LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION, TRAINING AND YOUNG PEOPLE

(Reference: Vocational education and training and skills shortages)

Members:

MS M PORTER (The Chair)
MR M GENTLEMAN (The Deputy Chair)
MR S PRATT

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 29 APRIL 2008

Secretary to the committee:
Dr S Lilburn (Ph: 6205 0490)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents relevant to this inquiry that have been authorised for publication by the committee may be obtained from the committee office of the Legislative Assembly (Ph: 6205 0127).

WITNESSES

The committee met at 9.37 am.

BALL, MR VINCE, Executive Director, ACT Regional Building and Construction Industry Training Council Inc.

THE CHAIR: Welcome, Mr Ball. Have you had a chance to read through the yellow privilege statement?

Mr Ball: Yes.

THE CHAIR: Do you understand the privilege implications in the statement?

Mr Ball: Yes.

THE CHAIR: For the record, I move:

> That the statement be incorporated in *Hansard*.

The statement read as follows:

Privilege statement

To be read at the commencement of a hearing and reiterated as necessary for new witnesses

The committee has authorised the recording, broadcasting and rebroadcasting of these proceedings in accordance with the rules contained in the Resolution agreed by the Assembly on 7 March 2002 concerning the broadcasting of Assembly and committee proceedings. Before the committee commences taking evidence, let me place on record that all witnesses are protected by parliamentary privilege with respect to submissions made to the committee in evidence given before it.

Parliamentary privilege means special rights and immunities attach to parliament, its members and others, necessary to the discharge of functions of the Assembly without obstruction and without fear of prosecution.

While the committee prefers to hear all evidence in public, if the committee accedes to such a request, the committee will take evidence in camera and record that evidence. Should the committee take evidence in this manner, I remind the committee and those present that it is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly. I should add that any decision regarding publication of in camera evidence or confidential submissions will not be taken by the committee without prior reference to the person whose evidence the committee may consider publishing.

I also have a few housekeeping matters which I need everyone in the room to observe:

- all mobile phones are to be switched off or put in silent mode;
- witnesses need to speak directly into the microphones for Hansard to be able

to hear and transcribe them accurately;

- only one person is to speak at a time; and
- when witnesses come to the table they each need to state their name and the capacity in which they appear.

Amended 14 March 2008

THE CHAIR: Thank you, Mr Ball, for appearing before us today for the VET and skills shortage inquiry. To start off with, would you just say your name and your title, please, for Hansard.

Mr Ball: My name is Vince Ball and I am the Executive Director of the ACT Regional Building and Construction Industry Training Council.

THE CHAIR: Thank you. Would you like to make some introductory remarks, to give us a little bit of background, and then committee members will ask you questions. I apologise that one of our members, Mr Pratt, has been delayed, but he may join us shortly.

Mr Ball: I am currently the executive director of the ACT and regional council, which has 30 members. Included in that 30 membership are nine executive members and they represent basically all the stakeholders for all of the construction industry in the ACT. I am also an elected representative for the national construction industry advisory committee that provides advice to the national skills council, and I was elected from all the other states and territories to represent them as the national network.

We see within the ACT a number of challenges for our industry. We also currently have, and have had for the last three years, record numbers of apprentices and we believe that has occurred because of a number of strategies that we supported industry in, from the council, particularly going back to high schools. That was a deliberate strategy and we are finding that very successful.

Also last year we introduced an initiative into primary schools and that has been extended this year to include two additional primary schools, so there will be a project of our industry in three primary schools. The rationale for that is certainly to look at skill shortages in the longer term and we are looking at 10 to 15 years time. The other major initiative by doing that work is to educate families and parents that the construction industry is really a worthwhile career. It is not about shorts and singlets; it is quite diverse and has numerous opportunities for careers.

They are a couple of strategies that we have had going for a number of years. Like a lot of other people within the industry, whether RTOS or GTOS, the biggest challenge is engaging employers to take on the apprentices. But within that challenge I think it is often overlooked how the industry has changed, particularly over the last 15 to 20 years, where all of our major companies are project managers. They manage projects and the people that do train and take on apprentices are the subcontractors. That is our challenge and it is the challenge also for the companies to engage their subcontractors.

We have had some excellent examples, particularly within the ACT, of a couple of companies that do that; namely PBS and Manteena. I know that PBS have subsidised their contractors by half the cost of engaging apprentices. It is always nice in a forum like this to recognise some of the significant efforts that our companies put into the industry.

In the ACT we still have a lot of work to do, but I think that we are far better placed than a lot of the states. We have major challenges and one for us as an industry is looking at Australian skill-based apprenticeships, ASBAs, and the way that they are currently delivered for our industry. They are currently certificate II. They are under a contract of training. They need to be placed with an employer and they are also paid. We believe that we could provide opportunities for students through programs such as this in a different way, and that is really a challenge for the industry. We believe that we can provide simulated environments, rather than place them with contractors.

That is the debate that I think we will be having as an industry, because if we go down that road there certainly will not be the opportunities for those skill-based students to be paid in that environment, and I think that is detracting from the real intent of an ASBA anyway. We are getting students that are doing it because they could not get a job at McDonald's or wherever; therefore it is a form of pay. Of course, they are very entrepreneurial, and we respect that, but it may not be in the best interests of the industry because we are not getting the returns on that investment from an industry's perspective. We are just not getting the numbers picking up when they complete or leave school.

That is the challenge and I think this is a great opportunity to put on the table that we will be working, particularly through the council, to have that debate. We need the current funding that sits with ASBAs to pick up that training and extend it, but the simulations we are talking about are real simulations—full size, not miniature. That is being discussed and there are certainly some initiatives in that mode. It will be team based. It will be very little different from them working on an actual site, to give them a real experience within our industry, and we can simulate that.

So that is a real challenge and that is not being done anywhere else within Australia. The ACT is certainly a national leader in the construction industry for the school-based programs—always has been. Most of the other states will not take on the certificate II component but they have similar programs to encourage students and place them in simulated situations. So that is one of the challenges.

Basically, that is a snapshot of where we are. As I said, I still believe that the ACT are national leaders. We have an industry that is fully committed to vocational and educational training through a whole series of situations and scenarios. It is really a great industry and is very committed. The reasons we believe we can do that in the ACT are fundamentally that we have an industry council that is pretty passionate about this industry, and the make-up of that really drives that, and the other one that we need to recognise is logistics. It is not that difficult in the ACT, particularly with the logistics and areas that we have to work in, compared to the other states. But, regardless, we have the will to do it as an industry and these are the challenges that we need to work on.

MR GENTLEMAN: Mr Ball, there is another program that your organisation runs with at-risk kids at school. Could you expand on that program for the committee, please?

Mr Ball: Yes. The at-risk program is now in its seventh year. That is specifically designed for students that are at risk of not completing year 10, and we know why there is a risk of them not completing year 10 when we see the family situation; they may not even have parents. There are usually drugs or violence involved. There is a whole series within the groups that we deliberately select through some rigour and process.

When we started off that program, one of the issues for the industry, not only our industry but a lot of industries, was how we make the connections within the school system. To do that, we put in a lot of work and formed consortiums within the high schools, so effectively I did not have to talk to, say, in one consortium 15 different principals, deputy principals or career advisers; we just spoke to one. That does not mean that we did not go to all of the schools. We were connected with them, but from a management perspective each of the consortiums has one designated person that oversees that. They now plan from students coming in at year 7 that they know are potentially at risk coming through the primary school and steer them and guide them into the at-risk program. It is deliberately not open to the general students, because we believe that they have opportunities in other areas. This is solely an exercise for those at-risk kids.

We were fortunate to be able to do a presentation yesterday afternoon and it was expanded on last night—I also did a presentation at the national conference—because in the ACT we now have one company, PBS, that takes all the students and places them with their subcontractors. They did that in 2006, the first one they did, and they placed all the students at the Kingston foreshore site. We had two Indigenous young women on that program, both doing painting and decorating, and one of them did a final coat of one of the big columns at the penthouse. So with just little things like that they were encouraged. All of the students are mentored on site. They are really looked after. They are not there to push a broom—they do real work—and they are checked on the hour by people on PBS sites. So they put an enormous investment into it with their time and their people.

Last year, all but four worked on the prison. PBS engaged and negotiated with Bovis Lend Lease. Bovis Lend Lease came on site, so all those students were placed at the prison. Mr Gentleman was there at the final, to present some of the certificates, for which we were very grateful. Four could not get to the prison site because of circumstances and they were placed on another major PBS site—the one that has just opened up on Northbourne Avenue. That is that program.

There is another program that is worth talking about, because there are a lot of other students out there that do not get the opportunity. This year we will be rolling out with CIT and HIA taster programs for years 7, 8, 9 and 10. We will be piloting that with a consortium at Tuggeranong and also two high schools in Belconnen. The two high schools in Belconnen are quite deliberate because they are feeder high schools for the primary school program we did at Latham primary last year. So we want that to continue from the primary school right through, up to at least year 10 and then into the

college.

That is where we are going. This is a very structured program and the aim is really to connect with a lot of the kids in maths and English; they will be doing little exercises with triangles, measuring. We are even introducing spatial surveying to those kids and giving them some project work as well. That is a new initiative but that should help for the ones that do not get into the Kids Assist program.

With respect to the other programs we have for high schools in particular, we have what we call "brick and block" taster programs. They are one-week programs in bricklaying for kids. That is funded nationally through the Brick and Block Training Foundation. The other one that we hope to launch this year is a new one in civil contracting. Once again, that is for year 10. We are doing some work with the mining industry on that. That is very interesting. We have also engaged with all of our civil contractors here to be participants in it. So there is a range of opportunities for young people.

With respect to Kids at Risk, I am quite passionate about that. When we started it, it was an initiative of the CIT. It is a wonderful program. With respect to some data on that, about 65 to 70 per cent of all the students who have been in that program go on and do year 11. The whole objective is to get them through year 10, but they all go back and do year 11. A number of those students are offered apprenticeships, and do them. It is a great program and really turns them around, because there is a set of rules that they write and that apply to them. They thrive on that. It is really a matter of the discipline of their rules, because if they break the rules they are out.

THE CHAIR: I want to go back to a comment you made about working with families and parents. Do you work with families and parents at the primary school level and at the high school level? How do you actually engage with them?

Mr Ball: I worked with the principal of Latham primary school. We did not put any constraints on what to do. They are the experts in that field, and we just wanted to expose them to our industry. So they did a project on a building, either in the ACT or outside. The students asked to do it for homework. By doing it for homework, parents became involved with the kids. So that was the connection from the student to the parent. There was a lot of connection in that regard. A lot of the parents came to the presentations. There was also a visit to Harrison high school, and a lot of parents went along. That was something new for us.

We get great commitment from the parents of high school students, particularly with the Kids Assist program and Kids at Risk. We do information sessions. All the parents or carers come along; it is fantastic. I do not think we do it very well in the other areas, and we have to work harder to make better connections with parents. We do it by letters, information flyers and everything else. But the face-to-face opportunity for parents to ask questions is really not done very well. I do not think we are the only industry in that regard.

THE CHAIR: If you could engage the parents more, would this mean that more young people would be encouraged to look at going into apprenticeships and traineeships, rather than aiming for a university degree, and that this may be a choice

that is more suitable for them? Is that what you are saying?

Mr Ball: It is really to give them a choice, and for them to understand that, in the construction industry, you may need to go to university. You need to go to university to be an engineer, an architect or even to work in financial areas or project management. They are all university degree programs. We are trying to say, "There are all sorts of career pathways for you to get there."

We also know that kids want to leave at year 10, year 11 or year 12 and pick up a trade, but when they are aged 25 to 30 and get more world skills, they say, "Hey, there is a different way of life here." I know I can relate to that myself—doing a trade and then wanting to improve one's learning and education. I think that is significant.

By way of a follow-up point, there is another thing that I have not mentioned and that we are trying to do. I am the chair of the CIT vocational college committee. We are hoping to introduce in 2009, or at the very latest in 2010, a year 12 program for our apprentices who have not completed year 12. So if they leave school in year 10 or year 11, in the third year of their apprenticeship we want to provide the option for them to do a year 12 certificate. But the curriculum for the maths component will be based around business, tax and financial management. The English component will be about regulations and reports. So it will try and enhance their skills in that area for when they either go into business on their own or go into management/supervisory positions. That is certainly an agenda that we are working on at the moment.

THE CHAIR: You talked about subcontractors being the main employers of apprentices. You talked about the fact that some bigger firms are working on this issue. What about the smaller firms? Is there some way that we could reach out to those smaller firms to help them to be able to take on more apprentices?

Mr Ball: That should be a major initiative. It needs to be managed and planned so that there are information sessions. They do not go to the conferences; they are unique. Their only interest is their bottom line. We have to engage them. Even if it is a matter of having a chat over a beer, that needs to be done. The experiences of good examples like PBS and Manteena should be shared by having people talk to them. But I think you are right: that needs to be specific.

THE CHAIR: Because there are a lot of them.

Mr Ball: My word there is.

THE CHAIR: The other point involved the different way of training, with the simulated experiences. Would they also have an opportunity to go out on-site via placements in that model?

Mr Ball: We would love to be able to place them, but not in the regimented, structured way that is a requirement of the ASR at the moment. They certainly need to work in that environment to get the workplace communication.

THE CHAIR: That was my concern.

Mr Ball: Yes. We would manage that to make sure that is happening; otherwise they will not be signed off for that through the assessment process.

THE CHAIR: Thank you very much, Mr Ball. It has been very interesting. We may have some follow-up questions. We will contact you if that is the case. Do you have a paper that you wish to leave with us?

Mr Ball: I do have a paper that I would like to leave. It is a paper on research we did looking at long-term forecasting for labour in the construction industry. It is a proposal from Econtech back to us. We have not gone through with it because there is a funding issue. I am not worried about the funding component of it; it is just looking at the methodology and what can be done, and looking at forecasting in the longer term. I thought you may be interested in it.

THE CHAIR: Thank you. We would love you to table that.

MR GENTLEMAN: Are you happy to have that published by the committee?

Mr Ball: Why not?

THE CHAIR: Thank you very much. We will get a copy of the transcript to you as soon as possible so that you can check it. When the report is available, we will send you a copy.

Mr Ball: Thanks very much for the opportunity.

Meeting adjourned from 10.01 am to 11.15 am.

CHILDS, MS JUDI, Executive Director, Human Resource Management Branch, ACT Health
VICKERSTAFF, MS JOY, Acting Chief Nurse, ACT Health, and Deputy General Manager, Nursing and Midwifery, Canberra Hospital

THE CHAIR: Thank you, Ms Vickerstaff and Ms Childs, for appearing before us this morning. Have you read the yellow card?

Ms Vickerstaff: Yes.

Ms Childs: Yes.

THE CHAIR: Did you understand the privilege implications of the card?

Ms Vickerstaff: Yes.

Ms Childs: Yes.

THE CHAIR: I move:

> That the statement be incorporated in *Hansard*.

The statement read as follows:

Privilege statement

> The committee has authorised the recording, broadcasting and rebroadcasting of these proceedings in accordance with the rules contained in the Resolution agreed by the Assembly on 7 March 2002 concerning the broadcasting of Assembly and committee proceedings. Before the committee commences taking evidence, let me place on record that all witnesses are protected by parliamentary privilege with respect to submissions made to the committee in evidence given before it.
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- when witnesses come to the table they each need to state their name and the capacity in which they appear.

THE CHAIR: Would you like to make some introductory remarks; then Mr Gentleman, Mr Pratt and I will ask some questions.

Ms Vickerstaff: I am very pleased to have the opportunity to be involved in this inquiry. I think most people are now painfully aware that in health care we face some critical skill shortages, at the moment and progressively into the future.

I will confine my remarks to nursing and midwifery. Nurses and midwifes are ageing, and as our population in general ages, and the needs for health care rise, the issue of providing a sufficiently skilled, sustainable workforce into the future is of vital importance to all Australians. The shortages being experienced in Australia are certainly no different from those in all of the developed world. It is an issue which really should occupy the attention of all of us, so I am pleased to be able to have some input into this particular inquiry.

I have been very privileged, working in the ACT for the last nearly four years, to have forged some excellent relationships with the VET sector. I find the Canberra Institute of Technology to be a very strong partner to work with—highly responsive, proactive and a very professional group of people with whom to work. Through the office of the chief nurse, which we call the Nursing and Midwifery Office—NMO for short—we have really good, ongoing interaction.

The Canberra Institute of Technology was the first institute in Australia, as I understand it, to implement the new HLTO7 or the health preparation program for enrolled nursing. The curriculum was jointly developed between ACT Health and the CIT. So that has been a phenomenal success. Based solely on a request from ACT Health made through my office, the CIT has doubled the number of students in the enrolled nursing program this year—the new diploma program which was developed as a result of the HLTO7.

The CIT is also developing for us some very significant post-enrolment programs to enable the upskilling of our existing enrolled nurse workforce. Again, they have worked with us to ask what our areas of chief concern were, and to run those programs. Much of their work is based on the clinical experts employed by ACT Health. So that has been phenomenally positive and very encouraging and rewarding. It is very good for the professions.

We have also needed to upgrade our enrolled nurses to medication administration within the schedule of administration that is permitted by the Nurses and Midwives Council of the ACT. Our enrolled nurses here previously graduated with a certificate which had not included administration of medications, so the CIT has been extremely proactive in working with us to enable us to catch up with all of those enrolled nurses who did not have the medication administration qualification, and have been very good at working with us to enable us to truncate the course, run it full time for small numbers of people that we could spare from the workforce, and to work with us to give the 20 hours of clinical supervision which we require as part of the qualification.

So it has been a very rewarding partnership.

We are currently working on programs in wound management, emergency nursing, and looking at providing acute care skills for enrolled nurses who may have been excluded from the acute care sector in times when we had a healthier number of registered nurses but who have chosen to return to the acute care sectors and so on. So it has been a very profitable and very cooperative partnership.

THE CHAIR: Ms Childs, do you want to add anything?

Ms Childs: I just want to echo Joy's views. CIT has been remarkably responsive in another area as well—allied health assistance, in the development of programs for new workers in the health sector. We currently have programs running in occupational therapy assistance, physiotherapy assistance and speech pathology assistance. We are currently working with CIT to develop programs in nutrition and podiatry assistance as well. So we have gained some considerable benefit from their responsiveness to emerging models of care. We have needed to preserve the skills of our higher level professionals and reserve them for work that is most appropriate and build in the assistant level to work to them. So we have been very pleased with our partnership with CIT in those initiatives.

MR GENTLEMAN: Do you think some of these new programs with CIT will help to attract more nurses to the ACT?

Ms Vickerstaff: I think it gives people who believe that they have a vocation or an interest in nursing increased opportunities to enter the system. One of the really good things which CIT has done in partnership with ACT Health and the Australian Catholic University is to run a bridging course for existing enrolled nurses who wish to achieve a degree as a registered nurse. They often lack the background in science and maths that they need to enter into the degree program. So CIT, in a very short time indeed, put together that program, in partnership with ACU.

We have a significant number of enrolled nurses who are still working as enrolled nurses but part time are completing a degree. All of those things make the professions more attractive. Providing additional entry points and legitimate exit points assists people who, for whatever reason, are not able to commit to a full-time three or four-year undergraduate degree. I believe this is extremely useful.

Another thing that CIT have discussed with us, at our request, is that, subject to satisfactory negotiations with the Australian Nursing Federation, which we expect to be completed by the end of this calendar year, they will run a course for us, at whatever level we agree with the Australian Nursing Federation, but possibly a certificate III, for third-level workers or assistants in nursing.

Again, it gives people the opportunity to provide a very useful hands-on service which will free up registered and enrolled nurses to do the more demanding work that is required of them, but perhaps give people the opportunity to see how they do cope with shiftwork and with working in illness settings, whether it is the acute hospital or residential aged care.

I believe they add very well to the repertoire of opportunities that are available for people. It strengthens our position and gives school-leavers who may be undecided opportunities to try fields when they might not be prepared to commit to a long period of study, just in case. So I think they are incredibly useful.

THE CHAIR: Ms Childs, would you see that a similar thing applies with regard to people who may be interested in the allied health area?

Ms Childs: Yes. In addition to the discussions we are having with the Australian Nursing Federation on the assistants in nursing, we have also made provision in our other main certified agreement to employ direct-care employees more broadly in the health sector. Our expectation is that that will provide another career opportunity or an entry point for people into the health sector, and again give them that exposure to and an understanding of whether it is for them, without perhaps going through a degree program and then finding out that it is not for them.

As well as that, ACT Health has internally its own registered training organisation. We run a number of upskilling programs for our enrolled nurses and our nurses. We also have the nursing refresher program. We have just commenced an enrolled nurse refresher program, which is along the same lines, for enrolled nurses who have been out of the system for quite some time and who wish to re-enter the profession. We also have the overseas qualified nurse program, which enables overseas qualified nurses with provisional registration to gain full registration.

MR GENTLEMAN: The committee saw some wonderful outcomes from a Queensland model with aged care. We visited Queensland last year. They had been struggling to get people to work in the aged care environment. They worked up a program of certificate education, and with that a salary structure. They started to get more employees. I think it had only been running for about 12 months but the results were fantastic. I wonder whether some of these programs could be introduced in the ACT to help those in that sort of environment.

Ms Vickerstaff: I think it has been a bone of contention for some time that workers in the aged care sector are paid significantly less than those in the acute or community sectors. I guess that, as a society, that is not something we should be proud of because it implies that the care of our aged people is less worthy than those in other sectors. As a nurse, I have always found that to be somewhat offensive. However, that is about industrial structuring and so on. Judi is much better qualified than I to talk about industrial structures.

Towards the end of the last calendar year, we completed a round of negotiations for a new certified bargaining agreement. For ACT Health, that does not include the residential care sector. We are about to go into new negotiations. Judi will talk about that; she is the industrial guru.

Ms Childs: We have limited control over the wage rates in the aged care sector because we do not have an industrial relationship there. I think the move to the direct-care employees and the assistants in nursing program will provide a benefit not just to ACT Health and the acute sector but that there will be a flow-on benefit to the aged care sector as well. Through these programs, which will be accredited programs and

certificate-level programs, it would be ideal for the aged care sector to be able to remunerate appropriately so that they do not suffer drift to the acute sector. ACT Health need to be very careful not to be seen to be denuding the acute sector.

Ms Vickerstaff: ACT Health sponsors the nursing and midwifery council across the ACT, which is a body, composed not just of ACT Health but all of the nursing and midwifery-type groups. We include the Australian Defence Force nurses and we certainly include our colleagues in the residential aged care sector. So we meet with them every second month and discuss issues of common concern. It is from that forum that we are able to offer opportunities. For example, if we are doing some clinical teaching that is of interest to the residential aged care sector, we certainly include those people at no cost to them.

We are very happy to share what we have. We are very happy to share issues about what is commonly considered to be best practice and what would be considered practice guidelines and standards. This year, for the first time, in International Nursing and Midwifery Week, which runs between 5 and 12 May, whilst we have always invited our colleagues in the residential aged care sector, this year we are actually inviting them to be part of the awards competition that we hold, which is nomination by peers for awards for excellence or outstanding contributions.

We have got a special award this year for an assistant in nursing, by whatever title, and our colleagues in the residential aged care sector are delighted about that. We have had a number of nominations for that category. We really do try to work very closely together to support each other.

THE CHAIR: You mentioned various opportunities for upskilling and you also mentioned that some nurses might want to look at upskilling in a particular area and also, of course, in the allied health area as well. Are there particular areas of stress as far as shortages are concerned? Aged care may be one of them, but what is the situation with emergency care or theatre nurses? I am just using those as examples.

Ms Vickerstaff: It changes a little from time to time. At this moment in ACT Health the two areas about which I am most concerned are mental health nursing and intensive care nursing. In mental health nursing we actually have $300,000 per year quarantined for nurses who wish to undertake a graduate diploma in mental health nursing. We do that through Latrobe University by a combination of distance education, online education and some face-to-face teaching by which Latrobe come up here and run some courses.

That money actually fully funds the process—it is extraordinarily generous; actually it is more than I have ever come across before—but we recognise that this is an area of high need. It pays all of the course fees and all the other necessities such as books. It pays full wages for the students during their study time and it provides supernumerary days for the students while they are engaged in the program. It leads to very good retention rates, but over the last couple of years the number of students wishing to do it, even with that degree of support, has fallen. I think that is just symptomatic of the nature of recruitment in nursing at the moment.

However, we recently ran a glossy paper ad in a nursing journal and for the first time

for some time had a good response to an ad. I believe it was because we highlighted the significant benefits. If you want to be a mental health nurse you will never get a better opportunity than in the ACT. I think that is useful.

In the intensive care unit we run, in conjunction with the University of Canberra, a graduate diploma in critical care nursing, and again that is very well supported through scholarships by ACT Health. We also run a transition to practise program so that a nurse from another area who wishes to see if intensive care nursing is for them has the opportunity to be fully supported clinically with a clinical educator and a self-paced learning program and so on in the ICU. I know from assessment and evaluation that those are things which help people to try it.

It is really quite interesting. You can be quite well staffed in an area one day and quite challenged for staff the next day. I recently lost seven nurses from our intensive care unit at the Canberra Hospital on maternity leave within about six weeks. That is unusual, but it happens. That does lead to some challenges.

THE CHAIR: I was thinking about the situation with the mental health nurses. That obviously is quite a resource intensive exercise for the ACT. Do you believe, though, that the training that requires people to take time off unpaid to upskill is a disincentive? What are the dropout rates, I guess, from those other forms of training compared with this one?

Ms Vickerstaff: I understand from my colleagues, particularly at the university level, that the dropout rate in nursing, despite what we sometimes read in the media, is no higher than any other faculty and lower than many or most. Generally speaking, the faculties do enrol half a dozen more people than they expect to be able to manage in the course of the year, and that is about the rate of dropout. We do find, however, that increasingly students are opting to do their program part time and to work part time. Intuitively I would think a lot of the reason that people do that is for financial reasons—keeping body and soul together.

One of the real disincentives is the HECS program. Nurses graduate with a big HECS fee. Unlike medicine or perhaps engineering or some of the other graduates, they do not begin with a huge salary and increasingly nursing and midwifery are attracting mature age people—women and, increasingly, men—which means that to graduate with a big HECS fee can be a disincentive.

I would hope that the Australian government as a whole would continue to look at HECS. I see that there some initiatives around looking at how people might be able to do some community work or something to diminish their HECS fee. That sounds to me like a jolly good scheme. Anecdotally, chair—I do not have any hard evidence—people tell me that the HECS fee is an issue. I guess if you are a single parent with a couple of kids and you struggle to get through uni to get a qual, at the end of it you think, "I have got to struggle another six, eight, 10 years to pay off my HECS debt," and it could be a disincentive. But I have no hard data on that.

THE CHAIR: What about these bridging courses? Is it necessary for students to actually pay a fee to do those bridging courses, and what about the refresher?

Ms Vickerstaff: There is a fee for the bridging course, but ACT Health offers scholarships for that and have done a good deal with CIT about what the fee would be, so that should be at little or no expense. At the moment ACT Health actually can fund between about 60 and 70 per cent of the full course fee to any nurse or midwife who applies for scholarship assistance. The numbers of people applying for that are increasing, but we are still paying about 60 or 70 per cent, which is generous.

With the refresher fees, we actually do extremely well in the ACT because, unlike other jurisdictions, we do not charge a fee to do the course and we do pay the students while they are undertaking the clinical experience. That is a good incentive and does make it possible for people, if they go out of nursing for a while, to try another career, which is increasingly what Generation X and Y people do. They can come back and know that they can survive while they do the refresher program.

THE CHAIR: And the dropout rate from the refresher program?

Ms Vickerstaff: It is very low.

Ms Childs: Our retention rates for people in the nurse refresher program currently are running at 96 per cent retained, and the midwifery refresher at 100 per cent retained.

THE CHAIR: One hundred per cent?

Ms Vickerstaff: Yes. We believe that that is a good expenditure of money. Some of our apparent loss of retention—that is not good English—our apparent attrition is to greater southern and Queanbeyan. We do not really consider that a loss because if they can keep their beds and services open and running we are not having an unnecessary drain of customers into the ACT. We do not really mind losing a couple of our people to Queanbeyan.

Ms Childs: We have a program of ongoing support once midwives and nurses graduate. We have the graduate nurse program and the midwives program. Of the 53 midwives who came through the course in the last five years, we have retained 68 per cent of them, but the vast majority of the ones that we have not retained are in greater southern. We have one that has gone overseas.

THE CHAIR: How difficult is it for nurses to be transferred to this territory from other states?

Ms Vickerstaff: It is actually not particularly difficult because we have mutual recognition with all the states and territories with Australia and New Zealand. If one has unrestricted registration in one jurisdiction, one simply applies for and will get reciprocal registration. But there is a fee attached and that varies between the states and territories. I guess an average would be about $120. National registration will deal with that and I welcome national registration, not just because of the transferring but because we will begin to understand equivalency of qualifications and regulatory processes and so on. I do think that national registration will be a very good thing for nursing and midwifery.

THE CHAIR: What about in the allied health area? Are there difficulties for

professionals in that area to transfer from one place to another?

Ms Childs: I am not an expert in the allied health area. However, there are complications with the various registration processes around the country and I think that the moves federally around national registration will hopefully address a lot of those issues. Allied health has experienced some similar shortages as nursing. We have a very good relationship with the University of Canberra, with joint venturing, with the allied health school there to improve the supply of allied health workers into our system. But, yes, there are some complications around the registration processes between states. Within allied health we also have non-registered professionals as well.

THE CHAIR: The only other question was about the transfer from another country other than Australia into Australia.

Ms Vickerstaff: It is very highly regulated, chair. There are some nations from which an applicant with bona fide qualifications will reach our expectations with minimal difficulty. That is people from Great Britain, Canada and so on, but from other jurisdictions there is a quite significant—and appropriately so—series of challenges, first of all, that the person's qualifications from Zimbabwe or whatever are bona fide.

Then there are a series of challenges which are around meeting the basic requirements of the Australian Nursing and Midwifery Council. They will include things such as English language proficiency and the number of hours that the person has spent in education, and the board will assess each applicant individually. So the ACT Nursing and Midwifery Board will assess each applicant individually. They will then, for example, contact the Canberra Hospital, which is a registered training organisation with a curriculum which was endorsed just recently by the board and they will say, "This person has demonstrated that they are a fit person by terms of mental and physical health, English language and so on to practise nursing and midwifery in this territory."

They will give them provisional registration, which allows them to work as a student nurse. We then, as a registered training organisation, provide that training under very strict careful supervision. Generally speaking, it will commence at 12 weeks supervised practice, but at that time the RTO has to sign that the person is either fit to be registered as a nurse or a midwife in the ACT, which means that we have to be very sure that they do meet our standards, which are as high as any in the world, or else say that this person has not yet met them and we recommend a further four, eight or 12 weeks. By and large, we find that people are fit to register in 12 weeks. We tend basically to get our applications from, say, the Scandinavian countries and so on, which have very high standards also—the Netherlands and the Scandinavian countries.

We actually do not get all that many applications in this category. Those that we get we vet vary carefully because for us they are very labour intensive. Quite frankly, we can afford to be fairly choosy about who we do take. If there was somebody who failed the English language test a couple of times or something, we would put them on a waiting list and ask them to get some more skills and so on. We also cannot take too many because we have to provide very strict supervision.

We are also committed obviously to the universities and CIT and so on who send us

undergraduates and graduate students for clinical education. We are a little bit choosy, but we are not inundated with numbers. I guess Judy has got the numbers right in front of her. Something like seven to 12 a year would be the usual number.

MR PRATT: The questions that I was going to ask and most of the points that I had have been covered, but I will just fill in a couple of gaps. Do I get the impression that the shortage issue is not that severe that you cannot replenish your numbers from within the ACT resource base, so that you can be sufficiently choosy in terms of looking at international applicants—so that the gaps or the shortages in the skills area are perhaps not as bad as we thought?

Ms Vickerstaff: Our skills shortage is significant, Mr Pratt, and I apologise if I gave the committee the wrong impression.

MR PRATT: There is no need to apologise.

Ms Vickerstaff: The impression that I would have chosen to give is that (a) we are not inundated with requests and (b) the problem of our own internal resources, as these people require a lot of supervision. They come to us as student nurses with provisional registration, which means that they may not do anything unsupervised. So we cannot physically, professionally and morally manage a large number. So, if we say we can afford to take two now, we would take the best two—I will be quite honest about that—or the two who appear to be the best.

We really do have to be very careful of cultural issues. Our patients, our clients, are, rightly, demanding and educated, and we do not wish to compromise quality or safety by inundating the workforce with students who are inappropriate. We generally get, as I said, between seven and 12 applicants a year. We generally take that many, but somebody may have been waiting for 12 months to be accepted into the program. I apologise if I misled the committee; it was not my intention.

MR PRATT: No, you did not mislead at all. It is just a case of clarifying things. So the bases have got to be covered, in terms of what you need to find to put enough nurses out there to cover the requirements. So it is not so much a case of your needing to train more supervisors to create more capacity to take, say, overseas students, because you still have quite a large base to cover—it is not like that either? So, if you had the ability to train more supervisors to take in more overseas recruits because you cannot find enough enlistees from the Canberra or the Australian source, you might need to do that? Is that the case or not?

Ms Vickerstaff: We expect all of our registered nurses, after they have completed their settling-in period, if you wish—they complete a graduate year with us—once they get into their second year out, to be able to provide base level supervision. I would not expect a junior registered nurse to be able to provide supervision to an overseas trained student nurse, because I think the level of responsibility would be excessive at that. We have a large number of clinical educators whose role that would be. Those educators, however, are also concerned with supervision of the new graduate nurses, both registered and enrolled.

The reality is that sometimes you rob Peter to pay Paul, if I can use that colloquialism.

Not every nurse wishes to be an educator. Many nurses wish to practise as pure clinicians. All nurses recognise that teaching and learning is a core part of their role, but not all of them would wish to come off line to be in this educator role. We actually have across the ACT an extraordinarily good ratio of clinical educators to students.

I will just go back a little about the supply and demand issues. In the ACT we have done very well as a little landlocked territory, but we are not and will not continue to be immune from the international situation for the supply of nurses and midwives. Currently in Australia it is estimated—I do not know how accurately; I just read the professional literature—that we are about 10,000 nurses short.

MR PRATT: Across the country?

Ms Vickerstaff: Yes. That is not evenly spread. For example, there are about 5,500 vacancies in the rural and remote areas. By and large, the big cities do better than others, and then there are regional centres, where there may not be as many employment opportunities, that also do very well. The projection—and projections can often be horribly wrong—is that by 2012 we will be 40,000 nurses short. To put that into perspective, that would be equivalent to all of the registered nurses in the public sector in the whole of Western Australia and South Australia or all of the registered nurses in Queensland.

So we are talking about a significant projected shortage. We could speculate about why that might be. Certainly, nurses are ageing and are either retiring or reducing their hours of work. They are not necessarily being lost to the system but their availability reduces from a full-time equivalent to a 0.8 or 0.6 or 0.4—and we grab them with alacrity because they are experienced, committed nurses, and it is much better to have 0.4 than zero.

Generations X and Y do not seem to be as interested in service industries, if I can use that terminology. They do not like shift work, they do not like working weekends and they do not like working nights. I speak to almost every nurse who completes a graduate year at the Canberra Hospital and almost inevitably they say to me how much they have loved the year, and the written evaluations that they give us and the retention that we have from those demonstrate that to be true.

They say that they love patient care, they love the teams that they work in, they love the hospital, they love me and they love everybody. In fact, they say, "We love it so much that we think we will do this for about another five years." I say, "And then what?" and they reply, "Oh, I think I will go and do law" or something else "because (a) I have had my taste for education whetted but (b) I really hate working nights and weekends and so on." So there are some very significant issues facing us.

MR PRATT: So, even if you halve that projection to, say, 20,000 nationally—I am not sure what that slice projects down to here in the ACT—what strategies are you aware of that the government would have?

Ms Vickerstaff: We have a work plan and that looks at many of the things that we have talked about today: allied health assistants to support the allied health profession, the introduction of properly educated third-level workers, better education and skills

acquisition programs for enrolled nurses, and focusing on the things that we know improve people's satisfaction with the profession, such as availability of scholarships, flexible working hours, family-friendly policies and so on, as much as that is ever achievable in a 24/7 situation.

We know from the literature internationally and nationally what makes a place a truly great place to work, and part of the work that we have done over the last years, by looking at staff satisfaction, has given us some really good hints about where it is that we fall short of being a truly great place to work from the perception of our employees, the bulk of whom, of course, are nurses and midwives. We are quite rigorously addressing those.

We know that industrial things are important. Ms Porter raised issues about rates of pay in residential care, over which we have no jurisdiction. But it is those sorts of things. However, we will struggle to keep pace, despite our best efforts, and that is because our workforce has a big bolus of people who are coming up to that reduced hours or retirement stage, and also because the demand for services continues to increase.

Currently at the Canberra Hospital, for example, there are something like—I am not saying that this is the exact number—180 nurses more than we had when I went there about 3½ years ago, which is phenomenal. I talk to my colleagues in teaching hospitals around the nation; they would kill to be able to say that. But, because our services have increased at the same high rate, we are still running to keep up. We are keeping up at the moment.

MR PRATT: So four or five years down the track, even if with all of these strategies you are using to try and improve retention there is no improvement, has any thought been given to direct overseas recruitment, but perhaps also having a stronger leadership base, broader leadership base, to allow better supervision of new overseas recruits? What sort of strategies are you aware of?

Ms Vickerstaff: Mr Pratt, I think you are absolutely right. Certainly overseas recruitment is part of our plan and there are nations that are actually growing nurses as exports. That is not meant to be a derogatory comment; it is just a statement of fact. This is something that we will engage with very proactively and very vigorously. One of the best ways to do it, and we are having discussions about it, is for our universities to have a presence in those nations so that we understand educational standards, so that English is a language in which people can be taught and can learn, so that the transition becomes better.

There are various models around how we can do that, and they would include having the final semester of a degree program taught here; having educators, university academics, from this nation teach some of the programs overseas; or giving people the opportunity to come here and do a block of supervised practice at some agreed stage during their training, maybe six or eight weeks in the second half of the second year or whatever.

This can be done in multiple ways, and obviously is much more efficient and effective in terms of labour intensity than having the individual who drops in from Norway or

Zambia or somewhere like that. It would be fairly clear to say, at least from my point of view—I do not wish to sound as if I am speaking on behalf of all ACT Health, but as a senior nurse leader in this nation—that most nursing organisations agree that we will be very dependent on overseas recruitment within the next few years.

MR PRATT: And I presume the problem you would have in trying to direct recruit from Canada, the UK and other Western nations culturally empathetic with ours is the same problem as you have in terms of retaining Australians, so you are going to have to look at other cultural backgrounds, aren't you?

Ms Vickerstaff: Yes. The European Economic Union is another factor in this, of course, because what is happening is that nurses can migrate from those nations that have an arrangement with Great Britain and are then part of the economic EEU and can easily be employed within that union. However, some nurses are now using a shortish time, maybe 12 months, in Great Britain, as a platform to jump to Australia and other what you might call developed nations.

There are some very interesting models around the world. The Bahamas, which have a tiny personal population, rely very heavily on the United States for rotation of staff. There are those sorts of models and we are looking very seriously at all of those.

MR PRATT: Maybe the Bahamas nursing federation has a "where the bloody hell are you?" type of program. "Come and enjoy our sun." Maybe we could attempt that.

Ms Vickerstaff: When you see the slides of the palm trees, coconuts and so on, it certainly looks like a good place to go and work for a couple of years. National registration will be a great support in this; it will be much more helpful. We can have a national approach to what we consider equivalency of education; what will be the English language standard; whether it will be standard 6 or 7. Those are the things around which we currently have some issues and I guess we will have to teach people who Don Bradman was and then they will all pass the national tests and we will be fine.

MR PRATT: I am sure the Don Bradman factor will be adjusted.

THE CHAIR: Thank you very much. We have kept you over time, so I apologise for that. We had plenty of questions and it has been very interesting to listen to your evidence. If we have any further questions, we will get those to you as soon as possible. We will also get the transcript to you as soon as possible so that you can check through that, and when the report is finally finished we will get copies of that to you.

Ms Childs: Can I just clarify something?

THE CHAIR: Yes.

Ms Childs: When I gave the figures about the midwives program, and I said that one had gone overseas, I was actually reading two lines together on my document. One is yet to qualify, is yet to be registered; she has not gone overseas.

THE CHAIR: That is fine. Thank you very much. We have not lost her or him yet.

Ms Childs: I think it is a she.

THE CHAIR: Thank you very much.

The committee adjourned at 12.02 pm.