Priority Action Plan for a Neurological Nursing Workforce Strategy

A practical reform to improve outcomes and reduce pressure on the health system

AUGUST 2026

NEUROLOGICAL ALLIANCE AUSTRALIA

www.neurologicalalliance.org.au

Acknowledgements

Neurological Alliance Australia gratefully acknowledges the individuals and organisations that contributed their time, expertise and perspectives to the development of the *Priority Action Plan for a Neurological Nursing Workforce Strategy*.

Neurological Nursing Workforce Strategy Working Group

The Neurological Alliance Australia Neurological Nursing Workforce Strategy Working Group included representatives from MS Australia, Emerge Australia, Fight Parkinson's, Klim Foundation, Mito Foundation, Muscular Dystrophy Australia, Muscular Dystrophy Foundation Australia, Neurological Council of WA, Parkinson's Australia, Post Polio Victoria, Stroke Foundation, Macquarie University, Australian Nursing & Midwifery Federation SA, and the Royal Children's Hospital.

Organisations consulted

Neurological Alliance Australia also acknowledges the valuable input provided by representatives of:

- Australian College of Children and Young People's Nurses
- Australian College of Nurse Practitioners
- Australian College of Nursing
- Australian Nursing and Midwifery Federation
- Australian Primary Health Care Nurses Association
- Council of Deans of Nursing and Midwifery (Australia and New Zealand).
- Office of the Chief Nursing and Midwifery Officer, Australian Government Department of Health, Disability and Ageing.

Participation in consultation does not indicate or imply endorsement of all aspects of the final Priority Action Plan.

Financial support

Neurological Alliance Australia gratefully acknowledges AbbVie, Alexion AstraZeneca Rare Disease and Pharmacor for their financial support for the development of this Priority Action Plan. *

* Financial supporters had no role in determining the findings, recommendations or final content of the Plan. Neurological Alliance Australia retained full editorial independence and responsibility for its development.

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Strengthening Australia's Neurological Nursing Workforce

Why it matters — and what could improve if all governments develop and implement a national Neurological Nursing Workforce Strategy

Source: Neurological Alliance Australia, Priority Action Plan for a Neurological Nursing Workforce Strategy (2026)

1 Why this matters

- Around **5 million** Australians live with neurological and neuromuscular conditions
- Neurological conditions were the **5th** leading cause of disease burden in 2024
- **8.4%** of Australia's total disease burden
- Projected nursing undersupply: **70,707** FTE by 2035

Demand for neurological care is rising as the population ages and many neurological conditions become more prevalent and complex.

2 The current issues

- No dedicated national strategy for neurological nursing
- Access to specialist neurology care is limited in many parts of Australia
- Services are fragmented and neurological nursing roles are inconsistently funded
- Regional, rural and remote communities face greater barriers to care
- Workforce shortages risk widening inequities and increasing pressure on hospitals, disability services and aged care
- Delayed care and poor coordination can increase avoidable emergency presentations, admissions and carer burden

3 What the Strategy would do

A national Neurological Nursing Workforce Strategy would build a skilled, accessible and sustainable workforce across Australia.

1. Build neurological capability across the system
2. Strengthen specialist neurological and neuromuscular nursing roles
3. Support advanced practice and nurse practitioner leadership

The Strategy would align national priorities with State and Territory implementation.

4 What could improve

- Earlier clinical advice, assessment and intervention
- Better medication and symptom management
- Safer discharge and more effective follow-up
- Better coordinated care across specialists, GPs and community services
- Improved access for people in regional, rural and remote communities
- Greater support for people managing complex treatments and care needs
- Fewer avoidable emergency department presentations and hospital admissions
- Better use of specialist time, enabling neurologists to focus on diagnosis, complex care and specialist decision-making
- Stronger support for carers and families
- Improved continuity of care and quality of life

A practical reform for better outcomes, stronger equity and a more sustainable health system.

Executive Summary

Neurological and neuromuscular conditions affect an estimated five million Australians across the life course. They are a major and growing driver of disability service demand, hospital use and health system expenditure, lost productivity and pressure on families and carers.

The Australian Institute of Health and Welfare reports that neurological conditions were the fifth leading cause of disease burden in Australia in 2024, accounting for 8.4 per cent of the total disease burden and approximately $6.6 billion in health-system expenditure.[1] Demand for neurological care is expected to continue growing as the population ages and the prevalence of many chronic, progressive and complex neurological conditions increases.

At the same time, Australia is facing significant health workforce pressures, including a projected nursing undersupply of 70,707 full-time equivalent positions by 2035.[2] Access to neurological care is already limited in many parts of Australia, particularly in regional, rural and remote communities. Without coordinated action, the gap between neurological care needs and workforce capacity will continue to widen, increasing inequities in access, avoidable hospital use, delayed care and pressure on health, disability and aged care services.

As highlighted in the Neurological Alliance Australia's *Blueprint for a National Action Plan for Neurological Conditions*[3], people with neurological and neuromuscular conditions need equitable access to life-long person-centred care to improve health and other outcomes. Addressing this need will require coordinated workforce reform that builds neurological capability across the health system, strengthens specialist expertise and creates sustainable education, training and career pathways.

A practical national reform

Australia currently has no dedicated national strategy to develop, support and sustain its neurological nursing workforce. Existing neurological nursing services have demonstrated significant value but remain fragmented, inconsistently funded and dependent on geography, diagnosis, local service design and funding source.

Neurological Alliance Australia proposes the development of a national Neurological Nursing Workforce Strategy as a practical, staged and scalable response to these challenges.

The Strategy would support a skilled, accessible and sustainable neurological nursing workforce capable of:

- improving access to timely, expert and person-centred care

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[1] AIHW, *Australian Burden of Disease Study 2024*, December 2024. See https://www.aihw.gov.au/ reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary

[2] Australian Government Department of Health, Disability and Ageing. (2025). *Nursing and Midwifery Dashboards*. Health Workforce Data. https://hwd.health.gov.au/nrmw-dashboards/index.html

[3] Neurological Alliance Australia, *Blueprint for a National Action Plan for Neurological Conditions*, September 2025. See https://neurologicalalliance.org.au/wp-content/uploads/Blueprint-for-National-Action-Plan-25-Aug-2025_FINAL.pdf

- supporting early recognition, diagnosis and intervention
- providing specialist clinical care and practical nursing interventions
- improving medication and symptom management
- strengthening care coordination and navigation
- supporting safe and timely discharge from hospital
- improving continuity across health, disability, rehabilitation, aged care, primary care, palliative care and community services
- helping people manage their conditions and remain well in their homes and communities
- enabling nurses and nurse practitioners to work to their full scope of practice
- allowing neurologists and other specialist clinicians to focus their expertise on people with the most complex needs.

The workforce, capability, education, data and equity issues are national in nature. However, public hospital employment, service delivery and many implementation levers lie with State and Territory governments. The Strategy should therefore establish an agreed national framework, shared priorities, capability expectations and evaluation measures, while allowing implementation to reflect jurisdiction-specific service systems, workforce profiles, geographic contexts and population needs.

The Strategy should remain aligned with the National Strategic Framework for Chronic Conditions 2026–2035, the Nurse Practitioner Workforce Plan, national scope of practice reform, the National Health Reform Agreement, the National Dementia Action Plan 2024–2034, the National Digital Health Strategy 2023–2028 and the National Nursing Workforce Strategy, which is currently being finalised.

The Strategy is a practical health system reform that improves coordination and reduces hospital and specialist pressure and strengthen national health workforce planning under the 2026–2031 National Health Reform Agreement Addendum.[4]. Potential benefits include:

- earlier clinical advice, assessment and intervention
- safer discharge and more effective follow-up
- better coordinated care across specialists, general practitioners and community services
- improved access to care and support for people in regional, rural and remote communities
- fewer avoidable emergency department presentations and hospital admissions
- greater support for people managing complex treatments and care needs
- enabling neurologists to focus their expertise on diagnosis, complex care and specialist clinical decision-making.

This Priority Action Plan is intended to remain a living document that can be updated to maintain alignment and complementarity with the National Nursing Workforce Strategy, the Nurse Practitioner Workforce Plan, and other relevant national reforms as they are developed and implemented.

[4] https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2026-03/nhra-2026-31-schedule-l.pdf

A tiered neurological nursing workforce

Neurological and neuromuscular conditions are diverse, often complex and may be progressive or fluctuate over time. While disease-specific workforce models work well for some highly prevalent or specialised conditions, establishing a separate workforce model for every condition would not be practical or sustainable particularly for the many rare neurological and neuromuscular conditions.

Neurological Alliance Australia proposes a three-tier workforce model that combines broad neurological capability across the health system with specialist and advanced practice expertise targeted to areas of greatest need:

- **Tier 1: Enhanced Neurological nursing capability across the system**
  Generalist nurses with core neurological capability across primary care, hospitals, rehabilitation, disability, aged care, First Nations and community health services and regional, rural and remote settings.
- **Tier 2: Specialist neurological and neuromuscular nurses**
  Advanced practice nurses with specialist neurological expertise, including community neurological nurses, multidisciplinary clinic nurses, neuromuscular nurses and condition-specific nurses where population need, clinical complexity or highly specialised care required dedicated roles.
- **Tier 3: Advanced practice and leadership roles**
  Neurological nurse practitioners and senior clinical leaders who can deliver advanced autonomous and collaborative care, including prescribing and diagnostics within scope. These roles support service innovation, clinical leadership, education, research, and workforce development.

The model would prioritise broad cross-condition capability while recognising that disease-specific expertise will remain essential. Existing specialist nursing roles should be appropriately recognised, resourced and sustained as an integral complement to broader neurological nursing capability.

Clinical and economic value

Strengthening neurological nursing has the potential to improve outcomes while making more effective use of health system resources.

Emerging Australian evidence indicates that specialist neurological nursing models can improve access, medication management, care coordination and patient and carer experience. They have also been associated with reductions in emergency department use, hospital admissions, hospital length of stay and reliance on higher-cost services.

A regional evaluation of a specialist Parkinson's nurse found an associated reduction in hospital length of stay of between 0.37 and 0.755 days, with estimated savings of between $1,924 and $3,926 per admission. Its cost–benefit analysis estimated net hospital savings of up to approximately $8,600 per patient over three years. [5]

[5] https://pubmed.ncbi.nlm.nih.gov/34118161/

Modelling of MS nurse care estimated that investing approximately $5 million annually in 50 additional MS nurses could reduce annual MS care costs by approximately $64.3 million if 10 per cent of broader care costs were avoided.[6] The Australian Government's Movement Disorder Nurse Specialist Pilot also reported indications of reduced emergency department presentations, hospitalisations and hospital days, alongside improved access and expanded workforce capability.[7]

While further prospective Australian evaluation is required, this evidence demonstrates the potential for neurological nursing investment to deliver measurable clinical, workforce and economic benefits.

The economic case should not be limited to hospital avoidance. It should also recognise the value of earlier intervention, improved medication optimisation, timely access to advanced therapies, reduced service duplication, safer discharge, more effective use of specialist medical time, improved workforce productivity, reduced carer burden and potentially lower long-term demand on disability and aged care services.

A detailed economic analysis of costs, savings, cost-effectiveness and return on investment should therefore be undertaken as part of the Strategy's development.

Benefits of the reform

For people living with neurological and neuromuscular conditions, the Strategy would improve access to timely, expert and person-centred care closer to home. It would support earlier intervention, better symptom and medication management, practical nursing interventions, safer discharge from hospital, improved continuity of care, and better quality of life.

For carers and families, it would provide clearer system navigation, trusted advice, earlier support, better coordination between services and reduced pressure to manage complex care alone. It would also strengthen support for families during transitions, deterioration, crisis points and end-of-life care.

For nursing staff, it would create recognised neurological nursing pathways, clearer competencies, training and development opportunities, advanced practice roles, improved supervision and mentoring, and stronger professional identity. It would also support retention and reduce attrition from the workforce by enabling nurses to work to full scope in sustainable, well-designed models of care.

For governments, it would offer a practical and scalable service model to improve outcomes and value by supporting the delivery of the right care, in the right place, at the right time and by the right health professional. It has the potential to reduce avoidable emergency department presentations and hospital admissions, support safer and more

[6] https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa_ms-nurses-report_web.pdf

[7] https://www.health.gov.au/sites/default/files/2024-10/movement-disorder-nurse-specialist-pilot-final-evaluation-report-and-addendum.pdf

timely discharge, reduce service duplication and make more effective use of specialist care.

The Strategy would also support broader national health reform priorities, including chronic conditions reform, scope of practice reform, multidisciplinary and integrated care, aged care, disability reform, regional equity and digital health. In particular, it aligns with the objectives of the 2026-2031 National Health Reform Agreement Addendum to improve health outcomes and experiences, deliver better value, strengthen shared stewardship of the health system and support national health workforce planning. Neurological nursing and navigation models could also be considered for testing through the Agreement's Service Model Reform Funding Stream.

Digital and integrated models could include better use of telehealth, shared care plans, electronic referrals, remote monitoring and information sharing across hospitals, primary care, disability, aged care and community services.

Equity as a central principle

Investment in neurological nursing is also an equity reform. Neurological and neuromuscular conditions do not affect all communities equally, and workforce shortages risk widening existing gaps in access, outcomes and continuity of care. Workforce shortages and fragmented services disproportionately affect First Nations communities, rural and remote communities, people with disability, people living with rare, progressive or complex conditions, children and young people, older Australians, culturally and linguistically diverse communities, people experiencing socioeconomic disadvantage, and carers and families.

The Strategy should build neurological capability across mainstream services while targeting specialist, advanced practice, outreach, community-based and telehealth-enabled models to areas of greatest unmet need. Models for First Nations communities must be co-designed with Aboriginal and Torres Strait Islander people, Aboriginal Community Controlled Health Organisations and First Nations health workers.

A staged pathway to implementation

Neurological Alliance Australia proposes a three-stage process:

1. **Commit: Scoping and evidence building**. Governments commit to national leadership, undertake workforce mapping and needs analysis, evaluate existing models, conduct detailed economic analysis and establish baseline measures
2. **Partner: Strategy co-design and development**. Co-design the Strategy with people with lived experience, carers, nurses, clinicians, educators, researchers, professional bodies, unions, service providers and governments, with First Nations leadership embedded throughout
3. **Invest: Implementation and evaluation**. Fund phased implementation, expand proven models, establish education and advanced practice pathways, embed telehealth and hybrid care models, and evaluate outcomes before further national scaling.

Implementation should build on existing programs and expertise rather than create an entirely new system. Several Neurological Alliance Australia members already provide neurological nursing services, workforce education and capability development and could contribute to implementation with appropriate government investment.

Measuring success and managing implementation risks

A monitoring and evaluation framework should be developed alongside the Strategy, with baseline measures established before implementation or expansion of services.

Success should be assessed through nationally consistent measures covering:

- access, waiting times and equity
- hospital use, readmissions, length of stay and delayed discharge
- medication-related incidents and treatment delays
- patient, carer and family outcomes and experiences
- care coordination, continuity and quality of life
- workforce growth, distribution, recruitment and retention
- education, training and advanced practice pathways
- cost per patient, system savings, cost-effectiveness and return on investment.

Potential implementation challenges include broader nursing shortages, limited education and clinical placement capacity, regional workforce recruitment, differences across State and Territory health systems, role ambiguity, insufficient data, stakeholder support and the risk of short-term or fragmented funding.

These risks are manageable but must inform the design and phasing of the Strategy. Early and genuine co-design, sustainable funding, clear clinical governance, coordinated workforce planning and prospective evaluation will be essential to delivering measurable, sustainable and equitable outcomes.

Neurological Alliance Australia calls on:

1. **all Australian governments** to agree on a national framework, shared implementation plan, and consistent approach to monitoring and evaluation
2. **the Australian Government** to lead the development of the national Neurological Nursing Workforce Strategy including workforce mapping and economic analysis, ensure alignment with broader nursing, workforce and chronic conditions reform, review relevant Commonwealth policy and funding settings including the Service Model Reform Funding Stream established under the National Health Reform Agreement, Medicare Benefits Schedule (MBS), telehealth, and education and training levers, and support the expansion of proven neurological nursing models
3. **State and Territory governments** to partner with Neurological Alliance Australia and other key stakeholders in co-designing the Strategy, identify jurisdictional priorities for implementation across public health services, support neurological nursing roles and models of care, and embed the Strategy within jurisdictional workforce, service and system planning.

Investing in neurological nursing is a practical, evidence-informed and potentially cost-effective reform. It would provide governments with a clear pathway to strengthen equity, improve outcomes for around five million Australians living with neurological and neuromuscular conditions and their carers and families, support nurses and reduce avoidable pressure across hospitals, specialist services, disability services and aged care.

Neurological Alliance Australia
13 August 2026

The detail

Purpose

Neurological and neuromuscular conditions impact an estimated five million Australians across the life course[8] and place a substantial burden on individuals, carers, families, communities and the health system.

They have a significant and growing impact on disability, service demand and carer and family burden. The Australian Institute of Health and Welfare (AIHW) reports that neurological conditions were the fifth leading cause of disease burden in 2024, accounting for 8.4 per cent of total disease burden.[9] Dementia, one of the most common neurological conditions, is the leading cause of death in Australia[10].

Demand for neurological care is increasing rapidly driven by population ageing, the rising prevalence of chronic neurological and neuromuscular conditions, and persistent inequities in access to timely diagnosis, specialist care, rehabilitation and ongoing support. These pressures are particularly acute in regional, rural and remote communities, and for First Nations communities and other priority populations.

At the same time, Australia is facing a broader health workforce challenge. Access to specialist neurology services is already limited in many parts of the country, and Australia faces a projected nursing undersupply of 70,707 full-time equivalent positions by 2035. Despite these known workforce shortages, nurse practitioners commonly face challenges in securing and maintaining funded positions. Underfunding and limited investment in nurse practitioner roles have resulted in services being unable to sustain employment, leading to attrition from both roles and, in some cases, the profession entirely.[11] This trend has been observed in the public sector, including in epilepsy care and first seizure clinics, where workforce instability undermines continuity of care and service capacity.

Without coordinated action, the gap between neurological care needs and nursing workforce capacity will continue to widen, with the most acute shortages expected to affect regional, rural and remote communities, First Nations communities and other areas of existing workforce shortage.

Australia currently has no dedicated national strategy to develop, support and sustain a neurological nursing workforce. This is despite evidence that neurological nurses play a critical role across the care continuum, from early recognition and intervention through

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[8] Neurological Alliance Australia's estimate uses a broader, cross-condition definition encompassing neurological and neuromuscular conditions represented by its member organisations. It is not directly comparable with narrower prevalence estimates based on specific ABS or other classifications. It is noted the AIHW has reported a narrower measure of 2.2 million Australians living with long-term neurological conditions in 2022. See *Neurological conditions in Australia*, Dec 2025, https://www.aihw.gov.au/reports/neurological-conditions/neurological-conditions/contents/summary

[9] AIHW, *Australian Burden of Disease Study 2024*, December 2024. See https://www.aihw.gov.au/ reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary

[10] Australian Bureau of Statistics, *Causes of Death, Australia*, Nov 2025. See https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2024

[11] Australian Government Department of Health, Disability and Ageing. (2025). *Nursing and Midwifery Dashboards*. Health Workforce Data. https://hwd.health.gov.au/nrmw-dashboards/index.html

to specialist clinical care, practical nursing interventions, rehabilitation, care coordination, safe discharge, palliative care and end-of-life support.

Neurological Alliance Australia (NAA) considers that an initial focus on neurological nursing provides the most practical, cost-effective, efficient and scalable pathway to strengthening the broader neurological workforce. A staged national approach would allow governments to build on existing evidence and proven models of care, rather than creating a new system from the ground up.

Neurological nurses play a vital role in:

- supporting early recognition, diagnosis and intervention, including pre-diagnosis support
- providing specialist clinical care, patient education and practical nursing interventions
- coordinating care across health, disability, aged care, rehabilitation, community services and primary care
- supporting safe discharge from hospital and reducing delayed discharge and during transitions of care
- improving medication management, self-management and continuity of care
- monitoring disease progression, deterioration and changing support needs
- providing support to carers and families and enabling care to be delivered in the home environment
- facilitating specialty-informed palliative care and end-of-life planning
- reducing avoidable hospital admissions and emergency department presentations
- enabling multidisciplinary teams to work more effectively.

Despite their demonstrated value and impact, the neurological nursing workforce remains fragmented, inconsistently funded and unsupported by a dedicated national strategy.

Defining ‘Neurological Conditions’

Neurological Alliance Australia acknowledges the complexity and diversity of lived experience across neurological and neuromuscular conditions, including rare, progressive and complex conditions.

Throughout this document, the term ‘neurological conditions’ is used as an inclusive shorthand for conditions that primarily affect the brain, spinal cord, peripheral nerves and/or muscles. This includes:

- neurological conditions that predominantly affect the central or peripheral nervous system
- neuromuscular conditions where the primary impact lies in the connection between nerve and muscle function, often with overlapping neurological features where muscles degenerate or atrophy

- rare or complex multi-system conditions that may not fit neatly into traditional categories, but which have a predominantly neurological impact on people's lives.

This inclusive approach recognises that many people live with more than one condition, including multiple neurological conditions and other comorbidities. It also recognises that many neurological and neuromuscular conditions are progressive, and that care needs and functional capacity can fluctuate over time.

As a result, neurological nurses and nurse practitioners require broad cross-condition capability as well as specialist expertise where needed. This includes understanding cognitive impairment, communication and speech issues, seizure management, medication and care co-ordination complexity, mobility-related complications, continence, wounds, nutrition, swallowing, fatigue, pain and psychosocial impacts and community engagement.

About Neurological Alliance Australia

Neurological Alliance Australia is a national alliance of around 50 not-for-profit organisations (see membership on p 36) representing the needs of approximately five million Australians living with neurological and neuromuscular conditions. NAA advocates on shared priorities to improve quality of life for people living with these conditions, strengthen access to care and support, and increase investment in neurological research treatment and care.

Through its national membership, lived experience expertise and policy capability, NAA is well placed to partner with the Australian, State and Territory governments, people with lived experience, nurses, clinicians, researchers, professional bodies and communities to co-design a national Neurological Nursing Workforce Strategy.

Vision

Neurological Alliance Australia's vision for this Priority Action Plan is:

> Every Australian living with a neurological condition can access future-focussed, expert, person-centred care across their life course, supported by a skilled, accessible and sustainable neurological nursing workforce.

Why this matters?

Neurological conditions are a leading cause of ill-health, disability, lost productivity and reduced quality of life, and health system demand in Australia. They also have significant impacts on families, carers, economic productivity, community participation, disability services and aged care.

The need for action is urgent because:

- neurological conditions are a major and growing contributor to Australia's disease burden
- demand for neurological care is increasing faster than workforce supply

- national nurse workforce projections indicate a significant undersupply by 2035
- access to specialist neurology services is limited, particularly outside metropolitan areas
- people in some metropolitan areas also experience delayed or fragmented care
- there is no national visibility of neurological nursing roles, distribution, scope or career pathways
- proven neurological nursing models exist, but are fragmented and inconsistently funded
- many people with neurological conditions require lifelong, progressive or fluctuating support
- access to specialist neurological nurse practitioner services and Medicare Benefits Scheme (MBS) funded telehealth without a face-to-face consultation in the preceding 12 months remains restricted in rural and remote communities, requiring urgent action
- nursing roles need to keep pace with technological change, digital care, telehealth and AI-supported models of care.

Without a coordinated workforce response:

- demand for neurological services will continue to outpace workforce capacity
- inequities and gaps in access, outcomes and continuity of care will widen
- avoidable hospital use, delayed care and health system costs and other pressures will increase
- carers and families will continue to carry substantial coordination and care burdens
- pressure on specialist health care, disability services and aged care will grow
- neurological and neuromuscular nursing will risk falling behind global advances in technology-enabled and person-centred care
- patients will be unable to access cutting edge treatments and care and experience declining quality of life.

Why neurological nursing is the practical starting point

Australia faces a system-wide workforce challenge in neurological care across neurology, nursing, allied health, primary care, rehabilitation, disability and aged care. Sustainable growth in the broader specialist workforce is essential. However, specialist medical workforce growth alone will not be sufficient to meet rising demand.

Strengthening neurological nursing offers governments a practical, scalable and evidence-informed reform that can be progressed now. It can improve access and continuity of care in the short term while supporting broader workforce reform over time.

A dedicated national Neurological Nursing Workforce Strategy would:

- strengthen neurological nursing as a recognised specialist workforce
- improve access to neurological care particularly to priority populations including in regional, rural and remote communities

- enable nurses and nurse practitioners to work to full scope of practice and contribute significantly to multidisciplinary teams' care[12] expand nursing-led care models that provide both clinical advice and practical interventions
- support better coordination across health, disability and aged care and community systems
- improve safe discharge from hospital and reduce delayed discharge
- enhance support in the community
- has the potential to reduce avoidable hospital admissions by enabling care in place, decreasing emergency department presentations, health system costs, and bed-blockages
- improve outcomes and quality of life for people living with neurological conditions
- enhance support across the lifespan, including for children, young people, adults and older Australians living with neurological conditions
- provide a stronger workforce platform for digital, hybrid and community-based models of care.

Importantly, neurological nursing should not be understood only as condition advice, symptom management or education. These functions are critical, but neurological nurses and nurse practitioners can also deliver practical nursing interventions and hands-on specialty-informed care where it is needed. This may include support with diagnosis and treatment including prescribing the required medications to manage the condition and follow-up, also with continence, personal/hygiene care, wound care, in-home intravenous infusion therapy including clinical trials, deterioration, mobility-related complications, feeding and nutrition issues, safe discharge, care transitions and complex care planning, and patient and family education and support.

This broader understanding is critically important for governments across all jurisdictions because nursing-led models that include practical interventions can deliver both patient benefit and system value. A national Strategy should therefore enable neurological nurses and nurse practitioners to work to full scope and support models of care that also incorporate education, assessment, coordination and direct nursing intervention.

The Economic Case for Strengthening Neurological Nursing

Neurological conditions impose substantial costs on Australia's economy, health and disability and aged care systems, individuals, carers and families. Australian Institute of Health and Welfare estimates that neurological conditions accounted for approximately $6.6 billion in health-system expenditure and 8.4 per cent of Australia's total disease burden. Neurological conditions also rose from the sixth leading disease group causing burden in 2003 to the fifth in 2024.[13]

[12] Aligned with the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*, October 2024. See www.health.gov.au/sites/default/files/2024-11/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report_0.pdf

[13] https://www.aihw.gov.au/reports/neurological-conditions/neurological-conditions/contents/summary

Neurological conditions contribute significantly to:

- hospital admissions
- emergency department presentations
- delayed discharge and bed pressure
- avoidable service duplication
- long-term disability support
- aged care demand
- lost productivity
- informal care burdens for families.

Investment in neurological nursing has the potential to generate value through earlier intervention, improved medication and symptom management, safer and more timely discharge, reduced duplication, better care coordination and more appropriate use of specialist medical and hospital services.

Emerging Australian evidence illustrates this potential. A regional evaluation of a specialist Parkinson's nurse found an associated reduction in hospital length of stay of between 0.37 and 0.755 days, representing estimated hospital savings of between $1,924 and $3,926 per admission. Its cost–benefit analysis estimated net hospital savings of up to approximately $8,600 per patient over three years, with benefit–cost ratios ranging from 5.34 to 7.82.[14]

Modelling of MS nurse care similarly estimated that investing approximately $5 million annually in 50 additional MS nurses could reduce annual MS care costs by approximately $64.3 million under a conservative assumption that the service avoided 10 per cent of broader care costs. While these figures are modelled rather than directly observed savings, they demonstrate the potential scale of benefit that should be tested through further Australian evaluation.[15]

The Australian Government's Movement Disorder Nurse Specialist Pilot also reported indications of reduced emergency department use, hospitalisations and hospital days, alongside increased access to specialist care and expanded nursing capability. These findings were based partly on self-reported service-use data and should be interpreted with appropriate caution, but they provide further support for investing in neurological nursing models accompanied by robust prospective evaluation.[16]

A national Strategy should therefore require economic evaluation to be built into implementation from the outset. This should examine not only hospital avoidance, but also patient outcomes, medication optimisation, timely access to advanced therapies, reduced duplication, use of specialist medical time, carer impacts, workforce productivity and demand for disability and aged care services.

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[14] https://pubmed.ncbi.nlm.nih.gov/34118161/

[15] https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa_ms-nurses-report_web.pdf

[16] https://www.health.gov.au/sites/default/files/2024-10/movement-disorder-nurse-specialist-pilot-final-evaluation-report-and-addendum.pdf

Investing in the neurological nursing workforce offers an efficient and cost-effective way to improve system performance while also improving outcomes for people, carers and families.

These outcomes deliver system-wide efficiencies by allowing neurologists and other specialist clinicians to focus on complex care while neurological nurses provide ongoing care coordination, education, monitoring, practical nursing interventions and support across life stages and care settings.

A national Neurological Nursing Workforce Strategy would support more sustainable health system delivery by:

- improving access to specialist neurological care
- reducing fragmentation across health, disability. aged care and community services
- enabling more effective multidisciplinary care
- improving navigation of the care system
- reducing duplication of services
- improving continuity of care
- supporting safe and timely discharge from hospital
- delaying or reducing escalation to higher-cost services, including avoidable hospitalisation and potentially more intensive disability and aged care supports
- facilitating specialist input into palliative and end-of-life care.

The economic case should not rely on hospital avoidance alone. While reducing avoidable hospital use is an important benefit, the Strategy should also recognise the value of nursing-led models that provide direct interventions, prevent deterioration, improve continuity, reduce duplication, support carers and enable more appropriate use of specialist medical time.

A detailed economic analysis should form part of the Strategy development process. This should quantify potential savings, return on investment and long-term system benefits, including the value of nursing-led models that combine education, coordination, assessment and practical intervention.

Proposed approach: a tiered and flexible workforce model

Given the diversity of neurological conditions, their different impacts and prognoses, and the varied needs of people across the life course, a “one size fits all” workforce model is neither suitable, feasible, nor sustainable.

NAA proposes a tiered neurological nursing workforce that combines broad neurological capability across the system with specialist and advanced practice expertise targeted to areas of greatest need. his provides the most practical, scalable, cost-effective and efficient pathway to strengthening the neurological workforce nationally.

The model should prioritise broad neurological capability, while recognising that disease-specific expertise will remain essential in areas of high need, clinical complexity or highly specialised care. Given existing shortages of specialist nurses including Parkinson's nurses, and the increasing prevalence of many neurological conditions, disease-specific nursing roles should be appropriately recognised, resourced and sustained as an essential complement to broader neurological nursing capability.

This approach is particularly important given national and global challenges in training, recruiting and retaining nurses. The Strategy must make responsible use of the nurses it attracts and trains by supporting roles that can deliver broad impact across multiple neurological and neuromuscular conditions, while still enabling specialist expertise where needed. The proposed three tier approach as outlined below will increase the attractiveness of neurological nursing careers to entry level nurses and also offer career progression to nurses.

NAA proposes the tiered be:

Tier 1: Neurological nursing capability across the system
Would include nurses with broad generalist neurological capability among generalist nurses across primary care, community health, hospitals, rehabilitation services, disability services, aged care, regional and rural health services.

This tier would include core capability in neurological conditions, including dementia, stroke, epilepsy, movement disorders, neuromuscular conditions, rare conditions, cognitive impairment, communication difficulties, mobility issues, seizures, medication issues and fluctuating or progressive disability. Consideration will need to be given to whether neurological nurses can realistically have the competencies at both adult and paediatric patient levels or whether there might need to be two different specialties given they require quite different skills and training.

Key functions would include:

- early recognition of neurological symptoms
- patient, carer and family education
- care coordination and navigation
- support for self-management
- monitoring disease progression and changing support needs
- facilitating referrals and access to services
- supporting safe transitions between hospital, rehabilitation, disability, aged care and community settings
- recognising deterioration and escalation needs.

This tier would strengthen neurological care across the whole health system and improve access to basic neurological capability regardless of where a person enters the system.

Tier 2: Specialist neurological and neuromuscular nurses
Would include advanced practice nurses with specialist neurological expertise. This may include neurological nurse specialists, neuromuscular nurses, community neurological nurses, multidisciplinary clinic nurses and disease-specific nurses where population need justifies dedicated roles.

Specialist nurse roles may include expertise in areas such as disease-specific nurses such as dementia, epilepsy, Multiple Sclerosis, Parkinson's and other movement disorders, neuromuscular conditions, and motor neurone disease, migraine and headache disorders, paediatric neurological conditions, rare conditions and other high-need areas.

Key functions would include:

- specialist clinical assessment and care
- management of complex neurological and neuromuscular conditions
- medication management including treatment initiation, monitoring and ongoing support
- practical nursing interventions within the relevant scope of practice
- clinical coordination for the initiation and delivery of advanced therapies
- care planning for progressive, fluctuating and complex conditions
- multidisciplinary team coordination and clinical leadership
- support for patients, carers and families
- education, mentoring and capability-building for other health professionals
- support at transition points, including from paediatric to adult care, hospital to community-based care, and active treatment to palliative care and end-of-life care.

Neuromuscular nursing requires specialised training and appropriate funding, given the complexity and progression of many neuromuscular conditions. Paediatric neurological and neuromuscular nursing also requires stronger recognition, with children, young people and families needing developmentally appropriate, family-centred and transition-focused models of care.

Careful consideration will need to be given to how the model particularly relating to Tier 2 is established and how it interfaces with existing hospital-based services and specialist clinics. Nursing workforce shortages within hospitals can directly limit patients' access to specialist care and advanced treatments.

Tier 3: Advanced Practice and Leadership Roles
Would include neurological nurse practitioners and other advanced clinical leadership roles who can deliver advanced care, including prescribing and diagnostics within scope. These roles support service innovation, education, research, and workforce development, and involve autonomous and collaborative assessment, diagnosis, and treatment of patients within a multidisciplinary team.

Key functions would include:

- advanced autonomous clinical management of the entire episode of patient care and in collaboration with the multidisciplinary team where required
- prescribing, deprescribing, ordering and interpretations of diagnostics within scope of practice
- leadership of integrated and multidisciplinary care models
- service innovation and continuous improvement
- contribution to research, education and workforce training and development
- supervision, mentoring and capability building
- leadership of digital, telehealth and hybrid models of care.

This tier would support advanced care for people with complex needs and strengthen the overall neurological nurse practitioner workforce through leadership, education, innovation and service design.

Together, the three tiers would improve access to care, strengthen continuity across life stages and care settings, support people with complex conditions and multimorbidity, and make better use of specialist medical time.

Several NAA members already provide workforce training and, with government investment, could support the upskilling required to implement this tiered framework.

Alignment with national health reform

A national Neurological Nursing Workforce Strategy should provide an agreed national framework that establishes shared priorities, principles, capability expectations and directions for reform. It should also allow flexibility for implementation by individual jurisdictions, reflecting differences in local service systems, workforce profiles and capacity, population needs and geographic context.

To strengthen coherence and avoid duplication, the Strategy should align with and support existing national health and workforce reform priorities, including:

- the National Strategic Framework for Chronic Conditions 2026–35
- the National Nursing Workforce Strategy (soon to be published)
- the Nurse Practitioner Workforce Plan
- national Scope of Practice reform
- National Dementia Action Plan 2024-2034
- National Health Reform Agreement
- National Digital Health Strategy 2023-2028.

Neurological nurses play a key role in prevention, early recognition, coordinated care and management of complex chronic conditions. A dedicated Strategy would support the delivery of the five Focus Areas of the National Strategic Framework for Chronic Conditions 2026–35[17] by:

[17] Department of Health, Disability and Ageing, National Strategic Framework for Chronic Conditions 2026–35, March 2026. See https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions?language=en

1. promoting health literacy and education to support prevention and self-management
2. embedding early diagnosis and intervention across the continuum of care
3. strengthening continuity of care across life stages and health sectors
4. supporting integrated, person-centred care for people with multimorbidity
5. providing enhanced and targeted support for priority populations.

The Strategy would also support multidisciplinary, person-centred care across acute, community, rehabilitation, disability, aged care and palliative settings and across life stages from paediatric to older age. See Appendix One for an indication of strategic alignment where a neurological nursing workforce can support the National Strategic Framework for Chronic Conditions 2026–35.

The Strategy could provide a practical response to the Australian Government's current focus on service models that reduce avoidable demand, deliver care outside hospital settings where appropriate, and strengthen national health workforce planning under the National Health Reform Agreement. Potential benefits include:

- earlier clinical advice, assessment and intervention
- safer discharge and more effective follow-up
- better coordinated care across specialists, general practitioners and community services
- improved access to care and support for people in regional, rural and remote communities
- fewer avoidable emergency department presentations and hospital admissions
- greater support for people managing complex treatments and care needs
- enabling neurologists to focus their expertise on diagnosis, complex care and specialist clinical decision-making.

Digital health and telehealth should be embedded as core components of neurological nursing practice. Telehealth is increasingly used in managing complex neurological conditions, including follow-up care, symptom monitoring, patient education, and multidisciplinary coordination. Neurological nurses play a critical role in identifying subtle changes in patient status remotely, maintaining continuity of care, and supporting people who face barriers to in-person specialist services.

The Strategy should therefore recognise remote and hybrid care as a core area of neurological nursing expertise, supported by specialised training, appropriate clinical governance and sustainable funding.

Evidence from existing neurological and specialist nursing models

Australian experience shows the case for action is already established. Existing neurological nurse models and specialist nursing programs have improved access, continuity, patient and carer experience, and system efficiency.

The policy question is no longer whether neurological nursing adds value; rather it is how to scale, sustain and target it nationally.

Movement Disorder Nurse Specialist Pilot

The Movement Disorder Nurse Specialist Pilot provides the strongest Australian case for action. Its evaluation[18] found that the pilot:

- improved access to specialist care, particularly in regional, rural and remote communities
- improved outcomes for patients and carers
- strengthened medication management and care coordination
- reduced loss to follow-up in some settings
- delivered system efficiencies.

Over the life of the pilot, 896 patients accessed the service and 21 nurses were upskilled. The evaluation found improved outcomes for patients and carers, stronger care coordination and medication management, and indications of reduced hospitalisations and other health service use.

The evaluation also found that the nurse specialist pilot generated system efficiencies and was more cost-effective than several non-specialist Parkinson's interventions assessed in the comparison literature[19].

The pilot demonstrates that specialist neurological nursing can improve access, build workforce capability and deliver value for patients, carers and the health system. The Strategy should consider how proven elements of the pilot can be expanded, adapted and sustained nationally.

MS nurses

MS nurse care offers one of the clearest Australian economic cases for specialist neurological nursing[20]. People without access to MS nurse care had worse disability, symptom severity, depression and anxiety, faster disease progression and lower quality of life.

The report found that MS nurse care reduced reliance on higher-cost services such as GPs and neurologists and helped prevent unplanned emergency department presentations and potential hospital admissions.

Economic modelling[21] estimated that extending access to the approximately 8,000 Australians who were missing out on MS nurse care could reduce the annual cost of MS care by:

- $32.2 million at 5 per cent avoided costs

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[18] Nous Group, *Evaluation of the Movement Disorder Nurse Specialist Pilot: Final evaluation report*, November 2023. See https://www.health.gov.au/sites/default/files/2024-10/movement-disorder-nurse-specialist-pilot-final-evaluation-report-and-addendum.pdf

[19] Nous Group, *Evaluation of the Movement Disorder Nurse Specialist Pilot: Final evaluation report*, November 2023. See https://www.health.gov.au/sites/default/files/2024-10/movement-disorder-nurse-specialist-pilot-final-evaluation-report-and-addendum.pdf

[20] Menzies Institute for Medical Research, Nurse Care in Australia Patterns of access and impact on health outcome, April 2022. See https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa_ms-nurses-report_web.pdf

[21] Menzies Institute for Medical Research, Nurse Care in Australia Patterns of access and impact on health outcome, April 2022. See https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa_ms-nurses-report_web.pdf

- $64.3 million at 10 per cent avoided costs
- $128.7 million at 20 per cent avoided costs.

This evidence demonstrates the potential value of specialist neurological nursing in improving outcomes while reducing avoidable use of higher-cost services.

Western Australia neurological nursing model

The Neurological Council of Western Australia provides a community-based neurological nursing and health system navigation service including NeuroCare, NeuroKids and specialist headache and migraine and MND Nurse Practitioner services.

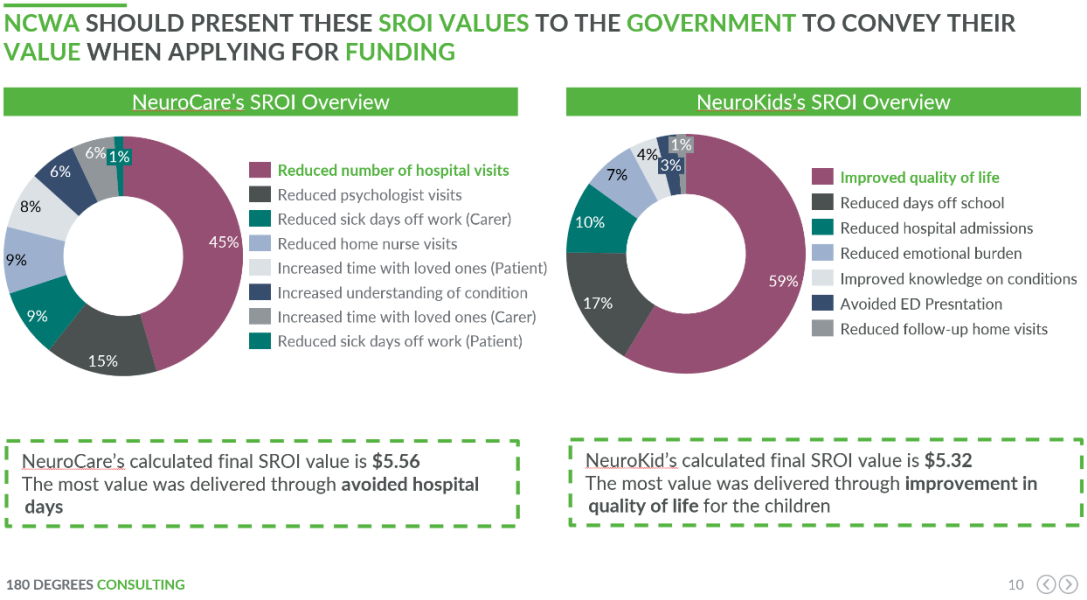
The model includes both generalist neurological nurses and specialist neurological nurses for high-prevalence or high-need conditions such as Parkinson's disease, multiple sclerosis, Huntington's disease, motor neurone disease, epilepsy and dementia. The service is funded through the WA Department of Health and philanthropy, with both metropolitan and regional reach.

The WA model demonstrates[22] the value of community-based neurological nursing in improving continuity, supporting discharge and extending specialist capability beyond metropolitan hospitals. It also provides an example of how broad neurological nursing roles can sit alongside targeted specialist roles. Micro-credentialing courses are provided by the University of WA as a collaboration between Neurological Council of WA, the Perron Institute, and MS WA. NAA gave consideration was given to co-designing micro-credentialing courses as an education option. However, it is noted that micro-credentials as they currently stand are not linked to the Australian Qualifications Framework and there are not encouraged as a education vehicle for quality and standards reasons.

Consideration should be given to the elements of this model that could be scaled nationally, while recognising differences between State and Territory health systems.

The return on investment of this model is reflected in the following diagram:

[22] Edith Cowan University, *Evaluation of an Australian neurological nurse-led model of post-discharge care*, July 2022. See https://ro.ecu.edu.au/cgi/viewcontent.cgi?article=12250&context=ecuworkspost2013



MND specialist nursing and coordinated multidisciplinary care

For motor neurone disease, the evidence is strongest around specialist multidisciplinary care, in which specialised nurses are core contributors[23]. Specialist MND nursing and coordinated multidisciplinary care can improve continuity, support symptom management, help people maintain function longer, assist future planning, strengthen family and carer support, and help reduce avoidable hospital use. Clinic coordinators and specialist nurses often provide a central point of contact, helping people and families navigate complex systems and make timely decisions as needs change.

This model is highly relevant for progressive neurological and neuromuscular conditions where care needs change rapidly and where families often carry significant coordination and support responsibilities.

Other comparative nursing models

Other strong evidence of successful system-embedded nursing models includes multidisciplinary models of care, critical care nursing workforce standards, midwifery continuity and scope-of-practice frameworks, credentialled diabetes educator models, nurse practitioner models, nurse navigator models and clinical nurse specialist/consultant roles.

These models provide stronger precedents for defining neurological nursing scope, credentialling, education pathways, workforce planning, referral and escalation pathways, clinical governance, outcome measurement and sustainable funding.

[23] MND Australia, *More About MND*, April 2024. See www.mndaustralia.org.au/getmedia/f130edda-2594-43f7-823b-421760621e48/MoreAboutMND_MNDAustralia_2024.pdf

Specifically related to neurological conditions, other models which have demonstrated the benefits of neurological nurses including disease-specific nurses include:

- Parkinson's nurses delivered through hospital-based services and not-for-profit organisations, with some programs broadening their scope to other movement disorders
- the National Epilepsy Line delivered by specialist epilepsy nurses through Epilepsy Action Australia
- Nurse Practitioner Led Epilepsy first Seizure Clinics
- neuromuscular nurse consultant roles supporting children and families in specialist paediatric clinics such as the muscle clinic at the Royal Children's Hospital in Melbourne
- telehealth nurse services delivered by condition-specific organisations, such as Mito Foundation (mitochondrial disease), Emerge Foundation (Myalgic encephalomyelitis/Chronic Fatigue Syndrome
- community-based models that support people with rare, complex or progressive neurological conditions.

These examples show that neurological nurses already deliver significant value. However, access remains inconsistent and dependent on geography, diagnosis, funding source and local service design. A national Strategy would provide the framework required to scale what works and address gaps.

Equity and priority populations

Equity must be central to the national Neurological Nursing Workforce Strategy. Neurological conditions do not affect all communities equally, and workforce shortages risk widening existing gaps in access, outcomes and continuity of care.

A national neurological nursing workforce approach should therefore prioritise populations that experience the greatest barriers to timely diagnosis, specialist care, rehabilitation, ongoing disease management and culturally safe support. Priority populations include:

- First Nations communities
- regional, rural and remote communities
- people with disability
- people living with rare, progressive or complex conditions
- children and young people
- older Australians
- culturally and linguistically diverse communities
- people experiencing socioeconomic disadvantage
- carers and families.

Taking one priority population, for First Nations communities, neurological nursing models must be co-designed with Aboriginal and Torres Strait Islander people, communities, Aboriginal Community Controlled Health Organisations and First Nations health workers. Culturally safe neurological nursing can support earlier identification of symptoms, better care coordination, improved medication management, stronger links

between hospitals and community-based care, and more trusted engagement with families and carers.

Regional, rural and remote communities should also be a priority. People living with neurological conditions in these communities often face long travel distances, limited access to neurologists and allied health professionals, fragmented services and delayed follow-up after hospital discharge. Expanding specialist neurological nursing roles, outreach models, telehealth-enabled care, shared-care arrangements and upskilling of local generalist nurses would help bring care closer to home and reduce avoidable hospital presentations.

Equity should also extend to people with disability, older Australians, children and young people, people from culturally and linguistically diverse communities, people experiencing socioeconomic disadvantage, and carers and families who often carry a substantial share of care coordination.

A tiered neurological nursing workforce would provide a practical mechanism to improve equity by building broad neurological capability across mainstream services while targeting specialist and advanced practice roles to areas of greatest unmet need. This would help bring care closer to home, support earlier intervention, strengthen care coordination, improve medication management, reduced medication-related complications, fewer treatment delays, and has the potential to reduce avoidable pressure on hospitals, specialists, disability services, aged care and families.

Investment in neurological nursing is therefore not only a practical and cost-effective reform. It is also an equity reform for the estimated five million Australians living with neurological and neuromuscular conditions.

Strategic Framing and Pillars

To guide the development of a national Neurological Nursing Workforce Strategy, NAA proposes framing it around:

- a multi-disciplinary pathway model for referral, escalation and shared care
- a credentialling and education model similar to diabetes educators
- a workforce capability model similar to critical care nursing
- a continuity/care coordination model similar to midwifery and nurse navigators
- an advanced practice pathway through Clinical Nurse Consultant/Clinical Nurse Specialist model and nurse practitioner roles.

This framing can support the following five strategic pillars:

1. Workforce data and planning

A national Strategy should build visibility of the neurological nursing workforce and integrate neurological nursing into broader workforce planning.

Actions should include:

- mapping the neurological nursing workforce nationally, referencing:

    - existing models, e.g. Neurological Council of Western Australia's neurological nurses, MS Nurses Pilot Project
    - existing data, e.g. the Nursing Demand and Supply Study 2023-2035
- identifying existing roles, models, funding sources and service gaps including access to MBS subsidised items - Limitations within the Medicare Benefits Schedule (MBS), including the inability of Nurse Practitioners in private practice to directly request subsidised diagnostic investigations, such as magnetic resonance imaging (MRI) of the brain, electroencephalography (EEG), and single photon emission computed tomography (SPECT), contribute to fragmented care pathways for people with epilepsy in Australia. Despite these investigations being well within the scope of practice of specialist epilepsy Nurse Practitioners, patients are often required to seek alternative medical providers solely to access MBS-funded diagnostics. This duplication of care introduces inefficiencies, delays diagnosis and treatment, and increases system costs
- improving data collection on specialisation, distribution and scope
- integrating neurological nursing into national nursing workforce modelling.
- identifying future workforce needs across paediatric, adult and older person care
- mapping training, credentialling and career pathways.

2. Workforce supply, distribution and sustainability

A national Strategy should strengthen pathways into neurological nursing and support recruitment, retention and workforce sustainability.

Actions should include:

- strengthening pathways into neurological nursing and nurse practitioner roles
- supporting rural, regional and remote models of care
- enabling telehealth and hybrid models
- supporting First Nations neurological nursing capability
- addressing recruitment and retention including workload
- supporting supervision and mentoring
- improving workforce wellbeing and professional recognition.

3. Scope of Practice and models of care

A national Strategy should enable neurological nurses to work to full scope of practice in integrated, team-based models of care.

Actions should include:

- defining neurological nursing roles across the three tiers
- supporting nurses to deliver clinical advice, assessment and practical interventions
- enabling and supporting nurse practitioner pathways by providing clinical support to increase scope of practice
- streamlining referral pathways
- strengthening discharge, transition and community-based care models
- improving coordination across health, disability, aged care, rehabilitation and palliative care

- embedding neurological nurses in multidisciplinary teams.

4. Education, training and career pathways

A national Strategy should build a structured education and career pathway for neurological nursing.

Actions should include:

- defining neurological nursing competencies and capability frameworks
- developing further specialised education and training in close collaboration with university nursing educators at the post-graduate level, supporting scholarships, and transition pathways
- building specialist capability in neuromuscular, paediatric, rare and progressive conditions
- strengthening educator and clinical leadership roles
- supporting advanced practice and nurse practitioner development
- enabling NAA members and clinical partners to contribute to training and capability building.

It should be noted that there is already a full curriculum for entry-level Registered Nursing (RN) degrees such as a Bachelor of Nursing and for some post graduate degrees. Entry level RN degrees are also purposely generalist in content. As a result, graduate RNs will already have some understanding of neurological and neuromuscular conditions. However, NAA understands that adding anything extra or more specialised into entry-level curricula is not feasible.

Therefore, more specialised capability or competency frameworks would need to be at the post-graduate level. Some formal or informal frameworks may already exist. It would be useful to understand what is already available and being used.

5. Equity and priority populations

A national Strategy should be equity-focused and prioritise populations and communities experiencing the greatest barriers to care.

Actions should include:

- co-designing culturally safe models with First Nations communities, Aboriginal Community Controlled Health Organisations and First Nations health workers
- improving access for regional, rural and remote communities
- strengthening access for culturally and linguistically diverse communities
- improving support for people with disability, rare conditions, lifelong disability and complex needs
- strengthening paediatric and transition-to-adult care
- improving care for older Australians, including people with dementia and multimorbidity
- recognising and supporting carers, families and informal supporters.

Equity should be embedded across all elements of the Strategy, not treated as a separate stream.

Implementation Roadmap

Neurological Alliance Australia is committed to co-design the Workforce Strategy reinforcing the recognition in the National Strategic Framework for Chronic Conditions that chronic conditions call for collaboration across sectors.

NAA proposes a three-stage process to develop and implement the national Neurological Nursing Workforce Strategy including:

Stage 1 Commit: Scoping and evidence building

Governments should commit to the development of a national Neurological Nursing Workforce Strategy and fund initial scoping, evidence building and workforce mapping. Actions should include:

- establishing a steering committee co-chaired by the Department of Health, Disability and Ageing and Neurological Alliance Australia
- allocating funding to further develop this Priority Action Plan and commence-development of the Strategy together with stakeholders
- undertaking a detailed economic analysis on costs, savings and return on investment
- assessing the Australian policy and health reform context
- undertaking national workforce mapping and data collection
- completing a needs and gap analysis informed by service data and lived experience
- evaluating existing neurological nursing models (e.g. Neurological Council of WA's model and other proven services)
- developing an evaluation design and agreed baseline measures before pilots or expanded services commence.

Stage 2 Partner: Strategy co-design and development

Governments should partner with NAA and key stakeholders to co-design the Strategy. Actions should include:

- co-designing the Strategy with people with live experience, carers, nurses, clinicians, researchers, professional colleges, nursing organisations, unions, educators, service providers and governments
- establishing an education and training advisory group with key industry experts (e.g. Council of Deans of Nursing and Midwifery (Australia and New Zealand) and nursing colleges) to further develop this proposal
- ensuring First Nations leadership and partnership in the design of culturally safe models
- developing a national capability and role framework
- defining workforce priorities across the three tiers
- aligning the Strategy with national nursing workforce reforms, scope of practice reform, the National Strategic Framework for Chronic Conditions 2026–2035 and broader strategic priorities
- identifying priority pilots, implementation sites and investment pathways.

Stage 3 Invest: Implementation and evaluation

Governments should invest in phased implementation, evaluation and scaling of proven models. Actions should include:

- funding implementation of priority neurological nursing models
- expanding proven models, including consideration of the Movement Disorder Nurse Specialist Pilot
- supporting education, training and credentialling pathways
- funding advanced practice and nurse practitioner roles
- embedding telehealth and hybrid care models
- identifying clear actions, responsibilities, milestones and indicators
- measuring outcomes for people with lived experience, carers, nurses, health services and governments
- building investment cases cost-effectiveness and system benefit and for further national scale-up
- developing and embedding a monitoring and evaluation framework.

Guiding Principles

The development and implementation of the national Neurological Nursing Workforce Strategy should be guided on the following principles:

- person-centred and co-designed with people with lived experience and carers
- equity-focused and responsive to priority populations
- culturally safe and co-designed with First Nations communities
- evidence-informed and outcomes-driven
- supportive of nurses working to full scope of practice
- aligned with national workforce, scope of practice and health reform agendas
- flexible enough to respond to local needs and different State and Territory health systems
- practical, scalable and sustainable.

Funding

It proposed initial funding would be required:

- for a national scoping and workforce mapping study, although not duplicating work already undertaken as part of the current Government's health system reform
- to undertake a detailed economic analysis of costs, savings and return on investment
- to develop an evidence-based discussion paper and draft Strategy
- to co-design with people with lived experience, carers, nurses, clinicians, researchers, professional bodies and governments
- to develop a neurological nursing capability and role framework
- to develop education and training pathways
- to conduct initial pilots (beyond previous pilots) and implementation planning aligned with national reforms.

NAA suggests that funding to establish a neurological disease working group to develop the Strategy could be sought through:

- the recently announced Chronic Conditions Prevention and Integrated Care Program (subject to timing and eligibility) and/or
- the 2027-2028 Federal Budget and/or
- relevant Commonwealth-State reform and workforce funding mechanisms.

Funding should support models that are scalable, equitable and able to demonstrate measurable benefits for people, carers, nurses and governments.

Consideration should be given to testing neurological nursing and navigation models through the Service Model Reform Funding Stream established under the 2026–2031 National Health Reform Agreement Addendum.[24]

Measuring success

A monitoring and evaluation framework should be developed alongside the national Strategy, with baseline measures established before implementation. Indicators should be nationally consistent where possible, while allowing jurisdictions and individual models of care to include measures relevant to their populations and service settings.

Measures should include:

Access and equity

- waiting times for neurological nursing and specialist services
- the proportion of people receiving care within agreed timeframes
- access by priority population, region and remoteness, age, condition
- access to outreach, telehealth and community-based services
- continuity through paediatric, adult and older-person services

Clinical and service outcomes

- emergency department presentations and unplanned hospital admissions
- hospital readmissions, length of stay and delayed discharge
- medication-related incidents and treatment delays
- timely initiation and monitoring of advanced therapies
- documented care plans, referrals and follow-up
- escalation to appropriate specialist or multidisciplinary care

Patient, carer and family outcomes

- patient-reported outcomes and experience measures
- confidence in managing the neurological condition and any comorbidities
- experience of care coordination and navigation
- quality of life and functional outcomes
- carer experience and burden

Workforce outcomes

- number, full-time equivalent and geographic distribution of neurological nurses
- vacancies, recruitment, retention and turnover
- participation in education, training and advanced practice pathways

[24] https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2026-03/nhra-2026-31-schedule-l.pdf

- growth in neurological specialist and nurse practitioner positions
- workforce wellbeing and professional development

Economic and system outcomes

- cost per patient and cost per episode of care
- hospital and emergency care costs
- specialist capacity released for complex care
- costs associated with duplication, delayed treatment and fragmented care
- return on investment, benefit–cost ratios and cost-effectiveness
- impacts on disability, aged care and informal care where these can be reliably measured.

Potential implementation challenges

The successful implementation of a national Neurological Nursing Workforce Strategy will require potential barriers and risks to be identified, assessed and managed.

As an initial consideration, the following potential risks and proposed responses have been identified:

Potential risks	Proposed response
Insufficient support from nursing professional bodies, educators, and other key stakeholders	Several nursing organisations were consulted during the development of this Priority Action Plan and emphasised the importance of being actively involved in the co-design of the Strategy. Early and ongoing engagement with nursing professional bodies, educators, unions, health services and other stakeholders including the Department of Health, Disability and Ageing will be essential to building shared ownership and support.
Lack of alignment with the National Nursing Workforce Strategy and other health workforce reforms	The Priority Action Plan has been developed with reference to relevant national strategies and reforms, including the National Strategic Framework for Chronic Conditions 2026–35, the Nurse Practitioner Workforce Plan and others. Given the National Nursing Workforce Strategy is currently being finalised, this Priority Action Plan is intended to remain a living document that can be updated to maintain alignment and complementarity with it and other relevant national reforms as they are developed and implemented
Nursing shortages or limited interest in neurological nursing careers	Co-design the Strategy with key stakeholders such as nurses, health services, educators. Adopt a phased implementation that supports recruitment and retention without causing nurse

	supply issues in essential hospital, primary care and community services. Clear career pathways, professional recognition, education and training opportunities, supervision and advanced practice roles should be used to strengthen the attractiveness of neurological nursing careers
Differences across State and Territory health systems	Establish shared responsibility across the Australian, State and Territory governments for the design and implementation of the Strategy with clear nationally agreed principles, data definitions and evaluation measures, with sufficient flexibility to reflect jurisdiction-specific service systems, workforce profiles and priorities
Difficulty recruiting and retaining nurses in regional, rural and remote communities	Provide supported education and training pathways, scholarships, clinical supervision, outreach, telehealth-enabled models and incentives aligned with broader rural workforce policies and programs such as the Stronger Rural Health Strategy and the Rural Health Workforce Support Activity
Limited education and clinical placement capacity	Engage universities, nursing colleges, health services and professional bodies early; build on existing postgraduate programs and develop supported clinical supervision and placement pathways
Role ambiguity, overlap or duplication	Clearly define the scope, functions, referral pathways and clinical governance arrangements for each tier including its relationship with neurologists, general practitioners, allied health and existing nursing roles
Insufficient data to demonstrate outcomes and value	Establish baseline measures, nationally consistent data definitions and rules, linked service-use data and prospective economic evaluation from the beginning of implementation
Lack of sustainable funding	Develop sustainable funding arrangements that extend beyond short-term pilots, clarify shared government funding responsibilities, and provide pathways for the continuation and scaling of models that demonstrate improved outcomes and value for money

A comprehensive risk assessment and management plan should be undertaken as part of the development of the Neurological Nursing Workforce Strategy. These initial risks

are considered manageable and should inform the design and implementation of the Strategy.

Addressing these and other potential barriers through co-design, funding, workforce planning, clear clinical governance and prospective evaluation will increase the likelihood that neurological nursing reform delivers measurable, sustainable and equitable benefits.

A national partnership

Strengthening neurological nursing will require national leadership and genuine partnership.

Leveraging its national membership, lived-experience expertise and policy capability, Neurological Alliance Australia is well positioned to partner with the Australian, State and Territory governments, people with lived experience, carers, nurses, clinicians, researchers, educators, professional bodies and service providers to co-design and implement a national Neurological Nursing Workforce Strategy.

This partnership should build on existing evidence, proven models and lived experience expertise. It should avoid creating a new system from the ground up and instead focus on scaling, sustaining and targeting models that are already demonstrating value.

A national neurological nursing workforce would benefit:

- people living with neurological and neuromuscular conditions, by improving access, continuity, practical support and quality of life
- carers and families, by reducing navigation burden and improving access to trusted support
- nurses, by creating recognised pathways, training, advanced roles and professional support
- governments, by reducing avoidable pressure on hospitals, specialists, disability services and aged care.

Strengthening neurological nursing is a practical, evidence-based step toward improving care for millions of Australians living with neurological and neuromuscular conditions and ensuring a more sustainable health system for the future.

Call to Action

Neurological Alliance Australia calls on:

1. **all Australian governments** to agree on a national framework, shared implementation plan, and consistent approach to monitoring and evaluation
2. **the Australian Government** to lead the development of the national Neurological Nursing Workforce Strategy including workforce mapping and economic analysis, ensure alignment with broader nursing, workforce and chronic conditions reform, review relevant Commonwealth policy and funding settings including the Service Model Reform Funding Stream established under

the National Health Reform Agreement, Medicare Benefits Schedule (MBS), telehealth, and education and training levers, and support the expansion of proven neurological nursing models

3. **State and Territory governments** to partner with Neurological Alliance Australia and other key stakeholders in co-designing the Strategy, identify jurisdictional priorities for implementation across public health services, support neurological nursing roles and models of care, and embed the Strategy within jurisdictional workforce, service and system planning.

A national Neurological Nursing Workforce Strategy would give governments a practical, scalable and evidence-informed pathway to improve care, strengthen equity, support nurses, reduce avoidable health and other system pressures and improve outcomes for around five million Australians living with neurological and neuromuscular conditions.

Appendix One

Strategic Alignment with the National Strategic Framework for Chronic Conditions 2026–35

Highlighting where a neurological nursing workforce can support the Framework

Focus Areas	Neurological Nursing Role	Key Actions
1. Promoting health and education to support prevention and self-management	Neurological nurses enable individuals and families to understand and manage neurological conditions through education and ongoing support	• embed self-management education and health literacy support in neurological nursing roles • expand nurse-led patient and carer education programs • build capability in prevention, symptom monitoring and relapse prevention • use Telehealth and other digital health to support ongoing self-management
2. Embedding early diagnosis and intervention across the continuum of care	Neurological nurses support earlier identification of neurological symptoms, timely referral across primary care, community and hospital settings	• strengthen neurological assessment capability across the workforce • expand advanced practice and nurse practitioner roles • develop nurse-led triage and care referral and navigation pathways • strengthen collaboration with primary care and community services
3. Strengthening continuity of care across life stages and health sectors	Neurological nurses act as care coordinators across hospital, rehabilitation, community, disability, aged care and palliative care services	• develop neurological nurse care-coordinator or navigator roles • implement shared care plans and structured care transitions • support transitions across life stages (paediatric, adult, ageing)

Focus Areas	Neurological Nursing Role	Key Actions
		• improve communication and information sharing across sectors and health professionals
4. Managing multimorbidity through integrated, person-centred approaches	Neurological nurses support coordinated care for people with multiple chronic conditions through holistic assessment, multidisciplinary collaboration and person-centred care planning	• build capability in multimorbidity and complex care management • strengthen multidisciplinary team models • support integrated care pathways across primary, acute and community care • focus on functional outcomes and quality of life
5. Providing enhanced and targeted support for priority populations	Neurological nurses improve access to care and culturally safe services for priority populations experiencing inequities in health outcomes	• expand rural, remote and outreach neurological nursing services • strengthen culturally safe care, including partnerships with Aboriginal and Torres Strait Islander health services • improve access for culturally and linguistically diverse communities and people with disability • improve access for age specific groups (children/young people and older Australians) • use Telehealth and community partnerships to reach under-served populations/communities

Current Organisational Members

- Australian NPC Disease Foundation (ANPDF)
- Brain Foundation
- Brain Injury Australia
- Cerebellar Ataxia Australia
- Childhood Dementia Initiative
- Cure CASK
- Dementia Australia
- Dystonia Network of Australia
- Emerge Australia (ME/CFS)
- Epilepsy Action Australia
- Epilepsy Australia
- Epilepsy Foundation
- FARA Australia
- FAST Australia (Angelman Syndrome)
- Fight Parkinson's
- FND Hope
- FSHD Global Research Foundation
- Fragile X Association of Australia
- Genetics Alliance Australia
- Huntington's Australia
- Homer Pack
- Klim Foundation
- Leukodystrophy Australia
- Meningitis Centre Australia
- Migraine Australia
- Mito Foundation
- Machado-Joseph Disease (MJD) Foundation
- Motor Neurone Disease Australia
- Multiple Sclerosis Australia
- Muscular Dystrophy Australia
- Muscular Dystrophy Foundation Australia
- Myasthenia Alliance Australia
- Myositis Association Australia
- Nerve Connection Foundation
- Neurological Alliance Queensland
- Neurological Council of WA
- Neuromuscular WA
- Palliative Care Australia
- Parkinson's Australia
- Polio Australia
- Post Polio Victoria
- Save Our Sons Duchenne Foundation
- SCN2A Australia
- Spinal Cord Injuries Australia
- Spinal CSF Leak Australia
- Spinal Muscular Atrophy Australia
- Stroke Foundation
- The Australian Young Onset Dementia Special Interest Group
- Tuberous Sclerosis Australia
- Young People in Nursing Homes National Alliance

Current Individual Members – individual researchers from:

- Macquarie University, NSW
- Murdoch Children's Research Institute, VIC
- Neuroscience Research Australia
- Perron Institute for Neurological and Translational Science, WA