

Australian Nursing and Midwifery Federation Submission to

**AUSTRALIAN GOVERNMENT  
DEPARTMENT OF HEALTH  
NURSE PRACTITIONER 10  
YEAR PLAN CONSULTATION**

**20 DECEMBER 2021**



Australian  
Nursing &  
Midwifery  
Federation



**Annie Butler**  
**Federal Secretary**

**Lori-anne Sharp**  
**Federal Assistant Secretary**

**Australian Nursing and Midwifery Federation**  
**Level 1, 365 Queen Street, Melbourne VIC 3000**  
**E: [anmffederal@anmf.org.au](mailto:anmffederal@anmf.org.au)**  
**W: [www.anmf.org.au](http://www.anmf.org.au)**



## INTRODUCTION

---

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide a response to the Australian Government Nurse Practitioner 10 Year Plan Consultation Paper.

The ANMF has been a lead organisation in the conception and development of the nurse practitioner role in Australia. Most of the 2,277<sup>1</sup> nurse practitioners in this country are ANMF members. We are a staunch advocate for this peak clinical role for registered nurses, which is integral to improving access for people to evidence-based, safe and effective health and aged care. There remains much to be done to ensure there is a substantial increase in the numbers of registered nurses electing to undertake the pathway to nurse practitioner endorsement.



# NURSE PRACTITIONER 10 YEAR PLAN SURVEY

---

**1. Name**

Annie Butler, ANMF Federal Secretary

**2. Email address**

fedsec@anmf.org.au

**3. Do you wish to be notified with updates?**

Yes

No

**4. Please select your current location**

Urban

Regional

Rural

Remote

Very Remote

National / All of the above

**5. Which best describes your response?**

I am responding as an individual

I am responding on behalf of an organisation/institution

**6. Please select the category that best describes your organisation:**

Peak/professional body - nursing

Peak/professional body - medical

Peak/professional body – other (midwifery)

Regulatory body

Aboriginal and/or Torres Strait Islander organisation

State/Territory Government department/agency

Health service delivery organisation

Local council

Primary Health Network

University/education/research institute

Other



**7. Please select the category that best describes your members:**

- Consumer
- Nurse practitioner
- Registered Nurse
- Medical practitioner
- Allied health professional
- Nurse practitioner employer
- Other [midwives]

**8. Do you consent to being named as having provided a submission to this consultation process?**

- Yes
- No

**9. Do you consent to your submission being published on the consultation hub?**

- Yes
- No

## **Long Form Survey Questions**

**1. Are there benefits of nurse practitioners providing health care?**

- Yes
- No
- Do not know

If selected yes, please specify the benefits.

As our health care system begins to shift from the traditional emphasis on management of emergencies and acute illnesses or acute exacerbations of illness to health prevention and management of chronic health conditions through a primary health model, the part NPs have to play in the health care team is increasingly important. NPs provide comprehensive care, not only in underserved communities (including remote areas, aged care, Aboriginal and Torres Strait Islander peoples, and homeless populations) but across metropolitan and rural areas of clinical practice. They provide safe, affordable, expert clinical care within a variety of settings.

The nature of the nursing profession means that nurses in general, and NPs in particular, are accustomed to operating as part of a holistic care team, and work well in collaboration with other health care professionals. At all levels of practice, registered nurses are adept at recognising where the knowledge, expertise and skills of our multidisciplinary colleagues are needed, then referring to and liaising with team members across the health professions.



The introduction of the NP role in Australia has improved primary health care access for marginalised, disenfranchised, and geographically isolated populations, while providing nursing expertise in such diverse areas as palliative care, cardiac health, mental health, pain management, alcohol and other drugs, and renal replacement therapy. Extending the services NPs can provide will reduce fragmentation of care by facilitating comprehensive assessment, evaluation, and treatment by NPs. It also offers increased opportunities to initiate health promotion discussions and disease prevention activities, thereby reducing the development and progress of burdensome preventable health conditions.

Dealing with one primary health provider, who in turn consults with and refers to other health care providers reduces the risk of conflicting advice or clinical decision making based on an incomplete picture, and facilitates a professional relationship between the person receiving care and the health practitioner. The holistic knowledge and skill of the NP enhances the provision of continuous care for the person as they move between contexts of practice and settings.

**2. Please rate the following potential barriers to nurse practitioners being able to provide care**

**Low public awareness of the role**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Lack of understanding of the nurse practitioner role and scope of practice amongst health professionals and employers**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**State /Territory-based legislation/policies**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Commonwealth legislation/policies**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Lack of understanding of how nurse practitioners are regulated**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------



**Limited patient access to Medicare Benefits (MBS) rebates**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Limited patient access to Repatriation Schedule of Pharmaceutical Benefits (RPBS) rebates**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Collaborative arrangements**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Career pathways**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Job opportunities**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Education and training**

<input type="checkbox"/> Not a barrier	<input type="checkbox"/> Slightly a barrier	<input type="checkbox"/> Moderate barrier	<input type="checkbox"/> High barrier	<input checked="" type="checkbox"/> Extremely high barrier	<input type="checkbox"/> Not sure
--	---	---	---------------------------------------	--	-----------------------------------

**Please describe any other barriers and include supporting information below:**

According to the final report from the MBS Taskforce NP Reference Group,<sup>2</sup> NPs aim to ensure access to and provision of holistic, person-centred health care to all people living in Australia by:

- Supporting coordinated care;
- Enabling NPs to provide care for all people in Australia;
- Addressing systemic inefficiencies caused by the current MBS arrangements;
- Improving access to telehealth services by including NPs as clinicians eligible to provide telehealth services and broadening the modes of communication to be employed.

Barriers preventing NPs from achieving these aims (in addition to those listed in the first part of the question) include:



### *MBS restrictions*

NPs are unable to request MBS rebated diagnostic imaging investigations despite this being a part of their scope of practice. The person receiving care must visit a GP or public facility to gain access to those services. This barrier to practice is exacerbated by the mandated requirement for NPs to form collaborative arrangements with GPs. Currently access to NP services is limited due to the MBS restrictions on requests and referrals. These restrictions are a barrier to the provision of timely, effective, accessible services as a private practitioner.

### *Access to services*

NPs have the capacity to provide valuable 'in time' and 'in place care' to the communities in which they live and work; this is particularly relevant for vulnerable and isolated populations. These populations include, but are not limited to:

- people with mental health conditions;
- people with alcohol and other drug related issues;
- people who may be unable to access services in a hospital setting;
- the homeless; and
- Aboriginal and Torres Strait Islander peoples who have experienced trauma associated with hospitals and associated institutions.

### *Access to telehealth*

Telehealth has the capacity to broaden access to health care services provided by NPs, as demonstrated during the COVID-19 pandemic. Telehealth is relevant to populations who are isolated due to age, geographical location and/or stage/complexity of illness or disease. NPs were granted temporary ability to use MBS telehealth services due to the COVID-19 pandemic but this will expire on the 31 December 2021.<sup>3</sup>

### *Jurisdictional and organisational criteria*

Jurisdictional and organisational criteria imposed in addition to national regulation present a barrier and fail to recognise the high level of education, training and experience held by NPs.

### *Jobs and employment opportunities*

Employment opportunities, positions (both transitional and ongoing) and career pathways need to be created for NPs. These are pressing current issues and should be given high priority in the draft NP 10 Year Plan. Funding needs to be provided to grow the NP workforce both in employed and privately practising models of care.





### **What can be done to remove or mitigate the barriers?**

NPs are highly skilled clinicians, educated to at least AQF level 9<sup>4</sup> (Masters level) in addition to pre and post-registration qualifications. NPs must be supported to work to their full scope of practice in order to offer health care to all in Australia.

Rebates available to people receiving care from NPs under the MBS do not reflect contemporary NP practice in Australia. This restricted access to MBS items limits the person's choice, affects accessibility, creates fragmentation and, at times, drives unnecessary duplication and costs throughout episodes of care.<sup>5</sup>

Mitigating the barriers to providing NP care to a wide and varied population means addressing the funding and legislative issues that restrict employment, infrastructure, professional development and indemnity insurance. The MBS requires significant restructure that acknowledges NPs as competent health practitioners, capable of requesting and referring care consistent with their scope of practice and who are essential to enabling better access to health care.

Strategies to address current barriers to NP practice include:

#### *Funding and legislative changes to improve access to health care*

- Remove current restrictions on MBS rebated imaging investigations when requested by NPs;
- Provide block funding to enable NPs to work to the full scope of their practice allowing the provision of holistic person-centred care;
- Remove the legislative mandated requirement to form collaborative arrangements;
- Allow people receiving care to access an MBS rebate for NP services received outside of a clinic or hospital environment;
- Increase the schedule fee assigned to current MBS NP professional attendance items to reflect the complexity of care provided;
- Provide block funding for the base rate of pay for NPs as an adjunct to their professional attendance items;
- Offer infrastructure grants to NPs to establish practices in communities where there is demonstrated need;
- NPs in the public sector should be given 'request and refer' access to the MBS, just as is the case for medical interns, to allow for the delivery of comprehensive care, which includes the ability to order diagnostic investigations and refer to other health professionals including allied health, when required;
- Allow NPs to approve chronic disease and mental health management plans.



### *Improving access to telehealth*

- Make permanent the MBS changes to telehealth introduced in 2021; and
- Provide funding support for professional development and access to telehealth services.

### *Removing jurisdictional and organisational criteria*

There should be no requirement for further jurisdictional or organisational criteria, credentialing or certification for NP practice. This only serves to create additional unnecessary, inefficient, frustrating processes and a further barrier to NP scope of practice which is already well regulated under the National Registration and Accreditation Scheme (NRAS).

### **3. Are there any sectors, social groups, geographical locations which would benefit from an expansion of nurse practitioner models of care?**

- Yes  
 No  
 Not sure

#### **If selected yes, what are they and how could this be achieved?**

After hours NP-led Emergency Departments (EDs) in rural environments. Rural environments have been identified as unique in their needs and small towns often face challenges staffing EDs afterhours and on weekends. When an ED cannot be staffed people requiring care are diverted to other centres that might mean travelling long distances, isolating them from family and communities and placing them at risk of deterioration. NP-led EDs benefit small communities by offering ED services that are practical and well received.<sup>6</sup>

Offering additional NP transitional scholarship places to existing RNs with guaranteed supervision by other NPs and employment as an NP upon endorsement will help encourage recruitment.

NP-led walk in clinics such as those operated in the ACT. These have been successful in increasing access to services and are widely accepted by the community.

NP-led models for specialist palliative care services. These exist in both urban and rural communities and allow the delivery of high quality palliative care.

NP-led models of care can be extended to aged, complex and vulnerable populations such as people who are homeless especially if services are delivered with cooperation from charitable organisations where vulnerable groups gather such as shelters or those who offer emergency food services. This creates the opportunity to meet people where they are and offer preventive care such as vaccination and screening.



Health care plan approval by NPs. Access to health care will be increased if NPs are included as health practitioners able to approve chronic disease and mental health management plans. Currently, approval is only through the GP, which is limiting access.

#### **4. What are some innovative ways to promote the nurse practitioner workforce in:**

##### **a. Regional, rural and remote areas?**

NP-led models of care are being used in rural communities and could be extended into additional areas of practice such as in home aged care and complex care. This requires block funding to employ NPs as members of the multidisciplinary team to provide holistic, continuity of care and draws on the NPs full scope of practice. This is in contrast to a task-focused approach.

##### **b. Metropolitan areas?**

Block funding for NPs to allow them to work to their full scope of practice. Government initiatives to employ and promote NP work and demonstrate increased access. The ACT has demonstrated how NP-led models of care can increase access to services for all members of the population.

NPs can provide home visiting services to isolated populations who may not be able to attend a clinic. To do this effectively, NPs need to be block funded and able to work to their full scope of practice.

#### **5. What strategies can be used to increase the number of Aboriginal and/or Torres Strait Islander nurse practitioners?**

The ANMF acknowledges that each community is unique and supports consultation amongst Aboriginal leaders and elders, professional nursing organisations, universities and the Australian Government Department of Health to identify needs and strategies to help address those needs.

Some ways forward might include:

- additional supported NP transitional places and ongoing positions – this includes all levels of assistance including financial, educational, cultural and emotional support to complete the Master’s program and commence NP practice;
- flexible learning options that allow RNs to remain in their communities (if they choose) as they complete their NP education and supervised clinical work on country. The use of digital technologies to provide access to mentorship and clinical (reflective) supervision for NP students and NPs.

#### **6. What strategies can be used to improve the cultural safety of nurse practitioners?**

There are numerous education programs that address cultural safety and often these are embedded in pre-registration/endorsement courses. NPs should be able to articulate or describe their approach to reflective



practice in a tangible way that is not tokenistic and this would incorporate cultural safety and identifying their bias and assumptions, the first step in becoming culturally safe. For example, the use of health consumer feedback or validation from Aboriginal people and communities about the way NPs are working could provide a way to gauge the NP's work and help them develop, the use of a professional reflective journal and the use of a reflective framework. NPs should be expected and supported to access clinical (reflective) supervision and address cultural safety during those discussions.

**7. Please rate how suitable the current funding models are for nurse practitioners in private practice:**

<input checked="" type="checkbox"/> Not at all suitable	<input type="checkbox"/> Somewhat suitable	<input type="checkbox"/> Neither suitable nor unsuitable	<input type="checkbox"/> Somewhat suitable	<input type="checkbox"/> Completely suitable	<input type="checkbox"/> Not sure
---	--	--	--	--	-----------------------------------

**Please provide any options for a more suitable approach below:**

Financial sustainability is a major limitation for NP models of care in private practice settings, particularly if offering a bulk-billing fee model. This is due to the extremely low MBS schedule fee assigned to NP professional attendance items. NPs cannot cover the cost of providing care without charging out-of-pocket costs. This is particularly challenging for NPs that are working specifically to provide services to underserved, marginalised and disadvantaged people.

The recommendation to significantly increase the schedule fee for the four time-limited NP MBS item numbers made by the Nurse Practitioner Expert Reference Group to the MBS Review Taskforce was ignored.

Block funding NPs base rate of pay as an adjunct to their professional attendance items would create a cost-effective, viable business structure. NPs with an MBS provider number should also be eligible for Workforce Incentive Payment (WIP) practice stream funding for employment in general practice settings. The Australian Government should fund designated salaried NP positions in each Primary Health Network to support residential aged care facilities in providing quality care and to reduce Emergency Department presentations and hospital admissions.

In addition, NPs should be eligible for Australian Government infrastructure grants to establish practices in communities where there is demonstrated need. There should also be recurrent incentive funding for NPs in private practice to work in areas of designated District Workforce Shortage. NPs should be able to employ other nurses under the WIP practice stream in the same way as GPs can.

**8. Is current regulation of the nurse practitioner appropriate?**

- Yes
- No
- Not sure



**Please provide any suggestions for improvement below:**

Regulation of NPs by the national nursing and midwifery regulatory authority, the Nursing and Midwifery Board of Australia (NMBA) under the *Health Practitioner Regulation National Law Act 2009*<sup>7</sup> (the National Law) is appropriate to protect the public. The title 'nurse practitioner' is protected under the National Law, making it an offence for use of the title by anyone other than those authorised to do so by the legislation. Endorsement to practice as a NP is vested in the NMBA. To be eligible for endorsement, an applicant must meet the NMBA *Registration Standard: Endorsement as a Nurse Practitioner*.<sup>8</sup> The minimum educational preparation for NPs is a Masters of Nurse Practitioner program accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA. NPs practice in all clinical areas, across metropolitan, rural and remote Australia, in both the public and private sectors. NP practice is supported by relevant legislation. All NPs must meet the NMBA *Nurse practitioner standards for practice*.<sup>9</sup>

As both RNs and NPs, all endorsed NPs practice under the NMBA professional practice framework. This national framework includes: the relevant standards for practice; the code of conduct for nurses; the code of ethics for nurses; the decision-making framework; the safety and quality guidelines for nurse practitioners; and the national registration standards for criminal history, English language skills, continuing professional development, recency of practice, professional indemnity insurance arrangements, and endorsement as a nurse practitioner.

There should be no requirement for further jurisdictional or organisational criteria, credentialing or certification for NP practice. This only serves to create additional unnecessary, inefficient, frustrating processes and a further barrier to NP scope of practice, already well regulated as detailed above.

**9. Please provide any final comments or suggestions below:**

No further comments or suggestions.



## **CONCLUSION**

---

Thank you for the opportunity to provide feedback on the Australian Government Department of Health Nurse Practitioner 10 Year Plan Consultation Paper. A comprehensive, funded, implemented and evaluated plan to grow the nurse practitioner workforce will streamline the safe, timely provision of quality health care to people in Australia, reduce costs, decrease duplication of work and documentation, improve equity of access to those who face disadvantage and reduce fragmentation of care. The plan should support nurse practitioners to work to their full scope of practice, increasing their contribution to integrated, efficient healthcare for the community. The ANMF looks forward to the next stage of the consultation for the development of a Nurse Practitioner 10 Year Plan.



## REFERENCES

---

1. Nursing and Midwifery Board of Australia. (2021). Registrant Data – Reporting period: 01 July 2021 to 30 September 2021. Available at: <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>
2. Medicare Benefits Schedule Review Taskforce (2019) Post consultation report from the Nurse Practitioner Reference Group accessed at <https://www.health.gov.au/sites/default/files/documents/2021/06/final-report-from-the-nurse-practitioner-reference-group.pdf>
3. Australian Government, Department of Health (2021) COVID-19 Temporary MBS Telehealth Services Nurse Practitioners Fact Sheet accessed at [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/OC514FB8C9FBEC7CA25852E00223AFE/\\$File/Factsheet-COVID-19-Temporary-NP-Post-1July2021.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/OC514FB8C9FBEC7CA25852E00223AFE/$File/Factsheet-COVID-19-Temporary-NP-Post-1July2021.pdf)
4. Australian Qualifications Framework Council. (2013), Australian Qualifications Framework (2 Ed.) accessed at <https://www.aqf.edu.au/sites/aqf/files/aqf-2nd-edition-january-2013.pdf>
5. Medicare Benefits Schedule Review Taskforce (2019) Post consultation report from the Nurse Practitioner Reference Group accessed at <https://www.health.gov.au/sites/default/files/documents/2021/06/final-report-from-the-nurse-practitioner-reference-group.pdf>
6. Wilson, E., Hanson, L. C., Tori, K. E., & Perrin, B. M. (2021). Nurse practitioner led model of after-hours emergency care in an Australian rural urgent care Centre: health service stakeholder perceptions. BMC Health Services Research, 21(1), 1-11.
7. Health Practitioner Regulation National Law Act 2009. Available at: <https://www.legislation.qld.gov.au/view/html/inforce/current/act2009-045>
8. Nursing and Midwifery Board of Australia. (2016). Registration standard: Endorsement as a nurse practitioner. Melbourne: NMBA. Available at: <https://www.nursingmidwiferyboard.gov.au/registration-standards/endorsement-as-a-nurse-practitioner.aspx>
9. Nursing and Midwifery Board of Australia. (2021). Nurse practitioner standards for practice. Melbourne: NMBA. Available at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-ofpractice.aspx>