Australian College of Nursing

Parliamentary Inquiry

Productivity Commission Five Inquiries: Creating a more dynamic and resilient economy

An Australian College of Nursing Submission

Australian Government
Productivity Commission
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To whom it may concern,

Re: Productivity Commission Five Inquiries: Creating a more dynamic and resilient economy [2025]

The Australian College of Nursing (ACN) would like to thank the Productivity Commission for the opportunity to comment on the Five Inquiries: Creating a more dynamic and resilient economy (Five Pillars Inquiries).

ACN is a peak nursing body that supports equity for all. Representing the nursing profession, we advocate for social models of healthcare that address the needs of individuals and communities, considering social, economic, and environmental factors. We advocate for access and health equity through evidence-informed, person-centred care across the lifespan.

ACN recognises that the Five Inquiries: Creating a more dynamic and resilient economy (Five Pillars Inquiries) addresses productivity issues associated with a whole of Australian business outlook. As a nursing organisation, ACN considered a response that addressed each pillar with a focus on health, healthcare, nurses, consumers, and community was a prudent approach. Climate change is increasingly affecting community health, underscoring the need for a nursing workforce that is both responsive and adaptable. ACN advocates for nurses to take on leadership roles that drive systemic change and promote nurse-led models of care tailored to emerging health challenges.

Our full submission is attached.

If you would like to discuss any aspect of ACN's response, please contact advisory@acn.edu.au

Yours sincerely,

[redacted]

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Chief Executive Officer
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Background

Australia spent approximately $252.5 billion on health in 2022–23,[1] underscoring the economic imperative of investing in preventive care and nurse-led models that are both clinically effective and cost-efficient. Yet, the full potential of the nursing workforce remains constrained by fragmented regulations, inconsistent funding, and limited data interoperability, barriers that continue to undermine system-wide efficiencies and innovation.[2] These systemic issues have prompted calls for national coordination, regulatory reform, and standardised terminology to enhance healthcare delivery and access.[3] [4]

Compounding these challenges is a projected shortfall of over 70,000 nurses by 2035,[5] driven by declining nursing student commencements, an ageing multi-morbid population, and persistent barriers to education, workforce mobility, and retention. Underutilisation of internationally qualified nurses, inconsistent scope of practice, and fragmented funding models further constrain workforce growth.[6] [7] To address this looming crisis, Australia must align nursing curricula nationally, streamline credit transfer and skills recognition, and implement initiatives such as a National Skills Passport.[8] Targeted incentives for nurses working in small and medium enterprises will also be crucial in building a resilient and adaptable healthcare workforce. These reforms would foster a more dynamic nursing workforce, one capable of responding to evolving healthcare needs, and in turn, contribute to a more resilient and productive economy.[9]

ACN champions the ethical and inclusive integration of artificial intelligence (AI) in healthcare, advocating for robust safety, legal, and governance frameworks that embed nurses at the centre of AI system design, implementation and oversight in health.[10] To ensure AI enhances care quality and workforce efficiency, ACN calls for national regulatory reforms, improved access to personal health data, and the deployment of enabling tools such as the National Skills Passport. These measures are essential to support safe, equitable, and evidence-informed clinical practice in an increasingly digitally enabled health landscape.

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[1] Australian Institute of Health and Welfare (2024) Health expenditure Australia 2022–23. (www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/contents/overview/total-health-spending)
[2] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)
[3] Department of Health, Disability and Ageing (2023) Nurse Practitioner Workforce Plan. (https://www.health.gov.au/resources/publications/nurse-practitioner-workforce-plan?language=en)
[4] Department of Health, Disability and Ageing (2024) Consultation and research summary report Building the evidence base for a National Nursing Workforce Strategy. (www.health.gov.au/sites/default/files/2024-05/national-nursing-workforce-strategy-consultation-and-research-summary-report.pdf)
[5] Department of Health, Disability and Ageing (2024) Nursing Supply and Demand Study 2023 – 2035. (https://hwd.health.gov.au/resources/primary/nursing-supply-and-demand-study-2023-2035.pdf)
[6] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)
[7] Department of Health, Disability and Ageing (2024) Nursing Supply and Demand Study 2023 – 2035. (https://hwd.health.gov.au/resources/primary/nursing-supply-and-demand-study-2023-2035.pdf)
[8] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)
[9] Department of Health, Disability and Ageing (2024) Consultation and research summary report Building the evidence base for a National Nursing Workforce Strategy. (www.health.gov.au/sites/default/files/2024-05/national-nursing-workforce-strategy-consultation-and-research-summary-report.pdf)
[10] Australian College of Nursing (2024) Artificial Intelligence [Position Statement] ACN. (https://www.acn.edu.au/advocacy-policy/position-statement-artificial-intelligence)

Nurses are essential to the functioning of Australia's complex and fragmented healthcare systems, yet their leadership and input is too often excluded from critical governance and reform processes, resulting in policies that fail to reflect realities of health care delivery.[11] ACN strongly advocates for embedding nursing expertise in regulatory alignment, collaborative commissioning, and preventive health frameworks. Elevating the position of nurses in these domains is key to improving health outcomes, reducing system fragmentation, and ensuring reforms are both practical and sustainable. Ultimately, these changes will retain and empower nurses to deliver high-quality care more efficiently and equitably across all settings.

Australia's healthcare system accounts for 7% of the national carbon footprint,[12] making it a critical sector for climate action. ACN asserts nurses are uniquely positioned to lead emission reduction strategies within healthcare, given their deep involvement in clinical operations and system-wide practices. Empowering nurse to drive sustainable change through clear targets, low-emissions transitions, and evidence-based practices is not only logical, but also essential. ACN calls for urgent policy development to support sustainable energy management across all health facilities, with nurses leading the charge.[13] Their ability to collaborate across disciplines and industries places them at the forefront of championing effective, scalable, and lasting environmental reform in healthcare.

[11] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)

[12] Mathieu, E., Pickles, K., Barratt, A., & Bell, K. J. (2024). The wiser healthcare net zero program: a partnership to address the carbon footprint of NSW Health hospitals. *Environmental Research Letters*, *19*(11), 111008. (https://www.researchgate.net/publication/384123761_The_wiser_healthcare_net_zero_program_a_partnership_to_address_the_carbon_footprint_of_NSW_Health_hospitals)

[13] Australian College of Nursing (2024) The Nursing Response to the Climate Emergency [White Paper] ACN. (https://www.acn.edu.au/advocacy-policy/white-paper-the-nursing-response-to-the-climate-emergency)

Approach

In preparing this response, ACN has addressed the following terms of reference:

a) Creating a more dynamic and resilient economy;

b) Building a skilled and adaptable workforce;

c) Harnessing data and digital technology;

d) Delivering quality care more efficiently; and

e) Investing in cheaper, cleaner energy and the net zero transformation.

While ACN engages meaningfully with all five pillars of the Productivity Commission's inquiry, we will not respond to every individual recommendation, as some fall out of our scope. Instead, we will focus on areas where we hold expertise and can offer a well-informed, evidence-based perspective.

As the national voice of nursing, ACN's goal is to demonstrate the critical role nurses already have in strengthening Australia's economy and health system. We also aim to highlight the reforms and support structures needed to enable the nursing profession's potential, ensuring it is equipped to meet to future challenges and drive system-wide innovation and productivity.

a. Creating a more dynamic and resilient economy

In 2022–23, Australia spent an estimated $252.5 billion on health goods and services which is an average of approximately $9,597 per person,[14] underscoring the economic imperative of investing in preventative care and innovative models that are both clinically effective and cost-efficient. Nurses, as the largest and most geographically distributed health workforce, are uniquely positioned to drive this transformation.

Evidence consistently shows that investment in preventive healthcare and the nursing workforce yields significant economic returns and improved health outcomes.[15] A regulatory environment supporting flexibility, innovation, and workforce optimisation is essential to realising these benefits.[16] Nurse-led clinics, in particular, have demonstrated reduction in avoidable hospital admissions, improvement in chronic disease management, and enhanced access to care, especially in rural and underserved communities.[17]

ACN advocates for more sustainable funding for nurse-led models of care.[18] This includes: expanding access to the Medicare Benefits Schedule (MBS) and incentive programs for nurse practitioners and advanced practice nurses; increasing use of blended or block funding models to support continuity of care and innovation; and embedding nurse-led models into mainstream service delivery, particularly in primary care, aged care and chronic disease management.[19]

Private Healthcare Australia reinforces this need, highlighting outdated Medicare rules currently prevent nurse practitioners from receiving rebates for in-hospital work, despite their proven ability and clinical competence. This regulatory gap limits their ability to work across settings and undermines workforce efficiency. Aligning funding mechanisms and scope-of-practice legislation would enable nurse practitioners to contribute more to system-wide productivity and care access.[20]

Despite the well-established economic case, health systems globally, and in Australia, continue to under-invest in nursing. This contributes to workforce attrition, burnout and missed opportunities for system-wide efficiency,[21] particularly in high demand areas such as aged care, mental health and rural health services.

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[14] Australian Institute of Health and Welfare (2024) Health expenditure. (https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure)
[15] International Council of Nurses (2025) International Nurses Day 2025 Caring for nurses strengthens economies. (https://www.icn.ch/sites/default/files/2025-04/ICN_IND2025_report_EN_A4_FINAL_0.pdf)
[16] Department of Health, Disability and Ageing (2024) Consultation and research summary report Building the evidence base for a National Nursing Workforce Strategy. (www.health.gov.au/sites/default/files/2024-05/national-nursing-workforce-strategy-consultation-and-research-summary-report.pdf)
[17] Department of Health, Disability and Ageing (2023) Nurse Practitioner Workforce Plan. (https://www.health.gov.au/resources/publications/nurse-practitioner-workforce-plan?language=en)
[18] Australian College of Nursing (2025) ACN's 2025-2026 Pre-Budget Submission. (https://www.acn.edu.au/advocacy-policy/2025-2026-pre-budget-submission)
[19] Department of Health, Disability and Ageing (2024) Review of General Practice Incentives Final Report. (https://www.health.gov.au/resources/collections/review-of-general-practice-incentives?language=en)
[20] Private Healthcare Australia (2024) Nurse practitioners a solution to private hospital workforce woes. (https://privatehealthcareaustralia.org.au/nurse-practitioners-a-solution-to-private-hospital-workforce-woes/)
[21] International Council of Nurses (2025) International Nurses Day 2025 Caring for nurses strengthens economies. (https://www.icn.ch/sites/default/files/2025-04/ICN_IND2025_report_EN_A4_FINAL_0.pdf)

The *Nurse Practitioner Workforce Plan 2023* [22] calls for a nationally coordinated approach to address these systemic issues. It recommends targeted funding to support nurse practitioner education and employment; structured mentorship and leadership development to improve retention and professional satisfaction; and legislative reform to establish a nationally consistent framework for nurse practitioner practice, including governance, prescribing arrangements and referral pathways. While many of the recommendations are in progress, there is still significant work to be completed and evaluated.

Realising the economic and clinical value of Australia's nursing workforce requires more than recognition, it demands coordinated system-wide reform. From regulatory alignment and data interoperability to sustainable funding and expanding scopes of practice, the evidence is unequivocal. Nurse-led models of care are not only cost-effective, but critical to improving access, reducing inefficiencies, and enhancing workforce resilience.

Embedding nurses in leadership, policy development and service design and delivery, and investing in their capacity to innovate, lead and manage, will enable Australia to build a health system that is more responsive, equitable, and economically sustainable.

Bolster high-level scrutiny of regulations

Australia's healthcare sector includes several federally funded programs aimed at supporting individuals to live healthy, independent lives, such as the *National Disability Insurance Scheme* (NDIS), *My Aged Care*, and veteran support services. However, these programs often operate in silos, with limited data interoperability and misaligned regulatory frameworks.[23] [24] This fragmentation leads to inconsistent service delivery and regulatory duplication, and inefficiencies that undermine workforce effectiveness and care outcomes.[25] [26]

ACN commends the Productivity Commission for identifying these issues in its interim report, particularly the duplication and inconsistency across regulatory systems. Aligning regulations across these services is not only a matter of administrative efficiency, but also essential to enabling nurses to work seamlessly across settings, improving access to high-quality care, and reducing unnecessary complexities for consumers.

This recommendation is reinforced by the interim report on *Delivering Quality Care More Efficiently*[27], which highlights the need for integrated, person-centred service delivery across the health and aged care sectors. Regulatory reforms that supports interoperability, workforce mobility and consistent scope of practice standards will be critical to building a more dynamic, responsive and resilient health system.

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[22] Department of Health, Disability and Ageing (2023) Nurse Practitioner Workforce Plan. (https://www.health.gov.au/resources/publications/nurse-practitioner-workforce-plan?language=en)
[23] Department of Health, Disability and Aging (2024) Aged Care Data and Digital Strategy 2024–2029. (https://www.health.gov.au/resources/collections/aged-care-data-and-digital-strategy-2024-2029)
[24] Australian Digital Health Agency (2023) Connecting Australian Healthcare National Healthcare Interoperability Plan 2023-2028. (www.digitalhealth.gov.au/sites/default/files/documents/national-healthcare-interoperability-plan-2023-2028.pdf)
[25] Department of Health, Disability and Ageing (2025) Aged Care Data and Reporting Review: Phase 1 Consultation Paper. (https://www.health.gov.au/resources/publications/aged-care-data-and-reporting-review-phase-1-consultation-paper?language=en)
[26] Australian Digital Health Agency (2023) Connecting Australian Healthcare National Healthcare Interoperability Plan 2023-2028. (www.digitalhealth.gov.au/sites/default/files/documents/national-healthcare-interoperability-plan-2023-2028.pdf)
[27] Productivity Commission (2025) Delivering quality care more efficiently. (https://www.pc.gov.au/inquiries/current/quality-care#interim)

Enhance regulatory practice to deliver growth, competition and innovation

The Unleashing the Potential of our Healthcare Workforce: Scope of Practice Review (Scope of Practice Review)[28] recommends, among other reforms, the standardisation of regulations and national recognition of nurses' skills beyond tertiary education. ACN strongly supports these recommendations, recognising them as critical to unlocking the full potential of Australia's healthcare workforce and enabling nurses to contribute more effectively to system-wide innovation and productivity.

The Productivity Commission's interim report identified widespread 'duplication and confusion for care providers, workers and users', issues also frequently experienced by nurses. Despite national registration,[29] nurses continue to face significant barriers when working across service providers and jurisdictions. These include outdated regulations, fragmented funding models, poor interoperability between healthcare organisations, and inconsistent legislation governing scope-of-practice. For example, registered nurses are often trained to perform tasks such as inserting catheters, ordering diagnostic tests, or administering certain medications such as cytotoxics, yet in many clinical settings they are restricted from doing so without direct authorisation from a medical practitioner.[30] These limitations, driven by cautious organisational policies and outdated legislation, can delay care and underutilise nursing expertise, particularly in emergency departments and rural health services. Regulatory inconsistencies across jurisdictions also limit workforce mobility and constrain the development of innovative nurse-led models of care.

Critically, these challenges affect not only the nursing workforce but also healthcare consumers, particularly those navigating complex or multi-sector services. To address this, ACN advocates for improved data interoperability through the adoption of Standardised Nursing Terminology (SNT).[31] Initiatives such as the *National Terminology Mapping Library,*[32] developed by the Australian Digital Health Agency, support this goal by enabling consistent and safe translation between clinical coding systems. This reduces duplication, improves digital health delivery and enhances the quality and safety of care.

ACN further recommends that standardisation efforts extend beyond coding systems to encompass broader clinical and administrative terminology, ensuring consistency in role definitions, documentation and workforce planning. Regulatory reform that supports clarity, consistency and mobility is essential to fostering a health system that is agile, innovative and responsive to community needs.

[28] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)
[29] Nursing and Midwifery Board Ahpra (2025) Regulating Australia's nurses and midwives. (www.nursingmidwiferyboard.gov.au)
[30] Australian College of Nursing (2025) Unlocking the potential of nurses through scope of practice reforms. (https://www.acn.edu.au/nurseclick/unlocking-the-potential-of-nurses-through-scope-of-practice-reforms)
[31] Australian College of Nursing (2024) Standardised Nursing Terminology: Enabling comprehensive nursing data and analysis [Position Statement] ACN. (https://www.acn.edu.au/advocacy-policy/position-statement-standardised-nursing-terminology-enabling-comprehensive-nursing-data-and-analysis)
[32] National Digital Health Agency (2024) National terminology Mapping Library. (https://developer.digitalhealth.gov.au/standards/national-terminology-mapping-library)

b. Building a skilled and adaptable workforce

While undergraduate nursing commencements demonstrated consistent growth up to 2019, they have subsequently experienced an annual decline of approximately 5-6% between 2020 and 2022.[33] According to the *Nursing Supply and Demand Study 2023–2035*, Australia is projected to face a national shortfall of approximately 70,707 full-time equivalent (FTE) nurses by 2035.[34] To meet baseline demand across all sectors, an estimated 79,473 additional nurses will be required.

This looming shortfall underscores the urgency of strategic investment in nursing. Nurses represent a highly skilled and adaptable segment of the health workforce, capable of delivering care across diverse settings and responding to evolving health needs. [35] Retaining and growing nursing capacity will require targeted support, through education, funding and regulatory reform, to ensure Australia's healthcare system remains resilient, responsive and future ready.

A key enabler of retention is the development of a nationally consistent transition-of-practice framework. As highlighted in the *National Nursing Workforce Strategy*, early career nurses need structured support to navigate the shift from education to practice. Embedding clear graduate capabilities, transition-to-specialty pathways, and recognition of prior learning will help reduce attrition, build confidence, and strengthen workforce sustainability.[36] Similarly, nurses require ongoing support and flexibility throughout their careers to transition between roles, health sectors, and life stages. According to the McCrindle report[37], Generation Z, those born between 1995 and 2009, will make up 35% of the workforce by 2035. This generation is expected to have around 18 jobs across six different careers, and nursing is well-positioned to offer the variety and adaptability they seek. To build a skilled and responsive nursing workforce capable of meeting the growing demands of an ageing population, we need a health system that enables nurses to work flexibly and innovatively across Australia. This also requires leaders, managers, and workplaces that actively engage and support nurses throughout their professional journeys.

Invest in a single national platform for all teachers to access lesson planning materials

Expanding curriculum consistency to include TAFE and university-level nursing programs presents a strategic opportunity to build a more cohesive and mobile nursing workforce. Currently, misaligned nursing curricula across institutions and states hinder workforce mobility, dilute training outcomes, and create barriers to career progression.[38] Establishing a national framework, anchored in core standards alongside required skills, would ensure consistency in essential competencies while preserving institutional flexibility for differentiation.

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[33] Australian Nursing and Midwifery Federation (2024) Nursing and Midwifery Workforce Overview. (https://anmf.org.au/about/nursing-and-midwifery-workforce)
[34] Department of Health, Disability and Ageing (2024) Nursing Supply and Demand Study 2023 – 2035. (https://hwd.health.gov.au/resources/primary/nursing-supply-and-demand-study-2023-2035.pdf)
[35] Department of Health, Disability and Ageing (2024) Consultation and research summary report Building the evidence base for a National Nursing Workforce Strategy. (www.health.gov.au/sites/default/files/2024-05/national-nursing-workforce-strategy-consultation-and-research-summary-report.pdf)
[36] Ibid
[37] McCrindle (2025) GenZ and Gen Alpha Infographic Update. (https://mccrindle.com.au/article/topic/generation-z/gen-z-and-gen-alpha-infographic-update/)
[38] Department of Health, Disability and Ageing (2019) Educating the Nurse of the Future. (https://www.health.gov.au/resources/publications/educating-the-nurse-of-the-future?language=en)

This approach mirrors successful models in disciplines such as engineering, where technical standards are uniformly upheld across institutions, enabling seamless transitions and workforce readiness.[39] A unified nursing curriculum linked to the National Skills Passport would support clearer career pathways, improve work-readiness in new graduate nurses and strengthen national workforce planning, ultimately contributing to a more resilient and adaptable health workforce.[40]

Move toward a national system of credit transfer and recognition of prior learning (RPL)

Credit transfer and RPL remain persistent challenges within nursing education, particularly for nurse practitioner programs. Despite national registration and ongoing efforts to streamline education pathways, inconsistencies in credit recognition across institutions and jurisdictions continue to hinder mobility and progression for nursing professionals.[41] These challenges are especially pronounced in nurse practitioner programmes, where postgraduate education requirements and specialty practice pathways are not uniformly recognised, leading to barriers for nurses seeking to advance in their careers. One such example is the meta specialty model for nurse practitioners in the public health system in Australia, which was designed to provide a nationally consistent framework for nurse practitioner education and practice.[42] However, this model has not been fully implemented in practice, contributing to ongoing variation in course structures, clinical expectations, and recognition of advanced skills. Without full adoption, nurses face uncertainty in career planning and limited access to specialty pathways.

The Scope of Practice Review reinforces the urgency of national reform, recommending standardised education pathways and consistent skill recognition to enable health professionals to work to their full scope of practice.[43] Similarly, the *Australian Skills Quality Authority* (ASQA) identified risks associated with inconsistent RPL and credit transfer practices, including inadequate assessment, lack of transparency, and failure to verify prior learning, issues that compromise both educational integrity and workforce readiness. [44]

Addressing these challenges through national aligned credit transfer policies, full implementation of the meta specialty model, and clear articulation frameworks is essential. Doing so will not only support the development of the nurse practitioner workforce but also strengthen the broader healthcare system by enabling a more agile, mobile and future ready nursing profession.

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[39] Engineers Australia (2023) Professional Standards Framework. (https://www.engineersaustralia.org.au/about-us/professional-standards-framework)
[40] Department of Health, Disability and Ageing (2019) Educating the Nurse of the Future. (https://www.health.gov.au/resources/publications/educating-the-nurse-of-the-future?language=en)
[41] Ibid
[42] Gardner A., Gardner G., Coyer F., Gosby H. & Helms C. (2019). The nurse practitioner clinical learning and teaching framework: A toolkit for students and their supervisors. (https://figshare.com/articles/online_resource/The_nurse_practitioner_clinical_learning_and_teaching_framework_A_toolkit_for_students_and_their_supervisors/9733682?file=17476460)
[43] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)
[44] Australian Skills Quality Authority (2025) Recognition of prior learning. (https://www.asqa.gov.au/how-we-regulate/risk-priorities/recognition-prior-learning)

Better target incentives to lift work-related training rates in small and medium enterprises (SMEs)

Of the 409,000 nurses working across Australia, approximately 245,000 are employed in hospital settings.[45] The remaining workforce, particularly those in general practice, aged care, and community health, is largely employed in SMEs. [46] These settings often lack the infrastructure and resources to support ongoing professional development creating a disparity in access to training and career advancement opportunities. This gap persists despite the critical role these nurses have in delivering clinical care and services across diverse and often underserved communities.

Targeted incentives are essential to address this imbalance. Supporting nurses in SMEs to meet their Continuing Professional Development (CPD) requirements is vital for maintaining registration and ensuring clinical currency. Moreover, such incentives can facilitate career progression by enabling nurses to upskill into advanced roles, such as specialist nurses or nurse practitioners, thereby strengthening the overall health workforce. Improved access to training also contributes to higher job satisfaction and retention, which is particularly important in high turnover sectors like aged care.[47] Importantly, ensuring equitable access to training incentives across geographic areas, including rural and remote SMEs, would help address workforce distribution challenges and support a more resilient and adaptable nursing workforce.

Remove excessive occupational entry regulations that offer limited benefits

ACN supports the recommendation to remove excessive occupational entry regulations (OERs) that offer limited benefits. A key opportunity lies in leveraging the proposed National Skills Passport, which aims to streamline and standardise the recognition of skills and qualifications across jurisdictions and sectors.[48] [49]

Envisioned as a digital platform, the National Skills Passport would consolidate formal qualifications, micro-credentials, and experiential learning into a single, trusted repository. This would simplify transitions between education providers and employers, reduce duplication of learning and improve workforce mobility.[50] By enabling individuals to easily share verified evidence of their capabilities, the passport could reduce the need for redundant licensing, qualification and training requirements that vary across states.

[45] Department of Health, Disability and Ageing (2024) Nurses and Midwives Dashboard. (https://hwd.health.gov.au/nrmw-dashboards/index.html)
[46] Ibid
[47] Budiadi, H., Hasbi, M., & Setiyowati, S. (2024). Employee Development Strategies to Improve Skills and Job Satisfaction. *Global International Journal of Innovative Research, 2*(9), 1997-2006. (https://www.researchgate.net/publication/385992822_Employee_Development_Strategies_to_Improve_Skills_and_Job_Satisfaction)
[48] Department of Education (2024) National Skills Passport Consultation Paper. (https://www.education.gov.au/national-skills-passport-consultation/resources/national-skills-passport-consultation-paper)
[49] TechnologyOne (2025) How the national skills passport can transform Australia's workforce. (https://www.technology1.com/resources/articles/how-the-national-skills-passport-can-transform-australias-workforce)
[50] Ibid

Despite the nursing profession having an identical OERs across jurisdictions, skills are often not transferable between states or even between organisations.[51] This disconnect between registration and practical recognition of capability continues to limit labour mobility and career progression. To address this, it is essential that any national accreditation standard is accompanied by a mechanism to track and verify skills consistently, such as National Skills Passport.

ACN strongly advocates for the implementation of a National Skills Passport as outlined in the Scope of Practice Review,[52] with a focus on interoperability across state systems and alignment with industry standards. Without reform to both registration and skills recognition, barriers to workforce flexibility, retention and system responsiveness persist.

[51] Nursing and Midwifery Board (2024) Fact sheet: Scope of practice and capabilities of nurses. (https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses.aspx)

[52] Department of Health, Disability and Ageing (2024) Unleashing the Potential of our Health Workforce; Scope of Practice Review Final Report. (https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report?language=en)

c. Harnessing data and digital technology

ACN recognises the transformative potential of AI in nursing and healthcare, and strongly advocates for its ethical, safe, and equitable implementation.[53] As AI technologies become increasingly embedded in clinical practice, it is essential to address challenges such as data privacy, algorithmic bias, and equitable access to digital tools. To ensure AI supports value-based care, ACN emphasises the importance of integrating AI into nursing education and practice. Nurses, particularly those with expertise in informatics, must be actively involved in the governance, design, and evaluation of AI systems. Their insights are essential to ensuring that AI tools are clinically relevant, safe and aligned with person-centred care. ACN recommends the development of robust safety frameworks, accreditation standards, and ethical guidelines, alongside inclusive and rigorous data governance models that promote transparency, accountability, and integrity.[54] These measures will help ensure that AI enhances, rather than disrupts, the delivery of high-quality care and supports a digitally capable workforce.

Productivity growth from AI will be built on existing legal foundations. Gap analyses of current rules need to be expanded and completed.

ACN acknowledges the importance of underpinning AI-driven productivity gains with robust, adaptive legal frameworks. From a nursing perspective, expanding and completing gap analyses in current AI regulations is critical to safeguarding consumers, upholding ethical standards, and ensuring the responsible integration of AI into healthcare delivery.

Nurses are increasingly engaging with AI-enabled technologies, from decision support systems to digital documentation tools. Yet, current regulatory frameworks do not consistently account for the complexity and risks associated with these technologies. For example, many AI applications in clinical prediction or digital mental health support fall outside the scope of *Therapeutic Goods Administration* (TGA) oversight.[55] This regulatory gap not only poses risks to consumer safety but also undermines confidence, limiting their integration into everyday practice.

The recent *Safe and Responsible Artificial Intelligence in Health Care review*[56] highlights that while existing legislation, covering privacy, consumer, and health practitioner conduct, provides a foundational layer of safety, it is not fully equipped to address the unique challenges posed by AI in healthcare. Nurses, who are bound by professional codes of conduct and ethical obligations, require clear and enforceable guidelines to ensure that AI tools support, rather than compromise, safe and person-centred care.

ACN supports national policy leadership and tailored guidance for AI in health. This includes the development of evidence-based standards for AI implementation, transparency in algorithmic decision-making, and mechanisms for human oversight, all of which are critical to maintaining

[53] Australian College of Nursing (2024) Artificial Intelligence [Position Statement] ACN. (https://www.acn.edu.au/advocacy-policy/position-statement-artificial-intelligence)
[54] Ibid
[55] Monash University: Monash Institute of Medical Engineering (01 April 2025) AI regulation in healthcare: Are we ready for the changes? (www.monash.edu/mime/news/latest-news/articles/2025/ai-regulation-in-healthcare-are-we-ready-for-the-changes)
[56] Department of Health, Disability and Aging (2025) Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review. (www.health.gov.au/sites/default/files/2025-07/safe-and-responsible-artificial-intelligence-in-health-care-legislation-and-regulation-review-final-report.pdf)

trust in healthcare systems.[57] Crucially, nurses must be included in policy and regulatory discussions to ensure that their perspectives inform the development of practical, equitable, and clinically relevant safeguards.

As AI continues to evolve, so too must the legal and regulatory frameworks that govern its use. A comprehensive and inclusive gap analysis, one that centres nurses and other health professionals, is essential to ensure that AI enhances, rather than disrupts, the delivery of safe, ethical, and high-quality care.

Establish lower-cost and more flexible regulatory pathways to expand basic data access for individuals and businesses

ACN supports the recommendation to establish greater access to personal health data for individuals. Nurses are strong advocates for empowering people to actively participate in their health management, and affordable, streamlined access to personal health information is a critical enabler of this goal.

Further work is needed to ensure healthcare consumers are granted genuine autonomy in reviewing their own health information. For example, in general practice settings, people should be able to view their health records and results without the prerequisite of a GP consultation. Establishing direct lines of communication between consumers and the broader multidisciplinary care team can alleviate pressure on GPs while still ensuring people are supported in understanding their results and determining appropriate next steps in their care.

Enhanced data accessibility also supports continuity of care and informed clinical decision-making. Regulatory reforms that enable real-time access to consumer health histories, medication records, and care plans can significantly improve coordination across care settings, reduce duplication of work effort, and prevent adverse events. Nurses rely on timely and accurate information to deliver safe, effective care. However, current limitations, such as restricted independent access for nurses to My Health Record (MHR), impede their ability to coordinate care efficiently. ACN recommends establishing a mechanism to allow other registered health professionals to contribute to MHR, either through the nominated provider or via a direct, consent-based process. This would ensure valuable clinical information is not excluded due to rigid role definitions and would support more complete and timely health documentation. These changes are essential to enabling person-centred, multidisciplinary care.

Moreover, improved interoperability and data sharing can support the development of innovative care models, such as telehealth and remote monitoring, which are increasingly central to modern nursing practice. These models not only enhance access to care but allow nurses to deliver more responsive and personalised services. It is vital that changes be implemented with a commitment to privacy, equity, and clinical utility. While projects such as the *Occasions of Care Explained and Analysed (OCEAN)*[58] are commencing data collection of the clinical activity of nurses in primary care settings, there is limited accessible data on how nurses work across the health system. Expanding access to data systems for nurses will improve this.

[57] Department of Health, Disability and Aging (2025) Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review. (www.health.gov.au/sites/default/files/2025-07/safe-and-responsible-artificial-intelligence-in-health-care-legislation-and-regulation-review-final-report.pdf)
[58] The University of Sydney & University of Wollongong (2025) Occasions of Care Explained and Analysed. (https://ocean.sydney.edu.au/)

d. Delivering quality care more efficiently

Nurses are the enduring presence across Australia's increasingly fragmented healthcare systems. Working across every care setting, including hospitals, aged care, disability support, veterans' services, primary care, mental health, justice, community and many more, nurses are uniquely positioned to identify risks early, prevent deterioration, and guide individuals through complex care pathways. Despite this central role, nursing leadership is frequently absent from the governance and decision-making forums responsible for designing reforms nurses are ultimately expected to implement. Excluding nursing perspectives risks producing solutions that fail to reach those most in need. To ensure reforms are effective and grounded in clinical realities, regulatory alignment, collaborative commissioning, and prevention frameworks must be informed by nursing expertise. Nurses must have equitable access to funding, ensuring they are adequately remunerated for their essential contributions to health outcomes.

The Australian Government should pursue greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users

ACN supports greater alignment in quality and safety regulation across the care economy, recognising its potential to streamline service delivery and enhance outcomes for consumers. However, for regulatory reform to be truly effective, it must be shaped by clinical expertise, particularly nursing leadership. Unified standards must reflect the nuanced roles, responsibilities, and scopes of practice that exist across diverse care settings.

As most widely distributed healthcare workforce, nurses are uniquely positioned to detect early signs of deterioration, reduce avoidable hospital admissions, and strengthen community-based management of chronic conditions, health and wellness.[59] Without meaningful nursing input, regulatory alignment risks being an administratively driven exercise, disconnected from clinical realities and front-line needs. ACN recommends embedding nursing representation in all stages of the regulatory design processes and ensuring reforms are aligned with broader workforce initiatives, including the Scope of Practice Review, the *General Practice Incentives Review*, the *After Hours Review* and the *Working Better for Medicare Review*.[60] This will help ensure that reforms are not only efficient but also clinically relevant, equitable and sustainable.

Governments should embed collaborative commissioning, with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings

ACN strongly supports the recommendation to embed collaborative commissioning, recognising it a powerful mechanism to address systemic fragmentation in healthcare and promote more integrated, person-centred care. Governance models that bring together Local Hospital Networks (LHNs), Primary Health Networks (PHNs), and Aboriginal Community Controlled Health Organisations (ACCHOs) are well suited to nurse-led approaches that prioritise prevention, continuity, and community- based care.

[59] Department of Health, Disability and Ageing (2024) National Nursing Workforce Strategy – building the evidence base. (www.health.gov.au/resources/collections/national-nursing-workforce-strategy-building-the-evidence-base)
[60] Department of Health, Disability and Ageing (2024) Primary Care and Workforce Reviews Taskforce (https://www.health.gov.au/committees-and-groups/primary-care-and-workforce-reviews-taskforce)

Nurses are uniquely placed to identify local service gaps and co-design solutions that strengthen community care, ease pressure on emergency departments, and improve long-term outcomes. To realise the benefits of collaborative commissioning, nursing leadership must be embedded across design, governance, and implementation to ensure reforms are clinically informed, community-responsive, and sustainable.

Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure

ACN welcomes the establishment of a National Prevention Investment Framework as a critical step toward improving long-term health outcomes and curbing the rising costs of government funded care. To be effective, the framework must include clear and measurable key performance indicators (KPIs), particularly those focused on service accessibility and waiting times, which are essential markers of system responsiveness and equity. Nurses must be involved in the development of any KPIs for the framework.

To support the success of digital health initiatives within the framework, ACN emphasises the need for targeted investment in workforce training and change management. Nurses must be actively engaged as co-designers of digital solutions to ensure that these tools are practical, clinically relevant and centred on consumer needs.

Australia currently allocates just 1.34% of total healthcare expenditure to public and preventive health, far below comparable *Organisation for Economic Co-operation and Development* (OECD) countries, such as the United Kingdom (8.2%) and Canada (5%).[61] [62] [63] This underinvestment highlights an urgent need for increased investment in preventive health in Australia. Numerous studies have shown that every dollar invested in health yields a return of between two and four dollars, reinforcing the strong economic case for shifting focus from reactive to proactive, preventive health investment.[64] [65]

Nurses are well-positioned to lead scalable, community-based preventive health initiatives that reduce chronic disease burden and improve population health outcomes. However, these programs remain underfunded despite their proven value. In contrast, Fossil fuel companies continue to benefit from substantial public subsidies and minimal tax contributions. In 2023–24, Australians paid over four times more on HECS-HELP than gas companies paid under the Petroleum Resource Rent Tax (PRRT), while fossil fuel subsidies exceeded $14.5 billion.[66] Redirecting a portion of PRRT revenue and full royalty payments from the mining and fossil fuel sector would provide a sustainable funding stream for nurse-led preventive health programs.

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[61] Foundation for Alcohol Research & Education (fare) (15 June 2017) Preventive health: How much does Australia spend and is it enough? (https://fare.org.au/preventive-health-how-much-does-australia-spend-and-is-it-enough/)
[62] Office of National Statistics (ONS) (31 May 2024) Healthcare expenditure, UK Health Accounts: 2022 and 2023, ONS website, statistical bulletin. (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2022and2023)
[63] World Health Systems Facts (2025) Canada: Preventative Healthcare. (https://healthsystemsfacts.org/canada-preventive-healthcare/)
[64] International Council of Nurses (2025) International Nurses Day 2025 Caring for nurses strengthens economies. (https://www.icn.ch/sites/default/files/2025-04/ICN_IND2025_report_EN_A4_FINAL_0.pdf)
[65] PwC Australia (2019) The first thousand days: A case for investment. (https://www.pwc.com.au/health/first-1000-days-report.html)
[66] The Australia Institute (2025) In 2023-24 Australians paid more than 4 times on HECS/HELP than gas companies did on PRRT. (https://australiainstitute.org.au/post/in-2023-24-australians-paid-more-than-4-times-on-hecs-help-than-gas-companies-did-on-prrt/)

e. Investing in cheaper, cleaner energy and the net zero transformation

ACN acknowledges that the *Investing in cheaper, cleaner energy and the net zero transformation*[67] pillar focuses on emissions-reduction incentives in the electricity, industrial and transport sectors. However, it overlooks the health sector, its environmental impact, its role in caring for those affected by climate change, and its potential to lead climate resilience. As a nursing organisation, we would like to highlight the critical work already underway within the health sector to reduce emissions and mitigate the health harms caused by climate change.

To date, ACN has actively contributed to all consultations related to the *National Health and Climate Strategy (*the Strategy*),*[68] its *2024-28 Implementation Plan*,[69] and continues to monitor progress through the *2024 Implementation Progress Report*.[70] ACN firmly believes that the health sector efforts must be recognised in any national reporting on progress towards net zero, given its dual role as both a contributor and responder to climate change.

Australia's healthcare system accounts for 7% of the national carbon footprint,[71] a figure projected to triple by 2050 if emissions are not addressed.[72] This presents a clear climate-health paradox: while the health system is essential for treating the adverse health effects of climate change, it simultaneously contributes significantly to the problem. The largest share of healthcare emissions, 71%, comes from purchased products, including, medical consumables, pharmaceuticals, equipment, food, and paper products, with waste disposal further compounding the environmental impact.[73]

The Strategy[74] outlines a whole-of-government approach to addressing both the health impacts of climate change and the health sector's contribution to it. It rightly positions health and healthcare systems as central to the wellbeing of Australians. Importantly, it also advocates for a 'Health in All Policies' (HiAP) approach,[75] integrating health considerations into all climate-related policies and programs. ACN urges the Productivity Commission to reflect this approach in its work, recognising the Strategy as a foundational framework for climate-health integration.

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[67] Productivity Commission (2025) Investing in cheaper, cleaner energy and the net zero transformation, Interim report, Canberra, August. (https://www.pc.gov.au/inquiries/current/net-zero/interim/net-zero-interim.pdf)
[68] Department of Health, Disability and Ageing (2023) National Health and Climate Strategy. (www.health.gov.au/resources/collections/national-health-and-climate-strategy-resources-collection?language=en)
[69] Interim Australian Centre for Disease Control (2024) National Health and Climate Strategy Implementation, Plan 2024-28. (https://www.health.gov.au/resources/collections/national-health-and-climate-strategy-resources-collection?language=en)
[70] Interim Australian Centre for Disease Control (2025) National Health and Climate Strategy 2024 Implementation Progress Report. (https://www.health.gov.au/resources/collections/national-health-and-climate-strategy-resources-collection?language=en)
[71] Mathieu, E., Pickles, K., Barratt, A., & Bell, K. J. (2024). The wiser healthcare net zero program: a partnership to address the carbon footprint of NSW Health hospitals. *Environmental Research Letters*, *19*(11), 111008. (https://www.researchgate.net/publication/384123761_The_wiser_healthcare_net_zero_program_a_partnership_to_address_the_carbon_footprint_of_NSW_Health_hospitals)
[72] Kiang, K. M., & Behne, C. (2021). Delivering environmental sustainability in healthcare for future generations: Time to clean up our own cubby house. *Journal of Paediatrics and Child Health*, *57*(11), 1767-1774. (https://onlinelibrary.wiley.com/doi/10.1111/jpc.15746)
[73] Australian College of Nursing (2024) The Nursing Response to the Climate Emergency [White Paper] ACN. (https://www.acn.edu.au/advocacy-policy/white-paper-the-nursing-response-to-the-climate-emergency)
[74] Ibid
[75] Interim Australian Centre for Disease Control (2025) National Health and Climate Strategy 2024 Implementation Progress Report. (https://www.health.gov.au/resources/collections/national-health-and-climate-strategy-resources-collection?language=en)

As the largest professional group in the health workforce, comprising approximately 60% of health professionals,[76] nurses are uniquely placed to lead climate action within healthcare settings. They can champion sustainable practices, advocate for green workplaces, and support patients and communities in adapting to climate related health challenges.[77] ACN continues to advocate for greater support and recognition of nurse's leadership in addressing the climate-health paradox and driving meaningful change across the sector.[78]

Although individual nurses are increasingly leading sustainability initiatives in healthcare, such as the 2025 ACN Trailblazer finalist who was recognised by the Health Minister for developing an environmentally friendly, medical-grade face mask,[79] broader systemic support remains limited. Although these contributions demonstrate the profession's potential to drive climate-positive innovation, dedicated funding for nurses engaged in health waste reduction and sustainability research is essential to scale impact and embed environmental responsibility across the healthcare system.

[76] Butterfield, P., Leffers, J., & Vásquez, M. D. (2021). Nursing's pivotal role in global climate action. *Bmj*, *373*. (https://www.researchgate.net/publication/352408097_Nursing's_pivotal_role_in_global_climate_action)
[77] Australian College of Nursing (2024) The Nursing Response to the Climate Emergency [White Paper] ACN. (https://www.acn.edu.au/advocacy-policy/white-paper-the-nursing-response-to-the-climate-emergency)
[78] Ibid
[79] Australian College of Nursing (2025) Health Minister's Award for Nursing Trailblazers recognises groundbreaking contributions to health care (https://www.acn.edu.au/media-release/health-ministers-award-for-nursing-trailblazers-recognises-groundbreaking-contributions-to-health-care)

About ACN

The Australian College of Nursing is the peak professional body and leader of the nursing profession. We are a for-purpose organisation committed to our mission of Shaping Health and Advancing Nursing.

We support nurses to uphold the highest possible standards of integrity, clinical expertise, ethical conduct, and professionalism through our six pillars of Education, Leadership, Community, Social Impact, Advocacy and Policy.

We are the Australian member of the International Council of Nurses headquartered in Geneva in collaboration with the Australian Nursing and Midwifery Federation (ANMF).