



Australian Health Ministers' Advisory Council

NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

NURSING EDUCATION AND WORKFORCE FORUMS

RECOMMENDATION 3

NATIONAL REVIEW OF NURSING EDUCATION, *OUR DUTY OF CARE*

AUGUST 2004

NURSING EDUCATION AND WORKFORCE FORUMS

RECOMMENDATION 3

NATIONAL REVIEW OF NURSING EDUCATION, *OUR DUTY OF CARE*

Purpose	1
Background.....	1
1. Who Will Convene The Forums?.....	3
2. N ³ ET Role In Forums.....	4
3. Timelines For Implementation	4
4. Scope Of Forums.....	4
5. Role Of Forums	5
6. Structure Of Forums	5
7. Membership Of Forums	6
8. Selection Of Members	7
9. Mode Of Operation	8
10. Code Of Conduct	8
11. Reporting	9
12. Frequency Of Forums	9
13. Term Of Forums	10
14. Communication	10
15. Evaluation	11
Attachment 1 - Issues To Be Considered By Forums.....	13
Attachment 2 – Examples Of Forums Approach To Recommendations.....	14

NURSING EDUCATION AND WORKFORCE FORUMS

FRAMEWORK FOR ESTABLISHMENT, OPERATION AND EVALUATION

PURPOSE

This document details the common framework for jurisdictions in relation to the establishment, operation and evaluation of **Nursing Education and Workforce Forums** (hereafter "the Forums"). The framework elements include:

- Proposed Framework/Structure and Mode of Operation for the Forums
- Relationship of Forums to the N³ET Taskforce and local advisory groups
- Recommended membership of Forums
- Methodology to ensure specific issues directed to be considered by Forums are explored
- Reporting requirements
- Communication planning
- Process for Evaluation

BACKGROUND

The National Review of Nursing Education, *Our Duty of Care* recommended the establishment of local Nursing Education and Workforce Forums to support the work of the Taskforce and the other bodies implementing recommendations at a national level. (*Our Duty of Care*, Recommendation 3). In addition, recommendations from two recent Australian Health Workforce *The Midwifery Workforce in Australia (2002-2012)* and *The Critical Care Workforce in Australia (2001-2011)* have been referred to the Forums.

Forums are intended be a platform for considering local perspectives and issues related to the implementation of the recommendations, where local partnerships between sectors can flourish. It is also anticipated that the Forums will play a supporting role in the implementation of many of the recommendations.¹

1. Hereafter, "Recommendations" refers to any/all of the recommendations of National Review of Nursing Education Australia, National Review of Nursing Education 2002: Our Duty of Care. 2002, The Midwifery Workforce in Australia 2002-2012, in AHWAC Report 2002.2. 2002, and The Critical Care Nurse Workforce in Australia 2001-2011, in AHWAC Report 2002.1. 2002.

Whilst it is not the Taskforce's responsibility to directly implement these Forums, early discussions with Chief Nursing Officers have identified that a consistent approach and framework for the Forums is highly desirable. The Taskforce has therefore developed a proposed framework to guide the establishment of local Forums.

The Forums are envisaged as a series of locally (State and Territory) based events to engage stakeholders in how nursing education and workforce reforms articulated in *Our Duty of Care*, can be realised in a local context. Forums will extend over the next 18 months and be subject to an evaluation. Details of how Forums will operate are provided in this document.

1. WHO WILL CONVENE THE FORUMS?

Nursing Education and Workforce Forums will be established by, and be responsible to, the Chief Nursing Officers (CNOs), however titled, in each State and Territory.

It is recognised that some jurisdictions have already established groups that provide advice and direction on some nursing workforce and/or education issues. The Forums however, will be structured to facilitate discussion about key local/regional education and workforce issues and to assist with implementation of the recommendations.

The Forum's role is to inform rather than directly advise or formulate policy, to be a place to consider and debate issues. The breadth of issues associated with the recommendations means that the scope of inclusion in the Forums will be broader than the CNO/jurisdictions organisational authority. The recommended membership of Forums is detailed latter in Section 7)

Although established by jurisdictions/CNOs, the essential feature of Forums is that they are a cross sectorial enterprise. The organisational context for the Taskforce is represented below in Figure 1.

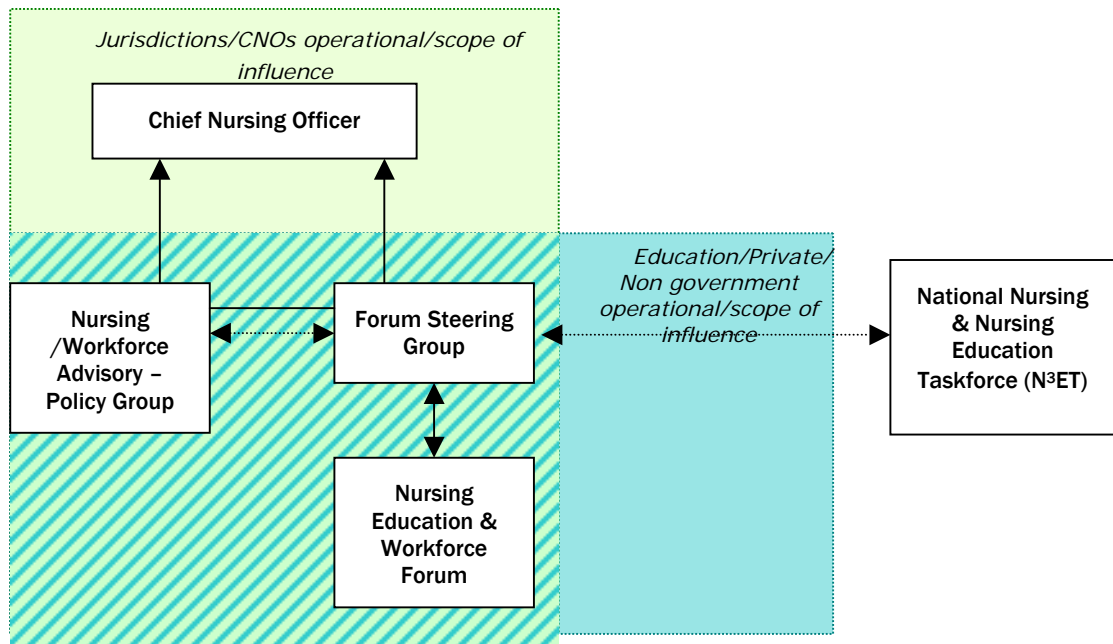


Figure 1 Proposed Relationship between Forums and other bodies

2. N³ET ROLE IN FORUMS

The Taskforce's role in relation to this recommendation is to work with CNOs to:

- Develop a framework for the Forums
- Establish a monitoring process with Forums
- Refer issues for consideration by Forums
- Establish communication links with Forums
- Develop evaluation methodology with Forums
- Prepare a report on the outcomes of the Forums for health, education and training ministers in 2006

This document constitutes the first stage in the process.

3. TIMELINES FOR IMPLEMENTATION

The Forums are to be established no later than November 2004 and be maintained until May 2006 and then reviewed to determine future requirements. The proposed major milestones and timelines for the Forums are:

Proposed Framework for Forums	By Jul 2004
Forums Established By All Jurisdictions	By Nov 2004
Reporting Arrangements Finalised	By May 2005
Evaluation Framework Agreed	By June 2005
Taskforce Report On Forums to Ministers	By May 2006

4. SCOPE OF FORUMS

- 4.1 The Nursing Education and Workforce Forums will be the means by which local stakeholders express their views on the Recommendations and how they can be implemented and provide feedback to local decision makers and the Taskforce.
- 4.2 In keeping with the breadth of the recommendations, Recommendation 3 states that the Forums will engage a range of stakeholders (both private and public) including the following sectors:
- Nursing education (Higher Education and Vocational Education Training)
 - Health
 - Community
 - Aged
- and other key stakeholders (A full list of suggested members is detailed in section 7).
- 4.3 Forums will not be empowered to make governance decisions, but to express opinion and influence decision makers.

- 4.4 The issues/topics to be considered by the Forums fall into three categories:
- (i) Recommendations specifically referred by Ministers to Forums
 - (ii) Recommendations to be actioned by Jurisdictions that could be directed to Forums
 - (ii) Other issues/work referred by CNO and/or Taskforce
- A list of the recommendations in (i) and (ii) is located in Attachment 1.

5. ROLE OF FORUMS

Nursing Education and Workforce Forums will:

- Facilitate and strengthen collaboration and communication between the stakeholders to address local and regional nursing education and workforce issues.
- Provide a vehicle for jurisdictions to facilitate the implementation of those Recommendations from Our Duty of Care referred to States and Territories for action.
- Assist the National Nursing and Nursing Education Taskforce in implementing Our Duty of Care Recommendations by providing a platform for debate, consultation and communication about the Recommendations the Taskforce is implementing.
- Consider other issues as identified by CNOs and/or the Taskforce

6. STRUCTURE OF FORUMS

- 6.1 Forums will be adaptable and assume a variety of forms to meet the demands of the particular work/recommendation being addressed.
- 6.2 Forums can be viewed as a “flexible wrapper” that employs a range of tools suited to the issue. Forums will have a core set of members that act as the conduit for engaging the wider nursing and education community. To do this, Forums will need to use a variety of approaches matched to the type of consultation or work to be done, such as:
- **Small Focus Groups** to work on specific issues or with specific work group. This may include inviting specific groups for one off issue management.
 - **Open/listening Forums** to hear from individuals/interested parties as a way to brainstorm ideas/views, test out ideas or achieve a snapshot of opinions. This may include the use of electronic bulletin boards for people to post issues to be tabled at the open forum.
 - **Forum Sub-Group(s)** may be formed to progress work as directed by the Forum and report back.

Some examples of how Forums might approach the work of a recommendation are provided in Attachment 2.

- 6.3 It is proposed that the Forums are organised by a local Forum Steering Group that prioritises, coordinates and organises the local Forums work. Steering Groups also provide a strategic link other local workforce advisory groups and can therefore ensure the direction and work plans are complementary and aligned. Refer to Figure 1.
- 6.4 The Forum Steering Group may not need to be newly convened, as there may be an existing group/body that may be similar to what is envisaged for Forum Steering Groups. However if these existing groups are to fill this role then their membership may have to be reviewed (and possibly extended) and terms of reference agreed.
- 6.5 To ensure members of the Forums Steering Group are not performing a representative function they should not be included as members of the Forums. This principle will also facilitate the adoption of an independent and objective role by the Forum Steering Group.
- 6.6 If a jurisdiction decides not to establish a Forum Steering Group the principles underpinning such a group should be implemented such as consideration of assigning at least two permanent places to members who are also on the local Workforce/Policy group (however named), reciprocal arrangements for notes/minutes of meetings and Forums etc.

7. MEMBERSHIP OF FORUMS

- 7.1 Each jurisdictions Forum should develop their own Terms of Reference (including governance arrangements, tenure and membership/representation).
- 7.2 The membership of the Forum should be structured to achieve a reasonable balance between the number of members representing each of the following areas:
- Universities
 - Clinical Educators
 - Nurse Regulatory Authority
 - TAFE and VET sector education providers
 - Industrial Representation/Unions/Professional groups
 - Employer groups
 - Various health and community service settings including:

SETTING	PUBLIC		PRIVATE	
	<i>Metro</i>	<i>Rural/ Remote</i>	<i>Metro</i>	<i>Rural/ Remote</i>
Acute	Yes	Yes	Yes	Yes
Subacute	Yes	Yes	Yes	Yes
Aged	Yes	Yes	Yes	Yes
Community	Yes	Yes	Yes	Yes
Mental Health	Yes	Yes	Yes	Yes
Maternity	Yes	Yes	Yes	Yes

- Other health professionals/workers
- Consumers
- Other settings specific to the jurisdiction (eg Correctional Health)

- 7.2 Given the differences between States/Territories it is likely that the Forums will operate with local variation and with differing balance of membership. However, for the Forums to be meaningful they should engage as wide an audience and cross-section of stakeholders and reflect the local workforce demographics/ characteristics.
- 7.3 In keeping with the aim of the Forums, membership should be based on ability and willingness to engage in debate and discuss issues rather than “chain of command”. It is recommended that consideration be given to having a mix of permanent core members and “floating” places to ensure that carry over of knowledge is balanced with the creation of opportunities for wider participation.
- 7.4 Arrangements for the Chair should be determined locally but should be linked to a permanent position to ensure continuity and focus.

8. SELECTION OF MEMBERS

- 8.1 A process for determining both the make up of Forums with regard to the balance of places and mix of permanent to floating positions will need to be developed and ratified by the Forum Steering Group.
- 8.2 A process to seek nominations for membership should then be undertaken.
- 8.3 Forums should consider the selection criteria for members carefully to ensure that members are able to make an informed and constructive contribution to the Forums. Before appointment, members should be asked to confirm their commitment to:
- working within scope of the Forums
 - achieving the purpose of the Forum through constructive working with other members
 - and their ability to devote the necessary time to attend Forum meetings, and to network and report back outside meetings

9. MODE OF OPERATION

- 9.1 As Forums operate across established governance structures there needs to be clear understanding of expectations and roles. Accordingly, in contrast to the structure and shape of Forums, the operational arrangements are more defined to ensure Forums both achieve the work allocated to them and meet the considerable expectations of stakeholders.
- 9.2 In considering the issues referred to them, Forums will:
- Develop a constructive and inclusive approach to the issues
 - Respect local circumstances and different interests while operating with reference to national directions
 - Strive for positive outcome/change/action rather than re-examine status quo
 - Engage in constructive debate and seek consensus wherever possible;
 - Where consensus is not possible, make clear the nature of differing views and suggest how they might be resolved.
- 9.3 Support to Forums is to be provided by Jurisdictions. This includes securing of venues, travel, secretariat functions, local publications and other infrastructure required to operate the Forums.
- 9.4 An attendance register is to be maintained of all Forum activities.
- 9.5 Forums will be advertised in advance and consideration of holding some Forums in public should be made. Agendas, papers and summaries/notes of the Forums should be available publicly.
- 9.6 The choice of location for Forums should include some non-metropolitan sites and where possible, ways to increase access through video conferencing or video recording should be considered.
- 9.7 Wherever possible, a summary of issues and outcomes of each Forum should be validated with the members before the completion of the Forum. This can be achieved by contemporaneous recording during the Forum and process of 'report back'/ confirmation at the end of each Forum.

10. CODE OF CONDUCT

- 10.1 A Code of Conduct should be adopted to establish some ground rules for those involved as members of the Forum. A Code of Conduct acts to safeguard the interests of organisations and individuals who come in to contact with the Forum and the interests of members of the Forum.
- 10.2 Subjects for the code to include would be equality, openness, confidentiality and conflict of interest.

- 10.3 Each member of the Forum would be asked to agree to maintain the code when they are taking part in Forums or representing/discussing the Forum outside of meetings.

11. REPORTING

- 11.1 The Forums are a critical component of the overall work of the Taskforce. An evaluation process will be jointly developed with States and Territories through the CNOs and the Taskforce is required to report to health, education and training ministers on the impact of the Forums at the end of two years. Underpinning this retrospective report will be some ongoing monitoring.
- 11.2 In the establishment phase, States and Territories will be requested to provide brief reports to the Taskforce on the progress of the set up of the Forums.
- 11.3 After the Forums have been established and operating for some months a reporting process will be jointly developed with jurisdictions. It is important that Forums feel that they have had sufficient time to assess what works for them and for organisations represented within a Forum to consider the impact each Forum is having.
- 11.4 The mechanisms for how Forums will address issues specifically referred to them as well as feeding back issues to the Taskforce will be agreed as part of the reporting process.
- 11.5 A standardised approach to capture the issues, themes and outcomes of Forums and progress on the recommendations specifically referred to Forums will be developed by the Taskforce. This will be a four monthly cycle of reporting and summary information will be posted on the N³ET website.
- 11.6 Forums may be used by jurisdiction to address other issues, however the Taskforce will not require jurisdictions to provide details of these issues unless they wish to do so.
- 11.7 The availability of documentation related to Forums such as attendance register, schedule of Forums, Summary/Outcomes, Issues Register etc should all be considered the ways in which Forums fulfil their responsibility to report back and as such these should be readily available to all stakeholders. The Forums/jurisdictions should determine how this information is made available.

12. FREQUENCY OF FORUMS

The frequency of Forums is to be determined locally however at least 10 Forums are to be held in each State and Territory between November 2004 and May 2006.

13. TERM OF FORUMS

The Forums will be established no later than November 2004 and be maintained until May 2006 and then reviewed to determine future requirements.

14. COMMUNICATION

- 14.1 The relationship of the Forums to the Taskforce's Communication Strategy and overall work plan is strong and mechanisms for effective two way flow of issues need to be established to ensure there is appropriate acknowledgement of common themes and dissemination of information.
- 14.2 There are multiple intersections that need to have communication plans developed including:
- Field/Industry Stakeholders and Forums
 - Between Forums and Local Nursing/Workforce Group(s)
 - Forum To Forum
 - Between Taskforce (and Mandated Reports) & Forums
- 14.3 The Forums will need to take account of these groups and have mechanisms for communication including roles and responsibilities clearly defined. Some suggested strategies are listed below in Table 2.

Table 2- Communication Tools for Forums

15. EVALUATION

15.1 The Taskforce is required to report to health, education and training ministers

FORUM INTERSECTIONS	RESPONSIBILITY	COMMUNICATION STRATEGIES
FIELD/INDUSTRY STAKEHOLDERS & FORUMS	States/Territories	<ul style="list-style-type: none"> • Schedule of meeting (or link to CNO website) • Individual members to report to the groups they represent. • Issues Register/Process • Use of opportunities to give formal updates such as Conferences, newsletters • Electronic noticeboards for stakeholders to post issues related to up coming Forums for consideration.
BETWEEN FORUMS & LOCAL NURSING/WORK FORCE GROUP (S)	States/Territories	<ul style="list-style-type: none"> • Share Minutes between groups • Overlap of some membership/Steering Group • Share workplans/schedule for addressing issues • Clear Roles/Responsibilities for each group
FORUM TO FORUM	N ³ ET	<ul style="list-style-type: none"> • Summary Reports collated and available on the N3ET website • N³ET Website will have local Forums contacts for each State/Territory • Scheduling of topics will be posted on N3ET website • Register of issues will be maintained by N³ET
BETWEEN TASKFORCE (AND MANDATED REPORTS) & FORUMS	N ³ ET	<ul style="list-style-type: none"> • Progress Reporting • Updates at N³ET Meetings (minutes are circulated to mandated reports)

on the impact of the Forums at the end of two years. An evaluation process will be jointly developed with States and Territories through the CNOs, in mid 2005.

15.2 The Forums will be evaluated across two dimensions (process and impact) to determine their success. Process evaluation is likely to include aspects such as number and attendance of Forums whilst an impact evaluation would consider the ability of the Forums to meet their objectives, evidence of change etc.

- 15.3 The evaluation of Forums will be informed by the Forum framework, output of Progress Reports, facilitator's reports and other relevant sources. A report will be prepared for Ministers. As part of the evaluation, the future role of Forums will be explored and transition arrangements considered.

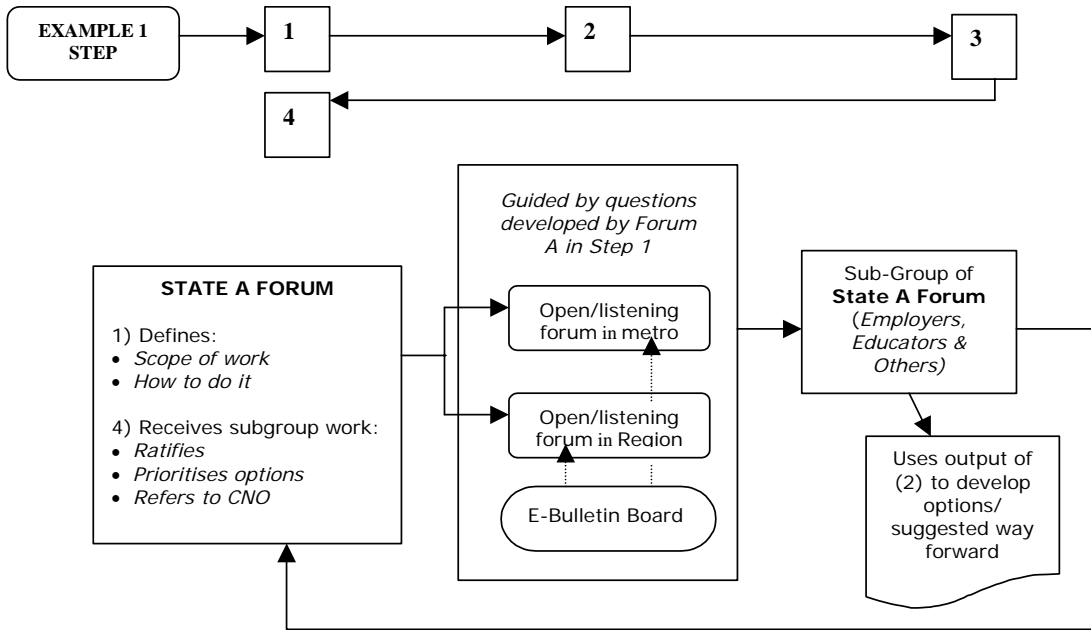
ATTACHMENT 1 - ISSUES TO BE CONSIDERED BY FORUMS

<p align="center">RECOMMENDATIONS SPECIFICALLY REFERRED TO FORUMS</p>	<p align="center">RECOMMENDATIONS TO BE ACTIONED BY THE JURISDICTIONS</p>
<p>The Nursing Education and Workforce Forums have been referred the following issues by health, education and training ministers and will be asked to report back on:</p>	<p>The jurisdictions have been given the responsibility for a number of recommendations and this work may also be progressed through the local Nursing Education and Workforce Forums, namely:</p>
<p align="center"><i>'Our Duty of Care' Recommendations</i></p>	<p align="center"><i>'Our Duty of Care' Recommendations</i></p>
<ul style="list-style-type: none"> • Standards for Transition Programs (Rec 14) Whilst a national framework and formal accreditation of transition programs has not been supported, Forums are asked to identify and describe issues associated with effectiveness of transitional support. • Nurse Academics and Teachers (Rec 20) This recommendation relating to faculty practice will be progressed by the health, education and training ministers. Forums are asked to consider how else the engagement of nurse academics and teachers with the health sector can be promoted. • Engagement of interdisciplinary and cross professional approaches to education and practice (Rec 27) 	<ul style="list-style-type: none"> • Student Nurse Employment (Rec 13) • Continuing Clinical Development of Nurses (Rec 15) • Continuing Clinical Development of Nurses: Aged Care (Rec 16) • Transition to Workforce: Funding (Rec 17) • Lifelong Learning and Nursing Competencies (Rec 18) • Models of Preparation (Rec 19) • Remuneration for applied Post graduate study (Rec 26) • Commonwealth Funding for additional undergraduate places (Rec 33) • Nursing Leadership & Management (Rec 36)
<p align="center"><i>The Midwifery Workforce in Australia 2002-2012</i></p>	<p align="center"><i>The Midwifery Workforce in Australia 2002-2012</i></p>
<p>Midwifery Recommendation 2 <i>That in putting in place these actions [Recommendation 1] AHMAC is guided by the state and territory scenario projections outlined in this report, noting that these actions should be informed by the most recent available jurisdictional midwifery workforce data.</i></p>	<p>Midwifery Recommendation 5 –<i>Information and data on the availability and utilisation of different models of care in each state and territory is fundamental to future workforce planning. This information should be collected by state and territory health departments and considered in any future reviews of the midwifery workforce. This process will be best informed if high quality information is available to women on the options available for maternity care.</i></p>
<p align="center"><i>The Critical Care Workforce in Australia 2001-2011</i></p>	<p align="center"><i>The Critical Care Workforce in Australia 2001-2011</i></p>
	<ul style="list-style-type: none"> • Critical Care Recommendation 1: ensuring an adequate supply of registered nurses to work in critical care (quantity) – Retention strategies. • Critical Care Recommendation 2: ensuring an adequate supply of qualified critical care nurses (quality) -Qualifications mix.

ATTACHMENT 2 – EXAMPLES OF FORUMS APPROACH TO RECOMMENDATIONS

Example 1: State A - Standards for Transition Programs (Rec 14)

Responsibility: Jurisdictions, through State/Territory Forums



Example 2: State B – Workplace Culture (Rec 30)

Responsibility: Jurisdictions and Taskforce

