

The Australian College of Nurse Practitioners (ACNP) is the peak organisation for nurse practitioners advancing nursing practice and access to health care. The objectives of the College include clinical and professional leadership for Nurse Practitioners, promotion of the role and educational preparation.

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009

COMMUNITY AFFAIRS LEGISLATION COMMITTEE REFERENCE

Dear Sir

Submission from the Australian College of Nurse Practitioners

ACNP welcomes the opportunity to submit a submission to the Senate Committee on Community Affairs relating to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009.

Since 2000 the nurse practitioner role has gradually been introduced into the health care system in all Australian States and Territories. Nurse practitioners are now working in many diverse clinical areas as part of multidisciplinary clinical teams.

The ACNP executive and individual nurse practitioners have been actively engaged with Government Ministers and other Members of Parliament for some considerable time advocating for amendments to the Health Insurance Act 1973, and the National Health Act 1953, to enable nurse practitioners access to the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS).

Despite this advocacy, the full potential of nurse practitioners is yet to be realized within the Australian health care industry. In the process of treating patients, State and Territory legislation allows nurse practitioners to initiate diagnostic studies, perform certain procedures, and prescribe

certain medications within a predetermined drug formulary and to refer patients to other health care professionals. However the key shortfall in patient care has been lack of access to MBS/PBS by nurse practitioners.

The ACNP therefore welcomed the announcement in the delivery of the 2009/10 budget papers provision of access to MBS/PBS by nurse practitioners in November 2010. ACNP acknowledges expressions of concern from some sections of the health industry in respect to the broadening of access to MBS/PBS. ACNP believes such opposition to be unfounded and lacks credible evidence.

It is with pleasure that ACNP submits this submission to the Senate Committee on Community Affairs. ACNP would also like it noted that they would welcome the opportunity to give evidence at a public hearing relating to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009.

Yours Sincerely

Robin Moon (Mr)
Executive Member
Australian College of Nurse Practitioners
For and on behalf of the Board of Directors, Australian College of Nurse Practitioners

8th December 2009

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ACNP supports the Bill in its original draft form. However, further amendments proposed to the Bill are of concern.

1. Collaborative arrangements with medical practitioners

Legislation enforcing 'a collaborative arrangement...with one or more medical practitioners,' is an area of concern that ACNP cannot support.

The current model of nurse practitioner service in most health care sites across the Commonwealth of Australia has the nurse practitioner working within a team environment that includes medical practitioners, nurses, allied health personnel and others. Internationally, nurse practitioners have been the most researched and scrutinised of all health care workers. Subsequently there is much published literature from that research and scrutiny that overwhelmingly supports the team based collaborative working nature of nurse practitioners.

ACNP believes there to be no need to enforce collaboration by legislation. Legislation dictating collaborative arrangements with medical practitioners will not enhance the efficacy of nurse practitioner care. Indeed, it has the potential to further entangle the health care process impairing clinical outcomes and creating frustration in the health care team.

Nurse practitioners, as for other professional health care workers are guided by professional standards of care. A nurse practitioner as defined by the Australian Nursing and Midwifery Council is;

...a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.
(ANMC 2006)

To legislate for collaboration with another group of health professionals would in the view of the ACNP, be an unjustified impediment on the role and professionalism of nurse practitioners. As the peak professional nursing body in Australia currently states the concept of collaboration is embedded within the professional standards for nurse practitioners.

In addition, definition of the proposed 'collaborative arrangement with medical practitioners' is yet to be determined. There remains a concern with ACNP that the legislated definition of collaborative arrangement will remove the autonomous nature of the nurse practitioner role

The historical development of the nurse practitioner role within Australia and internationally has been to deliver health services to disadvantaged and marginalised communities who have traditionally experienced poor health outcomes. Most of those communities have had little previous access to mainstream health services. Subsequently nurse practitioners supplying health care to those communities do so without ready access to other health care providers. That situation is not the sole experience of geographically isolated communities, but can and does occur in larger urban settings. It is unrealistic to expect nurse practitioners working in such isolation to develop such formal 'collaborative arrangements' when the ability to meet face to face and confer on patient management is an unlikely scenario.

ACNP is able to produce many examples of situations where such formal 'collaborative arrangements' is not necessary in the best interests of the patient or the health care team. The opportunity to expand on this at a public hearing would be welcomed by ACNP

2. Eligible nurse practitioners participating

The ACNP supports the concept that all health professionals should work within their own professional scope of practice and level of experience and competency. It is understood that details relating to access to MBS/PBS are to be finalised in secondary legislation. However the ACNP believes it pertinent to determine within our submission that eligible nurse practitioners should be taken to mean those nurse practitioners registered with the appropriate nursing regulatory authority and working within a designated nurse practitioner position.

Nurse practitioners are currently employed in both the public and private health care sectors from isolated community nursing roles to tertiary care facilities. To ensure equity of care for health consumers when treated by nurse practitioners, the ACNP believes it is a clinical requirement and issue of equity for all nurse practitioners working in designated nurse practitioner roles be eligible to access MBS and PBS.

3. Midwives

ACNP supports their midwife colleagues in their professional pursuit for autonomy of practice.

End of submission