ROYAL COLLEGE of NURSING Australia

Royal College *of* Nursing, *Australia* (RCNA) Submission to the ACT Legislative Assembly Standing Committee on Health, Community and Social Services August 2009

1. Key messages from RCNA

1.1 Primary health care reform

- *There is a need for greater utilisation of nurses generally and for nurse practitioners in particular, within the primary health care (PHC) sector, not only to assist in filling existing service gaps but also to ensure the community is given greater choice and better and more equitable access to PHC.*
- *There is a need to reform out of date health care delivery practices and provide greater equity and accessibility across PHC services.*
- *PHC service models centred on medical practitioners will not necessarily enable the much needed interconnectivity of services that will promote effective transdisciplinary care.*
- *The review of funding arrangements is central to optimising the use of the PHC workforce. Fee-for-service arrangements are inherently limiting in the delivery of PHC services.*

1.2 The role of nurse practitioners

- *Nurse practitioners have a key role to play in facilitating and activating meaningful transdisciplinary team based care within the PHC sector.*
- *General practitioners play a key role in PHC but are not always best placed to lead transdisciplinary PHC.*
- *Platforms to increase and extend the role of nurses practitioners within PHC must not be restricted to the 'for and on behalf of' medical practitioner model.*
- *There is resistance from other health professionals to the introduction of nurse practitioners.*

1.3 The role of general practice nurses

- *General practice nurses fulfil a variety of roles, provide an invaluable dimension to general practice and make a significant contribution to strengthening continuity of care and transdisciplinary health care delivery.*
- *There is enormous scope for nursing innovation in general practice, particularly in the vital areas of chronic disease prevention and management, should practice nurses be supported to utilise the full extent of their skills.*
- *Optimising the role of the general practice nurse is currently limited and stifled by the restricted scope of Medicare item numbers available for contributions by nurses and the will of general practice management.*
- *Strategic investment is required to expand the role of nurses in primary health care including, but not limited to, aiming for nurse presence in 100% of general practice and GP super-clinics.*
- *Retention and recruitment strategies must include significant opportunities for continuing professional development for practice nurses and measures to support enhanced and extended scopes of practice.*

1.4 The role of allied health assistants

- *RCNA believes that in order to protect the health and safety of the public there is a need to set nationally consistent minimum mandatory education and training requirements for unlicensed health worker roles.*

1.5 The role of other health professionals

- *All regulated health professionals should be able to practice to the full extent of their education and defined scope of practice.*

2. Primary health care (PHC) reform: RCNA's position

2.1 Nurses in PHC

In Australia there is untapped potential to expand the role of nurses and nurse driven programs throughout the health care system to provide better services to the community. This is particularly true of the role of nurse practitioners in the PHC setting.

RCNA stresses the need for greater utilisation of nurses generally and for nurse practitioners in particular, not only to assist in filling existing service gaps but also to ensure the community is given greater choice and better and more equitable access to PHC. RCNA also strongly believes that nurse practitioners have a key role to play in facilitating and activating meaningful transdisciplinary team based care within the PHC sector.

Nurses have a presence in most areas of PHC and it is well recognised that there is untapped potential to make better use of and broaden the reach of nurses within this workforce. A PHC environment that allows for expanded nursing roles will result in greater service capacity. The system wide roll-out of appropriately funded nurse practitioner lead programs should be a cornerstone strategy to addressing PHC workforce shortages and to meeting growing service demand in all jurisdictions.

The recently released *Primary Health Care in Australia, A Nursing and Midwifery Consensus View April 2009*, is a consensus view of peak nursing and midwifery bodies reflecting on PHC and provides examples of new and emerging models of nurse practitioner led PHC programs and initiatives in rural PHC settings, community dialysis, mental health and sexual health to highlight a few.

2.2 PHC service delivery and funding reform

Whist there are many and varied examples of positive nurse practitioner roles within the current PHC system, there is a clear need to reform out of date health care delivery practices in order to provide greater equity and accessibility across PHC services. Addressing funding models must be part of this reform process. RCNA acknowledges the key role general practitioners (GPs) play in PHC but challenges accepted norms that GPs are best placed to lead PHC and are the most appropriate channel through which a majority of PHC funding be directed. This is an outdated paradigm of practice as there are now a range of other qualified health care professionals, a vast majority of them nurses, who are able to deliver PHC services. The platform to increase and extend the role of nurses within PHC has strong support from some medical practitioners' groups that support expanded scope of nursing practice as long as nurses are working 'for and on behalf of' medical practitioners. Some medical practitioners endorse this model to ensure they maintain control over available PHC funding.[1]

Placing GPs at the centre of PHC actually limits community access to nursing expertise and to transdisciplinary care, particularly in communities where GP clinics either limit their practice to exclude new clients or are unwilling to service particular client groups. This occurs in metropolitan as well as in remote and rural areas. Furthermore, where there are no GP clinics, in many cases there are nurses available to provide services to the community. Under the current and largely fee-for-service arrangements and any future model of care based on it there is no guarantee of equity in access to broader PHC services.

[1] Australian Divisions of General Practice (2005). *Nurse Practitioner in General Practice – Position Statement.* Retrieved 20 February 2009 from http://www.agpn.com.au/client_images/243022.pdf

To bring about fundamental reform of PHC services the allocation of funding, particularly funding under the Medicare umbrella, must be re-considered for the benefit of the population. Freeing up funding arrangements is central to optimising the use of the PHC workforce. Block funding to provide independent salaried positions for nurses in nurse-led clinics is one way forward to opening up access to health resources and to reduce the service burden on GP clinics. It is acknowledged that this is a strategy appreciated and adopted by ACT Health with the intended establishment of Walk-in Centres. The design of any new models or systems of PHC delivery cannot ignore the serious and unsustainable health workforce shortage. Failing to make the best possible use of the existing and future workforce will ensure the perpetuation of existing problems related to workforce shortages.

PHC service models centred on medical practitioners will not necessarily enable the much needed interconnectivity of services that will promote effective transdisciplinary care. There is a need to shift away from existing medico centric models of primary health care funding and service delivery. PHC services should be able to deliver the right care, by the right health professional at the right time so that the community can more easily and more equitably access the services they need and so that services can be more effectively tailored to respond to population needs and ensure greater continuity of care.

3. The role of nurse practitioners, general practice nurses, allied health assistants and other health professionals in providing primary health care

3.1 Role of nurse practitioners:

A nurse practitioner 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 practice 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 practice.[2]

Limitation to the roles of nurse practitioners

The role of the nurse practitioner is underutilised in Australia today. Providing opportunities within the PHC stetting for nurse practitioners to work to the full extent of their education presents a realistic, pragmatic and cost effective measure to help address the wide shortage of general practitioners and to alleviate some of the burden being felt by GPs.

To best enable this, an examination of alternative health service delivery models and associated funding arrangements is needed. The introduction of legislation to give nurse practitioners access to the Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) will remove significant barriers to considering innovative nurse practitioner led PHC services. Additionally, a shift away from the fee-for-service Medicare models to salaried based models would provide many more options for extending the scope of nursing practice.

Medicare funded salaries rather than fee-for-service arrangements for nurse practitioners would provide opportunities to extend their role and provide the community with more comprehensive health care options. For example, nurse practitioners on salaries derived from Medicare would be well placed to manage the preventative and primary health care needs for an aged care population. A salaried model would not only allow health service delivery flexibility, it would keep costs contained, at a time when demand for health care services continues to grow.

---

[2] *Primary Health Care in Australia, A Nursing and Midwifery Consensus View April 2009*, Retrieved 31 July 2009 from http://www.rcna.org.au/policy/joint_statements , p. 57

Primary Health Care in Australia, A Nursing and Midwifery Consensus View, clearly outlines other major structural barriers to extending the nurse practitioner role,

...currently there are further layers of paralysing requirements for a nurse to become authorised as a nurse practitioner. For example, the policies governing prescribing by nurse practitioners and ordering diagnostic investigations in a number of jurisdictions are significant disincentives for the individual health professional, their colleagues in the clinical team and their employer. Often these policies are connected to the authorisation processes of the nursing and midwifery regulatory authorities and the convoluted processes authorised nurse practitioners have to go through to prescribe medications or investigations, such as developing unique personal formularies and clinical protocols. Another major structural barrier to the introduction of nurse practitioners has been the failure of the state or territory, or the health service to introduce the role as part of a standardised clinical planning process designed to identify communities' population health needs and the best means to meet these. Then there is the political challenge of introducing the role and the predictable opposition from some quarters that can be personally confronting.

In the reviews conducted to date there has been unanimity in recommending as a matter of equity that the state and territory governments address the overzealous constraints applying to nurse practitioners being able to work to their full potential; and work with the Australian Government to provide access to the Pharmaceutical Benefits Scheme (PBS) and Medical Benefits Scheme(MBS) for nurse practitioners to enable the provision of appropriate medications and diagnostic investigations to people requiring them.[3]

3.2 General practice nurses

The presence of general practice nurses (practice nurses) in the PHC setting is on the rise; they fulfil a variety of roles, provide an invaluable dimension to general practice and make a significant contribution to strengthening continuity of care and transdisciplinary health care delivery. Their roles are not fixed or defined but are largely determined by the interests and directions of the general practice management. Expanding the roles of practice nurses to allow the broader application of their unique expertise and reach would make a vital contribution to the development of a PHC system that is more flexible and more responsive to specific population needs.

There is enormous scope for nursing innovation in general practice particularly in the vital areas of chronic disease prevention and management should practice nurses be supported to utilise the full extent of their skills. Optimising the role of the general practice nurse is currently limited and stifled by the restricted scope of Medicare item numbers available for contributions by nurses. For example, practice nurses presenting options for nurse-led preventative health services such as hypertension clinics, are often not supported by general practice clinic management due to the lack of Medicare rebate linked to the service. Strategic investment is required to expand the role of nurses in primary health care including, but not limited to, aiming for nurse presence in 100% of general practice clinics. This investment must be supported by sound retention and recruitment strategies that include significant opportunities for continuing professional development and measures to support enhanced and extended scopes of practice.

PHC nursing workforce retention and recruitment strategies should also respond to opportunities to enhance the career path of general practice nurses through investing in general practice nurse practitioners roles. The general practice nurse role could be substantially developed and enhanced through greater investment and commitment to developing the general practice nurse practitioner role. This autonomous advanced practice role, particularly with independent access to MBS and PBS, would provide a significant support to the general practice and enable medical practitioners within general practice to concentrate on more clinically complex health care management. Furthermore, it provides a career trajectory for general practice nurses and enhances and strengthens the layers of health care service available in the PHC sector.

---

[3] *Primary Health Care in Australia, A Nursing and Midwifery View, April 2009*, Retrieved 31 July 2009 from http://www.rcna.org.au/policy/joint_statements , pp. 28-29

3.3 Allied health assistants:
RCNA recognises the increasing dependence on allied health assistants and assistants in nursing (unlicensed workers) generally and within the PHC sector. RCNA believes that in order to protect the health and safety of the public there is a need to set nationally consistent minimum mandatory education and training requirements for these roles.

RCNA's position on assistants in nursing is made in a joint position statement from RCNA and Australian Nurses Federation (ANF) *Assistants in Nursing and Other Unlicensed Workers* (however titled). It is the shared view that:

In order to provide safe and competent care all assistants in nursing and other unlicensed workers (however titled) must have undertaken the level of education and training considered necessary for their role...

The aspects of nursing care that can be undertaken by assistants in nursing and other unlicensed workers (however titled) must be consistent with their level of education, training and competence, and the level of acuity and stability of the person requiring care.

The aspects of nursing care undertaken by assistants in nursing and other unlicensed workers (however titled) is determined by registered nurses having regard to that worker's: degree of educational preparation and demonstrated competence; the acuity of the person requiring care and the complexity of the care; and, the context in which the care is being provided...

Assistants in nursing and other unlicensed workers (however titled) remain accountable for their own actions and are responsible to registered nurses and employers for all delegated activities.

The registered nurse is responsible for delegation decisions and for supervising the assistant in nursing or other unlicensed worker (however titled) while they are performing delegated aspects of nursing care. Registered nurses retain overall responsibility for any aspects of nursing care delegated.

The employer is responsible for the provision of services and for setting the policy framework in which the service is provided. The assistant in nursing or other unlicensed worker (however titled) is responsible for performing the delegated aspects of nursing care in accordance with policy and they are answerable to the registered nurse and the employer for the performance of those aspects of care[4].

3.4 Other health professionals: RCNA supports the principle that in order for Australia's health systems to continue to meet health care demands, all regulated health professionals should be able to practice to the full extent of their education and defined scope of practice.

Contact details

Debra Y Cerasa FRCNA
Chief Executive Officer
Royal College *of* Nursing, *Australia*
P 02 6283 3400
debrac@rcna.org.au

[4] Royal College *of* Nursing, *Australia* (RCNA) and Australian Nurses Federation (ANF) (2004). *Assistants in Nursing and Other Unlicensed Workers* (however titled), Retrieved 31 July 2009 from http://www.rcna.org.au/policy/joint_statements