

**Statement of Support
for
the Australian Nursing Federation Submission to Health Legislation Amendment
(Midwives and Nurse Practitioners) Bill 2009
and two related Bills:
Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and
Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009**

by

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Background:

I am the Director of Nursing of a moderately sized Rural Tertiary Teaching Hospital and the network hub for the Hastings Macleay Network of the North Coast Area Health Service in New South Wales. This network has a population over 100,000 and growing with a particular disproportionate aged care population being 22% over the age of 65 compared with the New South Wales State average of 15%. The general population of the area is also growing.

Nurse Practitioners & Port Macquarie Base Hospital

The Port Macquarie Base Hospital has been a leader in innovative models of care including the use of Nurse Practitioners and transitional Nurse Practitioner (advanced nurses in training).

The Port Macquarie Base Hospital has 1 authorised Nurse Practitioner and 1 advanced nurse training to be a Nurse Practitioner for our Emergency Department Fast Track patients who are treated in a dedicated unit called the Express Community Care centre. In addition we were successful in securing state funding to provide an advanced nurse training as an Aged Care Nurse Practitioner. Both nurses have completed their formal studies and are awaiting authorisation by the NSW Nurses and Midwives Registration Board. We also have 1 additional nurse at one of our district hospitals and another in training.

A Nurse Practitioner position in Psycho Geriatrics is being sought for a Geriatric Evaluation Unit at the Port Macquarie Base Hospital due to open 1 January 2011. A further position is being requested for the Oncology Haematology unit as it has been impossible to attract a full time Haematologist and the existing part time haematologist has reduced services to the hospital.

The scope of practice and clinical guidelines of these nurses have been reviewed by a multidisciplinary steering committee including pharmacist, emergency specialists, pathologist, radiologists and radiographers, the Director of Medical Services, Hastings Macleay Network, as well as senior nurses.

Kempsley District Hospital & Wauchope District Memorial Hospital

The two district hospitals of our Network find it difficult to recruit and retain medical staff even on a temporary basis. The Nurse Practitioners and Transitional Nurse Practitioners have proved invaluable support services across the hospitals. Kempsey District Hospital has supported two staff members in their Nurse Practitioner training and skills development. The Wauchope Hospital has one CNC who has completed her degree in Advanced Nursing Practice and is working towards authorisation as a Nurse Practitioner. In her CNC role she has proved vital in assessing, coordinating and linking care with General Practitioners and referral to the Port Macquarie Base Hospital. This position is often called to act independently. As this nurse progresses to Nurse Practitioner status she should be able to operate autonomously when authorised.

A Nurse Practitioner position is being developed for the Kempsey District Hospital Emergency Department with a further position desired for the Wauchope District Memorial Hospital.

The Hastings Macleay Network is actively working towards a network approach to support the 3 Emergency Departments across the network with the authorised autonomous practice of Nurse Practitioners. This direction is essential to the survival of rural hospital emergency or multipurpose clinics/departments to provide a service to their communities.

Our nurse practitioners in training have been closely linked to medical staff in training. Both the medical staff and community have confidence in their abilities and are ready to work on their own and often do. It is imperative that the advances made for this role in the original draft of the legislation remain in tact for the nursing profession and rural (and even metropolitan) communities. The Nurse Practitioners and advanced nurses in training or Transitional Nurse Practitioners have decreased fragmentation in their area of service related to their collaborative practice. Collaboration is an inherent part of nursing practice and clearly modelled by the Nurse Practitioners and this does not need to be prescribed in legislation.

Midwives

Our midwives in rural areas are the mainstay of antenatal, birthing and post natal care. Midwives in the hospital setting do work alone for the majority of the time. Midwives also work collaboratively when the need arises. The role and function of midwives is truly autonomous within their scope of practice and this should not be linked to the medical profession in legislation. Midwives often guide junior medical officers in what is required. They work with standing orders and guidelines that they have designed collaboratively with their medical colleagues. It is at the level of collegiality that the links should be established.

To function appropriately and successfully it is imperative that Nurse Practitioners and Midwives are able to function in an autonomous role that provides a holistic approach to healthcare and a supportive role to the community requiring their clinical care or clinical interventions. and advanced nurses without need to have it prescribed. Links need to be collaborative only and on a needs basis.

Hopefully the above although brief, demonstrates the range of work and needs for Nurse Practitioners who perform real health care work with the ability to work independently. Links need to be collaborative only and on a needs basis.

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I wholeheartedly support the Australian Nursing Federation Submission to Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills:
Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009

The recommendations of the Australian Nursing Federation are:

“Recommendation 1: That the requirement to obtain professional indemnity insurance for registration as a midwife and the requirement for establishing a collaborative arrangement between a midwife and a medical practitioner, must not be linked.

Recommendation 2: That the Government’s amendment to the legislation be amended to include collaborative arrangements with ‘one or more medical practitioners of a kind or kinds specified in the regulations or one or more health services of a kind or kinds specified in the regulations’.

Recommendation 3: That collaborative arrangements between health professionals should not be enshrined in legislation, but rather, described in regulations accompanying the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

Recommendation 4: That the term ‘collaborative arrangement’ be removed from the legislation pertaining to professional indemnity of eligible midwives.

Recommendation 5: That should the Government amendment be retained, the ‘collaborative arrangement’ should be described as being either between health professionals or between a health professional and one or more health services, and that it not be stipulated as being a formal arrangement.

Recommendation 6: That the Nursing and Midwifery Board of Australia (NMBA) and/or Medicare Australia undertakes audits of nurse practitioners or eligible midwives case records and other documentation as evidence of collaborative arrangements.

The ANF has advocated for many years that nurse practitioners and eligible midwives can provide greater access to health and aged care services to the Australian community. The passage of the proposed Bills (as outlined above) will enable nurse practitioners and eligible midwives to fulfil their full potential with the removal of legislative barriers to access to Medicare Benefits Schedule (MBS) rebates and Pharmaceutical Benefits Scheme (PBS) subsidised medicines for their clients. The ANF urges the Committee to make decisions which will not only expedite the passage of this important legislation through the Parliament but will result in processes which will enhance the collaborative teamwork of all health professionals.

The ANF is the largest professional and industrial body for nurse and midwives in Australia, and as such would welcome the opportunity to provide further advice to the Committee should that be required.

References

1. Australian Nursing and Midwifery Council. 2009. ANMC Accreditation Project Stage 3: Project to develop standards and criteria for the accreditation of nursing and midwifery courses leading

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2. Queensland Parliament. 2009. *Health Practitioner Regulation National Law Bill 2009*. p. 129. Available at: <http://www>.
 3. Australian Government. 2008. Maternity Services Review. Available at: <http://www.health.gov.au/maternityservicesreview>
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 6. Way, D., Jones, L., and Busing, N. *Implementation Strategies: "Collaboration in Primary Care-Family Doctors & Nurse Practitioners Delivering Shared Care": Discussion Paper Written for the Ontario College of Family Physicians*. May 18, 2000. Available at: <http://www>.
 7. Ibid. p. 3.
 8. Ibid. p. 4."

Yours sincerely

Approved for electronic transmission.
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