



College Submission
February 2023

Feedback on the Nurse Practitioner Strategic Plan: Increasing Access to health and aged care: a strategic plan for the nurse practitioner workforce

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care***. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

ACRRM has more than 5000 rural doctor members with 1000 doctors in training, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

ACRRM welcomes the opportunity to provide feedback on the consultation draft *Nurse Practitioner Strategic Plan: Increasing access to health and aged care* (the Plan), which aims to support the ongoing development of a capable, resilient Nurse Practitioner workforce delivering person-centred, evidence-based, compassionate care.

In the view of the College, the structure and language of draft in its current form is clear, logically structured and with clearly expressed actions and outcomes.



The College notes the wide-ranging roles that Nurse Practitioners (NPs) already play within the health care system. Many of our members already work closely with NPs in a range of settings, including hospitals and private practices. Our comments are focussed on the rural and remote context and perspective, noting that these are different from more urbanised settings.

ACRRM also recognises that there are a wide range of roles undertaken by NPs and nurses more broadly. We value all nurses, including NPs, as contributors to health care teams which provide care to people in rural and remote communities including Aboriginal and Torres Strait Islander communities.

The College supports models of care that involve a collaborative and team-based approach where possible. In rural and remote areas, this includes adopting a distinctive, flexible, and broad scope of practice within each practitioners' safe scope to deliver the fullest and best possible care locally. There is already a broad range of excellent rural and remote nursing and allied health care models which reflect this rural generalist approach to rural healthcare and which involve remote area nurses, midwives, Aboriginal and Torres Strait Islander health professionals and others, in addition to NPs.

Whatever model is adopted, it is important that high quality, continuity of care is maintained, and most importantly, collaboration with the relevant Rural Generalist or specialist GP.

General Comments – Outcomes and Actions

The College notes that the Strategic Plan aims to enhance the accessibility and delivery of person-centred care for all Australians through a well-distributed, culturally safe nurse practitioner (NP) workforce.

ACRRM notes that the supporting statement: *A health and aged care system that facilitates and integrates sustainable NP practice, that is culturally safe and responsive, equitable and free of racism, that enables NPs to work to the full scope of practice and provides NPs with opportunities, will support better health-related outcomes for Australians*, is relevant to all professions within the health care system.

Outcomes

Outcome 1: Consumers will have access to a range of services, including NP services, in all settings across the country

Nurse Practitioners can provide important services in rural and remote communities, both within general practice and hospital-based settings, and ACRRM recognises and values the role that they can play in the provision of care in rural and remote and Aboriginal and Torres Strait Islander communities.

Rural and remote healthcare is best served through team-based models with appropriate collaborative arrangements in place. Wherever possible, the general practitioner should be the first point of contact for patients and regarded as the key person in the continuum of care.

ACRRM considers there is merit in Nurse Practitioners being able to request investigations and complete chronic disease management plans in rural areas where there is no other option and where without this option, patients may be forced to pay for private allied health services with no rebate.

The College recommends an approach which ensures that these initiatives do not result in a fragmentation of care, and that collaboration and written communication with the primary care practitioner is required so that the patient journey is not disjointed.



Outcome 2: Consumers will be informed to choose appropriate NP services

ACRRM believes all Australians, irrespective of where they live, should have access to excellent healthcare. While the best model of care may change in differing rural and remote contexts, all Australians should have access to a continuing care relationship with a medical practitioner. This may occur through a positive partnership with a system of Nurse Practitioner care.

In the College's experience, Rural Generalist practitioners place a high value on a collaborative approach to the provision of health care and the College training programs reflect this commitment. When practitioners from any discipline work to scope within a well-supported environment, optimum patient outcomes can be achieved.

ACRRM acknowledges and supports Nurse Practitioners working under collaborative arrangements with General Practitioners to achieve the best health care outcomes and a high standard of care for rural and remote patients.

With respect to the current arrangements related to whether a patient is entitled to a Medicare rebate on the cost of a Nurse Practitioner service, or a PBS subsidy on prescriptions, the College recognises that Nurse Practitioners view these as unduly onerous and a barrier to access and would welcome the opportunity to explore ways these could be simplified. However NP training and assessment should be of a standard which provides the necessary diagnostic and other skills for the competent provision of these services. The ultimate aim should be to facilitate improved care for people living in rural and remote communities and this should be of the highest standard possible.

Once again it is important that these initiatives do not result in a fragmentation of care and that the patient journey is not disjointed.

Outcome 3: The health and aged care system will enable NPs to work to their full scope of practice

It is important that all health care providers work within their defined professional Scope of Practice, and it is recognised that there are differences between the medical and nursing assessed professional scopes for independent provision of health services.

A national discussion is required to standardise scope of practice for each of the interest areas which recognise the Nurse Practitioner role, be it Emergency, Geriatrics, Primary Care, Endoscopy, Palliative Care or Mental Health. ACRRM agrees with MBS Taskforce recommendations regarding the establishment of scope of practice, credentialing and clinical governance frameworks.

Levels of professional autonomy and authority for Nurse Practitioners should relate to a nursing scope and should require support in the provision of medical care by a medical practitioner. Accreditation processes must be robust to ensure consistency. There is an important role for digital health models, regular outreach visits, and other collaborative care models to provide this in communities without a locally based doctor.

Outcome 4: The NP workforce will practice in a culturally safe way and reflect the diversity of the communities it serves

Aboriginal and Torres Strait Islander people living in rural and remote communities should have equitable access to high quality, safe and sustainable healthcare service. This requires a structured,



systematic, and person-centred and team-based approach to service delivery which properly reflects the distinctions of the rural and remote clinical context.

The Strategy must recognise the difference between rural and remote and urban settings.

Better access to an appropriately skilled and locally based primary care practitioners would moderate some of the need for patients and caregivers to travel to seek services, thus minimising resultant economic and social imposts. It is therefore vitally important that the Strategy considers different and changing models of care and service delivery models across the rural areas

The College notes and supports the Productivity Commission statement that “*Services should be delivered by a skilled workforce, supported by technology and comprehensive governance arrangements, to ensure that they are responsive to local needs and can be readily ramped up and down as needs change*”.

In rural and remote areas, this necessitates developing and supporting a skilled health workforce which can provide as many services as possible, as close to home as possible, with the local General Practitioner/Rural Generalist being integral to the process either as part of a team or working in solo practice. The provision of appropriate services for patients and support for practitioners and caregivers via telehealth and other mechanisms to complement face-to-face services would be an important component of workforce support.

By virtually all indicators, remote Australians are grossly underserved, and this underservice occurs in tandem with this sector of the population recording greater disadvantage by health, mortality, and morbidity measures as well as by most measures of social determinants of health. This equity gap is spiralling as rural health workforce shortages are reinforced by diminishing funding for rurally based practice and services.

The disparities in the health status of Indigenous Australians and those of remote Australians are intertwined, and it is imperative that in addressing rural access that this includes providing access to culturally safe and responsive health care for Aboriginal and Torres Strait Islander peoples.

Therefore, the success of the 10-year Plan will be contingent on its interaction the *National Medical Workforce Strategy*, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*, the *Primary Healthcare 10 Year Plan* and the *National Preventive Health Strategy*, coupled with adequate funding for services in rural and remote areas and the extent to which focus is centred on substantive, immediate intervention in support of rural healthcare.

Themes for Action

The College notes the Themes for Action and supports their intention to ensure effective coordination of activities across the whole of the health workforce. The identified themes of Education and lifelong learning; Recruitment and retention; Models of care; and Health workforce planning; are common across all health care disciplines.

While this draft Plan understandably adopts an NP-focussed approach, it is important to also consider these themes within the more holistic context of the medical workforce, and especially the rural and remote medical workforce.



Measuring Success

The College strongly supports the development and implementation of a robust monitoring and evaluation framework. While the draft Plan lays out priorities and actions for the next decade, ongoing monitoring and evaluation at regular intervals within this timeframe will be important.

This should be done in consultation with a range of other health professionals and communities, especially within the rural and remote context.

This collaborative approach should extend to the sharing of knowledge and insights for wider learning and further discussion, consultation and collaboration.

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live and pay respect to their Elders past present and future.