Elton Humphery
Committee Secretary
Community Affairs Legislation Committee
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Parliament House
Canberra ACT 2600

Via email: community.affairs.sen@aph.gov.au

20 July 2009

Dear Mr Humphery

Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009

The Rural Doctors Association of Australia (RDAA) has for many years supported concept of advanced nursing practice[1] and midwifery practice[2] including the ability to order appropriate diagnostic tests and prescribe a restricted range of medications. However, this should only occur in the context of care where the nurse or midwife works in a collaborative team with the patients' general practitioner.

We know that most Australians regularly access their local general practice; that where good continuity of care exists that patients have better outcomes and that people living in rural communities do not want their local doctor replaced with some other less qualified care provider, rather they want better support for their doctor. Rather than establishing a less comprehensive parallel system of care, any new arrangements to authorise access to the MBS and PBS for any health practitioner must ensure the central role of rural generalist practice is recognised and enhanced.

The RDAA has identified a number of areas of concern which need to be addressed in establishing expanded prescribing and ordering arrangements for Nurses and Midwives under the Pharmaceutical Benefits Scheme (PBS) and the Medical Benefits Schedule (MBS), these are set out below.

Care coordination

There is a significant risk, associated with the authorisation of nurse practitioner and midwife medication prescribing and ordering of diagnostics, that rather than the care to patients being enhanced that the overall quality of care provided will be reduced as care is uncoordinated and fragmented. Already in Australia there are many areas where care is delivered in an uncoordinated and fragmented manner

[1] RDAA Rural and Remote Nursing Practice Policy 2003
[2] RDAA Maternity Services Review Submission 2008

which both increases risks to the patients and costs to the government and community. Any arrangements that provide for nurses and midwifes to provide additional services should manage this risk and ensure that the quality of care provided to patients is improved and care is coordinated with the patients' general practitioner.

The rural generalist practice is the main provider and coordinator of medical care to the rural community and, as such, it is essential high quality care delivery arrangements and communications processes exist with other health care providers such as nurse practitioners and midwives so that care is delivered to patients in a coordinated manner. One way in which care coordination could be enhanced is if the nurses and midwives are guided by clear, consultatively developed protocols for clinical decision making. These protocols should be flexible so that the local circumstances in individual rural and remote communities can be accommodated and they must be clear, unambiguous and agreed by the health providers including the rural doctors, nurses, midwives and hospital in the community. It is not sufficient just to send copies of results to the patients' doctor as this may raise legal obligations on the part of the doctor and does not present true collaborative practice that provides the quality care that patients who live in rural Australia deserve.

Referrals

The RDAA strongly opposes the provisions in the legislation that will allow nurse practitioners and midwives to refer their patients to medical specialists without the patients being assessed by the patients' general practitioner. The RDAA contends that:

- the training that midwives and nurse practitioners have undertaken does not include specific training in medical diagnosis and assessment and, in particular, does not include training on what conditions are appropriately managed in general practice;
- unnecessary referrals will take place causing significant additional costs to patients, communities and to the taxpayer; and
- the arrangements that were supported by the maternity services review envisaged the midwife working in a collaborative team with a GP or specialist obstetrician which would remove any need for the midwife to make referrals.

Practice Viability

The RDAA has, through a major research project undertaken in 2003[3] and funded by the Australian Government Department of Health and Ageing, identified that many rural practices are balanced on a knife-edge of financial viability. Whilst it would seem common sense that giving nurses and midwifes the right to prescribe and order under the PBS and MBS may enhance a community's access to care, this may not be the case in some communities. In some communities, particularly smaller ones, there may only be enough work to financially just support one or two doctors

[3] Viable Models Study

and if some of this income is siphoned away by the entry of a new practitioner into that community one of the likely results is that the doctor(s) will leave that community and retire or re-establish elsewhere. It is essential that in approving any new arrangements in a community that the impact on the viability of practices be established and considered.

Standards and Accreditation

Rural doctors in establishing and maintaining rural practices are required to meet comprehensive practice accreditation standards which and have to be re-accredited at least every three years. The accreditation process is implemented so that delivery of safe, high quality health care is ensured. If practices are not accredited doctors who work in them are unable to access a variety of Medicare/Health funding streams. Practices incur significant costs and overheads as a result of achieving and maintaining accreditation. The accreditation standards cover a wide range of clinical and non-clinical areas including:

- Access to care
- Information about the practice
- Health promotion and prevention of disease
- Diagnosis and management of specific health problems
- Continuity of care
- Coordination of care
- Content of patient health records
- Collaborating with patients
- Safety and quality
- Education and training
- Practice systems
- Management of health information
- Facilities and access
- Equipment for comprehensive care
- Clinical support processes

Nurses and midwives who practice outside of the accredited general practice or hospital environment should be required to meet standards similar to those that apply to general practices and hospitals to ensure that communities are accessing high quality services.

Non-Nurse Practitioners

There are around 300 nurse practitioners working is Australia, most of these are employed in the acute hospital sector and it has been reported that approximately 15 are situated in rural areas. It can be seen from these numbers that few if any benefits will flow to rural and remote areas from the changes proposed in the current Bills.

The proposed changes to the legislation do not include rural and remote area nurses who are highly qualified and who may have completed courses of study other than those designed for nurse practitioners. Most remote area nurses do not hold specific qualifications as nurse practitioners; however, these nurses practice in isolated communities often with remote medical backup and would be ideal candidates to undertaken prescribing of medications and ordering of diagnostic tests under the PBS and MBS. These nurses are highly experienced and often hold multiple qualifications and are highly valued by the communities in which they work

and the medical practitioners who work with them. The RDAA believes that by extending the ability to prescribe and order a limited range of medications and tests, in accordance with an agreed protocol to remote area nurses, that the benefits to patients, who are often indigenous, would be enormous and that the legislation should be amended to allow the Minister to include these nurses. There are also other groups of nurses who are endorsed by their registration authorities who have undertaken course such as the Queensland Accredited Rural and Isolated Practice Endorsement for Registered Nurses (RIPRN) Program to prescribe in accordance with standing orders or local protocol that should also be able to access the PBS and MBS. Unless these nurses are included in the new arrangements little benefit will flow to rural and remote communities.

The RDAA would be pleased to provide further information to the committee in relation to any of the issues covered above or being considered by the committee. I can be contacted on 02 62397730 or via email ceo@rdaa.com.au for further information.

Steve Sant
Chief Executive Officer