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| Refresher programs in Victorian public health services |
| Frequently asked questions – A resource for health services |

**Why run a Refresher Program?**

Health services need smart strategies to have an available workforce to provide safe, quality patient care and to be equipped to address future and current workforce challenges. Refresher programs are one strategy to increase workforce availability and enable latent nursing and midwifery workforces to be activated within a short period of time.

This resource supports health services to design, socialise, implement and evaluate an effective refresher program and potentially grow workforces in a short period of time with minimal investment and resourcing. It has been developed with the assistance of Austin Health and Eastern Health. The resource is a guide only, providing generalised support - local adaptation is therefore essential.

Refresher programs enable registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs) to re-enter the workforce after a period of time not practicing. Refresher programs provide structured education and clinical exposure to update participants’ knowledge and skills and re-establish and enhance their confidence to practice. Historically, health services have provided refresher programs as a workforce recruitment strategy and as part of an organisational commitment to a diverse workforce.

**What are the key elements of an effective refresher program?**

Effective refresher programs should include the following elements:

* program scoping
* program design and socialisation
* program implementation
* program evaluation.

**What should an organisation be thinking about when scoping a refresher program?**

Before implementing a refresher program, organisational rationale for investment and high-level support must be established. Organisations should:

* understand the nursing and midwifery workforce Full Time Equivalent (FTE) profile, roster vacancy rates, utilisation of agency, overtime and casual staff, standard timelines from vacancy to recruitment, and recruitment to employment
* document demand for refresher programs by ensuring all enquires are logged
* consider potential demand from staff on maternity leave or who were competitive but unsuccessful applicants for other nursing and midwifery roles
* undertake an expression of interest process with Nurse/Midwife Managers to establish internal appetite and map employment capacity to identify potential host wards for a refresher program.

**What should an organisation be considering when designing a refresher program?**

A well-designed program which has organisation-wide support will ensure the best experience for program participants and the best program outcomes for the organisation. The following elements should be considered in program design:

**Participant eligibility**

* Who will be eligible for the program? RN, RM, ENs.
* Applicants that express a desire to work in areas of organisational need may need to be prioritised.

**Position description**

* Develop a position description for refresher program participants in consultation with educators, management and executive. This will aid program socialisation and appropriate recruitment. It will also assist in setting clear expectations for the participant.

**Duration and modes**

* Successful programs may offer part time and full time options.
* Organisations that currently run refresher programs offer the program over a six to eight week period. This provides sufficient time for participants to gain their confidence and consolidate their skills and knowledge.
* Participants may be paid or unpaid, and health services should seek advice to ensure compliance with the relevant industrial and legislative instruments.

**Rostering**

* Careful rostering of participants is required to ensure that support for participants is maximised. It is suggested that participants are rostered Monday to Friday on morning and afternoon shifts with no weekend or night shifts.

**Timing considerations**

* Careful program timing should maximise program interest, participation and completion. For example, programs could be planned for pre-winter and outside of school holidays to create an opportunity for ongoing employment to participants and to meet workforce challenges over these times.
* Organisations should also avoid times such as new graduate commencement, to ensure adequate resourcing is available to support the refresher program.

**Clinical and theoretical components**

* To maximise participant competence and confidence, supported clinical exposure and appraisal needs to be balanced with theoretical learning and orientation.

**Support**

* To maximise program success for the participant and the organisation, support is essential. Key roles and departments include:
	+ **Education Departments:** Dedicated educator/program coordinator who has daily contact with participants
	+ **Ward:** Dedicated preceptors with experience and skills in supporting staff to re-enter the workforce
	+ **Peers:** Other program participants can provide valuable support to each other
	+ **Executive:** Commitment by the organisation executive is critical to the success of the program and they should be engaged at all stages of program scoping, design, implementation and evaluation.

**Program socialisation:**

* Co-designing and promoting the program will support its success:
	+ consider involving former participants, educators, preceptors and Nurse/Midwife Managers in program design and refinement
	+ articulate and promote program objectives, components and expectations of program participants
	+ ensure robust program support from managers and executive
	+ manage staff expectations of participants
	+ ensure supervision and delegation processes and requirements are well understood.

**How is a refresher program implemented?**

Successful program implementation should follow thorough and considered program scoping, design and socialisation.

**Advertising, recruitment, selection and on-boarding**

Effective advertising will enhance demand for the program and provide health services with a broad choice of candidates. Effective recruitment and selection enables high program completion rates and conversion to employment. These processes require considerable focus:

* aim for a short time to employment, such as six weeks between advertising and the program start date
* advertise broadly, for example, through health service websites, job seeker websites, local newspapers, via the health service’s nurse-midwife bank email and in the community sector (aged care, community health service and practice settings), for up to two weeks
* target casual staff and/or those on extended periods of leave
* hold information sessions about the program, including sessions on a weekend and in the evening to maximise reach
* stipulate application, candidacy and selection requirements clearly.

**Theoretical and clinical learning and assessments**

To ensure safe and quality nursing and midwifery practice by program participants and to increase participants’ confidence in their practice, completion of clinical competency, teamwork and interpersonal appraisals, mandatory learning packages and study days is recommended.

Assessments may include:

* formal appraisal – interim and final
* medication administration and management competency
* Basic Life Support competency
* Occupational Health and Safety competency including manual handling, infection control, emergency management
* clinical area specific competencies to be set by the health services

**Program management**

Effective project management should occur and assists the success of a program:

* use a project plan to ensure effective program design, socialisation, implementation and evaluation
* establish program governance structures and processes to ensure effective delivery, for example, who owns and coordinates the program? Who is the executive sponsor? How often will the program steering committee meet?
* use a communication plan to ensure nursing and midwifery staff are aware and supportive of the program and to ensure program participants feel able to communicate with program and ward staff.

**Professional and personal factors affecting program participants’ performance**

Certain professional and personal factors can impact program participants and the likelihood of their program completion. Adequate organisational support for program participants is crucial but so too is the individual’s readiness for participation in the program.

**Should organisations evaluate their refresher programs?**

Program evaluation should occur to determine outcomes, return on investment, future program investment and program sustainability. A ‘360 degree feedback’ approach can provide a robust evaluation and inform future program design. Refresher programs can have impressive rates of demand, completion, conversion to employment and retention post-program, and these should be appraised. For example, two metropolitan health services who have recently piloted refresher programs have had completion and conversion to employment rates of over 80% and are now looking to have refresher programs as core business.

Evaluation should include:

* program demand
* program completion rates
* conversion to employment rates after successful program completion
* retention rates after successful program completion and employment
* the total FTE allocated compared with the total FTE worked by the program participants
* attendance rates of the program participants
* the number/ types of incident forms lodged
* performance reviews
* feedback from the Nurse/Midwife Managers, preceptors, other ward staff and from program participants.

**We hope this guide assists health services to address staffing challenges and encourages continued learning and development in the nursing and midwifery professions.**

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