

**Submission  
No 24**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH  
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

**Organisation:** Australian College of Nurse Practitioners ACNP

**Date Received:** 19 April 2024



Australian College of Nurse Practitioners response to:

Select Committee on Remote, Rural and Regional Health

- The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

Contact:

Policy Advisor

Australian College of Nurse Practitioners  
PO Box 33175 Melbourne Vic 3004  
Office: St Kilda Rd Towers, Suite 502  
1 Queens Road Melbourne  
[policy@acnp.org.au](mailto:policy@acnp.org.au)

1300 433 660  
[www.acnp.org.au](http://www.acnp.org.au)

19 April 2024

Dr Joe McGirr  
Committee Chair Select Committee on Remote, Rural and Regional Health  
Parliament of New South Wales  
E [remoteruralregionalhealth@parliament.nsw.gov.au](mailto:remoteruralregionalhealth@parliament.nsw.gov.au)  
Parliament House, Macquarie Street, Sydney, NSW 2000, Australia

Submission lodged online at: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/lodge-a-submission.aspx?pk=3034>

Dear Dr. McGirr,

Thank you for the opportunity to respond to the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for nurse practitioners, advancing nursing practice and consumer access to health care. A key focus for the role and scope of practice development for nurse practitioners is on unmet needs within the community and increasing access to health care.

In this submission, the ACNP will highlight:

- The reduction in/absence of nurse practitioner incentives undermines efforts to attract and retain nurse practitioners in rural and regional areas.
- Persistent systemic barriers to the full scope of practice of nurse practitioners
- The lack of understanding by NSW nursing executives about the role of nurse practitioners may impede the effective utilisation of nurse practitioners in the state.

#### BACKGROUND

Nurse practitioners work in diverse healthcare settings, including general practice, primary care clinics, urgent care clinics, acute and emergency services and community health centres.<sup>1,2</sup> Research has shown that patients consistently report high levels of satisfaction with the care delivered by nurse practitioners.<sup>3-7</sup> This heightened satisfaction not only signifies a positive outcome but also plays a pivotal role in enhancing patient adherence to treatment plans and ultimately contributes to improved health outcomes. Moreover, such positive impacts have the potential to reduce the overall cost of care. The

#### Australian College of Nurse Practitioners

**A:** PO Box 33175 Melbourne Vic 3004 | Office: St Kilda Rd Towers, Suite 502, 1 Queens Road Melbourne

**E:** [admin@acnp.org.au](mailto:admin@acnp.org.au) **P:** 1300 433 660 **W:** [www.acnp.org.au](http://www.acnp.org.au)

demonstrated success of nurse practitioners in fostering patient satisfaction highlights their invaluable role in the Australian healthcare landscape, representing a significant step towards more effective and cost-efficient healthcare delivery.

The Nurse Practitioner Workforce Plan<sup>8</sup> released by the Department of Health in May 2023, describes ways to remove barriers around the Nurse Practitioner Scope of Practice. Removing legislative and operational barriers that do not have a clinical basis and do not align with federal and other states' legislation or processes is essential for consistency across states and territories. It is in the interest of national uniformity that nurse practitioners are enabled through legislation that is constant across state and commonwealth instruments.

We sought input from key ACNP leaders in NSW to inform our feedback, which is focused on Recommendation 17. Our responses to the request for feedback are as follows:

**Recommendation 17** That NSW Health work to widely implement the nurse practitioner model of care in rural, regional and remote New South Wales, by:

- funding the recruitment and training of additional nurse practitioners to work in rural, regional and remote areas, particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage
- working with the Australian Government to address the practical barriers to creating and supporting these roles identified by the Australian College of nurse practitioners.

Member feedback regarding The Select Committee on Remote, Rural and Regional Health inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW include the following points.

**Limited engagement from NSW Health:**

NSW Health hasn't directly engaged with the ACNP although contact may have been made with individual nurse practitioners who may be members of ACNP. While collaboration with the federal government on the nurse practitioner Workforce Plan is ongoing, recent budget announcements, such as scholarships and rebates, are not specifically focused on NSW. ACNP engages regularly with both Commonwealth and State/Territory Departments of Health and Chief Nurses, where there is interest in collaboration and consultation. We consistently demonstrate readiness and willingness to engage constructively.

**Australian College of Nurse Practitioners**

**A:** PO Box 33175 Melbourne Vic 3004 | **Office:** St Kilda Rd Towers, Suite 502, 1 Queens Road Melbourne

**E:** [admin@acnp.org.au](mailto:admin@acnp.org.au) **P:** 1300 433 660 **W:** [www.acnp.org.au](http://www.acnp.org.au)

**Lack of understanding and support:**

Our members advise us that nursing executives across the state still struggle to understand the nurse practitioner role and may not adequately support nurse practitioners in maintaining their functions and skillset.

**Funding and positions:**

Nurse practitioner positions and funding have been made available in rural hospitals, although challenges remain, especially in facilities without 24/7 doctor coverage.

Incentive money for nurse practitioners in rural/regional areas has been withdrawn for some nurse practitioners who have taken up roles, with letters indicating that the positions are no longer deemed critical.

**Training and frameworks:**

NSW Health has funded nurse practitioner positions for over four years to support rural areas, and a Rural Generalist Framework has been developed, but there's a lack of funding for training towards this framework.

**Barriers and challenges:**

From the ACNP's perspective, the barriers and challenges outlined in this submission underscore the urgent need for health system reform to support practitioners in working at their optimal scope of practice.

The lack of ability of publicly employed nurse practitioners to refer to private and external services under MBS, along with certification challenges (including Comcare certificates, death certificates, NSW Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) and Centrelink), contributes to the persistent barriers faced by patients of nurse practitioners, and limits nurse practitioner practice. These obstacles remain unaddressed, particularly in rural areas where nurse practitioners are often required to undertake these duties without medical officer support, directly impacting the opportunities for additional providers to work in rural, regional, and remote areas, especially in facilities lacking 24/7 doctor coverage.

We are advised that NSW have recently amended the Nurse Practitioner/Transitional Nurse Practitioner Scope of Practice template, which may help with some local barriers faced by nurse practitioners. However, the system-wide barriers remain. Our health systems are not designed to support practitioners working at their optimal scope of practice, so health reform needs to be led by strategic inquiries such as this.

Aligning federal and state laws and addressing policy disparities are crucial steps to enable nurse practitioners to work effectively to their full scope. Clear legislative frameworks and recognition and support from employers are essential for nurse practitioners to practice to their full scope.

Reforming the MBS to align rebates with the actual value of services delivered will significantly strengthen multidisciplinary care within the primary healthcare system. Equitable funding that supports health care and service delivery will enhance nurse practitioners' ability to work within their full scope of practice. Restructuring funding and payment mechanisms, such as implementing payment models that move away from fee-for-service, can reduce fragmentation of care, and promote collaboration among providers. Referral pathways must also be addressed.

The existing fee-for-service payment model exhibits deficiencies, including inadequate management of chronic and complex diseases, failure to ensure high-quality services, and promotion of care fragmentation.

The exclusion of nurse practitioners from prescribing a wide range of medications under the PBS limits their scope of practice, adds to the costs for patients, especially those most disadvantaged, and hinders their ability to provide holistic care. ACNP is now working directly with PBAC on significant changes, although impacts will still be seen until this work is completed. Recognising nurse practitioners' prescribing authority and ensuring funding matches this is crucial to fulfilling their role effectively and addressing diverse healthcare needs. Granting nurse practitioners the ability to prescribe a wider array of medications on the PBS can improve access to comprehensive care and improve health outcomes.

Delivery of improved health services to rural and remote communities requires a paradigm shift towards a preventive approach and addressing social determinants of health. Proactive treatment, improved Medicare rebates for patients of nurse practitioners, along with better funding models. and leveraging technologically empowered care can enhance access to affordable and effective chronic disease management, ultimately improving health outcomes.

Despite the broader systemic challenges and ongoing state-based barriers faced by nurse practitioners, the ACNP commends the Select Committee on Remote, Rural and Regional Health for its careful

### Australian College of Nurse Practitioners

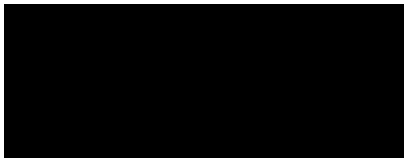
**A:** PO Box 33175 Melbourne Vic 3004 | Office: St Kilda Rd Towers, Suite 502, 1 Queens Road Melbourne

**E:** [admin@acnp.org.au](mailto:admin@acnp.org.au) **P:** 1300 433 660 **W:** [www.acnp.org.au](http://www.acnp.org.au)

consideration of the role and importance of nurse practitioners within the recommendations pertaining to the delivery of specific health services and specialist care in remote, rural, and regional NSW.

Thank you again for the opportunity to participate in this important review. We are happy to be contacted to participate further or provide clarification, and we would be very pleased to be engaged further with key stakeholders and authorities in NSW to improve access to remote, rural and regional health care, in the interests of better health outcomes.

Yours sincerely



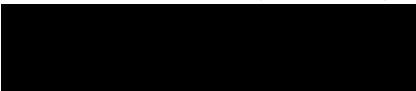
**Leanne Boase**

**Chief Executive Officer**

Australian College of Nurse Practitioners

PO BOX 33175 Melbourne VIC 3004

St Kilda Rd Towers, Suite 502, 1 Queens Road Melbourne



## References

1. Middleton S, Gardner A, Gardner G, Della PR. The status of Australian nurse practitioners: the second national census. *Aust Health Rev.* 2011;35(4):448-454. doi:10.1071/ah10987
2. Lowe G, Tori K, Jennings N, Schifftan D, Driscoll A. Nurse practitioner work patterns: A cross-sectional study. *Nurs Open.* 2021;8(2):966-974. doi:10.1002/nop2.705
3. Wilson E, Hanson LC, Tori KE, Perrin BM. Nurse practitioner led model of after-hours emergency care in an Australian rural urgent care Centre: health service stakeholder perceptions. *BMC Health Serv Res.* 2021;21(1):819. doi:10.1186/s12913-021-06864-9
4. van Dusseldorp L, Groot M, Adriaansen M, van Vught A, Vissers K, Peters J. What does the nurse practitioner mean to you? A patient-oriented qualitative study in oncological/palliative care. *J Clin Nurs.* 2019;28(3-4):589-602. doi:10.1111/jocn.14653
5. Kleinpell RM, Grabenkort WR, Kapu AN, Constantine R, Sicoutris C. Nurse Practitioners and Physician Assistants in Acute and Critical Care: A Concise Review of the Literature and Data 2008-2018. *Crit Care Med.* 2019;47(10):1442-1449. doi:10.1097/ccm.0000000000003925
6. Kippenbrock T, Emory J, Lee P, Odell E, Buron B, Morrison B. A national survey of nurse practitioners' patient satisfaction outcomes. *Nurs Outlook.* 2019;67(6):707-712. doi:10.1016/j.outlook.2019.04.010
7. Aiken LH, Sloane DM, Brom HM, et al. Value of Nurse Practitioner Inpatient Hospital Staffing. *Med Care.* 2021;59(10):857-863. doi:10.1097/mlr.0000000000001628
8. Department of Health and Aged Care. Nurse Practitioner Workforce Plan. Australian Government. 2023. <https://www.health.gov.au/sites/default/files/2023-05/nurse-practitioner-workforce-plan.pdf>