



# COLLEGE SUBMISSION

## Nurse Practitioner 10 Year Plan

### February 2022

### College Details

Organisation	Australian College of Rural and Remote Medicine (ACRRM)
Name	Marita Cowie AM
Position	Chief Executive Officer
Location	Level 1, 324 Queen St, PO Box 2507 Brisbane Qld 4001
Email	<a href="mailto:m.cowie@acrrm.org.au">m.cowie@acrrm.org.au</a>
Phone	07 3105 8200

### Initial Comments

ACRRM welcomes the opportunity to provide feedback on the Nurse Practitioner 10 Year Plan.

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 a collaborative and team-based approach where possible. This includes 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 already a broad range of excellent rural and remote 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.

### Response to Survey Questions

#### Question 7: Please provide any final comments or suggestions

##### *Nurse Practitioners in Rural and Remote Communities*

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.

### ***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. ACRRM agrees with MBS Taskforce recommendations regarding the establishment of scope of practice, credentialling 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.

## Summary of ACRRM Recommendations

- 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

## 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 progresses this through the provision of quality vocational training; professional development education programs; setting and upholding practice standards; and through the provision of 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 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.