

18th May 2015

Hon Michael Ferguson MP
Minister for Health

Dear Minister Ferguson,

The Australian College of Nurse Practitioners (ACNP) is the peak body representing Nurse Practitioners (NP) in Tasmania. On behalf of the Tasmanian Chapter of the ACNP I would like to thank you for the opportunity to provide input into the Exposure Draft of the White Paper. It is pleasing to see the extent of consultation that has taken place to develop a paper that focuses on addressing system reform to provide safe and sustainable clinical services of defined complexity in Tasmania.

It is acknowledged that this process is to be achieved through the development of the Tasmanian Role Delineation Framework that defines the capacity and capabilities of our health facilities. The Tasmanian Chapter of the ACNP would like to take this opportunity to note that on review of this paper as a whole the NP role is only briefly mentioned within the workforce requirements. This is concerning as we believe the NP is able to provide innovative, safe, outcomes-focused and sustainable healthcare within a variety of multidisciplinary teams and clinical areas.

The Australian healthcare system has a fundamental focus on providing access to safe and most appropriate care for the person's healthcare needs in the timeliest manner. As with most westernised countries, healthcare reform in Australia is warranted in response to demographic shifts resulting in an aging population and increasing prevalence in non-communicable disease. Furthermore, the comorbid nature of chronic diseases coupled with the increasing complexity in care needs of individuals and populations has resulted in burgeoning healthcare expenditure. It is in this context of increasing service need and gaps in healthcare delivery that NP roles have been developed to provide timely, efficient and person centred care that enhances the current delivery model.

In Australia, Nurse Practitioner is a legal title for an advanced practice nurse who has more than ten years of education, training and clinical experience. NPs complete both advanced university study at Master degree level and extensive clinical training (including a specialist internship) to expand upon the traditional role of a Registered Nurse. Over the past 15 years integration of the Australian NP role has been established by key legislative, educational, and regulatory standards. NPs represent a growing workforce and have been widely researched since the beginning of the role in the USA in the 1960s, looking at efficiency, credibility and utilisation in various healthcare settings. Australian NP models of care to date have clearly demonstrated innovative ways to meet the changing health needs of our populations, substantiated through evidence of efficacy, feasibility, safety, quality and cost-effectiveness.

NPs in Tasmania currently work in the speciality areas of wound care, renal, emergency, aged care, diabetes, palliative care, women's health, cardiac care, mental health and primary care. We also have specialist nurses with the potential to become NPs in the areas of oncology, corrective services, pain management, rheumatology, drug and alcohol, sexual health and burns. To date in Tasmania there are 25 Endorsed NPs, however there are only up to 80% of those NPs employed within NP roles. This slow rate of integration and utilisation of the full potential of our NPs leaves an untapped healthcare solution. We fear the limited reference to the NP within the Exposure Draft of the White Paper and Tasmanian Role Delineation Framework will affect future workforce planning projections, and potentially discourage Registered Nurses from considering the NP career pathway.

As the Exposure Draft of the White Paper looks at redesign of the health system to use the health dollar more efficiently, the Tasmanian Chapter of ACNP suggests a review of the utilisation of the NP role to ensure a more efficient model of care as we move forward with healthcare reform and redesign. Currently some of the inefficiencies and barriers to NP role progression in Tasmania include the lack of provision of a Tasmanian based Master Nurse Practitioner program at the University of Tasmania; restriction to the NP scope of practice; restricted access to Medicare Benefits Schedule (MBS) reimbursement; lack of supported NP Candidate/student positions; and unclear NP role development and authorisation pathways.

The majority of NPs in Tasmania are employed in secondary and tertiary care provision within public hospitals and are remunerated through State Government salaries. In the primary tier of healthcare, NP services are remunerated through the national Commonwealth Government MBS. MBS provider numbers to this scheme are accessed by private NPs (predominately in primary care) but reimbursement is more than fifty percent less relative to general medical practitioners. Consequently, this discrepancy in Commonwealth MBS reimbursement for NP services has the potential for unsustainable business models for NPs practicing in primary care and private practice. We are pleased that the Exposure Draft of the White Paper will define how to configure the services more efficiently to provide safe and sustainable healthcare aimed at improved patient outcomes, and we hope that the current barriers that exist for NP role progression will be addressed.

The Tasmanian Chapter of the ACNP understands that the Exposure Draft of the White Paper is focused on the acute hospital system, and NPs can certainly enhance the multidisciplinary teams within the acute hospital system; however, with support and partnership from the public sector, the NP role can also offer very effective health delivery models in the community. We have increasing numbers of independent NPs in primary care and private practice and would like to highlight the fact that the NP role in primary care and private practice can deliver Rapid Response and hospital avoidance initiatives aimed at keeping patients in their community as discussed within the Exposure Draft of the White Paper. The NP can also assist in equitable access to Specialists supported by e-initiatives in rural and remote areas.

NP models of care are outcomes-focused and innovative, and have the potential to provide an efficient, safe and sustainable service. The Tasmanian Chapter of the ACNP is supportive of an inclusive healthcare reform and we would like to help contribute to The Government's vision for Tasmania to have the healthiest population in Australia by 2025.

Yours sincerely,

Tammy Harvey
Tasmanian Chapter Chair - ACNP

Supporting references:

Australian College of Nurse Practitioners. What's an NP? Sydney: Australian College of Nurse Practitioners; 2013. Available at: <https://acnp.org.au/information-about-nurse-practitioners>

Helms, C. Crookes, J. and Bailey, D. 'Financial Viability, benefits and challenges of employing a nurse practitioner in general practice'. *Australian Health Review* 39(2) 205-210, 2015. <http://dx.doi.org/10.1071/AH13231>

Michelle Woods and Giuliana Murfet, 'Australian Nurse Practitioner Practice: Value Adding through Clinical Reflexivity,' *Nursing Research and Practice*, Vol 2015. Article ID 829593, 14 pages, 2015. <http://dx.doi.org/10.1155/2015/829593>

The Centre for International Economics, Health, Aged Care and Human Services, Briefing, 2014, <http://www.thecie.com.au/>.

