

## Special Commission of Inquiry into Healthcare Funding

### Statement of Jacqui Cross PSM

**Name:** Jacqui Cross  
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**Occupation:** Chief Nursing and Midwifery Officer, NSW Health

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding. The statement is true to the best of my knowledge and belief.

#### A. INTRODUCTION

2. My name is Jacqui Cross. I am the Chief Nursing and Midwifery Officer (**CNMO**) for NSW Health.
3. The CNMO is the professional link between the NSW Minister for Health, the Secretary, NSW Health, the Senior Executive Team at NSW Ministry of Health, and the education sectors of the nursing and midwifery professions in NSW. The CNMO is the principal advisor on all matters relating to nursing and midwifery, and for the provision of professional leadership and direction on a diverse range of nursing and midwifery issues. This enables decisions to be made to create and maintain an appropriately resourced, qualified, competent, and supported nursing and midwifery workforce that is aligned with the health service delivery requirements of NSW Health.
4. Before commencing as the CNMO in July 2016, I held roles as a clinical registered nurse, Nursing Unit Manager, Nurse Manager in practice and leadership development, Director of Nursing at the Children's Hospital Westmead and as a Local Health District Director of Nursing. A copy of my curriculum vitae is exhibited to this statement (MOH.0010.0030.0001).

#### B. ROLE OF THE NURSING AND MIDWIFERY OFFICE

5. The Nursing and Midwifery Office (**NaMO**), which I lead, provides advice on professional nursing and midwifery issues and on policy issues, develops and manages statewide nursing and midwifery initiatives, and represents the NSW Ministry of Health on various committees.
6. Key activities of the NaMO include:

- a. management of nursing and midwifery scholarships,
  - b. centralised coordination of the recruitment of undergraduate nurses and midwives into the NSW Health system,
  - c. development and delivery of nursing and midwifery leadership programs aimed at nursing/midwifery unit managers and nurse/midwifery managers,
  - d. delivery of the Aboriginal Nursing and Midwifery Strategy initiated to increase the number of Aboriginal nurses and midwives (discussed below), and
  - e. development and implementation of strategies that support workforce priorities and nursing and midwifery practice, including nurse practitioner roles and promoting the strategic vision for nursing and midwifery professions in NSW Health.
7. The NaMO works closely with the Local Health Districts (**LHD**)/ Specialty Health Networks (**SHN**), Directors of Nursing and Midwifery and engages with nurses and midwives at all levels.
  8. Key partners also include other branches within the NSW Ministry of Health including Workforce Planning and Talent Development (**WPTD**), Workplace Relations, Health and Social Policy Branch, as well as the Health Education and Training Institute (**HETI**), Agency for Clinical Innovation (**ACI**) and the Clinical Excellence Committee (**CEC**).
  9. Other key external stakeholders include professional nursing and midwifery organisations and university partners. As CNMO, I meet biannually with the Nursing and Midwifery University Deans and Heads of school. The purpose of the meeting is to stay connected to the undergraduate pipeline, building and strengthening relationships, and sharing insights and ideas.
  10. CNMOs from all jurisdictions (including the Commonwealth CNMO) and New Zealand meet quarterly to network and discuss national nursing and midwifery professional issues. There are also opportunities to contribute to other national forums and working groups, including the National Nursing Workforce Strategy and the Midwifery Futures project which are underway. The CNMO group contribute to these pieces of work.

### **C. TRAINING AND EDUCATION OF NURSES**

11. Entry to practice courses (for example, Bachelor of Nursing, Bachelor of Midwifery, Diploma of Nursing) are approved by the Nursing and Midwifery Board of Australia (**NMBA**). Nursing and midwifery education and practice is regulated under the Health Practitioner Regulation National Law (**National Law**).
12. The majority of registered nurses (**RNs**) have entered the profession directly via a university program. Other entry points into nursing include school-based traineeships and vocational education and training (**VET**) in schools' programs and TAFE. As students progress through Assistant in Nursing to Enrolled Nurse (**EN**) to RN they can receive Recognition of Prior Learning from the education institutions.
13. RNs complete a Bachelor of Nursing in an approved program of study, which can take around three years. Nursing degrees are a mix of theory, simulation lab work, and clinical placements in various health settings. When students have been awarded their degree, they then can apply to the Nursing and Midwifery Board of Australia (**NMBA**) to register to practice as a RN.
14. The course requires students to successfully complete a minimum of 800 hours of clinical practice placements throughout the duration of the course to meet the minimum number of hours required by the NMBA.
15. Clinical placements enable the theory learned in the university environment to be translated into practice in the health care setting. Universities and LHD/SHNs partner to support access and supervision of clinical placements for students using a formal Student Placement Agreement (**SPA**) and online platform (**ClinConnect**), which is administered by HETI. The specific arrangements between LHDs and universities vary according to the local environment and resources but must meet the requirements of the SPA.
16. By way of background, a large number of universities compete for nursing and midwifery clinical placements in NSW Health and the private sector. As a result, universities are in competition with one another. The number of subsidised student places is determined by the Commonwealth and universities, and NSW Health does not have visibility or determine the number of student positions.
17. The focus of the CNMO and Deans' meeting, therefore, is in assisting the universities to engage with NSW Health on the quality of placements, expanding placement opportunities, and maximising the student experience and work readiness. For reasons outlined above, specific conversations regarding student numbers are generally limited.

18. RNs can progress their careers in many directions including specialty clinical practice, management, clinical education and research.
19. ENs complete a Diploma of Nursing (HLT54121), usually at TAFE, which can take around 18 months. On successful completion students can then apply to NMBA to register to practice as an EN. The course requires students to successfully complete a minimum of 400 hours of clinical practice placements to meet the minimum number of hours required by NMBA.
20. ENs work under the supervision of a RN, either directly or indirectly depending on their experience and their work environment. Whilst there are tasks that both the RN and the EN will undertake, the RN works independently and has a higher level of responsibility and accountability than that of an EN. RNs have overall responsibility for patient assessment and care planning and require higher level critical thinking and decision-making skills.
21. Assistants in Nursing (**AIN**) are an unregulated workforce employed in the NSW public health system to support the nursing team to deliver patient care. There are a number of pathways into this role, including:
  - a. Certificate III qualification in Health Services Assistance or equivalent,
  - b. Undergraduate students of nursing or studies (from second year of study), and
  - c. Recognition of Prior Learning.
22. Many AINs employed in NSW Health are undergraduate nursing students. This work is separate and different to their clinical placement experiences. The AIN role supports the provision of patient care and provides these students the opportunity to gain more confidence in the hospital environment.

#### **D. NURSE PRACTITIONERS (NP)**

23. NPs practise at an advanced level within nursing and are autonomous in their practice. They assess and diagnose patients, request and interpret tests, prescribe medications and therapies, and receive and make referrals to other health practitioners. NPs deliver care across the life span and in most clinical specialties (for example, emergency medicine, aged care, neonatal intensive care, diabetes, neurology, mental health and palliative care).

24. NPs are RNs with an endorsement on their professional registration. They have undertaken postgraduate education in a nursing specialty as well as a specific NP master's degree. NP training and education includes 5000 hours of advanced practice. The University of Sydney and University of Newcastle offer NP courses. Online courses are also growing in popularity (Charles Darwin University and Edith Cowan University). The pathway to become a NP typically takes a minimum of 5 years. NSW Health offers scholarships to support NP training and education.
25. NSW Health uses a transitional NP pathway (Transitional Nurse Practitioner - **TNP**) to employ nurses while they complete their NP education and training. This pathway is similar to how registrar doctors are trained.
26. Nurse Practitioner positions (FTE) as at the end of May 2024 are as follows:

	<b>NP</b>	<b>TNP</b>	<b>Total</b>
Metropolitan	144	34	178
Rural/Regional	149	73	222
Statewide positions (Justice Health and Forensic Mental Health Network)	13	0	13
<b>Total</b>	<b>306</b>	<b>106</b>	<b>413</b>

27. Recruitment to NP positions in metropolitan areas is generally straightforward as there is a strong supply and a TNP model may be utilised as described above. Recruitment to rural positions is more complex and usually takes longer, due to the known relocation issues (for example, accommodation, partner employment) and a limited RN workforce pool. The TNP model is particularly important in rural areas, as it allows local nurses to train as NPs whilst remaining close to home.
28. NP models of care are locally developed, based on LHD/SN service requirements and planning. The NSW Health Policy Directive PD2022\_057 *NSW Health Nurse Practitioners* (MOH.0010.0031.0001) supports the development and implementation of nurse practitioner roles in NSW Health.
29. In the report from the *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales Inquiry*, Recommendation 17 identified that implementing NP positions within rural NSW Health services is a strategy to address healthcare gaps and improve access to quality healthcare in areas of need, where there can be limited medical cover.

30. NaMO published *Rural Nurse Practitioners: A framework for service and training in NSW Health (the Framework, MOH.0010.0032.0001)* in January 2023 to assist LHDs with local service planning and implementation of rural NP roles. NSW Health funded 20 new Rural Generalist NP positions in 2022/23, with implementation supported by the Framework, to increase access to care.

## E. MIDWIFERY

31. There are two education pathways to become a Registered Midwife (**RM**) in NSW:
- a. Undergraduate pathway - undergraduate students complete a Bachelor of Midwifery in an approved program of study, which can take around three years. When students have been awarded their degree, they then can apply to the NMBA to register to practice as a RM.
  - b. Postgraduate pathway (**MidStart**) - the second pathway enables RNs to undertake postgraduate studies in Midwifery (usually a Graduate Diploma), whilst being employed as a midwifery student in a maternity service, where clinical experience is gained. This pathway may take one to two years.
32. In recognition of national and international midwifery workforce challenges, NaMO has been working closely with LHDs and university partners to grow and support the current and future midwifery workforce. The strategies outlined below have focused on the attraction and retention of midwives.
33. The Exploring the Student Midwives Experience (**ESME**) study, undertaken in 2019, aimed to understand the experience of both midwifery students and the midwives who support them. This led to the development of a mentoring program to assist midwives to mentor midwifery students and transitioning midwives. The Mentoring in Midwifery (**MiM**) Program has now been implemented in all 15 LHDs with maternity services. To date over 1800 midwives and midwifery students have engaged in mentoring.
34. NaMO has also undertaken work with the LHDs to support increasing the number of undergraduate Bachelor of Midwifery (**BMid**) students. NaMO led discussions with midwifery managers using data to inform and explore opportunities to maximise midwifery undergraduate placements. As a result, many of those maternity services have increased their clinical placement availability, with a statewide increase of 20%. Since the BMid course is a 3 year program, it will take time for this placement increase to impact

the midwifery workforce. We do not expect to see an overall increase in the midwifery workforce as a result of this work until 2026.

#### **F. WORKPLACE EDUCATION AND PROFESSIONAL DEVELOPMENT FOR NURSES AND MIDWIVES**

35. A number of nursing and midwifery positions support education of nurses and midwives in the clinical setting. These include Clinical Nurse/Midwifery Educators (**CN/ME**), Nurse/Midwifery Educators (**N/ME**), and Clinical Nurse/Midwifery Consultants (**CN/MC**). RNs and midwives also have a responsibility (identified in their professional standards) for teaching and supporting students and other staff.
36. CN/MEs work with the unit Nursing/Midwifery Unit Manager to deliver clinical education programs and support clinical practice at the ward/unit level. They work directly with nurses and midwives in supporting transitioning staff (graduates and newly recruited staff), developing skills and knowledge of clinical staff. CN/MEs are not included in the direct nurse staffing numbers. There are certain circumstances when all resources have been exhausted in filling an unplanned absence (such as sick leave) that the CN/ME may be called upon to provide direct patient care. This is not an intended plan, but a strategy to ensure patient safety when labour supply is unexpectedly limited.
37. N/MEs typically work across a clinical stream (for example, intensive care), within a facility or LHD level setting. N/MEs work with CN/MEs and clinical staff in advancing practice development and student support. N/MEs plan, develop, deliver and evaluate nursing education programs.
38. CN/MCs usually work within a clinical speciality at a facility level and are a specialist in their respective area. CN/MCs provide services which facilitate effective management of care in the given specialty, often managing and running speciality clinics and services. CN/MCs often manage complex patient cases and provide expert support and education to other nurses or midwives and healthcare professionals as one of their domains of practice.
39. These senior roles play a key role in driving clinical practice change and innovation for the organisation, identifying, leading and supporting opportunities for quality improvements and innovation, to enhance education and clinical practices on an ongoing basis.

## G. NEW GRADUATES – RECRUITMENT AND DISTRIBUTION

40. NSW Health continues to employ graduate nurses and midwives as part of its strategy to ensure a sustainable workforce into the future. NaMO administers the centralised graduate recruitment program in NSW Health, known as GradStart. LHDs/SHNs determine local graduate numbers and undertake recruitment functions such as interviews, selection and onboarding.
41. NSW Health's employment of graduate nurses and midwives has been steadily increasing since 2011, with 3529 graduates employed for 2023.

<b>Graduates (by headcount)</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Graduate nurses	2800	2909	3396
Graduate midwives	117	131	133
Percentage rural/regional	28%*	41%	42%
<b>Total</b>	<b>2917</b>	<b>3040</b>	<b>3529</b>

\*Definition of rural/regional data broadened from 2022

42. In 2023, 42% of graduate nurses and midwives commenced in rural and regional locations of NSW.
43. In relation to graduate nurses, there is an overall strong supply of nursing graduates. In NSW Health, there are more applications than positions available, noting that graduates are also employed in private hospitals and aged care services. NSW Health has no visibility of this employment with private hospitals and aged care services. Positions in metropolitan hospitals are generally filled. In rural areas there are some areas of challenge, especially in smaller sites such as small district hospitals and Multipurpose Services (as is the same for all clinical groups).
44. As to graduate midwives, there is an undersupply via the undergraduate pathway linked to the availability of training places (determined by LHDs) and geographical distribution of university programs, which are generally face to face and not located in rural areas. Of note, the alternative postgraduate pathway (MidStart) is the stronger pathway into midwifery in NSW Health.

<b>MidStart (by headcount)</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Metropolitan	136	114	125
Rural and regional	59	93	106
<b>% rural and regional</b>	<b>30%</b>	<b>30%</b>	<b>46%</b>
<b>Total</b>	<b>195</b>	<b>207</b>	<b>231</b>



45. NSW Health has undertaken a targeted rural nursing and midwifery graduate social media campaign for the last two years to market the benefits of the rural graduate.

#### H. NSW HEALTH NURSING AND MIDWIFERY SCHOLARSHIPS AND GRANTS

46. NaMO offers scholarships and grants to support nursing and midwifery students, as well as RNs and midwives working in NSW Health. NaMO has overall governance of these, while HETI administers the scholarship application and process.

- a. **Rural Undergraduate scholarships:** these scholarships are intended to attract people living in rural areas into nursing and midwifery. Scholarships of up to \$5,000 are available to students from rural NSW who are undertaking their first year of a Bachelor of Nursing or Bachelor of Midwifery degree. Scholarships are awarded based on the student's residential location and areas of workforce need.

<b>Rural Undergraduate Scholarships</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>
Number awarded	27	51	43
Expenditure	\$94,250	\$207,000	\$145,600

- b. **Undergraduate Clinical Placement Grants:** these support nursing and midwifery students to experience a diversity of clinical experiences across NSW rural and metropolitan areas. Grants of up to \$1,000 are available for nursing and midwifery students undertaking a clinical placement more than 150 kilometres from their university campus.

<b>Clinical Placement Grants</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>
Number awarded	607	448	468
Expenditure	\$336,400	\$241,050	\$248,200

- c. **Postgraduate scholarships:** these support the professional development of NSW Health nurses and midwives, including transition into specialty areas of practice. The intention is to grow and sustain a knowledgeable and skilled workforce as well as being an attraction and retention strategy for NSW Health. There are two models:

- i. *Individual Scholarships*: paid directly to the applicant for a range of specialties, including clinical, education, management, midwifery, and NP.

<b>Individual Postgraduate Scholarships</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>
Number awarded	329	312	339
Expenditure	\$2,204,000	\$1,992,000	\$2,832,300

- ii. *Education contracts*: fully funded graduate certificates for targeted clinical specialties in areas of workforce need. Currently these specialties are Acute Care, Aged Care/Gerontology, Alcohol and Other Drugs, Child and Family Health, Critical Care, Neonatal Intensive Care, Neonatal Special Care Nursery, Oncology, Paediatrics, Perioperative, and Rural and Remote.

<b>Contracted Postgraduate courses</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>2022/2023</b>
Number awarded	556	501	339

- d. **Rural Postgraduate Midwifery Student Scholarships**: this is a “Grow your own” strategy for midwifery to support small rural maternity units. The scholarships support the sustainability of these small units by funding a local RN to train as a midwife. The funded student midwife position is in addition to their existing full-time equivalent establishment profile. NSW Health has funded more than 130 of these training positions in the last 12 years (approximately 10 per year), with a total investment of \$11 million. Managers report that in many instances this strategy has delivered the midwifery workforce needed to sustain these small rural maternity units and keep them open.

## **I. ABORIGINAL NURSING AND MIDWIFERY STRATEGY**

47. The NSW Aboriginal Nursing and Midwifery Strategy (**Strategy**) was developed to increase and retain the Aboriginal nursing and midwifery workforce within NSW Health. It includes cadetships and scholarships to support Aboriginal nursing and midwifery students, as well as postgraduate scholarships for Aboriginal nurses and midwives already working in NSW Health.
48. NSW Health has an Aboriginal employment target of 3.5%. The Aboriginal nursing and midwifery workforce in NSW Health is steadily increasing:

Year (at June)	FTE	Percentage of total nursing and midwifery workforce
2019	847	1.69
2020	896	1.78
2021	1000	1.89
2022	1078	2.03
2023	1178	2.16

Figures reflect all nurses, midwives and AIN/Ms

49. NaMO monitors and liaises with LHDs to ensure all eligible cadets are offered employment in NSW Health on completion of their studies, noting some graduates elect to work in other sectors, for example Aboriginal Community Controlled Health Organisations. In 2024, 100% of completing cadets gained graduate employment in NSW Health. NSW Health does not track individual ongoing employment of Aboriginal nurses and midwives who commenced as cadets.
50. The NSW Aboriginal Nursing and Midwifery Cadetship Program provides support and assistance to Aboriginal people studying an undergraduate nursing or midwifery degree.
51. Cadetships include a study allowance of \$600 per fortnight while studying for 40 weeks, \$500 per semester support allowance, 12 weeks paid employment in a local public hospital or Justice Health facility, support from an Aboriginal mentor, additional clinical support, and graduate employment.
52. Currently, 124 students are enrolled in the Cadetship Program - 112 nursing cadets and 12 midwifery cadets.
53. In addition, NSW Health Aboriginal Nursing and Midwifery Undergraduate Scholarships of up to \$1,000 per subject are available for Aboriginal students undertaking a Bachelor of Nursing or Bachelor of Midwifery, and NSW Health ENs studying to become RNs. In 2023/24, 103 Aboriginal students and ENs received scholarships from NSW Health.
54. NSW Health offers postgraduate scholarships of up to \$10,000 to Aboriginal people working as a RN or RM in NSW Health. In 2023/24, 33 employees received this scholarship.

## **J. PATHWAYS IN PRACTICE**

55. NaMO has collaborated with HETI to establish a number of pathways in practice, aimed at providing workplace learning opportunities to support nursing practice in areas of need.

56. Pathways in Practice (**PiP**) assist nurses and midwives to develop their knowledge and skills, supporting them to work to scope of practice. NaMO has worked collaboratively with HETI to develop online workplace learning modules, which provide a centralised access point to educational programs and resources. NaMO has aligned existing scholarships to support postgraduate study as part of the pathways in practice model.
57. The PiP are:
- a. **Mental Health Pathways in Practice (MHPiP):** the pathway was made available in 2021. MHPiP consists of 37 learning modules across four themes: professional and ethical practice, working with the individual, collaborative communication, and delivering care - which are available via My Health Learning.
  - b. **Rural Nursing Pathways in Practice (RNPiP):** RNPiP is a recruitment and retention strategy to support enrolled and RNs working in rural facilities, providing foundational education to enable nurses to work within this area of practice.  
The RNPiP e-learning modules have been available via the My Health Learning platform since July 2022 and focus on nursing assessment skills. A further three e-learning modules have been developed by HETI – plastering, wound closure and nurse-initiated ordering of X-Rays – and were released in April 2024. A Graduate Certificate in Rural Nursing is now included in the contracted scholarships offered by NSW Health.
  - c. **Midwifery Pathways in Practice (MidPiP):** MidPiP is an attraction and retention strategy to support undergraduate midwifery students, midwives and midwifery leaders within NSW Health and is expected to be available in July 2024. MidPiP consists of education, mentoring and links to leadership programs and scholarship opportunities. NaMO has partnered with HETI to develop a Midwifery Learning Navigator Tool to be available via the My Health Learning platform to enable consolidated access to education resources.
  - d. **Paediatric Pathways in Practice (PaedPiP):** NaMO has commenced work in partnership with HETI to develop a paediatric nursing program for nurses working in non-specialised paediatric facilities. The pathway will support nurses' capability to care for children and adolescents within general hospitals outside of The Sydney Children's Hospitals Network quaternary paediatric environment.

## K. TRANSITION TO SPECIALITY PRACTICE

58. All nurses receive a general, broad professional education in preparation for entry into nursing practice. Once practising, many nurses then work in specialty areas, developing specific knowledge and skills relevant to the care needs of patients in these clinical environments. This specialty knowledge and transition is achieved in a number of ways, including workplace learning, and either self-funded or supported short course and postgraduate education. Study leave is available to nurses and midwives in NSW Health as part of Award entitlements.
59. NaMO has developed a number of transition to specialty practice programs over the last 15 years including Emergency, Mental Health, Intensive Care Unit (**ICU**), and Perioperative. To reflect more contemporary learning modes and content, NaMO has transitioned the Emergency, Mental Health and ICU to HETI and ACI to deliver these programs online.

#### **L. LEADERSHIP PROGRAMS**

60. NaMO has developed and delivers leadership programs targeting Nursing/Midwifery Unit Managers (**NUM/MUM**) and Nurse/Midwifery Managers (**NM/MM**). Both programs provide leadership development for these managers with a focus on developing leadership skills that support participants to effectively manage individuals, teams and services, to lead change and to gain an understanding of how the operational requirements of their roles align with strategic priorities.
61. The first *Take the Lead (TTL)* program was offered in 2010 as a series of workshops. Since then, an updated program has been implemented which now forms part of the nursing and midwifery leadership strategy. NUM/MUMs are encouraged to attend the program - participation is not compulsory. LHDs/SHNs are allocated places and nominate NUMs/MUMs to participate. TTL is delivered to a cohort of 50 across 18 months through a mix of face to face workshops, online webinars and coaching. The program is well established, evaluated positively and places are filled.
62. NM/MM positions are more diverse and can include roles that manage larger units or services, workforce, patient flow, after-hours management of services and education. The first *In The Lead* program for these managers was provided in 2016. The program is run over 12 months and also has mixed delivery mode.
63. Many LHD/SHNs have also developed local programs that support nursing/midwifery managers in their roles and those working toward becoming NUM/MUMs or NM/MMs.

64. HETI provides a number of courses via My Health Learning that support NUM/MUMs in the managerial and operational functions of their roles. These include generic leadership and management programs, including people management and finance modules, as well as any mandatory training that is required.
65. Financial support is also available to nurses and midwives enrolling in management and leadership postgraduate courses through the NSW Health postgraduate scholarships.

## **M. ADVANTAGES, CHALLENGES AND FURTHER OPPORTUNITIES**

### **(i) Supporting transition into practice for registered nurses**

66. The transition of nurses and midwives into the NSW Health system has been a focus for LHDs/SHNs. COVID-19 saw greater flexibility in the utilisation of undergraduate nurses within our workforce and their experiences while on clinical placement. We also saw an increase in the number of graduate nurses entering the workforce in 2022.
67. The preparation of nursing graduates begins with their experience during clinical placements. There is an opportunity to work with our university partners to explore the way we prepare our nursing graduates during their undergraduate years. This includes exploring flexible scheduling of clinical placements, the way that clinical placements are facilitated, and how we support existing RNs in their role in teaching undergraduate nurses during clinical placements and the transition of new staff. Initial discussions have commenced with university partners.

### **(ii) Nurse practitioner legislative changes**

68. Work is currently underway to explore opportunities to amend legislation that would enable NPs to operate to their optimal scope of practice and improve patient access and experiences of care.
69. In partnership with NaMO, the NSW Health Legal branch has conducted a review of all relevant NSW legislation under which powers or functions are given to medical practitioners with a view to NaMO considering whether it would be appropriate for these powers and functions to be performed by a NP in addition to a medical practitioner.

70. This has involved a review of legislation both within the Health portfolio, and more broadly across the NSW statute book, including the *Workers Compensation Act 1987*, *Mental Health Act 2007*, *Births Deaths and Marriages Act 1995*, *Coroners Act 2009* and *Crimes Act 1900*. Any proposed amendments to legislation would be subject to the approval of the relevant responsible Minister for the Act, and would require passage through Parliament as part of normal processes. Reforming this legislation has the potential to enhance access to care, reduce duplication and utilise NPs to manage patient care within their scope of practice.



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Jacqui Cross

8th July 2024

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Date



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Witness: ~~[insert name of witness]~~ Anne Robertson

8th July 2024

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Date