Submission by the Australian Nursing and Midwifery Federation

Australian Government Department of Health and Aged Care MBS Health Assessment Items Review

30 September 2024

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
W: 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 326,000 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 feedback on the review of MBS Health Assessment Items. Our response highlights key issues in relation to this topic and addresses the survey questions. The ANMF supports registered nurses, nurse practitioners, and where appropriate endorsed midwives and midwives being able to initiate and conduct the health assessment items described in the consultation paper. Nurses and midwives have the qualifications, knowledge, and scope of practice to undertake complex assessments and should be able to access MBS items that are within their scope of practice, without the oversight of a general practitioner (GP). Ideally health assessments would be available through block or salaried models of funding and include nurses and midwives working in aged care facilities, community health centres and facilities such as nurse-led walk-in centres and specialised registered nurses, such as women's health nurses. This would increase access to affordable, preventative care and early intervention. The ANMF notes two major omissions in the list of health assessment items:

Women's health assessments including but not limited to, abnormal menstruation, reproductive health, perimenopause and menopause health, gender-based violence, mental health and sexual health assessments for both men and women.

Questions

Q1. What should be the key focus of MBS subsidised health assessment services in primary care?

- **Preventative care**
- **Early intervention**
- **Other (please provide comments)**

Preventative care and early intervention are reasons for conducting health assessments. As some health assessments can be repeated on a routine basis, the initial assessment would be considered preventative care, while subsequent assessments are considered preventative care and early intervention.

Health assessments should be person-centred with needs-based interventions and outcomes. Basic screening such as vital signs, health, physical, social, and genetic history are non-invasive and help to direct targeted comprehensive assessments and follow up care. A profit-driven, fee for service approach, such as that seen in general practice settings, is expensive and not necessarily conducive to providing accessible, holistic, person-centred care. The ANMF suggests a fee for service model is not the most appropriate way to undertake targeted health assessments. Additionally, GPs are not the only health practitioners qualified to initiate and undertake such assessments. Registered nurses (RNs), nurse practitioners (NPs), endorsed midwives and midwives are qualified to provide holistic, person-centred care and are well positioned to conduct targeted health assessments if funded to do so, ideally through block and salaried models of funding or by accessing the health assessment MBS items currently only accessed by GPs. MBS item numbers for nurses and midwives to conduct health assessments would ensure a cost effective and transparent system recognising the work undertaken by RNs and midwives but currently only available under the medical practitioner's MBS items.

Q2. From a clinical perspective, how well do MBS health assessment items for comprehensive medical assessments* support preventative care compared to usual care (Level A-E attendances)? Poorly/Somewhat/Fully/Unknown.

Based on the discussion paper, the most appropriate answer to this question is 'unknown'. The systematic review 'highlighted that, while many of the evidence-based sub-components are reflected in current MBS health assessment items, the items do not consistently align with current clinical guidance" (p. 6) which is concerning. According to the discussion paper and literature review, there is limited evidence to support the current approach to MBS health assessment items with seemingly limited accountability or evaluation by the health provider offering this service. This brings into question the transparency and accountability of those currently responsible for delivering the health assessments cited in the literature.

A Monash Research and Education Network Brief recently concluded that the Older Persons Health Assessment may improve survival and quality of life, but the outcomes may equally be attributed to greater utilisation and quality of health services.[1] The ANMF supports the retention of health assessments where they demonstrate that they facilitate access to appropriate and affordable health services and are shown to improve health outcomes. Health assessments must promote holistic care that meets the needs of individuals and not result in fragmentation and poor utilisation of resources by including and excluding assessments not relevant at that point in time to the person receiving care.

Due to insufficient published evidence on the efficacy of general health assessments, the Bond University systematic review focused on the examination of evidence for individual sub-components of general health assessments (p.5). The difficulty in comparing the effectiveness of the comprehensive assessments with general consultations is acknowledged, demonstrated by the lack of available evidence. Given the limited uptake of health assessment items, preventative care activities are either occurring as a part of general consultations or not occurring at all. In order to justify MBS spending and ensure accountability, transparency and payment to private practices to conduct health assessments, further and ongoing fit for purpose research is urgently required.

Of particular concern is the limited number of vulnerable populations, such as those with intellectual disabilities, accessing health assessments. Research suggests that people with an intellectual disability have more complex health concerns than the general population and benefit from preventative strategies[2] and can be identified through regular health assessments when available. Variables such as poor advocacy or limited knowledge about how to access health assessment services may impact uptake of the service by people from vulnerable groups. There may be a shortage of GPs offering health assessment services or they may not have the skill and expertise to work with a vulnerable population such as people with intellectual disabilities. Expanding the type and number of health practitioners who are funded to initiate and conduct health assessments will increase access to preventative care and early intervention, if the prescribed care and services are affordable and accessible. Ideally, funding would be made available to existing services (but currently excluded) that allow RNs, NPs, endorsed midwives and midwives to initiate and conduct comprehensive health assessments. Allowing nurses and midwives who work in nurse-led and midwife-led clinics and services or facilities such as the nurse-led walk-in centres in the ACT, aged care residential facilities or community health centres would improve access to health assessments and reduce the burden on GPs especially in underserved areas such as rural and remote communities.

Q3. From a clinical perspective, how well do MBS health assessment items for targeted health assessments* support preventative care compared to usual care (Level A-E attendances)? Poorly/Somewhat/Fully/Unknown.

Previously identified in Question 2 and based on the evidence presented in the discussion paper, the most relevant response is “Unknown”.

It would be useful to identify if services are being duplicated, for example, if veterans have access to similar assessments and alternative care pathways through the Department of Veterans’ Affairs.

Many of the health assessment items must not be performed in conjunction with a separate consultation. Bulk billed and low out of pocket fee GP services are minimal, and in many locations, non-existent. Access to health assessment consultations comes at a cost to the person and they

might not be able to justify the expense when they perceive there is no pressing medical condition to be addressed. Preventative health care must be opportunistic, and the funding invested in prevention, early detection and intervention realised in future acute health care savings.

Q4. To what extent do the Aboriginal and Torres Strait Islander health assessments (child, adult, and older person) support patient health outcomes compare to usual care (Level A-E attendances)? Poorly/Somewhat/Fully/Unknown.

Consistent with responses to Questions 2 and 3, there is insufficient data provided in the discussion paper to assess whether Aboriginal and Torres Strait Islander Health Assessments support health outcomes compared with usual care.

The discussion paper identifies that approximately 16% of Aboriginal and Torres Strait Islander peoples go on to claim their first General Practitioner Management Plan (GPMP) or Mental Health Treatment Plan (MHTP) within two months of accessing a health assessment (p 2). This suggests that there may be benefits for a small proportion of Aboriginal and Torres Strait Islander peoples but the vast majority of Aboriginal and Torres Strait peoples do not access other services in a timely manner following the completion of a health assessment. This finding corresponds with ANMF members' feedback that after the completion of an Aboriginal and Torres Strait Islander Health Assessment (MBS Item 15), there is reasonably limited affordable, long-term follow-up treatment available, suggesting more focus is required to ensure adequate resources, (specifically funding to improve access to health practitioners) for follow-up treatment are available.

Q5. To what extent do the current patient eligibility requirements for MBS health assessment items support preventative care and early intervention? Poorly/Somewhat/Fully/Unknown.

The most appropriate response is 'Unknown.'

Health assessments should be conducted based on screening and need, rather than age or time. Health practitioners should screen for and conduct the most appropriate health assessment, implement treatment plans and monitor, evaluate and record interventions and outcomes. A person's ability to engage with a treatment plan will largely be related to their ability to access services prescribed as part of the treatment plan. This may involve additional time, travel, out-of-

pocket costs, and be impacted by service availability. Additional health service providers often incur out-of-pocket costs resulting in reduced access and ability to comply for many.

The ANMF recommends consideration regarding the age at which health assessments occur. For example, the older persons health assessment is available for people aged over 75 years. There may be some people younger than 75 years but with an equivalent health age of 75 years and ineligible for a health assessment, leading to a missed opportunity to engage in preventative health services and addressing their needs. This also applies to diabetes screening where modifiable risk factors may be identified during pre-conception care which is likely to occur below the age of 40 years.

Again, many of the health assessment items must not be performed in conjunction with a separate consultation, making the person ineligible for opportunistic preventative health service. Time tiered, usual care and increasingly short consultation times leave little time for preventative care to be addressed in a fee-for-service model. Bulk billed and low out of pocket fee GP services are minimal, and in many locations, non-existent. Preventative health care must be opportunistic as well as planned and the funding invested in prevention, early detection, health promotion and intervention realised in future acute health care savings.

The Federal Government discontinued the healthy kid check in late 2015.[3] There may be value in considering the re-instituting of a universal children's health assessments offered through school nurses and maternal, child and family health nurses in addition to the existing Aboriginal and Torres Strait Islander Child Health Assessment. Conducting health assessments at an early age before certain unhealthy behaviours become entrenched could assist in preventing some chronic diseases. Universal screening for optical, speech and hearing deficits can result in early intervention that can improve learning outcomes and cognitive function.

Q6. What are the key limiters to delivering MBS health assessment items? (select all that apply)

- **Preventative care already delivered within general attendances**
- **Suitability of patient groups currently eligible for health assessment items**
- **Clinical time required to deliver health assessment services**
- **Clinical complexity of patient groups targeted under the items**
- **Alignment of MBS item requirements with changes in modern clinical practice**
- **Workforce availability**
- **Opportunistic billing of MBS items by providers other than a patient's usual provider**
- **Other (please provide comments)**

The following are key limiters to delivering MBS health assessment items:

- ✓ Suitability of patient groups currently eligible for health assessment items.
- ✓ Clinical time required to deliver health assessment services.
- ✓ Clinical complexity of patient groups targeted under the items.
- ✓ Alignment of MBS item requirements with changes in modern clinical practice.
- ✓ Workforce availability.

Clinical time required to deliver health assessments can be burdensome for the person accessing the service and for the medical practitioner delivering it and act as a disincentive.

Clinical complexity of groups targeted under the items may present issues especially for those with comorbidities who fall under more than one health assessment type. This situation may result in a narrow focus to health care, where the needs of the person are not identified or addressed because they don't meet a particular criterion.

Limiting health practitioners who can initiate and conduct MBS funded health assessments impacts negatively on access and uptake. Additionally, the inability of health practitioners other than medical practitioners to refer people to relevant services also restricts their utility. Alignment of MBS item requirements, with modern clinical practice, by giving access to RNs, NPs, endorsed midwives, and midwives would expand the number of people who could access health assessments. However, out-of-pocket costs associated with prescribed services may limit who can

continue with health plans and prescribed interventions. This reduces their usefulness and cost effectiveness.

Workforce availability is an issue. Currently this situation is highly relevant, especially in locations where access to GPs is limited. NPs, RNs, endorsed midwives and midwives are qualified and skilled in conducting comprehensive assessments within their scope of practice without oversight by another health practitioner and access to funding should be available to these professions.

Q7. What would support the improved delivery of targeted health assessment services under the MBS?

- **Delivering health assessment services via general attendances (Level A-E)**
- **Improving item linkages to active clinical guidance (e.g. Guidelines for preventive activities in general practice*)**
- **Expanding nurse, Aboriginal Health Worker and/or allied health practitioner roles in supporting health assessments**
- **Provider education on MBS health assessment items**
- **Restricting billing of health assessments to a patient's registered MyMedicare practice**
- **Introducing health assessment items for Nurse Practitioners**
- **Other (please provide comments)**

Extending MBS criteria to allow NPs, RNs, endorsed midwives and midwives to initiate and undertake health assessments without the oversight of a GP can improve the quality, cost effectiveness and uptake of health assessments. NPs, RNs, endorsed midwives and midwives are suitably qualified to initiate and undertake health assessments within their scope of practice for people with risk factors for chronic conditions. Further, nurses and midwives work in areas where vulnerable groups are located. For example, nurses practise in residential aged care facilities, and this could ensure residents receive health assessments in a timely and holistic way including follow up and referral as part of an ongoing therapeutic relationship.

Ideally health assessment funding would be available to NPs, RNs, endorsed midwives and midwives working in primary care roles, including those in salaried positions working in areas such

as community health centres, walk-in centres and aged care facilities, NP- led or midwife-led practices. Midwives practise in Aboriginal Community Controlled Health Organisations and could increase access to preventative health assessments for women.

Improving links between MBS items and the best available clinical guidance and research will ensure assessments are evidence-based and relevant to current best practice. This approach improves accuracy in targeting assessments, resulting in more effective health assessments and enhanced health outcomes. Using evidence-based approaches will assist in determining monitoring and evaluation criteria and improve reporting and accountability for funding.

As discussed, expanding MBS funding to Aboriginal health workers will improve access to health assessments and provide care that is more culturally appropriate and tailored to the needs of diverse populations. These health workers can play a critical role in conducting and coordinating health assessments, particularly in underserved areas.

Restricting billing of health assessments to a person who has registered a general practice with MyMedicare may assist in ensuring continuity of care and streamlining the management of health records but there is no guarantee that this will occur. Such a restriction, however, can limit flexibility and access and discriminate against people who receive care from non-traditional providers, for example homeless clinics, vulnerable populations, such as frail elderly who may not access the internet, people with intellectual or cognitive disabilities, those who attend multiple providers due to situational variables or those who choose not to have a registered MyMedicare practice.

Other measures might include integration of digital health tools to support remote assessments, improving data sharing between providers and enhancing support for interdisciplinary care teams. Exploring innovative approaches and technologies could further enhance the delivery of health assessment services.

Q8. Do current arrangements for MBS health assessment items support practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners to work to their full scope of practice? Poorly/Somewhat/Fully/Unknown.

The most appropriate response to this question is 'Unknown', given that the discussion paper does not clearly outline how nurses in general practice, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners are involved in the provision of health assessments. The ANMF does note that the Australian Primary Health Care Nurses Association[4] (APNA, 2022) reported in their 2022 Workforce Survey that 32% of nurses who work in primary health care in Australia were not utilised often or most of the time. Improving the utilisation of nurses, including those who work in primary health care, is essential to improving health outcomes for people in Australia.

It is known that registered nurses cannot access MBS funding to initiate and conduct health assessments as this must occur through the GP. Consequently, scope of practice is restricted. Changing the criteria to allow nurses, midwives and other suitably qualified health practitioners to initiate and conduct targeted MBS funded, health assessments would enable them to work to their scope of practice and improve access to this type of health care, especially by those in vulnerable population groups. This change would be beneficial especially where the health practitioner already has an established therapeutic relationship with a person and/or where GPs are in short supply.

The ANMF recommends that Aboriginal and Torres Strait Islander health practitioners are supported to work to their full scope of practice and are involved in health assessments.

The ANMF advocates for the inclusion of Aboriginal and Torres Strait Islander nurses and midwives in MBS billing privileges, specifically for items currently utilised by Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

Aboriginal and Torres Strait Islander nurses and midwives possess a profound understanding of cultural protocols, traditional healing practices, and community dynamics, derived from their lived experiences and cultural heritage. This intrinsic knowledge is invaluable in fostering trust, rapport, and culturally secure health care delivery within Aboriginal and Torres Strait Islander populations.

Furthermore, these practitioners undergo rigorous training and education, equipping them with advanced clinical expertise, which complements their cultural insights and empowers them to provide comprehensive and holistic care to people.

Recognising the equivalency of cultural knowledge and the expanded clinical capabilities of Aboriginal and Torres Strait Islander nurses and midwives, as compared to Health Workers and Practitioners, it is imperative to afford them the opportunity to bill for MBS items in provision of care for their communities. This acknowledgement not only aligns with the principles of cultural safety and self-determination but also serves as a catalyst for optimising health care outcomes and addressing the complex health disparities faced by Aboriginal and Torres Strait Islander communities.

Q9. The 'Minimum Approach', as outlined in the discussion paper (p.14), is the minimum viable change for all MBS health assessment items. Under this approach, should any of the potential additional changes included in the discussion paper be considered? (select all that apply)

- **Link health assessments to MyMedicare**
- **Remove health assessments (time-tiers or health assessment types) that are no longer relevant (please specify)**
- **Expand access to allow other health professionals to provide health assessments (please specify)**
- **None of the above (please comment)**

Access to health assessments would be improved by allowing other health practitioners to initiate, deliver, monitor, and evaluate them, ideally by channeling MBS funds into block or salaried funding models. Access would further be extended by allowing health practitioners to work in settings not classified as traditional general practice and where it is not a criterion to have a GP employed to access these items and funding. Where the MBS system remains, NPs and RNs should have MBS privileges equivalent to medical practitioners.

Enabling NPs and suitably qualified RNs including those working in specialty areas such as, women's health, sexual health and child and family health, endorsed midwives and midwives to conduct health assessments independently is beneficial for several reasons including:

- Increased access to care: Nurses and midwives provide comprehensive health assessments in their areas of practice, for vulnerable and diverse populations and where there are limited numbers of GPs, for example in rural or underserved communities. This helps bridge the gap in access to primary care services.
- Enhanced efficiency: Nurses and midwives are educated to perform health assessments including screening and managing care and treatment plans independently. This offers a more efficient use of health care resources including a reduction in wait times for people seeking preventive care and early intervention.
- A holistic approach: Nurses and midwives work using a holistic framework that considers all aspects of a person's well-being, past trauma, and the social determinants of health. This approach results in comprehensive and personalised health assessments, follow up care, monitoring, and evaluation.
- Preventive care focus: NPs, RNs, endorsed midwives and midwives are well-positioned to emphasise preventive care and early intervention. Allowing them to perform health assessments independently as part of the multidisciplinary team, including screening and referral to other health practitioners can enhance the focus on preventing illness and managing chronic conditions effectively and avoid fragmentation of care.
- Person-centred care: NPs, RNs, endorsed midwives and midwives, build strong relationships with people and provide continuity of care. Conducting health assessments independently allows the tailoring of care plans based on a deep understanding of the person's individual needs and preferences.
- Efficient use of health care teams allows each member of a multidisciplinary team to focus on their areas of strength increasing the breadth of health care cover.

Q10. Is there benefit in further considering the 'Moderate Approach', as outlined in the discussion paper (p.15), to update eligible patient cohorts and service frequencies of MBS health assessment items in line with current clinical guidance? Yes/No/Unsure.

Health assessments should be person centred, address identified needs and use evidence to guide decision-making, monitoring, and evaluation. As suggested in the discussion paper, current practice in health assessments does not align with evidence. This requires attention to ensure needs are being met and that responsibility and accountability is clear. This alignment will also guide interventions, monitoring, evaluation and reporting to determine program efficacy and value for money.

Q11. If the 'Moderate Approach' is considered should further consideration be given to:

- **Combining the chronic disease, type 2 diabetes and heart health assessments into a single assessment**
- **The addition of new clinical requirements (please specify)**
- **Service frequency stratification based on patient's level of risk (please specify**
- **Health assessments for new patient cohorts (please specify)**
- **None of the above (please comment)**

The following further matters should be considered:

- Adding new clinical requirements for specific health assessments in line with current clinical evidence and guidelines. For example, the 10th edition of the RACGP's Guidelines for preventative activities in general practice includes new guidance in relation to frailty for older adults.
- Stratifying service frequency according to the person's level of risk and
- Any addition of new health assessments for new cohorts should be driven by evidence. Further research is required to determine where additional targeted health assessments are required. For example, health assessments for people on release from prison, children in out of home care, women's health and sexual health, all warrant investigation as to need. Those accessing funding to conduct health assessments should be required to report on outcomes to ensure transparency and establish program efficacy.

Q12. Is there benefit in considering a more significant restructuring of any or all health assessment items, such as outlined in the discussion paper (p.15)? Yes/No/Unsure.

As stated earlier, the ANMF would support the restructuring of the MBS funding so it is available to NPs, RNs, midwives and endorsed midwives, Aboriginal and Torres Strait Islander nurses and midwives. Particularly those working in specialist areas of practice including but not limited to, women's health, school nursing, alcohol and other drug services, sexual health and those working in settings outside general practice such as community health centres, walk-in clinics and aged care facilities.

As previously stated, the ANMF supports health assessment items and the subsequent prescribed care being available through block and salaried models of funding. Anecdotally, follow-up by people receiving treatment plans is often low, especially where it involves referral to other health practitioners who attract out of pocket costs. For health assessments to be successful, there is a need to determine how to remove barriers that enable people to follow up on treatment plans in ways they can afford. Services providing preventative health assessments also have a duty of care to follow up on the outcomes of those assessments not reflected in the current fee-for-service system.

Q13. Is there any further clinical evidence relating to health assessments that the department should be aware of when considering the future arrangements for health assessments?

Future arrangements for health assessments should consider the importance of:

- A person-centred approach – evidence supports the effectiveness of person-centred care which requires consideration of the person's preferences, values, and needs in health assessments. This approach can improve engagement and adherence to recommendations.
- Digital health tools - the integration of digital tools such as wearables, mobile health apps, and remote monitoring devices can enhance health assessments. These tools offer continuous monitoring and data collection, providing a more comprehensive picture of a person's health.
- Integration of mental health – evidence supports that mental health assessments should be integrated with physical health assessments.

- Telehealth – the expansion of telehealth has shown that remote consultations and assessments can be effective, especially for follow-ups and routine check-ups.
- The person's experience and satisfaction – the quality of the person's experience can influence health outcomes. Ensuring that health assessments are conducted in a manner that respects the person's preferences and provides a positive experience is important.
- Opportunistic health assessments that occur alongside a person's interaction with the primary health care system for other conditions.

Q14. Please provide any other comments about MBS health assessment items.

The discussion paper only references the Royal Australian College of General Practitioners [5] *Guidelines for preventive activities in general practice*. Nurses play a critical role in the delivery of primary health care services, and we recommend that nursing guidelines, such as the ANMF [6] *National Practice Standards for Nurses in General Practice*, must also be incorporated into future related reviews.

Midwives play a critical role in primary health care, yet they are not recognised as health practitioners in preventative health care under these MBS health assessment items. The ANMF recommends the inclusion of midwives according to their scope of practice in future MBS health assessment items. Midwives practise in primary care not only providing pregnancy, birth, and postnatal care but also pre-conception and sexual health care. In these roles midwives are well placed to provide health assessments, including but not limited to addressing smoking (and cessation assistance), physical activity, type 2 diabetes risk, obesity and weight management, and alcohol use. If the power of the Australian health care workforce is to be unleashed, it is imperative all practitioners are recognised as members of the multidisciplinary team and supported to contribute to their full scope of practice.

Conclusion

Thank you for this opportunity to provide feedback to the Australian Government Department of Health and Aged Care for the review of MBS Health Assessment Items. Allowing nurse practitioners, registered nurses, endorsed midwives and midwives to initiate and conduct MBS health assessment will improve the community's access to care; support early detection and prevention; allow them to work to their full scope of practice and leverage their expertise in providing person-centered, cost-effective, and evidence-based care. This approach aligns with modern health care practices that emphasise integrated and efficient care delivery.

References

[1] Zamroni, B. "Evidence Brief No. 1. What Is the Effectiveness of the Mbs Health Assessment for People Aged 75 Years and Older?". Melbourne: MonREN, 2023.
[2] Liao, P., C. Vajdic, J. Trollor, and S. Reppermund. "Prevalence and Incidence of Physical Health Conditions in People with Intellectual Disability - a Systematic Review." [In eng]. *PLoS One* 16, no. 8 (2021): e0256294. https://doi.org/10.1371/journal.pone.0256294.
[3] Alexander, K. E., & Mazza, D. (2015). Scrapping the Healthy Kids Check: A lost opportunity. Medical Journal of Australia, 203(8), 321-322. https://doi.org/doi:10.5694/mja15.00683
[4] Australian Primary Health Care Nurses Association. (2022). 2022 APNA Workforce Survey Snapshots: National Snapshot. https://www.apna.asn.au/hub/APNA-workforce-survey/2022-wfs-data-snapshots
[5] Royal Australian College of General Practitioners. (2024). Guidelines for preventive activities in general practice: About the red book. https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/preventive-activities-in-general-practice/about-the-red-book
[6] Australian Nursing and Midwifery Federation. (2014). *National Practice Standards for Nurses in General Practice*. https://www.anmf.org.au/media/ouzgnqft/anmf_national_practice_standards_for_nurses_in_general_practice.pdf