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Adjunct Professor Debora Picone AM  
Chief Executive Officer  
Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
Sydney NSW 2001

By email: [NSQHSSstandards@safetyandquality.gov.au](mailto:NSQHSSstandards@safetyandquality.gov.au)

Dear Adjunct Professor Picone,

### **Consultation on Patient safety and quality improvement in primary care**

The Australian Nursing and Midwifery Federation (ANMF) has reviewed the consultation paper *Patient safety and quality improvement in primary care*, prepared and circulated by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The ANMF is the largest professional and industrial organisation in Australia for the nursing and midwifery professions, with a membership of over 270,000 nurses, midwives and assistants in nursing. Many of these members work within primary health care, and primary care - a subset of primary health care, across a variety of geographical settings and socio-economic spheres. The ANMF, therefore, has a genuine interest in the program of work being undertaken by the ACSQHC to support safety and quality improvements in primary care. We are especially concerned for access and equity of health care for all people living in Australia, delivered by competent and qualified health practitioners.

Together, nurses and midwives comprise over 55% of the entire health workforce. As a single group of health care practitioners, this is also evident in primary care.<sup>1</sup> Examples of areas in which nurses and midwives work in settings which are a first point of contact with health care, include (but are not limited to): schools, homes, communities, outreach services including for homeless people, general practice, local councils, rural and remote communities, Aboriginal and Torres Strait Islander health services, the armed forces, mental health facilities, and in occupational health.

This ANMF response addresses the first two areas for requested feedback in the Consultation paper, from the perspective of nurses and midwives:

- scope of primary care services, and
- safety and quality issues.

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<sup>1</sup> Australian Government. Department of Health. National Health Workforce Dataset Fact Sheets. Available at: <http://hwd.health.gov.au/publications.html#part-2>

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#### **Canberra Office**

Unit 3, or PO Box 4239  
28 Eyre Street  
Kingston ACT 2604  
Australia

T +612 6232 6533  
F +612 6232 6610  
E [anmfcanberra@anmf.org.au](mailto:anmfcanberra@anmf.org.au)  
W [www.anmf.org.au](http://www.anmf.org.au)

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#### **Melbourne Office**

Level 1, 365 Queen Street  
Melbourne VIC 3000  
Australia

T +613 9602 8500  
F +613 9602 8567  
E [anmfmelbourne@anmf.org.au](mailto:anmfmelbourne@anmf.org.au)  
W [www.anmf.org.au](http://www.anmf.org.au)

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E [anmj@anmf.org.au](mailto:anmj@anmf.org.au)

**Australian Journal of  
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E [ajan@anmf.org.au](mailto:ajan@anmf.org.au)

ABN 41 816 898 298



### **Scope of primary care services**

The ANMF welcomes the inclusion of a range of health care practitioners in the definition of primary care in the Consultation paper (pg 7). Too often primary care is described as the sole domain of the general practitioner, whereas the reality is, and should be, a multidisciplinary team offering comprehensive, person-centred health care services in various settings. In a consensus view on primary health care in Australia (2009)<sup>2</sup> leading nursing and midwifery professional organisations argued that primary care:

- is a subset of primary health care;
- primary health care generally represent two different philosophical approaches to health care,<sup>3</sup> and,
- is commonly considered to be a person's first point of entry into the health system if some sort of active assistance is sought.<sup>4</sup>

The ANMF considers strategies for a well-structured, well-resourced and effective primary care sector which delivers safety and quality, include measures to ensure the sector is one which:

- demonstrates a team based approach to care;
- is accessible to all sections of the community – urban, regional, rural and remote;
- is culturally appropriate;
- is adequately funded to support the services required to be delivered to meet population health needs (this includes attention to services for those sub-groups within the community who have greater or different needs due to low socio-economic factors);
- supports the education and on-going professional development requirements of the health care practitioner team;
- is sustainable as well as flexible and responsive to the community, and, is reviewed regularly to ensure this responsiveness continues.

The ANMF suggests the above elements could be reflected in the ACSQHC definition on primary care.

### **Safety and quality issues in Australian primary care services**

The ANMF recognises that the primary care sector in Australia is comprised of both public and private health care providers (for example, the Australian general practice is a private business, albeit accessing public funds). This gives potential for differing corporate and clinical governance arrangements. However, effective systems of corporate and clinical governance are necessary within primary care to monitor and improve the safety and quality of services. This includes (but is not limited to):

- transparent monitoring and reporting systems
- collection and use of data and information for initiating change and improvement with performance indicators based on population health needs and evidence based quality indicators of access, safety, effectiveness (in terms of positive changes in health), appropriateness, and consumer participation

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<sup>2</sup> Australian Nursing Federation (ANF). 2009. *Primary health care in Australia: a nursing and midwifery consensus view*. Available at: [http://anmf.org.au/documents/reports/PHC\\_Australia.pdf](http://anmf.org.au/documents/reports/PHC_Australia.pdf)

<sup>3</sup> Primary Health Care is...both an approach to dealing with health issues and a level of service provision. As an approach it deals with the main health problems and issues experienced by the community. It may include care and treatment services, rehabilitation and support for individuals or families, health promotion and illness prevention and community development.

...primary health care acknowledges a social view of health and promotes the concept of self-reliance to individuals and communities in exercising control over conditions which determine their health. ANMF. 2006. Position statement: *Primary Health Care*. Available at: <http://anmf.org.au/pages/anmf-policies>

<sup>4</sup> Op Cit. ANF. 2009.



- effective organisation systems that promote safety and quality, and
- occupational health and safety.

Nurses and midwives play a significant role in primary care in this country. However, their roles are often unrecognised and under-utilised. There are immense opportunities to enhance the safety and quality of primary care by supporting the regulated scope of practice for nurses and midwives, including nurse practitioners, and adhering to regulatory standards for practice.

The following safety and quality points are highlighted in relation to the scope of practice and skills mix for nurses and midwives in the primary care workforce.

#### *Regulated health practitioners*

Registered nurses, enrolled nurses and midwives are regulated health care practitioners, whose practice is governed by the *Health Practitioner Regulation National Law Act 2009* (National Law).<sup>5</sup> Nurses and midwives are held accountable for their practice by the Nursing and Midwifery Board of Australia (NMBA) - the regulatory authority, whose role is to protect the public. All other regulated health professions are likewise held accountable to their respective Boards.

#### *Supervisory requirements*

The ANMF is concerned that some health practitioners and/or employers in primary care do not adhere to the regulatory standards governing the practice of registered nurses and enrolled nurses. A lack of awareness of, or refusal to adhere to, these standards, places at risk both the health practitioners and the people for whom they are providing care. The specific issue of concern relates to the supervisory requirements of the enrolled nurse. While the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care, the National Law, through the standards for practice, requires the enrolled nurse to work under the direct or indirect supervision of the registered nurse. The enrolled nurse is required to have a named and accessible registered nurse at all times and in all contexts of care (including primary care) for support and guidance.<sup>6</sup>

Adherence to the legislative supervisory requirements for enrolled nurses is critical to the safety and quality of care provided.

#### *Scope of practice for registered nurses and midwives*

Registered nurses and midwives are entitled to identify the care which they are educated, competent and authorised to provide. They acknowledge that all health care is a collaborative endeavour focused on positive outcomes for individuals and groups. As regulated health practitioners, registered nurses and midwives are not 'supervised' nor do they provide care 'for and on behalf of' any other health care professional. While the Practice Nurse Incentive Program (PNIP)<sup>7</sup> funding has helped to enhance the role of nurses and midwives working in general

<sup>5</sup> Australian Health Practitioner Regulatory Agency (AHPRA) website: <https://www.ahpra.gov.au/about-ahpra/what-we-do/legislation.aspx>

<sup>6</sup> Nursing and Midwifery Board of Australia. 2016. *Nursing and Midwifery Board of Australia standard for Enrolled nurses. Standards for practice: Enrolled nurses*. Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

<sup>7</sup> Australian Government website information on the PNIP: <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/practice-nurse-incentive-program>



practice (the major part of primary care), there is still a way to go in the primary care sector in all settings, in registered nurses and midwives being enabled to work to their full scope of practice.

Implementing strategies to enable registered nurses and midwives to work to their full scope of practice will ensure greater job satisfaction and increased safety and quality of primary care services.

### *Nurse practitioner role*

The nurse practitioner role is differentiated from the registered nurse role by their expert practice in clinical assessment, prescribing medicines, referral and diagnostics. These broader practice modalities are enshrined in state and territory legislation. While there are over 1,500 endorsed nurse practitioners in Australia,<sup>8</sup> only around half of these nurses are employed in nurse practitioner positions and even less are practising to the full scope of their role. Some of the restrictions on nurse practitioner practice are legislative and system structures, organisational protocols, and lack of positions, especially in primary care,<sup>9</sup> and, inadequate rebates from Medicare for nurse practitioner services, thus limiting their practice and reducing individuals' access to affordable, high quality health care.

Strategies required include removing legislative barriers (such as collaborative arrangements), increasing employment opportunities, and improving funding mechanisms in primary care, for nurse practitioners. This would enable greater access to a wider range of safe, quality health practitioners for the community.

### *Role of midwives endorsed for scheduled medicines*

With regard to midwives, those midwives endorsed for scheduled medicines are competent to provide care to women across the pregnancy continuum and order diagnostic investigations required for midwifery practice – there are 370 midwives endorsed for scheduled medicines (formerly termed 'eligible midwives').<sup>10</sup> Many pregnancy services are delivered by acute public hospitals. The ANMF considers that increased utilisation of midwives, and midwives endorsed for scheduled medicines in particular, in primary care, will enhance access to services for families and provide improved rates of healthy mothers, healthy babies and confident parents. The uptake of collaborative programs between public hospitals and midwives endorsed for scheduled medicines has been minimal. If these programs were expanded this would enhance the capacity to provide health promotion and illness prevention interventions to this critical cohort of the population.

### *Continuing competence*

The key purpose of the registered nurses, enrolled nurses and midwives' regulatory framework is to protect the public by ensuring these health practitioners meet their professional requirements and maintain their competence to practice safely. A mandatory requirement for continuing

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<sup>8</sup> Nursing and Midwifery Board of Australia. 2017. Registrant Data. Reporting period: 1 July 2017-30 September 2017. Available at: <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

<sup>9</sup> Schadewaldt, V., McInnes, E., Hiller, J. and Gardner, A. 2016. Experiences of Nurse practitioners and medical practitioners working in collaborative practice models in primary healthcare in Australia – a multiple case study using mixed methods. *BMC Family Practice*. 17:99. DOI 10.1186/s12875-016-0503-2. Available at: <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-016-0503-2>

<sup>10</sup> Op Cit. NMBA. 2017. Registrant Data.



professional development aims to ensure all nurses and midwives maintain relevance of knowledge and skills for safe practice.<sup>11</sup> Primary care is one area where nurses and midwives encounter difficulties in obtaining support (time or funding) from employers to engage in continuing professional development relevant to their context of practice.

A safety and quality strategy would be for the Australian Government funding support for education and continuing professional development in this area, to be reinstated.

### *Unregulated workers*

Another area of grave concern for the ANMF involves the emergence of personnel within primary care, who are not regulated health practitioners, but who are engaging in the delivery of aspects of care. These workers are not governed by the same regulatory requirements as registered nurses, enrolled nurses or midwives, are not required to work in accordance with professional standards or codes, do not have a mandated minimum education standard requirement, do not have a requirement to maintain regular professional development or have professional indemnity insurance. In short, these unregulated workers are not covered by health practitioner statutory regulation which protects the public through well-established risk minimisation measures.

This major safety and quality risk requires strategies which ensure primary care is delivered by qualified, regulated health care practitioners.

### *Standards for practice*

While the consultation document makes broadbrush acknowledgment of the standards for practice which govern nurses and midwives, it does not mention the specific standards for nurses working in two areas of primary care, namely general practice and school nurses. For the information of the ACSQHC these standards for practice are:

- *National practice standards for nurses in general practice*<sup>12</sup>, and
- *National school nursing professional practice standards*<sup>13</sup>.

As with all other standards for practice for registered nurses, enrolled nurses and midwives, these documents outline context specific standards for safe, competent practice leading to quality improvement in care.

### *Communication*

The ANMF agrees with the Consultation paper that ‘the interface between the acute sector and primary care services can ... be problematic,’ especially the ‘delays in providing accurate and timely information...’ (pg 10). There is an urgent need for improvements to provide for continuity of care across health care settings from tertiary to primary care, with communication mechanisms that deliver timely information. This is a fundamental aspect of safety and quality for significant numbers of people. There are the obvious benefits of seamless treatment with, for example, wound care and/or medicines regimes, as well as the prevention of unnecessary re-admissions

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<sup>11</sup> Nursing and Midwifery Board of Australia. 2016. *Registration standard: Continuing professional development*. Available at: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards/Continuing-professional-development.aspx>

<sup>12</sup> Australian Nursing and Midwifery Federation. 2014. *National practice standards for nurses in general practice*. Melbourne. Australian Nursing and Midwifery Federation – Federal Office.

<sup>13</sup> Australian Nursing and Midwifery Federation. 2012. *National school nursing professional practice standards (under review)*. Melbourne. Australian Nursing and Midwifery Federation – Federal Office.



to the tertiary facility when care procedures are interrupted or missed altogether. While the *My Health Record* system promises to overcome the communication void, strategies are needed more immediately than can be expected for the widespread acceptance of the electronic health record.

Strategies for safety and quality to minimise risks in transitioning of care from tertiary to primary care are required to ensure timely communication to streamline the movement of people between the two settings. Strategies could include standardisation of pathways; governance frameworks to ensure accountability for outcomes both positive and negative; and, involving nurses and midwives and other health practitioners in primary care in the development and monitoring of indicators and evaluation of procedures and services.

The ANMF looks forward to participating in further developments for safety and quality improvements in primary care.

Should you require further information on this matter, please contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 96028500 or [julianne@anmf.org.au](mailto:julianne@anmf.org.au).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Annie Butler', written over a faint circular stamp.

**Annie Butler**  
Federal Secretary