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## Position Statement

# Nurse Practitioners in the Victorian Health System

25 November 2019

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*This position statement has been developed by the Victorian Healthcare Association with close input from the Australian College of Nurse Practitioners. It reflects the aims of both organisations to improve the training, employment and utilisation of nurse practitioners in the Victorian health system, across all settings.*

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## Nurse Practitioners in the Victorian Health System

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### Recommendations

- The Victorian Government should enter into a memorandum of understanding with the Commonwealth Government in relation to the Improving Access to Primary Care Services in Rural Areas (s19(2) Exemptions) Initiative.
- The Victorian Government should align the prescribing rights of Victorian nurse practitioners with those in other jurisdictions, and allow Victorian nurse practitioners to prescribe to the full extent of their scope of practice.
- The Victorian Government should complement the development of nurse practitioner models of care with an ongoing commitment to fund public hospitals and registered community health services to support candidate nurse practitioners as they complete their master's degree and 5,000 hours of advanced clinical practice experience.
- The Victorian Government should maintain an ongoing commitment to funding postgraduate nursing and midwifery scholarships to incentivise candidate nurse practitioners to further their education and deepen the nurse practitioner workforce.
- The Victorian Government should make changes to TAC and WorkSafe claiming that will enable nurse practitioners to bill for relevant activities and provide certificates of capacity.
- The Commonwealth Government should increase in the reimbursement of time-based consultations to align with payments made to other health professionals and make changes to MBS and DVA billing items which will enable eligible nurse practitioners to bill, within their scope, for chronic health management plans, mental health care plans, advanced care directives, telehealth item numbers and to deliver care older people in their homes and residential aged care facilities, all with the aim of reducing reliance on emergency departments.
- The Commonwealth Government amend the mandated requirement for nurse practitioners to form collaborative arrangements with a medical practitioner, in accordance with the National Health Determination 2010.

### Key messages

- Nurse practitioners are registered nurses experienced in their clinical specialty with a master's level education, endorsed by the Nursing and Midwifery Board of Australia to provide patient care in an advanced and extended clinical role.
- The Victorian health system is experiencing increased demand for services with the impact of an ageing population, population growth and increasing prevalence and complexity of chronic diseases, further compounded by workforce challenges and shortages across a number of health professions.
- Nurse practitioners have an essential role to play to relieve pressure from the health system, ensure scarce health funding is spent on delivering more access to the care and support community needs, and to help to resolve some of the state's health workforce challenges.
- Nurse practitioners are underutilised in the Victorian healthcare system and are not enabled to work to their full scope of practice.

### Background

The health sector faces significant challenges: an ageing and growing population, increasing prevalence and complexity of chronic disease, and increasing community expectations. Improving access to health care that addresses the needs associated with increasing prevalence of chronic disease and an ageing population is essential to the overall success of the health system. Cohesive efforts to improve the health system's effectiveness are central to improving the system's performance to ensure better health outcomes for all Victorians.

Compounding these challenges, Victoria is experiencing workforce shortages across a number of health professions, including general practice, medical speciality areas, dentistry, nursing, midwifery, mental health, ageing, and some key allied health professions.

Different models of service delivery have been implemented across the state, and indeed the country, to address these challenges and reduce identified workforce gaps. The VHA considers that nurse practitioners can play a key role in alleviating some of these challenges, particularly in areas with limited access to general practitioners (GP).

### Nurse practitioners

Nurse practitioners are registered nurses experienced in their clinical specialty with a master's level education, endorsed by the Nursing and Midwifery Board of Australia to provide patient care in an advanced and extended clinical role. Nurse practitioners deliver care across the health care spectrum from primary through to acute care; fulfilling different, but equally important roles, in the health system.

In Australia, the majority of nurse practitioners are employed in the public sector, typically in acute care where they provide advanced nursing care across the continuum of services for patients who are acutely, critically, or chronically ill with complex conditions. In addition to roles in the acute care environment, there are nurse practitioners providing a range of effective primary health care services either as a generalist, or by providing a specialist nursing service across a broad spectrum of specialisation for example, in mental health, emergency, community health, palliative care, rural and remote nursing, drug and alcohol services, women's health or aged care.

Irrespective of the setting, the nurse practitioner role serves to improve access to treatment, provide cost-effective care, target at-risk populations, provide outreach services in all settings but in particular outer metropolitan, rural and remote communities, and provide mentorship and clinical expertise to other health professionals in the absence of other clinical specialists and where clinical workforce shortages are experienced.

The nurse practitioner role has the ability to transform the way in which care is delivered, and to support consumer choice, however, for a range of reasons and due to a number of barriers, in Victoria nurse practitioners are underutilised and not able to practice to their full scope of practice.

### Challenges and barriers

In Victoria, the authority for nurse practitioners to prescribe requires them to have a notation of a category of nurse practitioner against their name on the national register. This is in addition to the endorsement as a nurse practitioner and does not exist in other jurisdictions. This requirement restricts the range of medicines within the approved formulary that can be prescribed and places limitations on nurse practitioners in Victoria's health system.

The important role nurse practitioners can play in Victoria's health system is further impacted by limitations to the services nurse practitioners can provide despite appropriate training and funding they can access. For example, nurse practitioners cannot:

- access appropriate funding to provide treatment, support and assistance to Transport Accident Commission (TAC) clients
- access appropriate funding, nor issue certificates of capacity through WorkSafe
- claim against Medicare Benefits Scheme (MBS) and Department of Veteran Affairs (DVA) item numbers for chronic health management plans, mental health care plans, for the completion of advance care directives and to provide care to older people in their homes and residential aged care facilities

- work autonomously under MBS telehealth item numbers, which currently requires a medical specialist to be present at the consultation with a nurse practitioner, severely impacting delivery of care in rural settings.

Financial sustainability has been identified as a major limitation for nurse practitioner led models of care in registered community health services. Rebates for nurse practitioners are set at a rate lower than junior medical practitioners, allied health practitioners and specialist nurses, requiring the majority of nurse practitioner models of care to charge patients out-of-pocket fees to cover the cost of providing care. The combination of low MBS rebates and low out-of-pocket fees makes it difficult for most organisations with nurse practitioner led models of care to recover their costs, creating a disincentive for employers wishing to engage a nurse practitioner.

Public health services understand the important role nurse practitioners play in ensuring access to services and filling gaps in the system, however, the cost associated with training and retaining nurse practitioners based on the current scope of practice, in many cases, is prohibitive and comes at a cost to other models of care.

To overcome some of the funding challenges associated with employing nurse practitioners, many public hospitals have implemented alternative approaches. For example, a large metropolitan hospital has, through philanthropic funding, supported the clinical component of training for two nurse practitioner candidates working towards endorsement. While grateful for donor contributions, the sustainability of this model is uncertain and longer-term planning to embed the nurse practitioner workforce in the health setting continues to be a challenge.

The endorsement requirements of the Nursing and Midwifery Board of Australia means that experienced registered nurses who wish to become a nurse practitioner must undertake a two year master's degree, followed or preceded by at least three years full time advanced practice experience. This process requires considerable investment by public hospitals and registered community health services. This, when combined with other barriers, often acts as a disincentive to support such an investment despite the potential benefit.

In accordance with the National Health (Collaborative arrangements for NPs) Determination 2010, nurse practitioners are currently required to establish a collaborative arrangement with a specified medical officer. Collaborative arrangements can be difficult to develop, particularly in rural and remote areas, due to the availability and accessibility of medical practitioners and their willingness to participate in such arrangements, reducing patient and organisational access to nurse practitioner led care.

### Opportunities

A significant opportunity exists to learn from other countries and jurisdictions on how to better integrate the nurse practitioner role into the health system. Health care reforms to address access, quality of care issues and workforce shortages in Canada and the United States have led to significant and successful steps to better utilise and integrate nurse practitioners into health systems and improve equity of access to care.

Evaluation of the effectiveness and safety of the nurse practitioner role in Canada and the US has reported positive effects for clinical outcomes, patient satisfaction, and health service costs. Further, broader use of nurse practitioners has been shown to reduce length of stay and wait times in North American settings, presenting an opportunity to reduce costs, and improve patient outcomes and experiences.

A systematic approach to establish the foundation for the nurse practitioner role including implementation and evaluation is required. Getting these components right will ensure nurse practitioners can fulfil their role to increase points of access to the health care system, provide emphasis on education and disease prevention, and deliver timelier, high-quality, cost-effective care across different practice settings, an opportunity that should not be overlooked by the Victorian health system.

Attracting and retaining general practitioners in rural areas is often costly for public hospitals and registered community health services, and high rates of turn-over often mean communities must rely on costly locum general practitioners, or urgent care centres, in which Rural and Isolated Practice Endorsed Registered Nurse (RIPERN) provide a limited service, to receive the primary care services they require. A cost-effective and successful solution to addressing this issue is greater utilisation of the nurse practitioner role.

Building a safe, sustainable, efficient and effective primary healthcare workforce that meets the requirements of all communities is a key priority for the health system. A key component of this is the recruitment and retention of general practitioners in regional and rural areas, however, attracting and retaining general practitioners in regional and rural areas is a significant challenge for the health care sector. By working to their strengths and full scopes of practice, generalist and specialist nurse practitioners working alongside general practitioners present an opportunity to reduce the effects of stress and burnout for all members of the health care team and fill workforce gaps where attraction of a GP has been difficult. This will provide more meaningful work, and potentially aid in the attraction and retention of general practitioners and hospital medical officers in rural areas, and support healthcare organisations better meet the needs of the local community. This also offers a chance to support key local health initiatives and priorities as well as potentially reduce wait times and avoidable hospital admissions.

Ensuring access to primary health services in rural and remote areas is an ongoing challenge for the state and Commonwealth governments and the health system. As part of the 2006-07 Federal Budget process the Council of Australian Governments (COAG) introduced the Section 19(2) Exemptions Initiative - Improving Access to Primary Care in Rural and Remote Areas Initiative (the initiative), in conjunction with the Better Health for All Australians Action Plan. The initiative provides for exemptions under s19(2) of the Health Insurance Act 1973 to allow exempted eligible rural and remote public hospitals to claim against the MBS for non-admitted, non-referred professional services (including nursing, midwifery, allied and dental services) provided in emergency departments and outpatient clinic settings. The initiative recognises that small rural and remote towns often have limited access to primary health care services and in response to a lack of private practices, many rural and remote public hospitals have employed medical officers to make traditional GP services available.

At the time of conception Victoria elected not to be part of the initiative but remains eligible to participate. If Victoria were to enter into a memorandum of understanding with the Commonwealth, nurse practitioners employed by exempt rural health services would be eligible to claim MBS services representing a significant opportunity to increase the utilisation and viability of the nurse practitioner role in these services.



### For further information contact

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