the Australian College of Mental Health Nurses Inc.

TO:

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Introduction

The Australian College of Mental Health Nurses (the ACMHN) welcomes the opportunity to make a submission to the Senate Inquiry into Health Legislation Amendment (Midwives & Nurse Practitioners) Bill 2009 and two related Bills.

The ACMHN rejects the proposed amendments by the Government to the Midwives & Nurse Practitioners Bill 2009. In forming this opinion, consideration has been made as to the nature, definition and scope of practice of nurses, midwives and nurse practitioners in addition to the existing regulatory requirements and standards, the logistical issues associated with the amendment and the professional aspects of legislating 'collaborative' relationship(s) with a medical practitioner(s).

About the ACMHN

The ACMHN is the peak professional body for mental health nurses in Australia. It was established as a Congress in 1975 and is the only organisation that solely represents mental health nurses in the country.

The ACMHN participates in policy development concerning the nursing profession, health care delivery, promotion of mental health and prevention of mental illness and disability. The ACMHN also works with members and key stakeholders to promote mental health nursing as a profession and advocate for improved mental health care to the Australian community.

The ACMHN has a member base of over 2000 and has active branches and regional branches in every state and territory operating on a volunteer basis. The strength of the membership base is evident in the capacity to organise and host an international Mental Health Nursing Conference every year. In addition, many branches hold their own well regarded and attended conferences or symposiums on an annual basis. Since 2004, with the support of a national office, the ACMHN has grown substantially in its scope and influence, and has participated in and directed a number of major projects. The ACMHN publishes the International Journal of Mental Health Nursing.

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Key Issues:

- Nursing is, by definition, a collaborative practice.
- Independent midwives and nurse practitioners are advanced practice professionals who refer and consult with medical practitioners and other health care professionals whenever necessary.
- Legislating that midwives and nurse practitioners must collaborate with a medical practitioner will create practical problems in rural and remote Australia, where access to medical practitioners is limited or practitioners are locums and frequently changing.
- Midwives and nurse practitioners will be responsible to the profession's regulatory body, the Nursing & Midwifery Board of Australia, for meeting professional competency standards – which include collaborative practice.
- At best, the proposed amendment is unnecessary, impractical and professionally insulting to the nursing profession; at worst, a legislative requirement to collaborate with a medical practitioner(s) may result in medical practitioner(s) having the power of veto over an independent midwife with regards to their professional registration.

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1. Nursing is, by nature and definition, a collaborative practice.

By it's nature, nursing is a holistic pursuit. The principle of holism is that the mind, body and spirit are interrelated in their effects on the individual therefore, the nurse provides care for the person as a total person, encompassing all aspects of physical and psychological wellbeing. Integral to this concept is a collaborative stance; nurses recognise that they cannot meet every need of every person.

The International Council of Nurses defines nursing as follows: *'**Nursing encompasses autonomous and collaborative care of individuals of all ages**, **families, groups and communities, sick or well and in all settings**. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.'*

In Australia, there is a nationally agreed definition for nurse practitioner, developed from research commissioned by the Australian Nursing and Midwifery Council (Gardner et al. 2004) and subsequently accepted by state nurse registering authorities: *'**A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and expanded clinical role**. The nurse practitioner role includes assessment and management of clients using nursing/midwifery knowledge and skills and may include but is not limited to the direct referral of clients to other health care professionals, prescribing medications, 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 NSW Nurses & Midwives Registration Board defines a midwife practitioner as ***'a registered midwife educated and authorised to function autonomously and collaboratively in an expert clinical role.'***

Nurses already provide collaborative care that is responsive to client needs. The ACMHN believes that the proposed amendment to the Health Legislation (Midwives

and Nurse Practitioners) Bill will do nothing to improve consumer access to collaborative nursing care. In fact, it is concerned that the proposed amendment, requiring Medicare eligible midwives and nurse practitioners to have a collaborative agreement with a medical practitioner(s) will undermine the regulation of the profession (see #5 below).

The ACMHN recently conducted a member survey in response to the Senate Inquiry into Suicide in Australia. The following unsolicited quotes, provided by mental health nurses discussing other issues of their practice, indicate how central the concept of collaboration is to their clinical practice.

'…no one service has the resources to meet all of a client's needs…Collaboration is critical for optimal outcomes'

'I work in private practice and therefore must work in collaboration with the above health professionals depending on the clients individual situation to ensure safety'

'…when you work as a team, people don't fall through the net'

'Each discipline have their own skills and knowledge base. I enjoy working in a multidisciplinary team'

'I work within a multidisciplinary team and we rely on each other for support, feedback, information and education, supervision etc. Other stakeholders inform our work practices through their feedback and engagement (or lack thereof)'

2. Independent midwives and nurse practitioners are advanced practice professionals who refer and consult with medical practitioners and other health care professionals, groups and agencies as required.

Expert level practice requires that nurses and midwives provide care to clients that is evidence-based, and demonstrates insightful, sophisticated clinical judgement, critical analysis and accurate decision-making. They have an expert knowledge base, usually to Masters level or above and extensive clinical experience and expertise. They undertake a rigorous endorsement process where, among other things, their capacity to skilfully negotiate with, and involve, clients, carers and other health care professionals is evaluated.

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The efficacy of the nurse practitioner role has been identified in the literature:

Internationally, the nurse practitioner has been associated with health service improvement for over 40 years and was first implemented in Australia in 1998 (Gardner et al. 2004). Nurse practitioner service has been extensively researched, with investigations on patients' acceptance and satisfaction safety (Fischer, Steggal & Cox 2006) and effectiveness of service (Laurand, Sergison & Sibbald 2003), cost effectiveness (Sakr et al. 1999) and descriptions of service models (MacLellan, Gardner & Gardner 2002; O'Keefe & Gardner 2003; Considine, Martin & Smit 2006).

Consequently, over the years since the inception of the role, thousands of articles evaluating, describing and arguing the relativities of the nurse practitioner role have been published in medical, nursing and allied health journals. In addition to this international body of literature, several Australian national health workforce inquiries have recommended development of the nurse practitioner role to support Australian health service improvement. These include the Productivity Commission's *Australia's Health Workforce Position Paper* (2005), the report from the Australian Health Workforce Advisory Committee, *Health workforce planning and models of care in emergency departments* (2006), The National Review of Nurse Education (2002) and the National Nursing and Nurse Education Taskforce (2008). (Ref: QHealth)

The efficacy of midwifery care has been identified in the literature:

In the past 12 months alone, midwifery care has received the highest scientific endorsement, with a systematic review of 11 randomised controlled trials involving over 12,000 women from around the world demonstrating that outcomes for women receiving continuity of care from known midwives were better than for women who received fragmented care from multiple midwives and doctors. Midwives can be trusted to refer and consult when needed (Ref: Australian College of Midwives).

Midwives and nurse practitioners are committed to providing collaborative care, with clients, carers and families, medical practitioners, health care services and other organisations as required. Timely, seamless access to medical care will be arranged and provided if and when a client needs it.

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3. Legislating that midwives and nurse practitioners must collaborate with a medical practitioner will create practical problems in metropolitan, rural and remote Australia.

In parts of rural and remote Australia, there is no medical practitioner available within hundreds of kilometers, or, where they are available, they hold locum positions which change every three months or so. In such areas, it is the midwife or nurse practitioner who is the consistent provider of coordinated health care.

For example, there is an acknowledged crisis in mental health service provision by psychiatrists nationally. '*The RANZCP recognises that workforce shortages and difficulties in recruitment are significant and constitute a major challenge to service provision in this field. There is clearly a discrepancy between the available psychiatric workforce and the mental health needs of the population, particularly outside the major cities*' (RANZCP Aboriginal & Torres Strait Islander Committee 2005 Submission to the Productivity Commission on Health Workforce). In such situations, it would be impossible for mental health nurse practitioners to collaborate with a single doctor, thus potentially affecting access to high quality, affordable mental health care for some of the most disadvantaged Australians.

According to the Australian College of Midwives (ACM), legislation requiring an agreement with a particular private obstetrician is also unworkable in a metropolitan setting – in that the doctor may not be available when the woman requires medical care, for example, caesarian section. And in a maternity hospital setting, the requirement becomes impractical, where there may be many different doctors, with many different teams – is the independent midwife to make collaborative arrangements with every doctor?

The ACMHN shares the ACMs concerns and advocates that access issues and continuity of care be considered in the evaluation of this Amendment.

4. Midwives and nurse practitioners will be responsible to the profession's regulatory body, the Nursing & Midwifery Board of Australia, for meeting professional competency standards – which includes collaborative practice.

From 1 July 2010, the new Nursing & Midwifery Board of Australia will be responsible for regulation of the profession. Nurse practitioners and midwives are required to meet professional competency standards (Midwifery Competency Standards 1st Edition 2006; NP

Competency Standards 1st Edition 2006), professional code of ethics (Code of Ethics for Nurses 2008; Code of Ethics for Midwives 2008) and a code of professional conduct (Code of Professional Conduct for Nurses 2008; Code of Professional Conduct for Midwives 2008), against which they will be registered every year. Failure to practice within the competency standards, ethical code and professional code of conduct, will result in disciplinary action by the Board.

'The competency standards are underpinned by primary health care principles. These principles encompass equity, access, the provision of services based on need, community participation, collaboration and community based care. Primary health care involves using approaches that are affordable, appropriate to local needs and sustainable. These principles are outlined in the Ottawa Charter (1986)' (Midwifery Competency Standards 2006)

For nurses and midwives, collaboration is not just a matter of professional efficacy and accountability; it is a concept that is interwoven into competency frameworks and performance indicators for the profession, from graduate to expert practitioner level.

5. A legislative requirement to collaborate with a medical practitioner(s) may result in medical practitioner(s) having the power of veto over an independent midwife with regards to their professional registration.

The ACMHN acknowledges that the proposed amendment would create particular difficulties for midwives providing homebirth services. Where medical organisations (e.g. the AMA) are publically opposed to women chosing to birth in a home-based setting, they need only recommend against collaboration with midwives who provide such services to their members, which will essentially give power to medical practitioners to decide which midwives will be able to practice privately, take out insurance or access medicare. In turn, this will provide the power of veto over an independent midwife's capacity to register with the profession. In the worst-case scenario, women who choose to homebirth will do so 'underground', without any medical or midwifery support ('freebirth'), compromising safety and limiting birthing choices for Australian women and their families.

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Primary Recommendation:

The ACMHN rejects the amendment as proposed. Legislation requiring midwives and nurse practitioners to 'collaborate' is professionally insulting and redundant.

Nurses are professionals who operate within a well established regulatory framework which ensures quality and safety for patients. Collaboration is an essential component of 'quality and safety'; this is well defined by the International Council of Nurses, *'Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings.'*

Nurses place the best interests of their clients at the centre of their practice – whether this is someone with a developing mental illness who lives in a remote community, or a woman who wants to give birth at home in a metropolitan area. We collaborate when we need to with the client's carer/family, medical practitioners, health care services and other relevant agencies – if and when the needs of our clients dictate that this is necessary.

The term 'collaboration' implies a relationship that is based on mutual trust, respect and professional collegiality; it should not be a forced relationship where the significant power imbalance.

Additional Recommendation:

Should this amendment be allowed to proceed, the ACMHN would consider it professionally insulting and recommends that it be modified as follows:

<u>Definition of participating midwife</u>

An eligible midwife;

So far as the eligible midwife renders a service in a collaborative arrangement or collaborative arrangements of a kind or kinds specified in the regulation, with one or more medical practitioners of a kind or kinds specified in the regulations or with one or more health services of the kind or kinds specified in the regulations.

<u>Definition of a participating nurse practitioner</u>

An eligible nurse practitioner;

So far as the eligible nurse practitioner renders a service in a collaborative

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arrangement or collaborative arrangements of a kind or kind specified in the regulation, with one or more medical practitioners of a kind or kinds specified in the regulations or with one or more health services of the kind or kinds specified in the regulations.

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