

Nurse Practitioners in Rural and Remote Areas

POSITION STATEMENT



COLLEGE POSITION

All nurses, including nurse practitioners, are vital and greatly valued contributors to provision of health care of people in rural and remote communities including Aboriginal and Torres Strait Islander communities.

The College supports models of care that involve adopting a distinctive, flexible, and broad scope of practice within each practitioners' safe scope to deliver the fullest and best possible local care in rural and remote areas. It is noted that there is a broad range of excellent nursing and allied health models involving remote area nurses, midwives, Aboriginal and Torres Strait Islander health professionals and others which reflect this rural generalist approach to rural healthcare.

The College supports the principle of Nurse Practitioners having access to relevant MBS item numbers where this will enable access to these services to people in rural and remote communities that may not otherwise be able to access them. These should have appropriate thresholds for advice/escalation and work within a defined scope of practice which is reflective of their training.

Nurse Practitioners in Rural and Remote Areas

A Nurse Practitioner is an RN educated to Master's degree level. The Nurse Practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The qualification requirement is a Masters of Nurse Practitioner¹.

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 acknowledges 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.

Collaborative 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.

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.

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.

Nurse Practitioner 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.

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.

SUMMARY

- Nurse Practitioners are important members of the rural and remote workforce
- ACRRM acknowledges the benefits of team care which integrates General Practitioner and Nurse Practitioner patient care
- Nurse Practitioner Scope of Practice needs to be clearly defined
- Accreditation processes must be robust to ensure consistency
- Collaborative care arrangements ensure the best possible health outcomes for patients

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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Endnotes

- 1 Australian College of Nurse Practitioners Factsheet September 2021 www.acnp.org.au



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.

