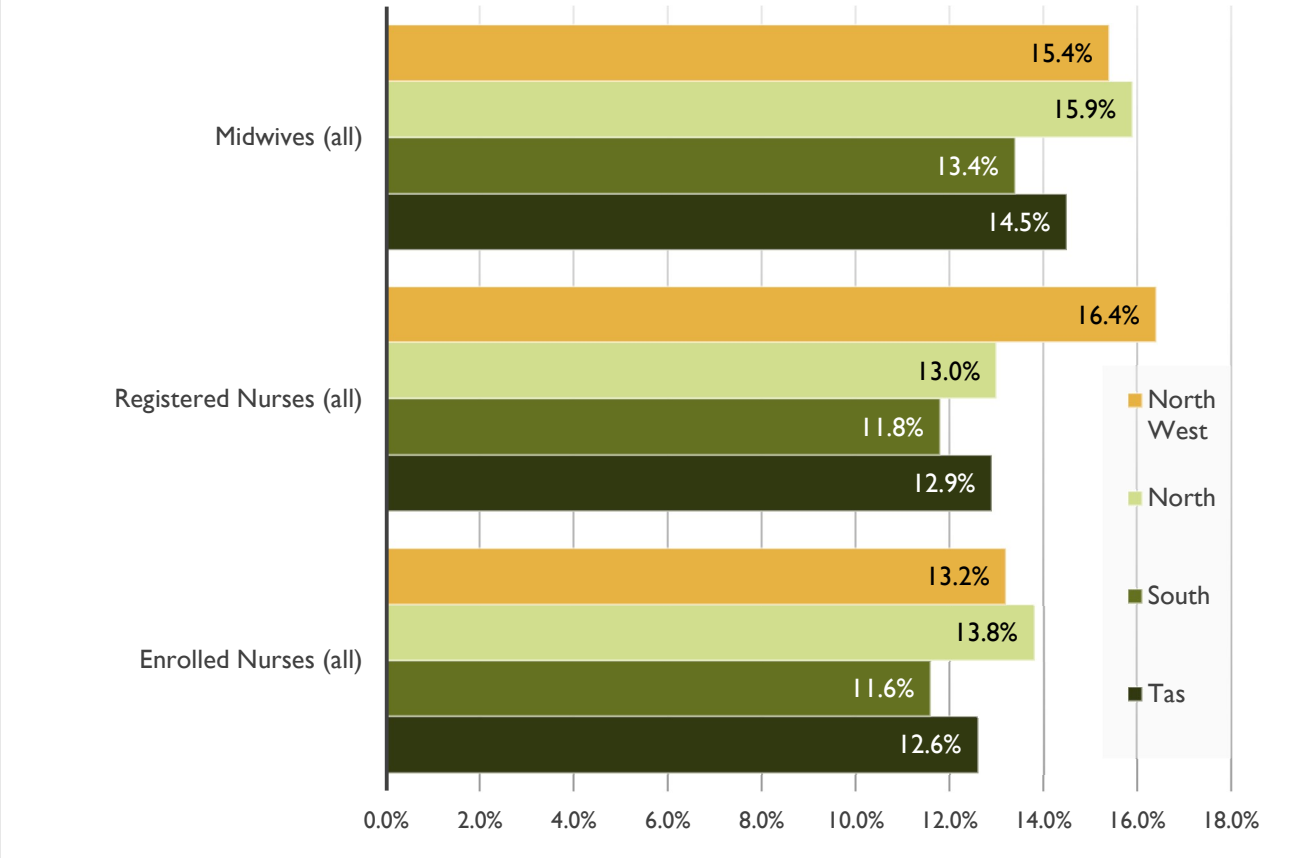
Figure 23 shows the growth of the older workforce in Tasmania and the regions, since 2014. The North West continues to have the highest overall percentage of nurses and midwives over 60 at 15.7 per cent, including 16.4 per cent of the region's Registered Nurses (Figure 24) – posing a risk if there is an insufficient number of graduates and experienced nurses and midwives to replace them when they retire. Risk is also attached to uneven distribution of workers in age cohorts, potentially creating peaks and troughs in supply levels.

Figure 23 Proportion of nursing and midwifery workforce over 60, by region, Tas 2014-2019



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

Figure 24 Proportion of workforce over 60, by region and registration division, Tas 2019

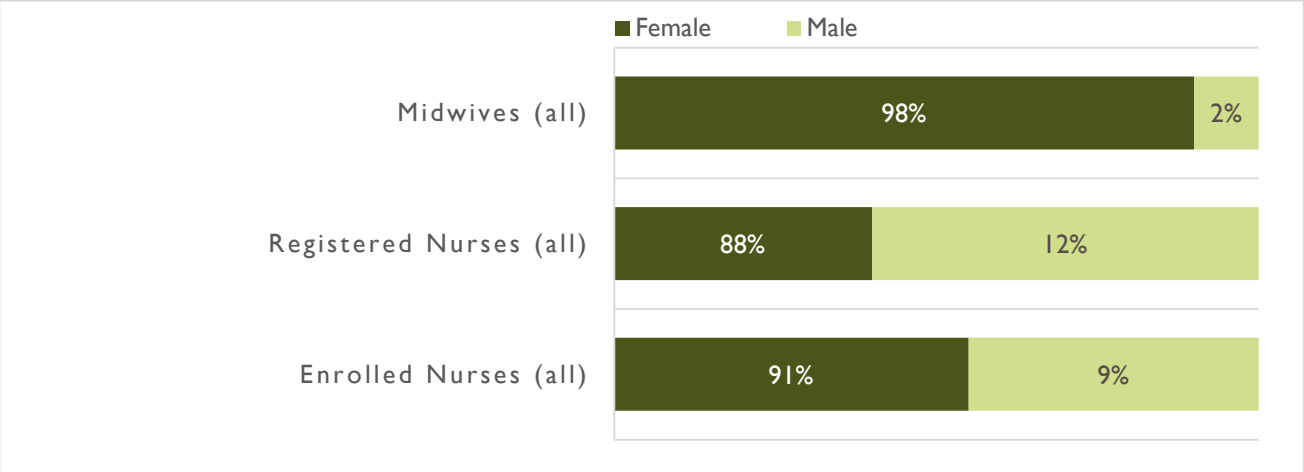


Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

GENDER

In 2019, 89 per cent of the nursing and midwifery workforce in Tasmania reported their gender as female, consistent with national rates. This is obviously not reflective of the community the workforce cares for, and while gender equity is not about creating and controlling perfect distribution, it is about removing barriers and providing opportunity to everyone, based on qualifications, experience, competency and attitude. Figure 25 provides an overview of the gender mix by registration division.

Figure 25 Reported gender in nursing and midwifery, Tas 2019



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019)

OVERSEAS TRAINED NURSES AND MIDWIVES

There are temporary and permanent visa options avaiable for nurses and midwives to work in Australia. In 2019, 19.5 per cent of nurses and midwives working in Australia obtained their initial qualification overseas[29]. In Tasmania, 9.3 per cent of employed nurses and midwives obtained their initial qualification from overseas. Tasmanian Unit Record data shows this proportion has increased slightly from 6.2 per cent in 2014, though it remains well below the Australian average.

[29] Australian Government - Department of Health 2020, *Nurses and Midwives 2019 Factsheet,* Fact Sheet Series, viewed 28 Feb 2021, https://hwd.health.gov.au/assets/ALL%20NRMW%202019.pdf.

DATA AND METHODOLOGY

There is significant opportunity to improve the Tasmanian Department of Health's capacity to store, access and share workforce data for the purpose of planning.

DATA SOURCES

The data used to inform this report includes:

- Australian Government – Australian Bureau of Statistics 2020, *3235.0 Regional Population by Age and Sex, Australia, 2019*, Austats Statistics by Catalogue Number
- Australian Government – Australian Bureau of Statistics 2017, *2016 Census QuickStats: Tasmania*
- Australian Government – Australian Bureau of Statistics 2017, *Home is where the heart is for Tasmanians, Census reveals, Media Release139/2017*, 23 October 2017
- Australian Government – Australian Bureau of Statistics 2018, *4364.0.55.001 - National Health Survey: First Results, 2017-18*
- Australian Health Practitioner Regulation Agency - Statistics 2020
- Australian Government – Department of Education, Skills and Employment 2020a, *Selected Higher Education Statistics – 2019 Student data*
- Australian Government – Department of Education, Skills and Employment 2020, *uCube – Higher Education Data Cube*
- Australian Government – Department of Home Affairs 2019, *2018-19 Migration Program Report*, Research and Statistics Reports
- Australian Government – Department of Home Affairs 2020, *2019 -20 Migration Program Report*, Migration Program Reports
- Australian Government – Department of Home Affairs 2021, *Australia's 2021-22 Migration Program*, Research and Statistics Reports
- Australian Government – Department of Home Affairs 2021, *Migration program visa statistics live data*, Research and Statistics Reports
- Australian Government – DATA.GOV.AU 2021, *Australian Migration Statistics*, Australian Migration Statistics Dataset
- Australian Government – Department of Human Services, Services Australia 2021, *Statistics - Medicare Group Reports - Broad Type of Service*
- Australian Government – Department of Health 2020, *Health Workforce Data - Data Tool*, Health Workforce Data - Data Tool – National Health Workforce Data Set
- Education provider student numbers University of Tasmania, TasTAFE and the Health and Education Research Centre.
- Tasmanian Government - Department of Health 2021, *HealthStats system dashboard*, viewed 28 March 2021
- Tasmanian Government – Department of Health, Public Sector Establishment and Payroll Data (30 Nov, 2019) unpublished internal data
- Tasmanian unit record data – Re-registration survey responses (2014-2019) subset of the NHWDS.

DATA TREATMENT

Data collected from the Australian Health Practitioner Regulation Agency Registration Statistics and re-registration survey responses in the Tasmanian Unit Record subset of the National Health Workforce Data Set (2014-19) were filtered to only include nurses and midwives working in Tasmania. This includes respondents on leave for up to three months.

Registered health professions are nurse, midwife, chiropractor, dental practitioner, medical practitioner, osteopath, optometrist, pharmacist, physiotherapist, podiatrist, psychologist, occupational therapist, medical radiation practitioner, Chinese medicine practitioner, and Aboriginal and Torres Strait Islander health practitioner.

References to **employed headcount**, **employed FTE**, **change in FTE 2014-19**, **average working hours**, and **hours in public/private sector** data are self-reported responses to the re-registration survey from the Tasmanian Unit Record Data (2014-19). This is a subset of the National Health Workforce Data Set. The National Health Workforce Data Set is publicly available but cannot be viewed at the unit record level, and some comparisons are not possible because of the aggregation and reporting methods used in the National Health Workforce Data Set tool online.

Age and **gender** related measures come from registration information included in the Tasmanian Unit Record Data (2019). These data relate to the whole of Tasmania including both public and private sectors.

References to **employed headcount per 100,000 population** and **FTE per 100,000 population** for Tasmania and its regions draw headcount from the Tasmanian Unit Record Data (2019) and the NHWDS for the national comparison. Both public and private sectors are included in the numerator headcount and FTE. Population figures used as the denominator for this calculation in all cases are drawn from the Australian Bureau of Statistics Population data Cat. 3235.0 for the year of the headcount or FTE numerator (2019), with the population for Tasmanian regions summed across relevant Local Government Areas.

While there is no nationally agreed number of health professionals per population in Australia, this method can be used to assess the relative supply of one region against another and can also be measured over time.

Using this measure does have some limitations because it does not consider a number of other variables including the population structure, burden of disease, patterns of service and provider utilisation, the actual "type" of services provided and socio- demographic characteristics.

Regional density can be affected by incomplete survey responses which mean a region cannot be assigned for the practitioner, but they still contribute to the Tasmanian density figure.

Student enrolment and completion numbers are sourced from TasTAFE and the Health Education and Research Centre for enrolled nurses. For registered nurses, data is sourced from the University of Tasmania, Department of Education Skills and Employments Higher Education Statistics summaries and UCube, their publicly available data cube for registered nurses. For midwifery graduates, information has been provided by the Office of the Chief Nurse and Midwife. Where it has not been possible to directly determine the number of students enrolled at, or graduating from, Tasmanian campuses or programs, the trend of previous years' proportions of total students has been applied. For instance 72 per cent of Bachelor of Nursing graduates in 2019 (based on past year trends) were estimated to be from Tasmanian rather than NSW campuses of the University of Tasmania.

Attrition rate refers to the proportion of students in courses leading to registration who do not complete the course they began. "Apparent" attrition reflects uncertainty introduced by variable course length dependent on entry points and inward transfers, transfers to other health courses, emigration from Tasmania, part-time study, repeated years, withdrawals, and study breaks.

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APPENDIX A: NURSING AND MIDWIFERY WORKFORCE PROFILES

ABOUT THE WORKFORCE PROFILES

The nursing and midwifery workforce profiles included in this report take a closer look at the individual professions within each workforce. The profiles do not focus on the workforce or staffing levels at individual facilities; rather, they are a summary of nursing professions in Tasmania in 2019.

The profiles are a tool to understand the workforce and give an indication of where challenges and opportunities may lie in the future.

Workforce profiles have been developed for the following nursing and midwifery divisions of registration:

- Enrolled Nurses
- Midwives
- Registered Nurses

In addition, there is a profile for Nurse Practitioners (Registered Nurses endorsed by the Nurses and Midwives Board of Australia (NMBA) to provide advanced patient care).

The data in the profession profiles is sourced primarily from the National Health Workforce Data Set and includes employed, registered professionals in the public and private sectors, the acute (hospital) setting as well as community settings and in aged care.

The small size of some professional groups must be considered when reviewing the data. Even minimal movement, for example the resignation of one employee, will have a significant influence on the data profile. In addition, it should be noted that even though a health professional may be registered under a certain profession, their everyday work may align to a different profession.

The density of nurses and midwives is provided as a headcount per 100,000 population for Tasmanian. Regional density can be affected by incomplete re-registration survey responses where the professional cannot be assigned to a region but contributes to the Tasmanian density figure.

Nursing and midwifery training is the formal process or pathway to meeting the requirements for registration.

AREAS OF PRACTICE

In addition to the professional profiles for Registered Nurses, Enrolled Nurses, Midwives and Nurse Practitioners, there are also profiles to capture nursing areas of practice. This data is from the National Health Workforce Data Set; however, it includes all nurse division types working in that area of practice. Workforce profiles have been developed for the following areas of practice:

- Aged care nursing
- Critical care nursing
- Emergency nursing
- Mental health nursing
- Perioperative nursing
- Practice nursing

2019

ENROLLED NURSES

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	1461
EMPLOYED FTE	1221.7
FTE CHANGE 2014-19	17%
AVG. WEEKLY HOURS	31.8
OVER 60 YEARS OLD	13%
AVERAGE AGE	47.5 years
GENDER	91% F 9% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
44%	56%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	235.1	197.9
Tas	273.4	228.6
South	256.0	211.9
North	308.9	257.7
North West	268.7	230.7

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

Enrolled Nurses provide nursing care under the supervision, directly or indirectly, of a Registered Nurse. Enrolled Nurses assess, plan, and implement care for patients in accordance with accepted practice and standards. They administer medications, monitor responses to treatments and care plans, and assist with promotional activities for good health.

This profile includes Enrolled Nurses and dual registered Enrolled Nurses/Registered Nurses.

TRAINING

PROGRAM SUMMARY

The minimum requirement is a Diploma of Enrolled Nursing as approved by the Nursing and Midwifery Board of Australia (NMBA).

IN TASMANIA

There are training courses in Tasmania for Enrolled Nurses approved by the NMBA.

REGISTRATION

In Australia, Enrolled Nurses must be registered with the NMBA.

2019

MIDWIVES

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	552
EMPLOYED FTE	483.3
FTE CHANGE 2014-19	-9%
AVG. WEEKLY HOURS	33.3
OVER 60 YEARS OLD	14%
AVERAGE AGE	49.0 years
GENDER	98% F 2% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
71%	29%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	104.0	92.3
Tas	103.3	90.4
South	106.4	90.8
North	114.6	103.0
North West	80.7	73.1

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

Midwives provide advice and support during pre-conception, pregnancy, labour and childbirth, as well as postnatal care for women and babies in the home, community, hospitals, and other health care locations. They conduct health promotion education classes and seminars for mothers on topics such as preparation for parenthood and breastfeeding. Midwives also provide advice on nutrition, childcare and family planning.

This profile includes registered Midwives and dual registered nurse/midwives (therefore some of the hours worked by dual registrants will be nursing hours rather than midwifery hours).

TRAINING

PROGRAM SUMMARY

Midwives must complete either a three-year Bachelor of Nursing and Graduate Diploma of Midwifery or Masters of Midwifery or a three-year Bachelor of Midwifery, approved by the Nursing and Midwifery Board of Australia (NMBA).

IN TASMANIA

The University of Tasmania offers a Bachelor of Nursing. Registered Nurses with a bachelor's degree in nursing or equivalent may be eligible for the two-year Tasmanian based Bachelor of Midwifery (Graduate Entry) course offered by the University of Southern Queensland (USQ). The Tasmanian based USQ program supports study which can be undertaken and completed in Tasmania as an external student. This partnership with USQ commenced in 2017 with a cohort of student midwives commencing annually. The first cohort of Midwife students completed in 2018 and commenced in graduate practice in 2019.

REGISTRATION

In Australia, midwives are required to be registered through the NMBA.

NOTES

The decrease in the number of Midwives is similar to the pattern across Australia. For dual or multiple registrants, meeting the annual registration requirements for multiple registrations can be onerous and this may influence their desire to stay in both nursing and

midwifery professions. As the number of registrants holding both nursing and midwifery registration has dropped (by 16 per cent nationally and 10 percent in Tasmania from 2014 to 2019), the average midwifery hours worked by midwifery registrants has continued to decline, although the proportion that midwifery hours make of all hours worked by dual registrants has remained steady.

2019

REGISTERED NURSES

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	7124
EMPLOYED FTE	6174.7
FTE CHANGE 2014-19	15%
AVG. WEEKLY HOURS	32.9
OVER 60 YEARS OLD	13%
AVERAGE AGE	45.1 years
GENDER	88% F 12% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
68%	32%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	1131.3	1007.5
Tas	1332.9	1155.3
South	1406.3	1193.9
North	1424.2	1264.8
North West	1033.1	917.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

Registered Nurses assess, plan, and implement nursing care for patients in accordance with accepted nursing practice and standards in hospitals, aged care, and other health care facilities, and in the community. They administer medications, monitor responses to treatments and care plans, and promote good health through health education programs.

This profile includes Registered Nurses and dual registered Enrolled Nurse/Registered Nurses and Registered Nurse/Midwives.

TRAINING

PROGRAM SUMMARY

To be a Registered Nurse, you must complete a Bachelor of Nursing or Graduate Entry Masters in Nursing (where another degree is already held), as approved by the Nursing and Midwifery Board of Australia (NMBA).

IN TASMANIA

The University of Tasmania offers a Bachelor of Nursing approved by the NMBA.

REGISTRATION

In Australia, nurses must be registered with the NMBA.

2019 NURSE PRACTITIONERS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	41
EMPLOYED FTE	44.5
FTE CHANGE 2014-19	79%
AVG. WEEKLY HOURS	41.2
OVER 60 YEARS OLD	7%
AVERAGE AGE	50.4 years
GENDER	85% F 15% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
72%	28%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	7.0	7.2
Tas	7.7	8.3
South	0.0	8.8
North	0.0	8.8
North West	0.0	6.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

Nurse Practitioners provide advanced and extended nursing care. Their role includes assessing and managing patients, prescribing medications, and treatments as authorised in relevant legislation and referring patients to other health care professionals. Nurse Practitioners must be educated to a master's degree level.

'Nurse Practitioner' is a registration endorsement, not a division of practice.

TRAINING

PROGRAM SUMMARY

To be endorsed as a Nurse Practitioner, you must have a master's degree or equivalent, as approved by the Nursing and Midwifery Board of Australia (NMBA) along with other NMBA requirements including 5,000 hours of experience at the clinical advanced nursing practice level within the past six years from the date when the application for Nurse Practitioner endorsement is received by the NMBA.

IN TASMANIA

Nurse Practitioners cannot complete their training entirely in Tasmania. Theoretical study takes place externally; the supervised clinical practice can occur in Tasmania.

REGISTRATION

In Australia, Nurse Practitioners must be registered with the NMBA. Nurse Practitioners are also required to apply for authorisation to prescribe substances.

NOTES

The Nurse Practitioner endorsement is a relatively new one and is expected to continue to grow.

2019

AREA OF PRACTICE: AGED CARE NURSING

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	1348
EMPLOYED FTE	1159.5
FTE CHANGE 2014-19	10%
AVG. WEEKLY HOURS	32.7
OVER 60 YEARS OLD	18%
AVERAGE AGE	48.0 years
GENDER	89% F 11% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
13%	87%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	193.0	168.8
Tas	252.2	216.9
South	236.3	201.2
North	274.5	241.2
North West	261.6	223.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

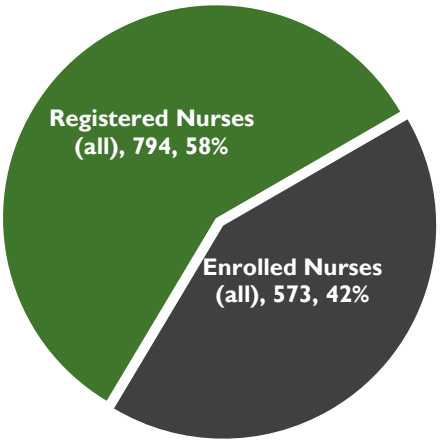
Aged care nurses provide care to the elderly in community settings, residential aged care facilities, retirement villages and health care facilities. In addition to nursing duties, the aged care nurse may need to provide support to the patient's family or liaise with the patient's doctor.

This profile represents all nurses who report working in aged care.

NOTES

Figure 1 shows the composition of registration divisions in the aged care nursing workforce (note that dual registrants are included in both categories).

Figure 1 Employed nurse headcount by registration division – Aged care Tas, 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

2019

AREA OF PRACTICE: CRITICAL CARE NURSING

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	404
EMPLOYED FTE	363.2
FTE CHANGE 2014-19	7%
AVG. WEEKLY HOURS	34.2
OVER 60 YEARS OLD	9%
AVERAGE AGE	42.1 years
GENDER	83% F 17%M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
80%	20%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	76.6	70.3
Tas	75.6	68.0
South	87.1	78.9
North	78.9	70.5
North West	43.5	38.1

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

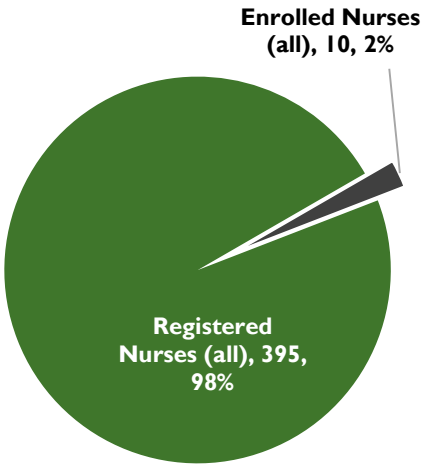
Critical care nurses provide nursing care to critically ill patients and patients with unstable health following injury, surgery or during the acute phase of diseases, integrating new technological equipment into care in settings such as high dependency units, intensive care units, emergency departments or retrieval services. Critical care nurses may also work in a range of specialised areas including surgical, trauma, coronary, paediatric, burns and cardiothoracic.

This profile represents all nurses who report working in critical care nursing.

NOTES

Figure 1 shows the composition of registration divisions in the critical care nursing workforce (note that dual registrants are included in both categories).

Figure 1 Employed nurse and midwife headcount by registration division - Critical care Tas, 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

2019

AREA OF PRACTICE: EMERGENCY NURSING

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	538
EMPLOYED FTE	467.3
FTE CHANGE 2014-19	35%
AVG. WEEKLY HOURS	33.0
OVER 60 YEARS OLD	6%
AVERAGE AGE	39.3 years
GENDER	80% F 20% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
93%	7%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	83.1	75.4
Tas	100.7	87.4
South	91.1	73.8
North	103.2	96.2
North West	120.6	108.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

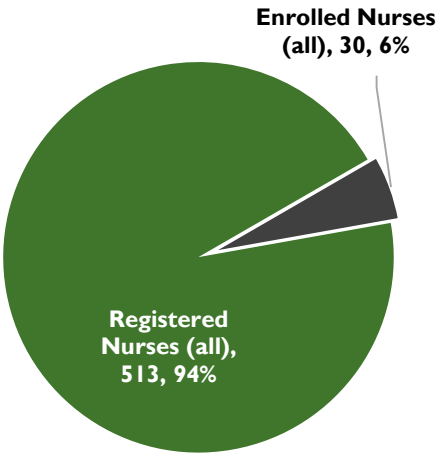
Emergency nurses provide rapid assessment and treatment to patients who are suffering from trauma, injury, severe medical or life-threatening conditions and require urgent treatment.

This profile represents all nurses who report working in the emergency area.

NOTES

Figure 1 shows the composition of registration divisions in emergency nursing (note that dual registrants are included in both categories).

Figure 1 Employed nurse and midwife headcount by registration division – Emergency care Tas, 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

2019

AREA OF PRACTICE:
MENTAL HEALTH NURSING

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	532
EMPLOYED FTE	481.2
FTE CHANGE 2014-19	13%
AVG. WEEKLY HOURS	34.4
OVER 60 YEARS OLD	23%
AVERAGE AGE	50.4 years
GENDER	71% F 29% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
84%	16%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	94.9	90.0
Tas	99.5	90.0
South	126.6	114.3
North	69.5	62.4
North West	73.6	67.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

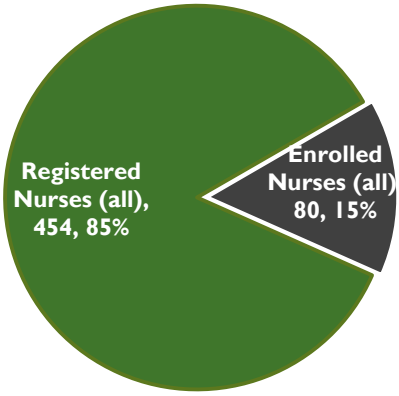
Mental health nurses care for patients with mental illness, disorder, and dysfunction. They offer a range of clinical interventions to promote patient wellbeing, assist in recovery from illness and to enhance capacity for participating in community life. Mental health nurses work in hospitals, mental health care services, welfare and aged care facilities, correctional services, and the community.

This profile represents all nurses who report working in the mental health nursing area.

NOTES

Figure 1 shows the composition of registration divisions in the mental health nursing workforce (note that dual registrants are included in both categories).

Figure 1 Employed nurse and midwife headcount by registration division – Mental health nursing Tas, 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

2019

AREA OF PRACTICE: PERIOPERATIVE NURSING

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	729
EMPLOYED FTE	605.7
FTE CHANGE 2014-19	19%
AVG. WEEKLY HOURS	31.6
OVER 60 YEARS OLD	12%
AVERAGE AGE	44.2 years
GENDER	88% F 12% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
56%	44%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	116.0	101.5
Tas	136.4	113.3
South	164.2	132.8
North	119.4	104.9
North West	91.3	77.1

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

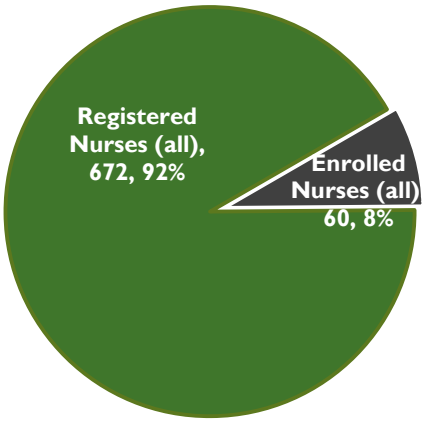
Perioperative nurses provide nursing care to patients before, during and immediately after surgery. They assess the patient's condition, plan nursing care for surgical intervention, maintain a safe and comfortable environment, assist surgeons and anaesthetists during surgery, and monitor the patient's recovery, before being returned to or discharged from the ward.

This profile represents all nurses who report working in the perioperative nursing area.

NOTES

Figure 1 shows the composition of registration divisions in the perioperative health nursing workforce (note that dual registrants are included in both categories).

Figure 1 Employed nurse and midwife headcount by registration division – Perioperative nursing Tas, 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

2019

AREA OF PRACTICE: PRACTICE NURSING

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	406
EMPLOYED FTE	301.3
FTE CHANGE 2014-19	18%
AVG. WEEKLY HOURS	28.2
OVER 60 YEARS OLD	16%
AVERAGE AGE	48.5 years
GENDER	97% F 3% M

CLINICAL HOURS WORKED IN SECTOR

Public	Private
11%	89%

EMPLOYMENT PER 100,000 POPULATION

	HEAD COUNT	FTE
Aus	58.3	45.2
Tas	76.0	56.4
South	76.1	54.0
North	73.5	59.1
North West	78.9	58.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), and ABS population data (2019).

DESCRIPTION

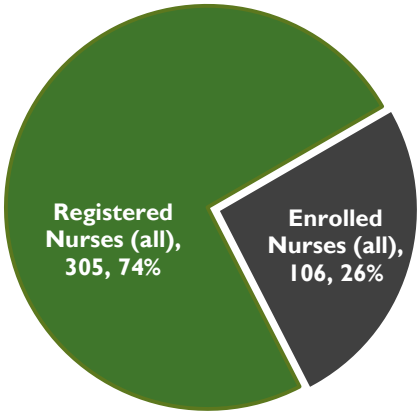
Practice nurses work within a general practice environment to provide clinical care to patients. They undertake clinical organisation, practice administration, and facilitate communication between the practice and outside organisations and individuals.

This profile represents all nurses who report working in the practice nursing area.

NOTES

Figure 1 shows the composition of registration divisions in the practice health nursing workforce (note that dual registrants are included in both categories).

Figure 1 Employed nurse and midwife headcount by registration division – Practice health Tas, 2019



Source: National Health Workforce Data Set - Tasmanian Unit Record Data (2019)

Department of Health
GPO Box 125, Hobart 7001 Tasmania
www.health.tas.gov.au