Royal Australian College *of* General Practitioners

RACGP response to the Review of Collaborative Arrangements

June 2022

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide input to the review of nurse practitioner (NP) collaborative arrangements. 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 review of NP collaborative arrangements. The RACGP recognises NPs currently practice in a range of contexts including hospitals, residential and aged care facilities, primary care, and independent services (inclusive of the cosmetic industry). While our response, mainly focuses on NPs in the primary healthcare context, the RACGP does also have concerns about NPs working in other settings, often without collaborative care arrangements or appropriate medical supervision (see question 1).

The RACGP is also very concerned about the framing of the survey, which limits our ability to provide nuanced responses that are representative of the views of our broad membership. The way in which some of the questions and answers are framed, appear to be leading and could inaccurately influence the survey findings if the additional context and commentary is not provided.

While we acknowledge the attempts for further engagement and some flexibility, the RACGP would have welcomed additional time to undertake consultation with its members in a more meaningful way than the survey.

The RACGP looks forward to further opportunities to provide input to the development of the review.

Responses to selected survey questions

The following are responses to selected survey questions, included in the survey as part of this consultation.

1. Collaborative arrangement models are achieving their purpose in Australia.

- Somewhat agree

Explain your answer:

Collaborative arrangements should improve patient care by formalising the roles and expectations of all care providers. Referral pathways and clinical handover requirements should be clearly defined, via mechanisms such as the collaborative arrangement models, as they are key to providing safe, efficient, and high-benefit patient care. If these arrangements are not planned or adhered to, then poor quality collaborative arrangements are the result, leading to increased fragmentation, worse health outcomes, and increased health costs. As such, the RACGP supports the legislative requirement for collaborative arrangements and for written collaborative care agreements to facilitate the integration of NPs into a general practitioner (GP)-led primary care team. Throughout this submission, this is what we mean when we refer to collaborative arrangements.

The legislated requirement for collaborative arrangements ensures that NPs practising privately do not work in isolation from the medical profession, reducing the fragmentation of care. Working within this framework provides clinical oversight, and the opportunity to provide feedback on patient care and outcomes, while supporting the delegation of specific services in which the NP is skilled This will help ensure compliance with best practice, prevent the occurrence of adverse events and maintain continuity of patient care.

Collaborative arrangement models support the effective use of health resources[1] and have been recognised as important to ensure patient safety.[2] However, collaborative arrangements could be strengthened by developing mechanisms to appropriately monitor and regulate the agreements.

There are several successful examples of GPs working with NPs in collaborative arrangements, which demonstrate that they are achieving their purpose, while highlighting the valuable contributions of NPs as part of a GP-led primary healthcare team. A useful example is the collaborative dementia model of care within general practice,[3] which outlines the benefits of professionals working collaboratively within their scope of practice, using case conferencing to develop a care plan and review of care plan together.

Alternative viewpoints[4,5] suggest that collaborative arrangements are not needed as collaboration is integral to nursing practice, and that NPs naturally collaborate with a range of healthcare professionals, including medical practitioners. However, we note that the Nurse Practitioner Standards for Practice do not indicate an expectation or requirement for the NP to collaborate with a patient's usual GP or treating medical practitioner about their care. This suggests that a formal mechanism is required to ensure safe and efficient healthcare.

The context for the collaborative arrangements is important to consider in terms of their effectiveness. The current pressures in the aged care sector warrant collaborative arrangements that are enhanced and supported, to achieve the intended outcomes of improving patient care. Other industries, such as the cosmetic sector and midwifery, require careful examination to ensure long-term collaboration and patient safety. The RACGP has received anecdotal feedback that there are NPs working autonomously in these fields without collaborative care arrangements or appropriate medical supervision.

The RACGP has developed guidelines to assist members who enter into a collaborative arrangement with an NP. The Collaborative Care Agreements: A guide for Collaborative Care Agreements in general practice, answers key questions about collaborative agreements, how they may be structured and documented, as well as key issues that should be considered when entering into an agreement.

2. Collaborative arrangements provide patients with a better quality of care.

- Strongly agree

Please explain your answer

The Vision for general practice and a sustainable healthcare system is a framework for excellence in healthcare that is centred on patient-centred, GP-led, team-based care. A well-resourced, multidisciplinary GP-led team has the capacity to coordinate care and ensure that patient needs are met.

The RACGP does not support multiple health professionals independently offering the same services, without appropriate arrangements in place to assure collaboration. There are risks that independent NPs 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 decentralised care and lack of coordination
- result in inappropriate and unnecessary referrals to other healthcare professionals / services[6]
- increase waiting times for referred services due to an increase in unnecessary referrals[7]
- prescribe more drugs, intensified drug doses and use a greater variety of drugs compared to usual care medical prescribers[8]
- reduce the efficiency of resource allocation and increase costs and increase flow-on costs throughout the healthcare system.[9]

Patient safety is paramount and best protected where health practitioners work together respectfully and appropriately, maintain regular communication, and use the skills, expertise, and established scopes of practice in complimentary ways. The essential elements of the relationships between practitioners include a defined, longitudinal, and mutually trusting relationship, with effective clinical handover and a unified clinical record.

GPs as first point of contact and with ultimate oversight of patient care allows for comprehensive assessment, diagnosis, initiation of treatment, and referral to appropriately qualified team members (including NPs).[10,11] Losing this important opportunity for holistic, comprehensive, and integrated care could prove detrimental to patients.[12] This model also ensures each team member contributes the skills and services within the scope of their practice. GPs and NPs benefit from this collaboration, through opportunities for mutual learning and better clinical understanding of patients, leading to better outcomes for the patient. Timely communication and robust handover to the usual GP reduces the likelihood of

missing out on important follow up information, where patient outcomes are communicated back to practitioners. These closed loop communications systems are important to long-term patient care and are known to work well in rural settings.

Maintaining quality standards is also central to patient safety and improving health outcomes across the population. Mechanisms must be established to ensure NPs working outside the general practice environment are accredited to the same level of standards as general practice and are similarly assessed on their quality and safety standards. Risk management and quality assurance needs to be an integral part of NPs' service delivery models. At a minimum, this would include:

- appropriate supervision arrangements
- assignment of clear roles, responsibilities, and accountabilities within the scope of practice
- obtaining informed patient consent, including full disclosure of risks
- patient risk profile analysis
- shared access to patient files
- use of patient exclusion criteria
- clinical audit / performance monitoring
- peer and inter-professional review
- adverse event reporting
- after hours arrangements
- availability of follow up after clinical interventions
- processes for patient feedback and complaint escalation.

3. Collaborative arrangements are appropriate for patients regardless of their age, health conditions, residential location or socioeconomic status.

- Strongly agree

Please explain your answer

Collaborative arrangements support a patient-centred GP-led model of care, while increasing patient access in a context where the NP and GP are working in a team-based environment. All patients should have access to GP-led team-based models of care that meets their health needs. While allowing NPs to practice autonomously may increase patient access to some services in some areas, the role of GPs and NPs are not interchangeable.

Patients need access to safe, comprehensive, coordinated, and high-quality health services provided by the most appropriate and qualified health professional. Access to specific services offered by NPs will not meet the needs of patients with complex multimorbidity requiring GP-led coordination across a range of providers.

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. 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, and Aboriginal and Torres Strait Islander communities, where access to non-GP specialist care may be lower and health outcomes are poorer.

4. Patients in rural or remote settings receive better care through collaborative arrangements.

- Strongly agree

Explain your answer

In communities of need, NPs 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. However, patients in underserved communities have the right to the same standard of medical care as patients in metropolitan and regional areas.

One of the biggest risks in rural and remote regions are situations where patients receive episodic care from multiple providers, with no effective clinical handover, and a lack of a unified medical record and continuity of care. This risks fragmentation of patient care. Collaborative arrangement models help to address this by ensuring collaboration and communication amongst healthcare providers, under the leadership of the GP.

All patients should have access to patient-centred GP-led team-based models of care that meets their health needs. Access to specific services offered by NPs will not meet the needs of patients with multimorbidity requiring GP-led coordination across a range of providers. It risks creating a two-tiered system, where patients who cannot access GP

services (for example due to cost or geographic location) will instead see the NP as their first point of contact. This is likely to reduce equality of care and increase health disparities for already disadvantaged communities.

5. Removal of collaborative arrangements would result in fragmentation of care.

- Strongly agree

Explain your answer

The RACGP does not support the dilution of mandated collaborative arrangements as it could lead to multiple health professionals offering the same services, which increases the risk of duplicated services, fragmented care, and wasted valuable health resources.

GPs are generally a patients' first point of contact within the healthcare system and provide oversight of patient care. This allows for comprehensive assessment, diagnosis, initiation of treatment, and referral to appropriately qualified team members (including NPs) in accordance with their qualifications, areas of clinical expertise and levels of support.[11,13]

NP intervening in the treatment of general practice patients without appropriate medical oversight via collaborative arrangements, may compromise continuity of care and lead to fragmentation of care through:

- fragmented medical records
- the provision of contradictory clinical advice
- missed opportunities to initiate a range of opportunistic health promotion and disease prevention activities
- diminished clinical governance and accountability.

A patient's regular GP can provide informed, tailored advice to patients by drawing on:

- long-term care relationships
- the patient's medical history held by the practice
- records of the patient's conditions, treatments and medications.

Losing this important opportunity for holistic, comprehensive and integrated care could prove detrimental to patients.[12,14] Evidence supporting the effectiveness of primary care, with GPs at the centre of care, is well established.[15] Continuity of care through long-term ongoing relationships between patients and GPs is associated with lower preventable hospital admissions and lower risk of mortality.[16] International and Australian experience has repeatedly demonstrated that GP-led multidisciplinary healthcare teams achieve the best health outcomes for patients.[17,18]

There is a lack of corresponding evidence to support successful primary care models without generalist clinician leadership. There is also no clear evidence that nurse-doctor substitution saves money or reduces the workload of GPs. Efficiency gains are not observable due to a high level of task duplication and patient confusion around role delineation.[19]

6. Other comments on collaborative arrangements

Further information on the RACGP position on NPs is available in the 'Nurse practitioners in primary healthcare' position statement, and is outlined further below.

All patients should have access to high-quality GP-led primary healthcare services, provided by a multidisciplinary general practice team, including nurse practitioners. The RACGP:

- supports the role of NPs within GP-led general practice teams, either co-located or external to the general practice location
- does not support NPs working autonomously in the primary healthcare sector.

Clinical roles, responsibilities and accountabilities within a GP-led general practice team should be assigned according to each health professional's level of education, training, supervision and clinical expertise. Ultimate responsibility and oversight of patient care when provided as part of a GP-led general practice team should rest with GPs.

NP service integration into the GP-led team should occur through collaborative arrangements. All collaborative care models in general practice should incorporate the following principles:

- The nurse practitioner is employed, contracted by or otherwise retained by a GP or a general practice, or
- The nurse practitioner is embedded in the GP-led team and either sees patients on referral from the GP(s) or
- directly, based on practice arrangements, and

- The nurse practitioner must have a written collaborative care agreement (CCA) in place with the patient's usual GP.

7. References

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