RACGP

Royal Australian College *of* General Practitioners

RACGP Submission

Nurse Practitioner 10 Year Plan

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Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a written submission on the Nurse Practitioner 10 Year Plan (the Plan). The RACGP is Australia's largest professional general practice organisation, representing over 43,000 members working in or toward a specialty career in general practice.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards and curricula for training
- maintaining the standards for quality general practice
- supporting specialist general practitioners (GPs) in their pursuit of excellence in patient and community service.

General comments

The RACGP has developed this written response to the consultation process for the Nurse Practitioner 10 Year Plan (the 'Plan'), rather than responding via the Nurse Practitioner 10 Year Plan Survey (the survey).

The RACGP is concerned about the framing of the Plan's consultation paper and survey, which suggest that strategies to expand nurse practitioners' scope of practice and to increase access to care via nurse practitioners are already being developed, without broad consultation. Whilst RACGP is supportive of the strong focus on consumer views, the survey does not adequately provide for responses from a broad range of health organisations

The RACGP would welcome additional time to undertake more meaningful consultation with its members on this topic. The RACGP requests involvement in future opportunities to comment on the Plan as it is developed, particularly regarding any specific strategies or recommendations.

The RACGP recognises nurse practitioners currently practice in a range of contexts including hospitals, residential and aged care facilities, primary care and independent services. This submission focuses on the primary care context. In particular, the role nurse practitioners can have through Collaborative Care Agreements or as staff employed within GP-led teams that specialise in caring for patients with multimorbidity.

The RACGP recommends that solutions and strategies delivered through the Plan need to address:

- continuity of care between patients and their regular GP
- clinical roles, responsibilities and accountabilities for nurse practitioners within a GP-led general practice team. Specifically, there needs to be a defined scope of practice based on their level of education, training, supervision and clinical expertise
- genuine links to the patient's general practice to reduce the risk of duplicated services, fragmented care, low value care and wasted valuable health resources.

Responses to selected survey questions

The RACGP has responded to selected survey questions provided by the Department of Health below.

Are there benefits of nurse practitioners providing health care?

The RACGP supports an appropriately funded collaborative and integrated model of healthcare between patients, their GP and other healthcare providers. Nurse practitioners have a valuable role in primary care as part of a GP-led practice team, delivering integrated and coordinated care, either co-located or external to the general practice location such as residential and aged care facilities.

The RACGP acknowledges nurse practitioners are authorised within the context of the Collaborative Care Agreement or as employed practice staff to independently perform activities such as physical assessments, order diagnostic tests, interpret test results, initiate referrals to other healthcare providers, prescribe specific medications and administer specific therapies within their speciality area. Further information is available in the RACGP position statement on *Nurse practitioners in primary healthcare*.

However, there has been limited research in this area, and limited opportunity to draw conclusions about the benefits and risks of the role of independent nurse practitioners and their potential impact on healthcare services.

The RACGP does not support health professionals offering fragmented primary health services independent of a patient's usual GP. There are risks that independent nurse practitioners seeking to provide care to patients in isolation from general practice will:

- negatively influence the consumer's perception of and experience with health system complexity
- duplicate patient services (eg consultations, pathology and diagnostic imaging) due to care not being coordinated through a central point of care – the patient's general practice
- result in inappropriate and unnecessary referrals to other healthcare professionals / services[1]
- increase waiting times for referred services due to an increase in unnecessary referrals[2]
- prescribe more drugs, intensified drug doses and use a greater variety of drugs compared to usual care medical prescribers[3]
- reduce the efficiency of resource allocation and increase costs, and increase flow-on costs throughout the healthcare system.[4]

By contrast, evidence supporting the effectiveness of primary care with GPs at the centre of care, is well established.[5] International and Australian experience has repeatedly demonstrated that GP-led multidisciplinary healthcare teams achieve the best health outcomes for patients.[6,7] Due to their extensive medical training and a focus on comprehensive, patient-centred care, GPs are best positioned to be the clinical leaders of multidisciplinary care teams responsible for patient care coordination.

GPs remaining as the patients' first point of contact within the healthcare system and retaining ultimate oversight of patient care allows for comprehensive assessment, diagnosis, initiation of treatment, and referral to appropriately qualified team members (including nurse practitioners) in accordance with their qualifications, areas of clinical expertise and levels of support.[8,9] Losing this important opportunity for holistic, comprehensive and integrated care could prove detrimental to patients.[6,10]

The Nurse Practitioner 10 Year Plan must focus on solutions and strategies that promote GP-led team-based models of care. It is imperative nurse practitioners are embedded with a patient's usual GP and practice, focus on patient health outcomes, and maximise their skills within their scope of practice. The RACGP recognises that this is not always possible, particularly in rural and remote areas. In these situations and as a short term solution, communities may be supported by Royal District Nurses or utilise technology that supports nurse practitioners to be integrated into the team alongside other team members and within the context of their Collaborative Care Agreement. These approaches can be helpful ahead of moving to GP-led models delivering team-based co-ordinated care.

What strategies can be used to improve the cultural safety of nurse practitioners?

The RACGP strongly supports the integration of cultural safety into the Plan, including support for changes throughout the system and the meaningful involvement of Aboriginal and Torres Strait Islander people at every stage of care.

As part of this, the context of the workplace should be taken into consideration and cultural safety training should be embedded throughout and include an understanding of context and a tailoring of practice with face-to-face training, and regular follow-up and refreshment of training.[11,12] Targeted funding for cultural safety training may be necessary so that the whole team and broader environment is culturally safe.

Are there any sectors, social groups, geographical locations which would benefit from an expansion of nurse practitioner models of care?

The RACGP is supportive of specific training for nurse practitioners and the entire coordinated care team to support inclusive care of people with specific needs. This could include but is not limited to people with disability, culturally and linguistically diverse people, LGBTQIA+ people and people in palliative care. The coordinated care approach led by a GP ensures the holistic care of the person is managed in a sensitive and inclusive way. This approach incorporates the contribution of nurse practitioners providing care within a specialised and specific scope of practice as specified in the Collaborative Care Agreement.

How suitable are the current funding models for nurse practitioners in private practice?

The RACGP has previously stated that it would not support proposals which expand the scope of practice for nurse practitioners to provide Medicare funded services, which seek to duplicate services and fragment care.[13]

The RACGP maintains that better support for the provision of GP-led primary care can be achieved through implementing the *RACGP Vision for general practice and a sustainable healthcare system*. This would include increased funding for general practices to employ, coordinate and lead a team of qualified health professionals, such as nurse practitioners, through the Workforce Incentive Program. The RACGP supports the Workforce Incentive Program Practice Stream as it recognises the additional time required for GPs to effectively lead patient care across the multidisciplinary care team and encourages more general practices to employ nurse practitioners as part of a GP-led multidisciplinary care team.

Is current regulation of the nurse practitioner appropriate?

Maintaining quality standards is paramount to patient safety and improving health outcomes across the population. The RACGP is supportive of nurse practitioners working in accredited general practice clinics being subject to the standards and expectations of general practice. Nurse practitioners working outside the general practice environment need to be accredited to the same level of standards as general practice, and have the same level of scrutiny applied to quality and safety.

To address the limited evidence regarding the role of nurse practitioners, the Plan should also set out the measures of success and approach to evaluation across the 10 years. This could include patient outcome measures, treatment outcomes and cost effectiveness, as well as any other relevant measures.

Comments on the consultation paper

The following are responses to issues raised in the consultation paper.

Consumer experience

The consultation paper highlights the importance of accessible healthcare and patient perceptions of nurse practitioners. It is important to that general practice remains highly accessible, with almost 85% of the population visiting their GP at least once each year[14] and less than 1% of patients reporting they needed to, but did not, see a GP at all in the previous 12 months.[15] Furthermore, there are over 40,000 general practitioners and just over 2500 nurse practitioners so it is more likely that patients can access a GP than a nurse practitioner.

General practice also offers the benefit of specialising in multimorbidity and the unique ability to provide continuity of care across a variety of health concerns with specialised input from a range of practitioners within the coordinated team, including nurse practitioners. This enables a 'one stop shop' approach for patients as the full range of health concerns can be understood and treated. This benefits all patients, but particularly those in rural and remote areas where distances to non-GP specialist care may be exacerbated.

The model also emphasises patient safety in which each team member contributes the skills and services within the scope of their practice but can consult with the lead medical practitioner as needed. This means care is communicated between practitioners and enables timely and robust handover to the usual general practitioner when needed.

Scope of Practice

As described in the RACGP position statement on Nurse Practitioners, risk management and quality assurance needs to be an integral part of nurse practitioners' service delivery models.

At a minimum, this would include:

- appropriate supervision arrangements
- assignment of clear roles, responsibilities and accountabilities within their scope of practice
- compliance with clinical standards (including accreditation for nurse practitioner practices with multiple nurse practitioners)
- obtaining informed consent – including full disclosure of risks
- patient risk profile analysis
- use of patient exclusion criteria
- clinical audit / performance monitoring
- peer and inter-professional review
- adverse event reporting
- processes for patient feedback and complaint escalation.

Workforce sustainability

The RACGP acknowledges the need to address medical workforce maldistribution issues, particularly those that affect patients located in rural, remote or Aboriginal and Torres Strait Islander communities. The RACGP continues to advocate for and support initiatives which strengthen rural general practice and increase the number of doctors working in rural and remote Australia and other areas of workforce shortage.

In communities of need, nurse practitioners play an important role in providing culturally competent healthcare, working in partnership with other healthcare providers, and often fulfilling a relatively generalist scope of practice.[16] However, nurse practitioners are not a long-term solution to medical workforce shortages. The RACGP does not believe that role and task substitution is a feasible solution to an undersized general practice workforce and unmet need for GPs.

All patients should have access to GP-led team-based models of care that meets their health needs. While allowing nurse practitioners to practice autonomously may increase patient access in some areas, the role of GPs and nurse practitioners are not interchangeable, and access to specific services offered by nurse practitioners will not meet the needs of patients with multimorbidity requiring GP-led coordination across a range of providers.

There is also a risk that the relatively limited nurse practitioner workforce will face the same maldistribution that has occurred in other health professions, causing further challenges with patient access.

Collaborative arrangements

The RACGP acknowledges the review of collaborative arrangements by the Department of Health. We welcome an opportunity to look at the collaborative arrangements to ensure they are encouraging collaborative care supporting relationships between GPs and nurse practitioners.

Referral pathways and clinical handover requirements should be clearly defined as they are key to providing safe, efficient and high-benefit patient care. These arrangements, if developed in consultation with general practice and other stakeholders will be an important consideration in future planning of the role of nurse practitioners.

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