

11 December 2009

Mr Elton Humphrey
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
ACT 2600



Health Legislation Amendment (Midwives and Nurse Practitioner) Bill 2009 and two related Bills

The Australian Nursing and Midwifery Council (ANMC) welcomes the opportunity to contribute to the Senate Community Affairs Committee inquiry regarding the *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills*.

The ANMC was established in 1992 to facilitate a national approach to nursing and midwifery regulation. It is the peak body that works with State and Territory Nursing and Midwifery Regulatory Authorities (NMRAs) in evolving standards for statutory nursing and midwifery regulation. These standards are flexible, effective and responsive to the health care requirements of the Australian population.

The ANMC's prime function is to protect public safety in the provision of healthcare through ensuring the nurses and midwives being regulated are competent to practice. The comments provided correspond to this remit.

ANMC makes the following general comments in response to the *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills*:

The ANMC is highly supportive of the Commonwealth Government's initiative to enable access to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) for nurse practitioners and eligible midwives. Such access will enable the full utilisation of the nurse practitioner role for the benefit of the community and ensure women and their families access to a broad range of midwifery services.

Amendments related to collaborative arrangements.

The ANMC is concerned that the introduction of prescriptive terminology in the proposed amendments, *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills*, requiring eligible midwives and nurse practitioners to have 'collaborative arrangements with one or more medical practitioners', will dilute the benefits of the Government's budget initiative granting access to MBS and PBS to nurse practitioners and eligible midwives, for the following reasons:

1. It will create a level of inflexibility in the system which will severely limit the practical application of the legislation. This in turn has the potential to significantly reduce the positive impact of the Government's budget initiatives to the community.

It is clear that the introduction of the Government's budget initiative to grant nurse practitioners and eligible midwives access to MBS and PBS has the potential to improve access to high quality healthcare for all of the Australian community.

The Hon. Nicola Roxon MP, Federal Minister for Health and Ageing, has stated that the Commonwealth Government's health reform agenda is "an agenda to make health care more accessible, so that regardless of where you live, care is delivered by the health professional best placed to deliver the care" (2009).

Many of the communities most likely to benefit from these initiatives are located in rural and remote areas of Australia. It is in these areas, where the initiative has the potential to have the greatest positive impact, that the proposed amendments to the legislation are likely to make the legislation unworkable. Whether due to such issues as the scarcity of medical practitioners in these areas or the transient tenure of locum medical practitioners frequently providing medical support to these areas, nurse practitioners or eligible midwives may well be unable to fulfill the specific proposed collaborative requirements of the legislation.

2. Nurse practitioners and eligible midwives are highly qualified and regulated professionals.

The practice of these professionals is subject to rigorous regulatory requirements. Any specific inclusion of the requirement for collaboration with other health professionals is duplicating standards which already exist within the robust regulatory system for nurses and midwives.

The ANMC Competency Standards for the Nurse Practitioner and Competency Standards for the Midwife, Code of Ethics for the Nurse and Code of Ethics for the Midwife and Decision Making Framework include specific requirements that nurse practitioners and midwives work collaboratively with other health care professionals.

Standard 3, ANMC, National Competency Standards for the Nurse Practitioner (2006) requires nurse practitioners to engage in:

"Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health care;

Engages in and leads collaboration that optimise the outcomes for patients/clients/communities; and

Establishes effective communication strategies that promote positive multidisciplinary clinical partnerships"

Standard 8, ANMC 'National Competency Standards for the Midwife' (2006), requires that a midwife

"Develops effective strategies to implement and support collaborative midwifery practice.

Liaises and negotiates with colleagues at all levels to build systems and processes to optimise outcomes for the woman."

ANMC does not agree that it is necessary to duplicate regulation of midwives and nurse practitioners by legislating for collaborative arrangements as part of MBS or PBS eligibility.

3. International evidence supporting the safe practice of nurse and midwife prescribers.

Experience from other developed countries indicates the practice of nurse and midwife prescribers is particularly safe. Of 670,000 nurse and midwife registrants in the UK, 30,000 have prescribing rights. In the five years since the introduction of nurse prescribing there has not been one nurse or midwife that has been the subject of disciplinary action by the Nursing and Midwifery Council regarding prescribing of medication.

4. the requirement that nurse practitioners and eligible midwives 'have collaborative arrangements with one or more medical practitioners' will effectively give medical practitioners veto over the nurse practitioner or eligible midwife's practice.

Although it would be hoped that such a circumstance would not arise, if unable to fulfil the legislative requirements for collaborative practice the nurse practitioner or eligible midwife would have to cease practice, regardless of whatever other arrangements were in place for collaboration with health care service providers such as hospitals, or face potential disciplinary action by the regulatory board which may lead to suspension of their licence to practice.

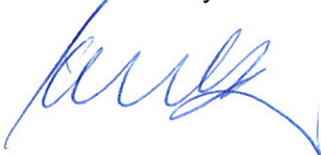
The effective outcome of this scenario would be that a nurse practitioner or eligible midwife who has fulfilled the requirements of registration and has not been the subject of disciplinary action by a Nursing and Midwifery Regulatory Authority could be prevented from practicing because that nurse practitioner or eligible midwife is unable to secure the agreement of one or two medical practitioners to participate in a collaborative arrangement.

It is clear that this situation has the potential to enable one provider of health care services the right of veto over another provider of health care services and subsequently may be considered as a retrograde step that undermines the progressive and positive impact of the Commonwealth Government's reforms on the provision of quality healthcare to the Australian community.

ANMC does not agree that it is necessary to duplicate regulation of midwives by legislating for collaborative arrangements as part of MBS or PBS eligibility. The introduction of these proposed amendments is an expensive legislative exercise which duplicates existing robust regulatory requirements of nurse practitioners and midwives and may have unintended negative effects which significantly dilute the positive impact of the Commonwealth Government's 2009 Budget initiatives.

Once again the ANMC welcomes the opportunity to comment on the impact of this amendment on this important legislation.

Yours sincerely



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Chief Executive Officer

Reference

Roxon, The Hon Nicola MP, 2009. 'Post Budget Speech, Australian Institute of Policy and Science
http://www.aips.net.au/ministerroxon_090514_post_budget_speech_1.pdf
accessed on 8 Nov 2009